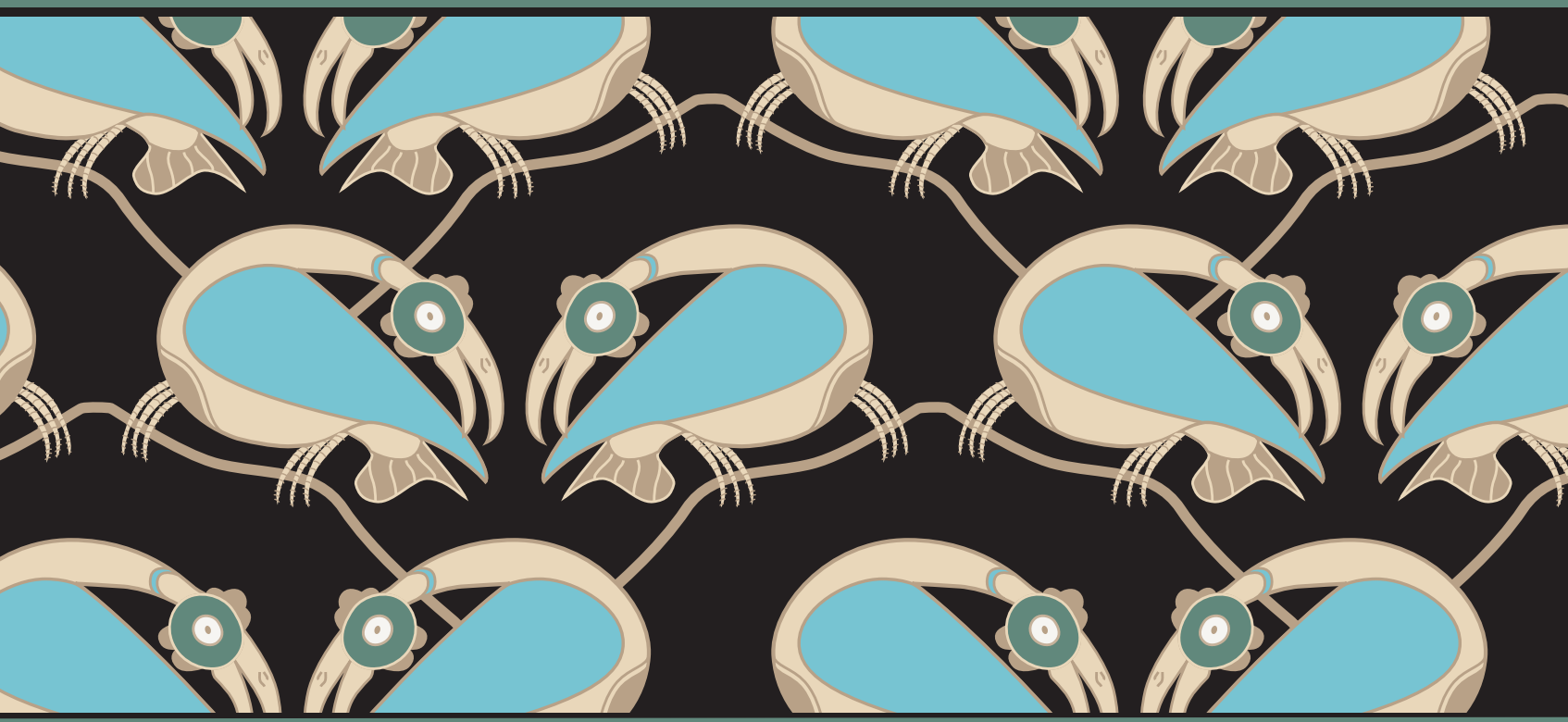
Tanzania



HIV/AIDS Indicator Survey

2003–04

USAID FROM THE AMERICAN PEOPLE

Tanzania Commission for AIDS

National Bureau of Statistics Tanzania

Development Cooperation Ireland
DEPARTMENT OF FOREIGN AFFAIRS

Tanzania
HIV/AIDS Indicator Survey
2003-04

Tanzania Commission for AIDS
Dar es Salaam, Tanzania

National Bureau of Statistics
Dar es Salaam, Tanzania

ORC Macro
Calverton, Maryland, USA

March 2005

This report summarises the findings of the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS). The main objective of the survey was to provide information about HIV/AIDS to programme managers and policy-makers, to guide planning and implementation of interventions to combat the HIV/AIDS epidemic.

Additional information about the survey may be obtained from the Tanzania Commission for AIDS (TACAIDS), P.O. Box 76987, Dar es Salaam, Tanzania (Telephone: 255-22-212-2651; Fax: 255-22- 212-2427; Email: tacaids@raha.com) and the National Bureau of Statistics, Mkwepu St., P.O. Box 796, Dar es Salaam, Tanzania (Telephone: 255-22-212-2722/3; Fax 255-22-213-0852; Email: dg@nbs.go.tz).

Additional information about the DHS programme may be obtained by contacting: MEASURE DHS, ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone 301-572-0200; Fax 301-572-0999; Email: reports@orcmacro.com; Internet: www.measuredhs.com).

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FOREWORD

This report presents the major findings of the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS). The Tanzania Commission for AIDS (TACAIDS) authorised the National Bureau of Statistics (NBS) to conduct the THIS. The THIS is the first household survey of its kind to be conducted in Tanzania. The survey covered the Tanzania Mainland only.

The main objective of the survey was to provide HIV/AIDS programme managers and policymakers with information needed to guide planning and implementation of interventions, including resource mobilisation and allocation, monitoring and evaluation of existing programmes, and designing new and effective strategies for combating the epidemic.

Before this survey, national HIV prevalence estimates depended entirely on data derived from blood donors and pregnant women seeking antenatal care. Although this information from the surveillance system has been useful for monitoring the trends of HIV in Tanzania, the inclusion of HIV testing in the THIS offers the opportunity to better understand the magnitude and pattern of infection in the general reproductive-age population in Tanzania. The THIS results are in turn expected to improve the calibration of the annual sentinel surveillance data, so that trends in HIV infection can be more accurately measured in the intervals between household surveys.

This report contains findings from the 2003-04 THIS collected from the households visited. The survey was designed to produce regional estimates. The tables and text cover the most important indicators related to HIV/AIDS and should be of use to policymakers and programme administrators who need up-to-date data for evaluating their activities and planning future directions.

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Executive Chairman
TACAIDS
Dar es Salaam

Cletus P.B. Mkai
Director General
National Bureau of Statistics
Dar es Salaam

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The successful completion of the 2003-04 Tanzania HIV/AIDS Indicator Survey (2003-04 THIS) was made possible by the joint efforts of a number of organisations and individuals, whose participation we would like to acknowledge with gratitude. First, thanks are due to the Census and Surveys Technical Working Group and the Research and Analysis Technical Working Group under the Poverty Reduction Strategy framework, for accepting the survey to be conducted. The Embassy of Ireland and the U.S. Agency for International Development (USAID)/Tanzania made the survey possible by providing funds to implement it. The National AIDS Control Programme (NACP), the Prime Minister's Office, the President's Office of Planning and Privatisation, and the Ministries of Health, Labour, Youth Development and Sports provided staff to work with NBS. The efforts made by TACAIDS to mobilise resources and contribute to overall monitoring and implementation of the THIS are appreciated.

A considerable number of other stakeholders contributed to the questionnaire content. We would also like to thank the Demographic and Health Surveys programme of ORC Macro in Calverton, Maryland, U.S.A. for providing technical assistance in all aspects of the project, in particular Ms Annie Cross, Ms Holly Newby, Ms Jasbir Sangha, and Ms Ladys Ortiz. Special thanks for good work for testing blood samples for HIV are due to the National Reference Laboratory at Muhimbili University College of Health Sciences, in particular Prof E. Lyamuya, Prof M. Matee, Ms M. Mashurano, Mr C. Kagoma, Mr E. Mbena, and Mr S. Mataro. The survey would not have gotten off the ground without the exemplary and tireless efforts of the staff at the National Bureau of Statistics in particular Mr S. M. Aboud, the principal investigator and Mr E. Karugendo, the desk officer of the project. Their many long days of working overtime served to make this survey a success. Similarly, the nurses who worked as interviewers for the survey deserve our heartfelt thanks. We are ever more grateful to the survey respondents who generously contributed part of their time to enable us to gather crucial data for our country's future planning.

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TANZANIA

UGANDA
Lake Victoria
KENYA
Kagera
Mara
RWANDA
BURUNDI
Mwanza
Arusha
Kilimanjaro
Shinyanga
Kigoma
Manyara
Lake Tanganyika
Tabora
Tanga
ZANZIBAR
Rukwa
Singida
Dodoma
Dar es Salaam
Morogoro
DEMOCRATIC REPUBLIC OF CONGO
Iringa
Pwani
Mbeya
Indian Ocean
N
Lindi
0 100 200 Kilometres
ZAMBIA
Ruvuma
Mtwara
MALAWI
Lake Nyasa
MOZAMBIQUE

INTRODUCTION 1

1.1 BACKGROUND INFORMATION

In Tanzania, the first three AIDS cases were clinically diagnosed and reported in 1983 in Kagera region. The first three cases were, however, followed by a rapid spread of the pandemic, such that by 1986 all regions of the Tanzania Mainland had reported AIDS cases.

In 2003, Tanzania Mainland was estimated to have about 1,820,000 people living with HIV (840,000 females and 960,000 males) (NACP, 2004). A total of 176,102 AIDS cases have been reported from 21 regions since 1983.

The HIV/AIDS pandemic is an escalating worldwide phenomenon, and by 2002, an estimated 42 million people were living with HIV/AIDS. Additionally, 13,700 adults and children are becoming infected each day, and by 2010 it is anticipated that an additional 45 million will have become infected. Sub-Saharan Africa is the worst affected region with 28.5 million people living with HIV/AIDS.

During the last two decades in Tanzania, the HIV/AIDS epidemic has spread relentlessly, affecting people in all walks of life and decimating the most productive segment of the population, particularly women and men between the ages of 20-49 years. The increase in AIDS-related absenteeism from work and deaths reflects the early manifestation of the epidemic, leaving behind suffering and grief. Other manifestations of the epidemic include lower life expectancy, an increased dependency ratio, reduced growth in the gross domestic product (GDP), reduced productivity, increasing poverty, rising infant and child mortality, and a growing number of orphans.

The epidemic is a serious threat to the country's social and economic development and has serious and direct implications on the social services. In the absence of a cure, the devastating impact of the epidemic is incomprehensible. It has been established that poverty significantly influences the spread of HIV/AIDS, which ultimately leads to a loss of economically active segments of the society, leading to a reduction in income. The human capital loss has serious social and economic impacts in all sectors and at all levels. All too often, the high cost of care and burials falls onto already overburdened households, leaving orphans and dependants, as well as vulnerability to HIV infection.

The issue of stigma and discrimination is a big challenge that needs to be addressed in the prevention and control of the epidemic. In Tanzania, as in other countries in sub-Saharan Africa, stigma against HIV/AIDS remains very strong and plays a major role in fuelling HIV infection.

It is the responsibility of the Government of Tanzania to ensure that financial and management support to fight the epidemic is available. Since the demand for the government to manage the epidemic is so high, development partners and civil society, including the private sector, share responsibility and moral obligation to complement government efforts.

1.2 NATIONAL POLICY ON HIV/AIDS

In response to the HIV/AIDS epidemic, the Government of Tanzania, with technical support from the World Health Organisation's Global Programme on AIDS (WHO-GPA), formed the National HIV/AIDS Control Programme (NACP) under the Ministry of Health. NACP formulated a short-term

plan (1985-1986) and three 5-year medium-term plans (1987-1991, 1992-1996, and 1998-2002). Initially, HIV/AIDS was perceived purely as a health problem and the campaign to deal with it involved the health sectors only through the National AIDS Control Programme. The national response consisted of developing strategies to prevent, control and mitigate the impact of the HIV/AIDS epidemic, through health education, multisectoral response and community participation.

However, the response has not had as much impact on the progression of the epidemic as expected. The national response initiatives were constrained by a number of factors such as inadequate human and financial resources, ineffective coordination mechanisms, and inadequate political commitment and leadership.

Some of these constraints are now being addressed, as there is strong political commitment and leadership from the highest level. HIV/AIDS has been declared a national disaster and is now one of the government's highest priority development issues. Since fiscal year 2000-2001, the government has been allocating a substantial amount of funds to fight HIV/AIDS.

The National Policy on HIV/AIDS has been developed with the main goal of providing a framework for leadership and coordination of the National Multisectoral Strategic Response to the HIV/AIDS epidemic. This includes formulation by all sectors of appropriate interventions which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups, and mitigating the social and economic impact of HIV/AIDS. It also provides a framework for strengthening the capacity for institutions, communities and individuals in all sectors to arrest the spread of the epidemic. Being a social, cultural and economic problem, prevention and control of HIV/AIDS will very much depend on effective community-based prevention, care, and support interventions.

The Tanzania Commission for AIDS (TACAIDS) was established in 2001 and mandated to provide strategic leadership and coordination of multisectoral responses, as well as monitoring and evaluation including, research, resource mobilisation and advocacy. The National Policy on HIV/AIDS and the National Multisectoral Strategic Response Framework are tools to guide implementation of activities led by TACAIDS. Since the HIV/AIDS epidemic affects all sectors, its control demands a well-coordinated response. Therefore, it is necessary to have a policy that provides the framework, direction, and general principles for interventions in prevention, care, and support for those infected and affected by the epidemic, as well as mitigation of the epidemic's impact.

1.3 Objectives of the Survey

The 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) is the first population-based, comprehensive survey on HIV/AIDS to be carried out in Tanzania. The survey was initiated by the Tanzania Commission for AIDS (TACAIDS) with the purpose of getting national baseline data on the prevalence of HIV infection. The survey was not meant to replace the sentinel surveillance system undertaken by the Ministry of Health under its National AIDS Control Programme (NACP), but rather to form a basis for monitoring the national HIV/AIDS response.

The THIS was executed by the National Bureau of Statistics (NBS) in collaboration with TACAIDS and NACP from early December 2003 to the end of March 2004. Technical assistance was provided through the MEASURE DHS programme, a project sponsored by the United States Agency for International Development (USAID) to collect, analyse, and disseminate population and health data. Financial support for carrying out the survey was provided by USAID/Tanzania and the Embassy of Ireland.

The survey obtained information on knowledge/awareness, attitudes, and behaviour regarding HIV/AIDS. The overall goal of the survey was to provide programme managers and policymakers involved in HIV/AIDS programmes with information needed to effectively plan and implement future interventions, including resource mobilisation and allocation.

More specifically, the objectives of the 2003-04 THIS were:

- To measure HIV prevalence among women and men aged 15-49;
- To assess levels and trends in knowledge about HIV/AIDS, attitudes towards those infected with the disease, and sexual behavioral practices;
- To collect information on the proportion of adults who are chronically sick, the extent of orphanhood, and care and support levels;
- To gauge the extent to which these indicators vary by characteristics of the individual such as age, sex, region, education, marital status and poverty status.

The 2003-04 THIS information is intended to provide data to assist policymakers and programme implementers to monitor and evaluate existing programmes and to design new strategies for combating the HIV/AIDS epidemic in Tanzania. The survey data will also be used to make population projections and to calculate indicators developed by the United Nations General Assembly Special Session (UNGASS), the UNAIDS Programme, and the World Health Organisation (WHO). Questions on non-income proxy indicators were also added to measure indicators developed for the Tanzania Poverty Monitoring Master Plan (United Republic of Tanzania, 2001).

1.4 Sample Size and Design

The sample for the 2003-04 THIS covered the population residing in households in Tanzania Mainland only. Zanzibar was excluded from the survey because of a recent survey that included HIV/AIDS indicators. A representative probability sample of 6,900 households was selected for the THIS. This sample was constructed to allow separate estimates for some indicators for each of the 21 regions on the mainland, as well as for urban and rural areas separately. As a result of disproportionate sampling, the THIS sample is not self-weighting at the national level and weighting factors have been applied to the data in all tables, unless otherwise specified.

The THIS utilised a two-stage sample design. The first stage involved selecting sample points (clusters), consisting of enumeration areas delineated for the 2002 Population and Housing Census. A total of 345 clusters (87 urban and 258 rural) were selected. Sixteen clusters were selected in each region except Dar es Salaam, where 25 clusters were selected. NBS carried out a field operation in which all households living in the selected clusters were listed.

The second stage of selection involved the systematic sampling of households from these lists. A sample of 20 households was drawn from each cluster. All women and men aged 15-49 years who were either usual residents of the households in the sample or visitors present in the household on the night before the survey were eligible to be interviewed in the survey. In addition to the data collected through interviews, respondents were asked to provide few drops of blood for subsequent testing for HIV in the laboratory.

1.5 QUESTIONNAIRES

Two types of questionnaires were used in the survey, namely: the Household Questionnaire and the Individual Questionnaire. The contents of these questionnaires were based on model questionnaires developed by the MEASURE Demographic and Health Surveys (DHS) programme. In consultation with TACAIDS, NACP and other government agencies and local organisations, NBS modified the DHS model questionnaires to reflect relevant issues on HIV/AIDS in Tanzania. The questionnaires were then translated from English into Kiswahili and were further refined after the pretest and training of the field staff.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person listed, including 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. The Household Questionnaire also collected non-income proxy indicators about the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor, roof and walls of the house, ownership of various durable goods and land, and household food insecurity. The Household Questionnaire also included questions as to whether household members were seriously ill and whether anyone in the household had died in the past 12 months. In such cases, interviewers asked whether the household had received various kinds of care and support, such as financial assistance, medical support, or social or spiritual support.

The Individual Questionnaire was used to collect information from women and men aged 15-49 years and covered the following topics:

- Background characteristics (age, education, media exposure, employment, religion, etc.)
- Reproductive history (number of births and—for women—date of last birth, birth registration, current pregnancy, and current family planning use)
- Marriage and sexual activity
- Husband’s background
- Knowledge about HIV/AIDS and exposure to specific HIV-related mass media programmes
- Attitudes towards people living with HIV/AIDS
- Knowledge and experience with HIV testing
- Knowledge and symptoms of other sexually transmitted infections (STIs)
- Circumcision

All aspects of the THIS data collection were pre-tested in September 2003. A small team of field staff were trained for two weeks; the field staff then proceeded to conduct interviews in 180 households. The lessons learned from the pretest were used to finalise the survey instruments and logistical arrangements for the survey.

1.6 TRAINING

Training of field staff was conducted for two weeks in Morogoro from 19 November through 2 December 2003. The field staff was composed of 75 nurses from the Ministry of Health, most of whom had participated in one or more previous DHS surveys in Tanzania. Trainers were senior staff from NBS, TACAIDS and NACP, as well as a laboratory technician from Muhimbili University College of Health Sciences. The training team had participated in the THIS pretest.

All participants were trained on interviewing techniques and the contents of the THIS questionnaires. The training was conducted following the standard DHS training procedures, including class presentations, mock interviews, written tests and field practice. All of the participants were trained on informed consent procedures, taking blood spots for HIV testing and procedures for minimising risks in handling blood products (universal precautions). During the final week of training, the whole group visited households in two sites close to the training center for practical interviews.

1.7 FIELDWORK AND HIV TESTING

Data collection took place over a four-month period, 8 December 2003 to 30 March 2004. Eleven interviewing teams were involved in the exercise. Each team consisted of one supervisor, four female interviewers, one male interviewer, and one driver. Seven senior staff from NBS coordinated and supervised fieldwork activities. ORC Macro staff participated in the training as well as in field supervision for interviews and blood sample collection, and staff from TACAIDS monitored the overall field work. A quality control team periodically visited teams in the field to check their work and re-interview some households.

All women and men who were interviewed were asked to voluntarily provide some drops of blood for HIV testing. The protocol for blood specimen collection and analysis was based on the anonymous linked protocol developed by DHS and approved by ORC Macro's Institutional Review Board. In Tanzania, the National Institute for Medical Research (NIMR) reviewed the protocol and provided ethical clearance for conducting the survey. The protocol allows for the linking of the HIV test results to the socio-demographic data collected in the Individual Questionnaires, provided that information potentially identifying an individual is destroyed before the linking takes place. This required that identification codes be deleted from the data file and that the back page of the Individual Questionnaire containing the bar code labels be destroyed prior to merging the HIV results with the individual data file.

For the purposes of blood sample collection, all interviewers were nurses recruited with the assistance of the Ministry of Health. To obtain informed consent for blood taking for HIV testing, the interviewer explained the procedures, the confidentiality of the data, and the fact that test results could not be linked or made available to the subject, and provided respondents with information about how they could obtain their HIV status by going to the nearest center that provides voluntary counselling and testing (VCT) services. If respondents consented, the interviewer collected a dried blood spot sample on a filter paper card from a finger prick using a single-use, spring-loaded, sterile lancet. Each blood sample was given a bar code label, with a duplicate label attached to the respondent's Individual Questionnaire. A third copy of the same bar code label was affixed to a Blood Sample Transmittal Form in order to track the blood samples from the field to the laboratory. Filter papers were dried overnight in a plastic drying box, after which the interviewer packed them in individual zipper-locked bags with desiccant and a humidity indicator card and placed them in a larger zipper-lock bag with other blood spots for that sample point. Blood samples were periodically collected in the field along with the completed questionnaires and transported to NBS headquarters in Dar es Salaam for logging in, after which they were taken to the Muhimbili University College of Health Sciences reference laboratory for HIV testing.

At the laboratory, the blood spot samples were kept refrigerated until testing was started in mid-March 2004. After the samples and controls were allowed to attain room temperature, a circle was punched from the centre of the blood spot. The blots were placed in micro-titer plates that contained 200 microlitres of elution buffer and were labeled with the bar codes. The samples were left to elute overnight at 4°C. These eluates were then tested with the Vironostika Uniform 2 Ag/Ab test kit, along with one known HIV-negative spot and two known HIV-positive spots. All samples that tested positive and 10 percent of samples that tested negative on the first ELISA (enzyme-linked immunosorbent assay) test were then tested with a second ELISA, the Vironostika Uniform 2 Plus O. The original protocol called for testing all discrepant samples with a Western Blot test; however, given the expense of the Western Blot, it was decided to first submit all discrepant samples to re-testing on both the first and second ELISA tests. All samples that were still discrepant were tested with the INOLIA HIV confirmation Western blot kit (Innogenetics Belgium).

1.8 Data Processing

The processing of the THIS results began in early January 2004. Completed questionnaires were returned periodically from the field to NBS offices in Dar es Salaam, where they were edited and entered by data processing personnel specially trained for this task. Data were entered using CSPro, a program specially developed for processing DHS surveys and censuses. All data were entered twice (100 percent verification). The concurrent processing of the data was a distinct advantage for data quality, since NBS was able to periodically run data quality checking tables and to advise field teams of errors detected. The data entry and editing of the questionnaires were completed in June 2004.

Laboratory testing of the blood samples started in mid-March 2004 and continued through September 2004. Results of each test plate were automatically entered into an Excel spreadsheet specially designed by DHS.

1.9 Response Rates

Table 1.1 shows response rates for the survey. A total of 6,901 households were selected in the sample, of which 6,595 were occupied and therefore eligible for interviews. The shortfall was largely due to structures that were found to be vacant or destroyed. Of the existing households, 6,499 were successfully interviewed, yielding a household response rate of almost 99 percent.

Table 1.1

Results of household and individual interviews, Tanzania 2003-04

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	1,741	5,160	6,901
Households occupied	1,633	4,962	6,595
Households interviewed	1,582	4,917	6,499
Household response rate	96.9	99.1	98.5
Interviews with women			
Number of eligible women	2,011	5,143	7,154
Number of eligible women interviewed	1,920	4,943	6,863
Eligible woman response rate	95.5	96.1	95.9
Interviews with men			
Number of eligible men	1,696	4,500	6,196
Number of eligible men interviewed	1,471	4,188	5,659
Eligible man response rate	86.7	93.1	91.3

In the households interviewed in the survey, 7,154 eligible women were identified; interviews were completed with 6,863 of these women, yielding a response rate of 96 percent. With regard to men, 6,196 eligible men were identified, of which 5,659 were interviewed, yielding a response rate of 91 percent. The response rates are higher in rural than urban areas, although for women, the rates are almost the same.

The principal reason for non-response among both eligible men and women was the failure to find individuals despite repeated visits to the household. The lower response rate for men reflects the more frequent and longer absences of men from the household. Details of the HIV testing response rates are discussed in Chapter 8.

CHARACTERISTICS OF HOUSEHOLDS 2

2.1 KEY FINDINGS

- Tanzanian households consist of an average of 5 members, unchanged since 1999.
- Eleven percent of children under age 18 are orphans (i.e., they have lost one or both biological parents). The level of orphanhood has not changed in recent years.
- Just over half of all households get their water from a source considered as safe; over three-quarters use traditional pit latrines. Eleven percent of all households have electricity.
- Over half of all households report having at least 3 meals per day; however, half also report that they had no meat in the previous seven days. Almost 1 in 5 households reports that it often or always has problems satisfying its food needs.

2.2 INTRODUCTION

This chapter provides a brief description of some demographic and socio-economic characteristics of the sampled households and individual respondents interviewed. This includes age, sex, residence, household headship, economic status, marital status, religion and educational level. Information regarding housing facilities and characteristics of individual women and men interviewed is essential for the interpretation of survey findings. The chapter also elaborates the fosterhood and orphanhood of children under 18 years, whereby survival status of their parents and child living arrangements are discussed.

In the THIS, a household was defined as a person or a group of persons who lived together and shared a common cooking pot of food. This group of people could be occupying part of or a whole building or not necessarily living in the same building. In order to capture all the necessary information about households and individuals, two types of questionnaires—a Household Questionnaire and an Individual Questionnaire—were administered. The household questionnaire was used to collect information on all usual residents and visitors who spent the night preceding the interview in the household. This method allows calculation of either the *de jure* (usual residents) or *de facto* (those who were there at the time of the survey) population. The individual questionnaire was used to capture detailed information about female and male respondents aged 15 through 49.

2.3 HOUSEHOLD POPULATION BY AGE, SEX AND RESIDENCE

Tanzania has a larger proportion of its population in the younger age groups than in the older age groups. Table 2.1 shows how the distribution of the household population declines gradually with each older five-year age group. This pattern is similar to the one observed in the 2002 Population and Housing Census.

Table 2.1

Household population by age, sex, and residence (percent distribution), Tanzania 2003-04

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	14.8	13.2	14.0	18.4	17.9	18.1	17.5	16.7	17.1
5-9	14.2	12.6	13.4	17.6	15.8	16.7	16.7	15.0	15.8
10-14	12.5	11.9	12.2	15.6	13.7	14.6	14.8	13.3	14.0
15-19	11.2	12.9	12.1	9.3	8.5	8.9	9.8	9.7	9.7
20-24	9.9	11.5	10.8	6.3	8.1	7.2	7.2	9.0	8.1
25-29	9.3	10.0	9.7	6.2	7.6	6.9	6.9	8.2	7.6
30-34	6.8	7.6	7.2	5.5	5.9	5.7	5.8	6.3	6.1
35-39	6.1	5.3	5.7	4.6	4.4	4.5	5.0	4.6	4.8
40-44	3.7	3.7	3.7	3.3	3.3	3.3	3.4	3.4	3.4
45-49	3.1	2.2	2.6	2.7	3.0	2.8	2.8	2.8	2.8
50-54	2.3	2.6	2.4	2.3	3.3	2.8	2.3	3.1	2.7
55-59	2.0	1.8	1.9	2.1	2.1	2.1	2.1	2.0	2.1
60-64	1.3	1.5	1.4	1.8	2.1	1.9	1.7	1.9	1.8
65-69	0.8	1.0	0.9	1.3	1.4	1.4	1.2	1.3	1.2
70-74	1.0	0.9	0.9	1.1	1.1	1.1	1.1	1.1	1.1
75-79	0.6	0.6	0.6	0.9	0.8	0.8	0.8	0.7	0.8
80+	0.4	0.6	0.5	1.0	1.0	1.0	0.8	0.9	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	3,804	4,188	7,993	11,563	12,249	23,812	15,367	16,437	31,804

2.4 HOUSEHOLD COMPOSITION

Household composition has been analysed by sex of the head of household and the size of the household (Table 2.2). Male-headed households account for 77 percent of all households, regardless of residence.

A large percentage of households have 3-5 members, with few differences between urban and rural areas. However, urban households are on average smaller than rural households (4.7 and 5.1 members, respectively). Although the overall mean household size has stayed constant at 5.0 members since 1999, the results show an increase in the size of urban households (from 4.3 to 4.7) and a small decline in the size of rural households (from 5.3 to 5.1) (NBS and Macro, 2000).

Table 2.2

Household composition (percent distribution) by sex of head and size, Tanzania 2003-04

	Residence		
Characteristic	Urban	Rural	Total
Sex of head of household			
Male	76.9	76.7	76.8
Female	23.1	23.3	23.2
Total	100.0	100.0	100.0
Number of usual members			
1	11.3	7.2	8.3
2	12.8	10.2	10.9
3	15.1	14.5	14.7
4	15.7	15.3	15.4
5	13.5	14.3	14.0
6	9.9	12.5	11.8
7	6.6	8.9	8.3
8	5.2	6.7	6.3
9+	9.9	10.5	10.3
Total	100.0	100.0	100.0
Number of households	1,746	4,753	6,499
Mean size	4.7	5.1	5.0

2.5 EDUCATIONAL ATTAINMENT OF HOUSEHOLD POPULATION

A key determinant of lifestyle and status of an individual is education. It affects many aspects of human life, including demographic and health aspects. This study, like many others, shows that educational attainment is strongly related to awareness, knowledge, attitudes, and behaviour towards prevention, care and support regarding HIV/AIDS. Table 2.3 shows the percent distribution of females and males aged six and older by the highest level of education attained.

There is a marked difference in educational attainment between the sexes, especially as age increases. Twenty-nine percent of females in Tanzania have never been to school, compared with 20 percent of males (Table 2.3). Those with only some primary education account for 35 percent of females and 41 percent of males. The proportion with no education increases substantially with age from age group 40-44. The survey found that the percentage of females attaining higher education levels is lower than that of males. For example, the percentage who completed primary school is 31 percent among females and 33 percent among males. Six percent of males have attended secondary school, compared with 5 percent of females.

Educational attainment is higher in urban areas than in rural areas. For example, 16 percent of urban men have some secondary education, compared with only 3 percent of rural men. Among females, the difference is 13 percent in urban areas and 2 percent in rural areas.

Level of education differs significantly among regions. Regions with the highest educational attainment are Dar es Salaam and Kilimanjaro for both females and males. Regions with the lowest educational attainment are Tabora and Shinyanga for males and Lindi and Pwani for females.

Table 2.3 also shows educational attainment by wealth quintile, an indicator of the economic status of households. The wealth index has been tested in a number of countries in relation to inequities in household income, use of health services, and health outcomes (Rutstein et al., 2000). It is an indicator of the level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The wealth index was constructed using household asset data and principal components analysis. The asset information collected in the 2003-04 THIS Household Questionnaire covers information on household ownership of a number of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics such as source of drinking water, type of sanitation facilities, and type of material used in flooring. Each asset was assigned a weight (factor score) generated through principal component analysis, and the resulting asset scores were standardised in relation to a standard normal distribution with a mean of zero and standard deviation of one (Rutstein and Johnson, 2004). Each household was then assigned a score for each asset, and the scores were summed for each household; individuals were ranked according to the total score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest).

Results show that educational attainment is considerably higher for those in the higher quintiles. For example, the proportion of women with no education declines from 45 percent among those in the lowest quintile to 11 percent among those in the highest quintile.

Table 2.3

Highest level of education attended by household population (percent distribution), Tanzania 2003-04

Background characteristic	Women						Men					
	No education	Some primary	Completed primary	Second-ary+	Total	Number	No education	Some primary	Completed primary	Second-ary+	Total	Number
Age												
6-9	33.8	65.8	0.1	0.0	100.0	1,926	39.2	60.5	0.1	0.0	100.0	2,043
10-14	8.6	86.4	4.2	0.5	100.0	2,182	9.2	87.6	2.6	0.4	100.0	2,276
15-19	18.5	23.0	46.4	11.9	100.0	1,588	11.3	38.4	41.5	8.5	100.0	1,505
20-24	17.7	11.9	59.9	10.4	100.0	1,471	11.1	15.4	60.6	12.8	100.0	1,109
25-29	20.0	11.2	61.3	7.3	100.0	1,356	10.0	12.4	65.0	12.3	100.0	1,066
30-34	16.7	12.7	62.7	7.7	100.0	1,042	9.8	11.6	68.7	9.8	100.0	892
35-39	20.1	12.2	60.6	6.3	100.0	760	10.3	11.3	67.0	11.0	100.0	761
40-44	37.5	17.3	39.8	4.5	100.0	560	12.5	11.8	63.8	11.9	100.0	523
45-49	51.4	23.0	22.5	2.8	100.0	454	19.7	16.4	51.8	12.1	100.0	427
50-54	58.3	26.6	10.7	1.8	100.0	510	24.0	29.4	36.9	8.2	100.0	357
55-59	69.9	21.3	5.2	1.2	100.0	333	34.7	38.4	19.5	6.5	100.0	320
60-64	77.3	17.7	1.9	0.0	100.0	316	39.6	42.4	12.1	4.5	100.0	258
65+	85.9	10.6	0.5	0.1	100.0	657	58.1	32.5	6.2	1.3	100.0	603
Residence												
Urban	16.4	30.6	39.7	12.8	100.0	3,522	8.7	35.5	39.8	15.6	100.0	3,134
Rural	33.1	36.6	27.6	1.9	100.0	9,636	23.3	42.8	30.5	3.0	100.0	9,012
Region												
Dodoma	34.4	34.6	28.1	1.7	100.0	677	27.7	38.3	31.2	2.2	100.0	647
Arusha	25.3	32.4	34.6	7.4	100.0	537	19.3	37.1	36.8	6.6	100.0	471
Kilimanjaro	11.8	40.0	37.7	10.2	100.0	650	9.6	41.0	36.1	12.6	100.0	549
Tanga	28.3	40.4	28.7	2.0	100.0	654	18.1	52.1	27.6	2.0	100.0	577
Morogoro	31.6	32.0	30.4	5.9	100.0	637	23.4	35.0	34.9	6.7	100.0	597
Pwani	39.3	34.6	22.5	3.1	100.0	397	22.8	42.5	30.5	4.2	100.0	364
Dar es Salaam	13.3	26.8	43.6	15.6	100.0	1,182	6.9	27.8	44.1	20.5	100.0	1,125
Lindi	46.6	24.5	25.2	1.4	100.0	331	30.3	33.7	32.7	3.1	100.0	303
Mtwara	32.7	36.5	26.8	3.0	100.0	428	17.4	49.6	29.4	2.7	100.0	362
Ruvuma	19.3	38.6	40.2	2.0	100.0	512	12.9	44.7	39.9	2.6	100.0	469
Iringa	23.8	39.3	32.8	4.1	100.0	696	16.7	39.7	35.2	8.5	100.0	588
Mbeya	21.7	35.7	34.9	7.6	100.0	824	14.2	43.6	33.9	8.0	100.0	728
Singida	28.2	34.5	35.1	1.9	100.0	390	16.9	50.1	31.4	1.5	100.0	373
Tabora	40.1	32.6	24.9	1.3	100.0	583	32.3	39.7	25.4	2.0	100.0	575
Rukwa	39.1	33.0	26.0	1.2	100.0	357	22.8	42.6	31.2	3.1	100.0	356
Kigoma	32.8	37.0	26.6	2.6	100.0	541	20.0	46.6	28.9	4.5	100.0	467
Shinyanga	37.9	34.6	24.5	2.0	100.0	1,133	29.5	39.0	28.6	2.4	100.0	1,083
Kagera	33.3	35.0	28.2	2.2	100.0	657	20.7	47.4	25.4	5.8	100.0	627
Mwanza	31.3	37.2	26.3	4.8	100.0	1,085	20.3	39.7	32.5	7.1	100.0	1,065
Mara	24.9	39.8	31.8	2.6	100.0	540	12.0	47.3	37.4	3.3	100.0	463
Manyara	31.3	36.5	27.6	4.1	100.0	347	24.4	43.7	27.8	3.5	100.0	358
Wealth quintile												
Lowest	45.0	33.4	20.4	0.2	100.0	2,537	32.9	43.9	22.1	0.8	100.0	2,304
Second	39.1	34.0	25.6	0.3	100.0	2,571	27.1	40.4	31.2	0.7	100.0	2,376
Middle	32.1	37.4	28.7	1.1	100.0	2,589	20.5	46.6	31.1	1.6	100.0	2,414
Fourth	18.4	41.4	36.3	3.5	100.0	2,633	13.5	42.7	37.4	6.1	100.0	2,495
Highest	10.8	29.1	41.9	17.7	100.0	2,827	5.6	31.5	41.4	21.1	100.0	2,557
Total	28.7	35.0	30.9	4.8	100.0	13,158	19.6	40.9	32.9	6.3	100.0	12,146

Note: Primary complete means completed standard 7 or 8, training after primary or pre-form 1; secondary+ education includes those who attended secondary, whether or not that level was completed.. Totals include a small number of cases missing information.

2.6 HOUSEHOLD CHARACTERISTICS

To assess the socio-economic conditions in Tanzania, respondents were asked a number of questions on issues related to their household environment. This included the source of drinking water, sanitation facility, and type of floor, wall and roofing materials. Other questions included sources of energy for cooking fuel and lighting, the number of rooms used for sleeping, and the availability of food in the household.

It is important to know the source of drinking water because waterborne diseases, including diarrhoea and dysentery, are prevalent in the country. Sources of water expected to be relatively free of these diseases are piped water, protected wells, tubewells and protected springs. Other sources, like unprotected wells, rivers and streams, and ponds and lakes, are more likely to carry bacteria that cause these diseases. Table 2.4 shows that just over half (52 percent) of all households have safe water, 79 percent of urban households and 43 percent of rural households.

Another important aspect of household health is sanitation. This survey has revealed that most Tanzanians in both rural and urban areas are still using traditional pits as their toilet facilities (78 percent of households). Even in urban areas, 69 percent of households still use traditional pit toilets, compared with 82 percent of rural households. Thirteen and 17 percent of urban households use flush toilets and ventilated improved pit toilets, respectively. The sanitation situation is still primitive in rural areas, where 15 percent of households have no toilet facility at all.

It is also useful to look at some indicators of the quality of housing of the households that were contacted. The following indicators are of special interest in Tanzania: the main materials for flooring, wall, and roof, as well as the number of rooms used for sleeping. Table 2.4 presents the distribution of households by these indicators. Looking at the flooring materials, almost three-quarters of households in Tanzania Mainland have earthen floors, and almost all of the rest have cement floors. Earthen flooring is much more common in rural areas, while a large majority of urban households have cement floors.

As for walls, commonly used materials include poles and mud and sun-dried bricks. Cement blocks, baked bricks and grass, thatch, and mud are also commonly used. Cement blocks account for the wall material used for a majority of urban households.

Table 2.4

Physical housing characteristics (percent distribution), Tanzania 2003-04

Characteristic	Residence		
	Urban	Rural	Total
Source of drinking water			
Pipe into dwelling	14.0	0.5	4.1
Pipe into yard/plot	26.3	3.9	9.9
Public tap	20.5	19.2	19.6
Water from open well	5.5	23.9	19.0
Protected/covered well	6.0	5.0	5.3
Borehole/tubewell	10.8	12.5	12.0
Protected spring	1.3	1.4	1.3
Unprotected spring	1.3	9.5	7.3
River/stream	0.5	16.5	12.2
Pond/lake/dam	0.6	6.8	5.1
Tanker truck	11.9	0.6	3.7
Other	1.0	0.2	0.4
Total	100.0	100.0	100.0
Sanitation facility			
Flush toilet	13.3	0.5	3.9
Traditional pit toilet	68.5	81.9	78.3
Ventilated improved pit toilet	16.5	2.1	6.0
No facility/bush/field	1.4	15.0	11.3
Total	100.0	100.0	100.0
Flooring material			
Earth, sand, dung	26.3	87.9	71.4
Cement	68.7	11.5	26.9
Other	5.8	0.3	1.5
Total	100.0	100.0	100.0
Wall material			
Grass/thatch/mud	3.2	17.2	13.5
Poles and mud	11.5	31.9	26.5
Sun-dried bricks	17.1	30.5	26.9
Baked bricks	15.3	15.6	15.5
Cement blocks	51.8	3.7	16.7
Other	1.0	1.0	1.1
Total	100.0	100.0	100.0
Roof material			
Grass/thatch/mud	10.8	62.4	48.5
Iron sheets	85.7	36.9	50.0
Tiles/concrete/asbestos	3.4	0.7	1.4
Total	100.0	100.0	100.0
Rooms used for sleeping			
1 room	36.9	24.0	27.5
2 rooms	28.9	40.5	37.4
3 rooms	18.7	21.9	21.1
4 rooms	8.5	8.9	8.8
5+ rooms	6.9	4.6	5.2
Total	100.0	100.0	100.0
Number of households	1,746	4,753	6,499

Note: Totals include a small number of cases with missing values

Tanzania Mainland households are about evenly divided between those with roofs made of iron sheets and those with grass, thatch, or mud roofs. The former is much more common in urban housing, accounting for 86 percent of urban households, whereas grass/thatch/mud is still the predominant material for roofing in rural areas, accounting for 62 percent of the households.

The survey included questions about the sources of energy available to the household for cooking and lighting. Results show that only 11 percent of households in Tanzania Mainland are connected with electricity (Table 2.5). Electricity is more common in urban areas (37 percent of households) than rural settings (2 percent of households).

Table 2.5

Household energy sources (percent distribution), Tanzania 2003-04

Energy source	Residence		Total
	Urban	Rural	
Electricity			
Yes	36.5	1.8	11.1
No	63.3	98.1	88.8
Total	100.0	100.0	100.0
Type of cooking fuel			
Electricity	2.0	0.0	0.6
Kerosene	9.5	0.4	2.9
Charcoal	65.0	5.2	21.3
Firewood, straw	21.4	94.1	74.6
Other	2.0	0.1	0.6
Total	100.0	100.0	100.0
Main source of lighting			
Electricity	35.9	1.6	10.8
Paraffin-hurricane lamp	36.2	18.3	23.1
Paraffin-pressure lamp	1.6	2.8	2.5
Paraffin-wick lamp	25.0	72.1	59.4
Other	1.2	5.3	4.1
Total	100.0	100.0	100.0
Number of households	1,746	4,753	6,499

There is still a long way to go for the majority of Tanzania Mainland to access modern energy for both cooking and lighting. Charcoal is still a very common fuel for cooking in urban areas (65 percent of households), whereas firewood is the predominant cooking fuel in rural areas (94 percent of households). Both fuels have a negative impact on the environment, since both charcoal and firewood require cutting down trees.

Table 2.6

Household food security (percent distribution), Tanzania 2003-04

Food security characteristic	Residence		Total
	Urban	Rural	
Usual number of meals per day			
No meals	0.2	0.1	0.1
1 meal	1.8	3.5	3.1
2 meals	15.3	52.6	42.6
3+ meals	82.4	43.7	54.1
Total	100.0	100.0	100.0
Number of days consumed meat in last week			
0	30.5	57.3	50.1
1	19.1	19.2	19.2
2	21.1	13.5	15.5
3	13.3	6.5	8.3
4	6.7	1.8	3.1
5	1.8	0.5	0.8
6	1.2	0.3	0.5
7	5.9	0.8	2.2
Total	100.0	100.0	100.0
Frequency of problems satisfying food needs in last year			
Never	62.4	43.0	48.2
Seldom	20.1	26.4	24.7
Sometimes	5.8	11.9	10.3
Often	8.9	12.1	11.2
Always	2.5	6.4	5.4
Total	100.0	100.0	100.0
Number of households	1,746	4,753	6,499

As for lighting, the most common source is paraffin lamps with wicks (59 percent of households). In urban areas, roughly one-third of households use electricity for light, and another one-third mainly rely on hurricane lamps with paraffin fuel.

The THIS also included several questions related to household food security. The questions concerned the number of meals the household usually takes each day, the number of days in the week preceding the survey in which the household consumed meat, and how often the household had problems satisfying food needs in the year before the survey. Results are shown in Table 2.6.

The data show that over half of Tanzania Mainland households report that they usually have at least three meals per day, although a sizeable minority (43 percent) have only two meals a day. Urban households appear to be more prosperous, since 82 percent report having three or more meals per day on average.

Meat consumption is not common in Tanzania Mainland. Half of the households interviewed reported that they had consumed no meat in the previous week, while 19 percent took meat once, 16 percent took it twice, and only 15 percent had meat three or more times. A larger proportion of rural households (57 percent) did not consume meat at all in the week preceding the survey, compared with urban households (31 percent).

When asked how often they have problems in meeting the food needs of the household, almost half of the households reported never having a problem in the year before the survey. Another one-quarter of households reported seldom having such problems. Ten percent of households say that they sometimes have a problem, 11 percent say that they often have a problem, and 5 percent say that they always have a problem meeting their food needs.

2.7 HOUSEHOLD DURABLE GOODS

Another indication of the household's socio-economic status is the durable assets that a household owns. In Tanzania, the poverty monitoring master plan has identified some indicators as non-income proxies of poverty. Some of these indicators concern the ownership of some selected household durable items that show a strong correlation with the poverty status of the household.

Table 2.7

Household possession of durable goods (percent distribution), Tanzania 2003-04

Consumer goods	Residence		Total
	Urban	Rural	
Radio	72.4	49.3	55.5
Television	17.7	0.7	5.3
Telephone	23.8	1.7	7.6
Refrigerator	13.1	0.3	3.7
Bicycle	30.7	40.5	37.9
Motorcycle	1.8	0.7	1.0
Car/truck	5.2	0.5	1.8
Iron	47.7	17.0	25.3
Savings account	20.4	3.5	8.0
None of the above	17.5	35.6	30.7
Number of households	1,746	4,753	6,499

The most commonly owned items are radios (56 percent of households), bicycles (38 percent) and irons (25 percent—Table 2.7). Only 8 percent of Mainland Tanzanian households have either a telephone or a savings account. In total, 31 percent of households in Tanzania Mainland own none of the selected durable items. All of the items except bicycles are more prevalent among urban than rural households. For example, 24 percent of urban households own a telephone, compared with only 2 percent of rural households. Similarly, almost three-quarters of urban households have radios, compared with half of rural households.

2.8 FOSTERHOOD AND ORPHANHOOD

Table 2.8 provides information regarding the living arrangements of children under age 18, including those who live with neither parent (fostered) and those whose parents have died (orphans), as well as those who live with one parent or the other.

Sixty percent of children under 18 years are living with both parents, while 18 percent live with their mothers and not their fathers, 5 percent live with their fathers and not their mothers, and 15 percent live with neither parent (i.e., they are considered to be 'fostered'). Younger children are more likely to stay with their parents than older children; hence they are more likely to live with both parents.

The table also provides data on the extent of orphanhood, the proportion of children whose natural father or mother has died. The study reveals that 8 percent of children under 18 have lost their biological fathers, 4 percent have lost their mothers, and 1 percent have lost both parents. Altogether, 11 percent of children have lost one or both parents (i.e., they are considered to be orphans).

Table 2.8

Living arrangements and survival status of parents for children under 18 (percent distribution), Tanzania 2003-04

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing information on father/mother	Percentage orphaned[1]	Total	Number of children <18
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead				
Age													
0-1	74.9	20.8	1.5	0.6	0.1	1.2	0.3	0.0	0.0	0.6	1.9	100.0	2,230
2-4	70.0	15.3	2.3	2.5	0.2	7.6	0.6	0.4	0.2	1.1	3.7	100.0	3,191
5-9	61.8	12.4	4.3	4.6	0.8	11.3	1.8	1.2	0.8	0.8	9.1	100.0	5,069
10-14	51.9	11.4	7.4	6.0	2.2	12.9	2.0	3.1	2.3	0.8	17.1	100.0	4,493
15-17	41.0	8.9	9.3	5.2	2.4	19.6	3.1	4.9	3.0	2.7	22.8	100.0	1,871
0-14	62.5	14.0	4.4	4.0	1.0	9.5	1.4	1.4	1.0	0.9	9.3	100.0	14,983
Sex													
Male	60.8	13.0	5.4	4.8	1.1	9.5	1.5	1.7	1.3	0.9	11.1	100.0	8,485
Female	59.5	13.8	4.4	3.4	1.2	11.7	1.7	1.9	1.2	1.2	10.4	100.0	8,369
Residence													
Urban	52.9	15.6	5.3	4.7	1.5	12.3	2.2	2.5	2.0	0.8	13.7	100.0	3,765
Rural	62.2	12.8	4.8	3.9	1.0	10.1	1.4	1.6	1.0	1.1	10.0	100.0	13,089
Region													
Dodoma	62.3	14.8	3.8	2.1	0.8	11.4	2.0	0.6	0.9	1.3	8.3	100.0	966
Arusha	60.0	13.3	6.8	2.6	1.5	11.0	1.4	1.2	1.2	1.1	12.0	100.0	636
Kilimanjaro	58.9	15.1	8.0	1.2	1.3	10.0	0.8	1.9	1.5	1.3	13.9	100.0	771
Tanga	53.1	21.1	3.2	3.6	0.7	13.1	2.5	1.2	1.2	0.3	8.9	100.0	829
Morogoro	55.5	18.1	4.0	5.0	1.4	10.7	1.3	2.2	1.0	0.6	10.1	100.0	746
Pwani	49.3	18.5	4.5	7.3	0.7	14.7	1.3	2.4	0.7	0.8	9.5	100.0	452
Dar es Salaam	56.7	13.0	4.0	5.4	1.6	10.8	2.7	3.2	1.7	0.9	13.2	100.0	1,116
Lindi	59.0	15.8	4.4	6.2	0.1	10.2	1.9	1.6	0.2	0.6	8.5	100.0	421
Mtwara	40.9	20.8	4.1	9.3	0.5	17.4	1.9	3.7	0.6	0.7	10.9	100.0	440
Ruvuma	59.7	17.2	5.2	5.2	1.0	4.7	0.4	2.0	2.1	2.7	10.7	100.0	680
Iringa	53.6	16.3	7.5	3.1	2.6	8.3	1.8	2.6	1.7	2.6	16.2	100.0	889
Mbeya	62.1	7.9	7.1	2.8	1.2	9.5	4.2	1.7	2.9	0.6	17.4	100.0	1,022
Singida	67.8	14.6	3.3	1.7	0.9	8.2	0.6	1.2	1.1	0.5	7.6	100.0	521
Tabora	61.3	10.4	3.0	7.7	2.2	10.8	1.2	1.3	0.4	1.5	8.3	100.0	808
Rukwa	65.2	12.7	4.4	2.1	1.0	8.5	1.3	3.1	1.3	0.4	11.1	100.0	508
Kigoma	72.8	10.0	4.7	2.4	0.1	7.1	0.4	0.6	0.8	1.0	6.7	100.0	760
Shinyanga	65.2	6.7	4.2	5.5	0.4	12.8	1.5	1.4	1.0	1.3	8.7	100.0	1,665
Kagera	59.6	15.6	4.7	4.2	2.1	9.2	0.7	1.2	1.7	1.0	10.5	100.0	947
Mwanza	56.2	14.6	5.1	4.2	0.8	14.1	1.4	2.4	0.7	0.5	10.5	100.0	1,409
Mara	63.2	8.3	7.7	4.0	1.3	9.0	1.0	2.1	1.3	2.0	13.6	100.0	742
Manyara	76.1	9.2	2.1	2.1	1.1	6.7	1.1	0.6	0.7	0.4	5.6	100.0	526
Wealth quintile													
Lowest	62.5	14.1	5.0	3.0	0.6	10.8	1.1	1.2	0.6	1.2	8.6	100.0	3,536
Second	64.1	13.3	5.4	3.8	0.6	8.4	1.0	1.3	0.5	1.6	9.0	100.0	3,412
Middle	57.5	13.4	6.1	5.1	1.4	10.6	1.7	1.7	1.7	1.0	12.8	100.0	3,560
Fourth	60.4	13.9	3.9	3.9	1.5	10.2	1.9	2.4	1.2	0.8	10.9	100.0	3,448
Highest	55.7	12.1	4.1	5.0	1.7	13.3	2.4	2.6	2.2	0.8	13.1	100.0	2,898
Total	60.1	13.4	4.9	4.1	1.1	10.6	1.6	1.8	1.2	1.1	10.8	100.0	16,854

[1] Includes those who have information about one parent but not about the other parent

Table 2.8 shows that the level of ophanhood is higher in urban areas, where 14 percent of children under age 18 have lost one or both parents, than in rural areas (10 percent). In terms of regional variation, Mbeya (17 percent), Iringa (16 percent), and Kilimanjaro and Mara (14 percent) regions have the highest percent of children under 18 years having lost one or both of their biological parents. This is consistent with the regional variation in HIV prevalence (see Chapter 8). Manyara (6 percent), Kigoma (7

percent) and Singida (8 percent) regions have the lowest percent of children under 18 years having lost one or both of their biological parents.

Data from the 2002 Population and Housing Census for Tanzania Mainland show that 90 percent of children have both parents still alive, while 2 percent have lost their mothers but not their fathers, 6 percent have lost their fathers but not their mothers and 1 percent have lost both parents (NBS, 2003). These results imply a slight increase in the extent of orphanhood, from 9 percent in 2002 to 11 percent in 2003-04.

Comparison of data on fostering and orphanhood with the 1999 Tanzania Reproductive and Child Health Survey (TRCHS) requires examination of children under age 15, instead of age 18, since the former survey used this as the cutoff age. Moreover, since the 2004 survey did not cover Zanzibar, the comparison should be based on 1999 TRCHS data for Tanzania Mainland only. The analysis shows that the proportion of children under age 15 who are considered orphans has remained steady at 9 percent since 1999 (NBS and Macro, 2000).

Orphans are usually considered to be at a disadvantage compared with children whose parents are still alive. In order to assess whether orphans are educationally disadvantaged, an indicator was devised that compares the proportion of children age 10-14 who are attending school and whose parents are both dead with the proportion whose parents are both alive and who are living with one of them. The results indicate that among children age 10-14 whose parents are both alive and who are living with one or both parents, 90 percent are in school, compared with 73 percent of children who have lost both parents ('double orphaned'). The ratio of school attendance among orphaned to non-orphaned children is 0.8. This implies that double orphans have a disadvantage in school attendance compared with children who are living with one or both parents. Interpretation of this index by background characteristics is hampered by the small number of orphans in many categories.

2.9 Care and Support for Orphans and Vulnerable Children

The survey also included questions about care and support that were administered in households with orphans and vulnerable children. In this context, an orphan was defined as a child under age 18 who has lost one or both parents. A vulnerable child was defined as a child under age 18, with one or both parents being very sick for at least three months during the twelve months preceding the survey or a child living in a household with no adult age 18-59.[1] In the case of households with either orphans or vulnerable children, questions were added as to whether the household had received any free, external support (other than that from family or friends) during the twelve months preceding before the survey. Several types of support were detailed: medical support, emotional support (e.g., companionship, counselling), material support (e.g., clothes, food), practical support (e.g., help with housework, legal services), and support with schooling. Results are shown in Table 2.9.

[1] The definition of vulnerable children sometimes includes children living in households in which any adult has died in the preceding 12 months; however, detailed questions about those who died were not included in the THIS.

Table 2.9

External support for households with orphans and vulnerable children (OVC), Tanzania 2003-04

Background characteristic of OVCs	Percentage of OVCs age 0-17 who live in households that received in the 12 months preceding the survey, free, external:					Percentage of OVCs age 5-17 in households that received school-elated support	Number of OVCs age 5-17
	Medical support	Emotional support	Material or practical support	All three types of support	Number of OVCs age 0-17		
Age							
0-4	3.2	7.8	5.4	0.6	391	na	0
5-9	4.1	5.9	5.4	0.8	736	3.7	736
10-14	4.1	5.4	6.1	1.5	1,034	6.5	1,034
15-17	5.2	5.2	4.8	1.7	561	6.3	561
Sex							
Male	4.3	5.1	5.7	1.1	1,408	5.9	1,195
Female	4.0	6.7	5.4	1.4	1,314	5.2	1,136
Residence							
Urban	8.2	8.7	8.4	2.3	646	10.3	592
Rural	2.9	4.9	4.7	0.9	2,076	4.0	1,739
Region							
Dodoma	0.8	5.5	12.4	0.8	144	5.0	120
Arusha	20.3	18.0	17.0	2.6	100	14.0	88
Kilimanjaro	0.0	2.5	9.1	0.0	146	3.2	130
Tanga	0.0	0.0	6.9	0.0	108	6.7	93
Morogoro	5.3	1.0	4.4	0.0	100	5.4	95
Pwani	4.8	0.0	8.4	0.0	58	6.8	52
Dar es Salaam	6.1	8.7	8.1	3.6	186	13.1	166
Lindi	10.2	4.9	4.9	4.9	53	3.4	50
Mtwara	2.3	0.0	0.0	0.0	78	3.0	71
Ruvuma	1.7	0.0	3.8	0.0	119	8.0	97
Iringa	7.8	8.5	7.8	1.5	195	7.2	178
Mbeya	0.0	9.8	0.9	0.0	229	2.2	193
Singida	7.5	5.6	5.6	5.6	71	0.0	60
Tabora	2.9	10.3	6.6	1.4	125	0.0	98
Rukwa	3.8	9.5	1.0	1.0	84	2.7	71
Kigoma	4.4	4.6	6.9	2.3	110	7.6	79
Shinyanga	5.6	7.8	3.5	3.5	220	6.6	185
Kagera	3.3	4.9	6.6	0.0	162	6.6	137
Mwanza	3.8	2.4	1.2	0.5	268	4.5	233
Mara	1.1	0.0	2.3	0.0	123	2.4	100
Manyara	5.0	20.9	2.8	0.0	41	0.0	36
Wealth quintile							
Lowest	4.3	6.0	4.9	2.7	536	2.5	438
Second	4.3	3.7	4.0	1.0	530	2.9	450
Middle	1.6	4.5	6.3	0.4	682	7.0	584
Fourth	6.7	8.7	4.3	1.3	512	6.4	437
Highest	4.8	6.9	8.3	1.1	462	8.7	423
Total	4.2	5.8	5.5	1.2	2,722	5.6	2,331

OVC = Orphans and vulnerable children, i.e., children ages 0-17 whose mother or father has died or whose mother or father has been very sick for at least three months during the 12 months preceding the survey.
na = Not applicable

Care and support services are not yet widespread in Tanzania. Only about 4 to 6 percent of orphans and vulnerable children live in households that reported receiving various types of external support. Support services are more prevalent in urban areas than in rural areas and are especially common in Arusha region. The prevalence of care and support services varies erratically by wealth quintile; however, educational support appears to be somewhat more common for children in wealthier households.

2.10 CARE AND SUPPORT FOR CHRONICALLY ILL ADULTS

Table 2.10 shows the percentage of women and men age 18-59 who were very ill for 3 or more months during the 12 months preceding the survey and whose households received free, external support in caring for these people within the 12 months preceding the survey. It can be seen from the table that, among such chronically ill adults, 16 percent lived in households that received medical support, 14 percent lived in households that received emotional support, and 12 percent lived in households that received material or practical support.

Looking at the place of residence, the survey data reveal that support is more common for adults living in urban areas than in rural areas. Provision of all three types of support is most common for ill adults living in the poorest (5.4 percent) and the wealthiest (5.1 percent) households.

Table 2.10

External support for chronically ill adults, Tanzania 2003-04

	Among women and men age 18-59 years who were very ill for 3 or more months during the last 12 months, percentage who live in households which received in the 12 months preceding the survey, free, external:				
Background characteristic	Medical support	Emotional support	Material or practical support	All three types of support	Number of chronically ill persons
Age					
18-29	15.6	14.1	8.5	3.5	102
30-39	16.7	18.7	11.2	2.2	101
40-49	17.3	9.1	15.4	4.7	81
50-59	15.7	11.9	12.0	5.4	70
Sex					
Male	21.4	20.3	12.5	5.8	153
Female	12.4	8.9	10.8	2.2	201
Residence					
Urban	29.7	23.9	16.7	3.9	82
Rural	12.3	10.8	10.0	3.7	273
Wealth quintile					
Lowest	14.3	17.7	12.2	5.4	91
Second	14.8	10.8	6.6	3.3	69
Middle	12.0	2.8	5.7	2.8	74
Fourth	12.8	12.6	14.3	1.6	58
Highest	29.2	25.5	20.5	5.1	63
Total	16.3	13.8	11.6	3.8	355

CHARACTERISTICS OF RESPONDENTS 3

3.1 KEY FINDINGS

- Survey data reflect a trend towards urbanisation in Mainland Tanzania.
- The median age at first marriage among women is 19, while for men it is 25.
- Eighteen percent of women have been circumcised, the same proportion as in 1996; 70 percent of men have been circumcised.
- Use of injections is common in Tanzania, with 38 percent of women and 27 percent of men reporting having one in the 12 months preceding the survey.

3.2 INTRODUCTION

This chapter provides a brief description of some demographic and socio-economic characteristics of the sampled respondents, specifically age, sex, residence, education, economic status, employment, marital status, and religion. Examination of these characteristics of individuals not only helps to gauge the accuracy of the survey data, but also provides a look at trends in these characteristics over time. Most importantly, it provides a basis for the analysis of the way these characteristics are related to the other issues investigated in the survey, namely, knowledge, attitudes, behaviour, and prevalence relating to HIV/AIDS.

3.3 BACKGROUND CHARACTERISTICS OF RESPONDENTS

Table 3.1 shows the percent distribution of women and men aged 15-49 by background characteristics, with the weighted and unweighted numbers interviewed as a reference. The differences between the weighted and unweighted numbers show the extent to which some areas were either over- or under-sampled relative to their proportion in the overall population. The weighting factors correct for this, putting them into proper proportion.

The gradual decline in the proportions as age increases is an effect of past high fertility that creates ever-larger cohorts, as well as an effect of mortality. Roughly one-quarter of women aged 15-49 have not married, compared with 41 percent of men. Almost two-thirds of women and over half of men are currently married or living with someone as if married. Women are more likely than men to be widowed, divorced, or separated (‘formerly married’).

The predominantly rural nature of Tanzania is reflected in the fact that about 70 percent of respondents aged 15-49 live in rural areas. However, the proportion rural has been declining over time, with a greater percentage of the population living in urban areas. for example, the proportion of women age 15-49 living in rural areas in the mainland has declined from 75 percent in 1996 to 71 percent in 1999 to 69 percent in 203-04. The distributionby region also reflects the growing urbanisation, with Dar es Salaam accounting for 12 percent of women and men aged 15-49, as compared with only 9 percent in 1996.

Table 3.1

Background characteristics of respondents, Tanzania 2003-04

Background characteristic	Women			Men		
	Weighted percent distribution	Weighted number	Unweighted number	Weighted percent distribution	Weighted number	Unweighted number
Age						
15-19	21.6	1,484	1,466	23.9	1,353	1,358
20-24	20.2	1,386	1,377	17.9	1,012	999
25-29	19.0	1,301	1,270	16.9	956	923
30-34	14.0	964	998	14.2	802	808
35-39	10.9	750	772	11.9	671	684
40-44	7.9	545	547	8.3	471	486
45-49	6.3	434	433	7.0	393	401
Marital status						
Never married	24.6	1,687	1,662	41.4	2,345	2,323
Married	63.6	4,362	4,396	53.1	3,005	3,026
Formerly married	11.9	813	805	5.5	309	310
Pregnancy status						
Currently pregnant	9.3	64	648	na	na	na
Not pregnant or unsure	90.5	6,213	6,206	na	na	na
Residence						
Urban	30.9	2,117	1,920	30.3	1,713	1,471
Rural	69.1	4,746	4,943	69.7	3,946	4,188
Region						
Dodoma	5.2	354	283	5.2	293	246
Arusha	4.1	283	339	4.0	224	254
Kilimanjaro	4.9	336	338	4.2	237	230
Tanga	4.9	337	284	3.9	219	186
Morogoro	4.9	337	276	5.2	295	244
Pwani	2.6	177	283	2.8	157	244
Dar es Salaam	11.5	789	606	11.7	664	480
Lindi	2.5	171	269	2.4	135	200
Mtwara	3.1	213	260	3.0	169	218
Ruvuma	4.0	276	342	3.9	221	273
Iringa	4.8	328	271	4.8	272	219
Mbeya	6.5	445	325	6.2	351	265
Singida	2.7	185	296	2.8	158	268
Tabora	4.1	280	338	4.2	240	293
Rukwa	2.7	186	299	2.9	166	262
Kigoma	4.1	283	336	3.6	203	264
Shinyanga	8.0	548	373	8.4	478	326
Kagera	5.1	349	307	5.1	287	255
Mwanza	8.0	552	370	9.2	519	339
Mara	3.8	261	360	3.7	210	297
Manyara	2.5	173	308	2.9	163	296
Education						
No education	22.2	1,522	1,540	11.2	634	637
Primary incomplete	16.1	1,103	1,106	19.5	1,103	1,154
Primary complete	53.3	3,660	3,688	58.3	3,297	3,300
Secondary+	8.4	579	529	11.0	625	568
Religion						
Muslim	30.6	2,099	2,236	29.9	1,689	1,796
Catholic	31.0	2,125	2,128	32.7	1,849	1,820
Protestant	29.0	1,991	1,935	26.4	1,494	1,485
None	8.5	582	496	10.5	593	522
Other	0.8	53	57	0.6	32	34
Employment						
Currently employed	78.4	5,381	5,458	82.3	4,656	4,701
Not currently employed	3.8	260	232	2.9	162	140
Not employed in last 12 months	17.8	1,223	1,173	14.9	841	818
Total	100.0	6,863	6,863	100.0	5,659	5,659

Note: Primary complete means completed standard 7 or 8, training after primary or pre-form 1; secondary+ education includes those who attended secondary, whether or not that level was completed.
na = Not applicable

More than one in five women (22 percent) have no education, compared with only 11 percent of men. Women's educational disadvantage continues at higher levels, with 8 percent of women reaching the secondary or higher level, compared with 11 percent of men. Nevertheless, women's educational attainment has improved somewhat over time. The proportion with no education has declined from 29 percent in 1996, to 27 percent in 1999 and to 22 percent in 2003-04. The proportion of men with no education has also declined, but not so rapidly.

3.4 EMPLOYMENT STATUS OF RESPONDENTS

In the 2003-04 THIS, women and men aged 15-49 who were interviewed were asked if they were working at the time of the survey and if not, whether they had done any work in the preceding 12 months. Those who had worked were asked their occupation, and those who had not worked were asked what they had been doing for most of the time over the previous year.

Four in 5 women and men said they are currently working (Table 3.2). The proportion working increases with age and is higher in rural than in urban areas. Those with no education and those who have completed only primary school are more likely to be working than those with either primary incomplete or some secondary education. Women and men in the highest wealth quintile are less likely to be working than those in lower quintiles.

Among women who have not worked in the past 12 months, the main activities are housework/child care and studying, while among men who have not worked, the main activity is studying (data not shown). Studying is a particularly common activity for younger respondents and those in the higher wealth quintiles.

Table 3.2

Employment status, Tanzania 2003-04

Background characteristic	Women: Percentage currently employed	Women: Number of women	Men: Percentage currently employed	Men: Number of men
Age				
15-19	51.2	1,484	48.2	1,353
20-24	75.3	1,386	84.8	1,012
25-29	87.3	1,301	93.4	956
30-34	88.8	964	96.7	802
35-39	90.9	750	96.5	671
40-44	93.1	545	95.9	471
45-49	91.6	434	95.8	393
Residence				
Urban	61.1	2,117	76.7	1,713
Rural	86.1	4,746	84.7	3,946
Education				
No education	88.1	1,522	94.6	634
Primary incomplete	69.8	1,103	63.8	1,103
Primary complete	81.6	3,660	90.2	3,297
Secondary+	49.2	579	60.4	625
Wealth quintile				
Lowest	90.9	1,231	89.0	881
Second	89.6	1,239	87.7	1,082
Middle	86.4	1,262	82.5	1,075
Fourth	76.3	1,361	79.5	1,164
Highest	57.8	1,770	76.2	1,456
Total	78.4	6,863	82.3	5,659

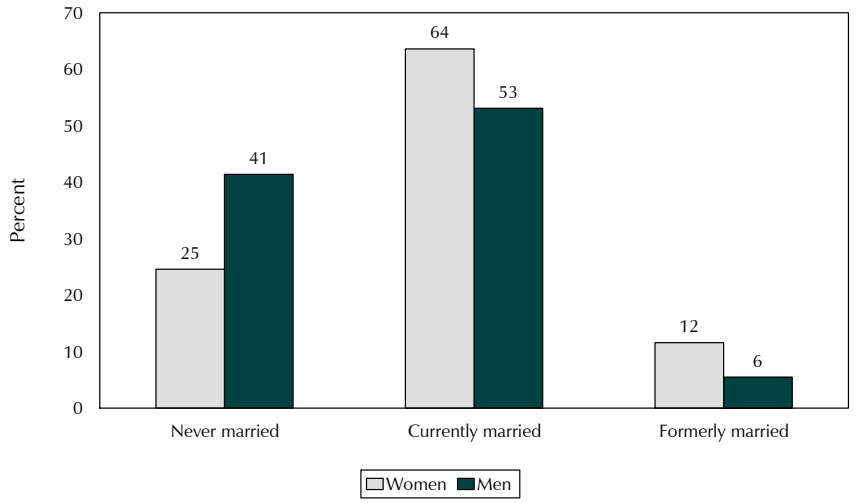
Agricultural occupations predominate among both women and men, accounting for 71 percent of working women and 63 percent of working men (data not shown). These proportions have changed little since 1999.

3.5 CURRENT MARITAL STATUS

Marriage is an important factor of exposure of women and men to sexual intercourse, which is the leading mechanism for HIV infection in Tanzania. In this report, the term 'marriage' refers to 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 been conducted. The demographic significance of marriage patterns derives from the fact that formal or informal unions are primary indicators of exposure to the risk of pregnancy and HIV infection.

The 2003-04 THIS describes marital status in three broad categories—never married, currently married, and formerly married (those who were married or lived together but are no longer, i.e., widowed, divorced, or separated). One-quarter of women age 15-49 have never been married, 64 percent are currently married, and 12 percent are formerly married. Similar results for men show that (41 percent) have never been married, 53 percent are currently married, and 6 percent are formerly married (Figure 3.1). Compared with women, greater proportions of men have never been married, while smaller proportions are either currently married or formerly married.

Figure 3.1 **Percent Distribution of Women and Men Age 15-49 by Current Marital Status**



The proportion of respondents who have never married decreases with age from 76 percent of women and 98 percent of men age 15-19 to 1 percent of those aged 45-49, indicating that marriage is almost universal in Tanzania (Table 3.3).

The fact that men tend to marry at older ages than women is evidenced by the fact that 22 percent of women age 15-19 are currently married, compared with only 2 percent of men. Eventually, at age 30-34, the proportion of men who are currently married is higher than women. Women in all age groups are also more likely than men to report being formerly married.

A comparison of these findings with those from the 1999 Tanzania Reproductive and Child Health Survey shows a slight increase in the proportion never married, especially at younger ages. For instance, the proportion of women age 15-19 who have never married increased from 73 percent in 1999 to 76 percent in 2003-04. Among men, differences for most age groups are very small, except at ages 25-29, where the proportion never married increased from 20 to 26 percent.

Table 3.3

Current marital status of respondents, Tanzania 2003-04

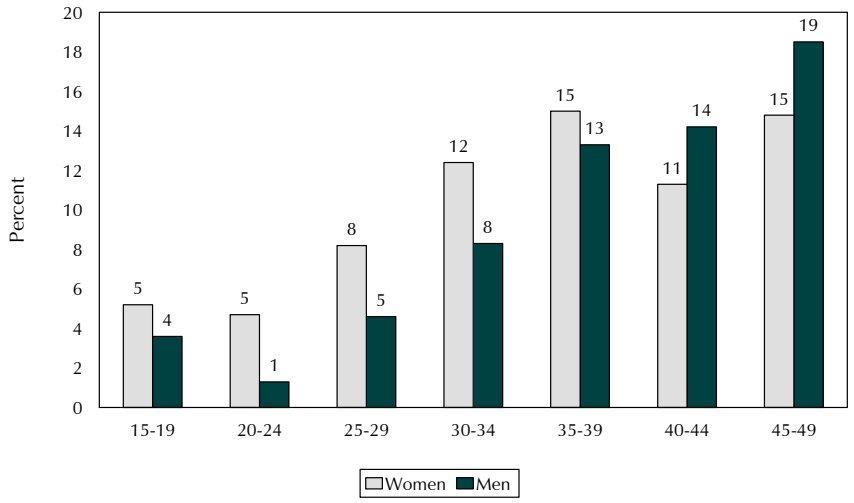
Age	Current marital status: Never married	Currently married	Formerly married	Total	Number of women/men
		WOMEN			
15-19	75.9	21.6	2.5	100.0	1,484
20-24	25.9	64.6	9.4	100.0	1,386
25-29	9.4	79.9	10.6	100.0	1,301
30-34	4.8	81.3	14.0	100.0	964
35-39	2.4	79.3	18.4	100.0	750
40-44	1.7	76.8	21.5	100.0	545
45-49	1.2	71.6	27.2	100.0	434
Total	24.6	63.6	11.9	100.0	6,863
		MEN			
15-19	97.9	1.9	0.2	100.0	1,353
20-24	65.6	29.6	4.8	100.0	1,012
25-29	26.2	65.7	8.2	100.0	956
30-34	8.3	84.0	7.7	100.0	802
35-39	4.1	88.7	7.2	100.0	671
40-44	1.9	90.1	8.0	100.0	471
45-49	1.0	91.2	7.9	100.0	393
Total	41.4	53.1	5.5	100.0	5,659

3.6 POLYGYNY

The extent of polygyny was measured by asking married women the question: 'Besides yourself, does your husband have other wives or does he live with other women as if married?' For currently married men, the question was: 'At this time, do you have more than one wife or woman with whom you are living as married?'

One in ten currently married women and men live in polygynous unions. The general indication is that older women and men are more likely to be in polygynous unions than younger respondents (Figure 3.2). Education is negatively related to the prevalence of polygyny, such that, as education level increases, polygyny decreases (data not shown).

Figure 3.2 **Percent Distribution of Currently Married Women and Men in Polygynous Unions by Current Age**



The prevalence of polygyny appears to be declining. For example, the proportion of married women who report being in a polygynous union has declined from 29 percent in 1996 to 10 percent in 2003-04.

3.7 AGE AT FIRST MARRIAGE

Age at first marriage may be associated with the spread of HIV infection, since individuals who marry at early ages, on average, will have a longer period of exposure to sexual activity and therefore exposure to the risk of infection with HIV and other sexually transmitted infections. Table 3.4 shows the percentage of women and men who were first married by specific exact ages and the median age at first marriage, according to current age.

Data show that 10 percent of women age 20-49 were married before their 15th birthday and 62 percent of women entered married life before their 20th birthday. The median age at first marriage for women is 19.

In contrast, only 1 percent of men age 20-49 were married before age 15, and 16 percent were married before their 20th birthday. About half were married before age 25, with a median age at first marriage of 25 for men age 20-49.

Table 3.4

Age at first marriage, Tanzania 2003-04

	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
Current age	15	18	20	22	25			
				WOMEN				
15-19	4.5	na	na	na	na	75.9	1,484	a
20-24	7.0	35.3	58.2	na	na	25.9	1,386	19.3
25-29	7.5	36.9	60.0	74.7	85.9	9.4	1,301	19.1
30-34	9.7	42.0	63.3	76.7	87.4	4.8	964	18.7
35-39	11.1	39.8	61.7	74.1	85.6	2.4	750	18.8
40-44	17.7	46.3	66.7	80.6	88.4	1.7	545	18.3
45-49	17.2	57.9	76.9	85.0	91.7	1.2	434	17.3
20-49	10.1	40.5	62.4	75.2	83.8	10.4	5,379	18.8
25-49	11.1	42.3	63.9	77.0	87.2	5.0	3,993	18.7
				MEN				
15-19	0.2	na	na	na	na	97.9	1,353	a
20-24	0.6	4.0	13.2	na	na	65.6	1,012	a
25-29	1.5	5.0	15.1	32.6	58.7	26.2	956	23.8
30-34	1.0	5.9	15.9	32.1	57.9	8.3	802	24.2
35-39	1.7	7.4	19.3	32.6	56.4	4.1	671	24.1
40-44	1.9	4.5	13.6	27.2	54.1	1.9	471	24.6
45-49	1.4	8.8	17.4	32.1	54.0	1.0	393	24.4
20-49	1.3	5.6	15.5	30.1	51.6	23.7	4,306	a
25-49	1.5	6.1	16.2	31.6	56.8	10.8	3,294	24.1

na = Not applicable
a = Omitted because less than 50 percent of the respondents married before reaching the beginning of the age group.

3.8 CHARACTERISTICS OF COUPLES

Because the 2003-04 THIS interviewed both women and men in the same household, it is possible to match cohabiting couples by linking the data from a woman to that of her husband/live-in partner. In this way, data for 2,665 married couples were matched. The data in Table 3.5 show that for 40 percent of couples, the husband is less than 5 years older than his wife/partner, while in another 40 percent of couples, the husband is 5 to 9 years older than his wife. For 18 percent of couples, the husband is 10 or more years older than his wife. Very few couples consist of a wife who is older than her husband.

Table 3.5
Characteristics of couples, Tanzania 2003-04

Age/education	Percent distribution	Number of couples
Age of couples		
Wife older than husband	4.7	125
Husband 0-4 years older than wife	39.6	1,056
Husband 5-9 years older than wife	37.5	999
Husband 10-14 years older than wife	13.3	353
Husband 15+ years older than wife	4.9	131
Education of couples		
Both husband and wife no education	6.3	167
Husband some education, wife none	16.9	449
Wife some education, husband none	5.5	146
Both husband and wife some education	71.4	1,902
Total	100.0	2,665

With regard to education, for 7 in 10 couples, both the wife and husband have some education. For a small proportion of couples (6 percent), neither the wife nor husband has any education. Where there are differences in education status, it is more common for the husband to have education when his wife has none (17 percent). It is only in 6 percent of couples where the wife has some education and her husband has none.

3.9 FEMALE GENITAL CUTTING AND MALE CIRCUMCISION

The term 'circumcision' is often used to refer to a range of procedures that have very different physical effects. Male circumcision—removal of the foreskin of the penis—is common among cultures throughout the world and has been shown to have some health benefits. Female circumcision is used to refer to a number of female genital cutting procedures, ranging from nicking of the skin surrounding the clitoris, to removing the clitoris, to removing the labia and stitching closed the opening ('pharoanic circumcision'). Female genital cutting has been shown to have numerous negative consequences on the health of girls and women, including, occasionally, death from haemorrhage and infection. For these reasons, female circumcision is being challenged and is actually banned by the government.

From the point of view of transmission of HIV/AIDS, female and male genital cutting practices also have different effects. Both forms of cutting put those who are circumcised at higher risk of being infected with HIV because the procedure is usually performed in Tanzania on groups of children in non-sterile environments. If one of the members in the group is HIV positive, there is a high chance that others may become infected. On the other hand, some researchers argue that male circumcision has a protective effect against the spread of HIV and other sexually transmitted infections (Agot et al., 2004; Auvert et al., 2001). To measure trends in both female and male genital cutting practices and to relate these practices to HIV prevalence, the 2003-04 THIS included questions for both women and men as to whether they had ever been circumcised. Data on the prevalence of circumcision are given in Table 3.6, while information regarding circumcision and HIV prevalence is given in Chapter 8.

Survey data show that 18 percent of Tanzanian women are circumcised. This is identical to the proportion found in the 1996 Tanzania Demographic and Health Survey (TDHS), indicating no trend.

Female circumcision is more common among older than younger women. The level of female genital cutting is higher among rural women (21 percent) than urban women (11 percent). The percentages of women circumcised differ substantially by region, with nine of the regions having levels of 20 percent or more. The region with the highest percentage of women circumcised is Manyara (73 percent), followed by Dodoma (71 percent) and Singida (66 percent). The remaining 12 regions reported less than 8 percent of women circumcised, with Kigoma, Rukwa, and Kagera showing less than 1 percent of women being circumcised. The percentage of women who are circumcised generally declines as education increases. It also declines with increasing wealth quintile except at the fourth quintile.

As for men, 70 percent reported that they had been circumcised. The level of male circumcision is substantially higher among urban men than rural men (91 and 61 percent, respectively). About half of the regions show levels of male circumcision of 90 percent or more. On the other hand, only one-quarter of men in Kagera and Shinyanga regions and about one-third of those in Rukwa, Mbeya, and Iringa are circumcised.

Unlike the pattern among women, the percentage of men who are circumcised increases steadily with increasing education. There is also a tendency for male circumcision to be more prevalent among the higher wealth quintiles.

Table 3.6
Female genital cutting and male circumcision, Tanzania 2003-04

Background characteristic	Women: Percent circumcised	Women: Number of women	Men: Percent circumcised	Men: Number of men
Age				
15-19	11.3	1,484	63.2	1,353
20-24	16.3	1,386	71.1	1,012
25-29	16.4	1,301	73.2	956
30-39	21.8	1,714	71.8	1,473
40-49	24.0	979	71.1	865
Residence				
Urban	10.8	2,117	90.8	1,713
Rural	20.8	4,746	60.6	3,946
Region				
Dodoma	71.4	354	96.9	293
Arusha	57.7	283	96.2	224
Kilimanjaro	37.2	336	97.0	237
Tanga	22.3	337	95.0	219
Morogoro	20.9	337	93.1	295
Pwani	1.7	177	96.9	157
Dar es Salaam	7.2	789	97.9	664
Lindi	1.1	171	93.3	135
Mtwara	2.3	213	97.7	169
Ruvuma	3.0	276	68.9	221
Iringa	20.0	328	37.7	272
Mbeya	2.2	445	34.4	351
Singida	65.9	185	90.9	158
Tabora	1.3	280	42.8	240
Rukwa	0.7	186	31.4	166
Kigoma	0.3	283	68.4	203
Shinyanga	1.4	548	26.5	478
Kagera	0.8	349	26.4	287
Mwanza	1.1	552	54.1	519
Mara	42.0	261	89.0	210
Manyara	73.1	173	97.3	163
Education				
No education	23.1	1,522	55.1	634
Primary incomplete	15.4	1,103	61.5	1,103
Primary complete	17.9	3,660	71.5	3,297
Secondary+	6.8	579	89.9	625
Religion				
Muslim	16.5	2,099	96.8	1,689
Catholic	15.2	2,125	60.3	1,849
Protestant	24.0	1,991	68.7	1,494
None	10.9	582	25.2	593
Wealth quintile				
Lowest	29.2	1,231	58.5	881
Second	16.4	1,239	54.9	1,082
Middle	16.7	1,262	58.5	1,075
Fourth	18.2	1,361	74.7	1,164
Highest	11.0	1,770	91.9	1,456
Total	17.7	6,863	69.7	5,659

3.10 Injections and Blood Transfusions

Although the most common means of HIV transmission is through heterosexual contact, it is also useful to measure the prevalence of other potential means, such as circumcision (discussed above) and the use of injections and blood transfusions. As shown in Table 3.7, 38 percent of women and 27 percent of men reported that they had received an injection during the 12 months preceding the survey. Blood transfusions are far rarer, with only 1 percent or less of respondents reporting receiving a transfusion in the year preceding the survey.

The data show remarkably little variation in the use of injections and transfusions by background characteristics either for women or for men. One exception is that there is a slight tendency for use of injections and transfusions to be lower among women in their 40s and among women and men in rural areas.

Table 3.7

Prevalence of injections and blood transfusions, Tanzania 2003-04

Background characteristic	Women: Percentage who received an injection in the last 12 months	Women: Percentage who received a transfusion in the last 12 months	Women: Number of women	Men: Percentage who received an injection in the last 12 months	Men: Percentage who received a transfusion in the last 12 months	Men: Number of men
Age						
15-19	39.1	0.9	1,484	32.3	0.7	1,353
20-24	42.6	1.5	1,386	24.7	0.4	1,012
25-29	38.5	1.6	1,301	27.3	0.3	956
30-39	39.0	1.4	1,714	22.6	0.3	1,473
40-49	29.6	0.3	979	26.4	0.2	865
15-24	40.8	1.2	2,870	29.0	0.6	2,365
Residence						
Urban	40.5	1.6	2,117	29.5	0.3	1,713
Rural	37.4	1.1	4,746	25.4	0.4	3,946
Education						
No education	30.5	1.6	1,522	20.1	0.5	634
Primary incomplete	40.9	1.3	1,103	31.2	0.7	1,103
Primary complete	40.6	1.1	3,660	26.8	0.3	3,297
Secondary+	39.6	0.8	579	24.5	0.2	625
Wealth quintile						
Lowest	33.3	1.0	1,231	24.4	0.4	881
Second	38.8	1.0	1,239	24.6	0.5	1,082
Middle	38.4	1.5	1,262	25.6	0.7	1,075
Fourth	41.7	1.2	1,361	26.8	0.3	1,164
Highest	38.8	1.3	1,770	30.2	0.2	1,456
Total	38.3	1.2	6,863	26.6	0.4	5,659

3.11 FAMILY PLANNING USE

Although the THIS was focused on collecting information related to HIV/AIDS, a question was included about current use of contraception. Specifically, women were asked if they were currently doing something or using any method to delay or avoid getting pregnant and if so, what method they were using. The data are shown in Table 3.8 for currently married women.

Overall, 28 percent of currently married women are using some method of contraception. This represents an increase from 25 percent in 1999. The increase in use of modern methods (from 17 to 23 percent of married women) is particularly rapid; use of traditional methods has declined from 9 to 5 percent of married women.

The most commonly used method in 2003-04 is injectables, being used by 12 percent of married women. Seven percent of women use the pill, 2 percent are sterilised and another 2 percent use the rhythm or calendar method.

Contraceptive use is considerably higher among urban than rural women, and among women in Kilimanjaro, Mbeya, Dar es Salaam, Arusha and Tanga regions. Use increases with education and wealth quintile.

Table 3.8

Current use of contraception among currently married women, Tanzania 2003-04

Background characteristic	Any method	Modern method							Traditional method				Not currently using	Total	Number of women
		Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Periodic abstinence	Withdrawal	Folk method			
Age															
15-19	13.9	12.0	0.0	4.9	0.0	5.8	0.0	1.4	1.9	0.2	0.5	1.2	86.1	100.0	320
20-24	26.2	23.2	0.2	7.5	0.6	13.2	0.4	1.4	3.0	0.8	0.8	1.4	73.8	100.0	895
25-29	30.8	25.7	0.3	8.9	0.2	13.8	0.9	1.6	5.1	1.8	1.9	1.4	69.2	100.0	1,040
30-34	32.2	27.2	0.9	9.7	0.7	13.3	0.8	1.8	5.0	2.8	1.1	1.1	67.8	100.0	783
35-39	32.3	26.0	4.7	5.7	1.1	13.4	0.3	0.6	6.4	2.9	1.3	2.2	67.7	100.0	594
40-44	31.3	24.6	7.0	5.2	0.5	9.5	0.2	1.3	6.7	3.4	1.0	2.0	68.7	100.0	419
45-49	17.4	11.7	6.2	1.3	0.1	3.8	0.0	0.0	5.7	1.3	0.4	4.0	82.6	100.0	311
Residence															
Urban	42.8	37.2	3.3	12.1	1.3	16.4	1.5	2.4	5.6	3.7	0.7	1.1	57.2	100.0	1,112
Rural	23.2	18.7	1.6	5.4	0.2	10.2	0.2	0.9	4.5	1.3	1.3	1.9	76.8	100.0	3,250
Region															
Dodoma	22.1	20.3	1.3	6.5	0.0	11.6	0.0	0.9	1.7	0.9	0.8	0.0	77.9	100.0	226
Arusha	42.0	33.0	2.0	9.4	1.5	17.0	1.2	1.4	9.0	3.2	0.6	5.2	58.0	100.0	163
Kilimanjaro	54.9	41.6	7.2	8.7	1.1	23.5	0.0	1.1	13.2	9.9	0.6	2.7	45.1	100.0	181
Tanga	41.7	35.4	0.6	4.6	0.0	24.4	0.0	5.2	6.3	2.1	0.6	3.6	58.3	100.0	217
Morogoro	28.8	28.8	5.4	12.1	0.3	8.3	1.8	0.9	0.0	0.0	0.0	0.0	71.2	100.0	192
Pwani	33.4	32.3	2.3	11.1	0.5	16.0	0.0	1.1	1.1	1.1	0.0	0.0	66.6	100.0	109
Dar es Salaam	42.7	33.0	2.2	9.2	0.5	17.0	1.1	2.9	9.8	6.0	1.5	1.8	57.3	100.0	414
Lindi	27.5	27.2	2.2	14.2	0.0	10.5	0.2	0.0	0.3	0.0	0.0	0.3	72.5	100.0	126
Mtwara	29.6	29.6	3.8	15.9	0.0	9.6	0.0	0.2	0.0	0.0	0.0	0.0	70.4	100.0	137
Ruvuma	33.5	30.7	4.2	8.5	1.2	14.7	0.6	1.4	2.9	0.4	1.0	1.4	66.5	100.0	179
Iringa	32.2	18.5	1.9	4.0	1.0	8.4	1.1	2.1	13.7	5.6	4.7	3.5	67.8	100.0	195
Mbeya	43.0	38.7	1.7	11.3	1.0	21.4	1.1	1.6	4.3	1.1	3.2	0.0	57.0	100.0	301
Singida	20.8	20.8	0.8	6.8	0.0	13.2	0.0	0.0	0.0	0.0	0.0	0.0	79.2	100.0	121
Tabora	16.6	13.0	0.0	2.4	0.0	9.4	0.0	1.2	3.5	1.5	0.0	2.1	83.4	100.0	207
Rukwa	24.8	12.0	1.4	2.9	1.0	4.7	0.0	1.9	12.8	0.4	10.9	1.5	75.2	100.0	135
Kigoma	20.4	15.7	0.0	4.3	2.1	6.9	0.5	1.8	4.7	2.5	0.6	1.6	79.6	100.0	193
Shinyanga	12.3	10.2	1.6	3.2	0.0	5.0	0.0	0.4	2.2	0.0	0.0	2.2	87.7	100.0	387
Kagera	17.8	17.2	2.5	6.0	0.4	7.4	0.3	0.6	0.5	0.0	0.0	0.5	82.2	100.0	234
Mwanza	11.5	9.3	0.0	5.1	0.0	4.2	0.0	0.0	2.2	0.0	0.3	1.9	88.5	100.0	359
Mara	17.3	14.3	3.0	0.9	0.5	8.4	1.4	0.0	3.0	0.5	0.0	2.6	82.7	100.0	170
Manyara	28.0	19.9	1.4	11.1	0.0	6.2	0.9	0.4	8.1	3.5	0.0	4.6	72.0	100.0	118
Education															
No education	14.7	10.8	1.5	3.3	0.0	5.5	0.1	0.4	3.9	0.6	1.0	2.3	85.3	100.0	1,152
Primary incomplete	22.3	17.4	2.5	5.0	0.1	7.9	0.6	1.2	5.0	1.4	0.8	2.8	77.7	100.0	609
Primary complete	33.3	28.8	1.9	8.9	0.6	15.4	0.5	1.3	4.6	2.0	1.3	1.3	66.7	100.0	2,381
Secondary+	58.8	47.5	4.6	13.7	3.5	17.4	2.1	6.2	11.3	9.3	1.3	0.0	41.2	100.0	220
Wealth quintile															
Lowest	15.4	12.1	0.5	4.5	0.0	6.1	0.0	0.9	3.3	0.8	0.6	1.9	84.6	100.0	858
Second	19.5	15.2	0.8	4.5	0.2	9.0	0.1	0.4	4.3	0.3	1.7	2.3	80.5	100.0	907
Middle	22.7	18.5	2.1	4.9	0.1	9.9	0.2	1.1	4.2	1.1	1.3	1.8	77.3	100.0	822
Fourth	35.5	30.9	3.3	7.1	0.6	18.2	0.3	1.3	4.6	1.9	1.0	1.7	64.5	100.0	846
Highest	46.7	39.3	3.4	14.1	1.5	15.7	1.8	2.7	7.4	5.4	1.0	0.9	53.3	100.0	929
Total	28.2	23.4	2.0	7.1	0.5	11.8	0.5	1.3	4.8	1.9	1.1	1.7	71.8	100.0	4,362

3.12 REGISTRATION OF BIRTHS

The 2003-04 THIS included a question for all women who had given birth in the five years preceding the survey as to whether their most recent birth had been registered with the civil authorities. Data in Table 3.9 show that 11 percent of births were reported to be registered. This is an increase over the level of 6 percent in the 1999 TRCHS. Birth registration is higher among births to urban women, better educated women, and those in the two highest wealth quintiles.

Table 3.9

Registration of births, Tanzania 2003-04

Background characteristic	Percent registered among most recent births to women in the 5 years before survey	Number of women with a birth in last 5 years
Residence		
Urban	25.8	938
Rural	5.9	2,901
Education		
No education	3.4	892
Primary incomplete	6.3	530
Primary complete	12.0	2,230
Secondary +	42.5	187
Wealth quintile		
Lowest	2.8	809
Second	3.0	797
Middle	4.1	759
Fourth	13.9	781
Highest	32.6	693
Total	10.7	3,839

HIV/AIDS-RELATED KNOWLEDGE 4

4.1 KEY FINDINGS

- Over 99 percent of Tanzanians age 15-49 have heard of HIV/AIDS.
- Awareness of the modes of HIV transmission is high, with almost 90 percent of adults knowing that having only one uninfected, faithful partner can reduce the chance of getting AIDS.
- Rejection of misconceptions related to HIV is also widespread; 4 in 5 adults know that a healthy-looking person may be HIV positive, and almost the same proportion know that HIV cannot be transmitted by witchcraft or by sharing food with someone who has AIDS.

4.2 INTRODUCTION

The predominant mode of HIV transmission is through heterosexual contact, which accounts for over 90 percent of new AIDS cases in Tanzania, followed in magnitude by perinatal transmission, whereby the mother passes the HIV virus to the child during pregnancy or at the time of birth or through breastfeeding (NACP, 2004). Other modes of transmission can be through infected blood, blood products, donated organs or bone grafts and tissues.

The future direction of this pandemic depends in large part on the level of knowledge of how the virus is spread and consequent changes in sexual behaviour. The information obtained from the 2003-04 THIS provides an opportunity to assess the level of knowledge regarding transmission of the AIDS virus. The results are useful for AIDS control programmes to target those individuals and groups of individuals most in need of information.

The 2003-04 THIS included a series of questions related to HIV/AIDS knowledge. Respondents were asked if they had ever heard of AIDS; if they knew about specific means of transmission of the virus; and if they were aware of mother-to-child transmission.

4.3 AWARENESS OF AIDS

Survey results indicate that over 99 percent of Tanzanians aged 15-49 have heard of AIDS (Table 4.1). Awareness is very high in Tanzania Mainland, with at least 96 percent of respondents in all age groups, regions, residence and education groups having heard of AIDS (data not shown). Overall, the level of awareness about AIDS for both women and men increased slightly from the 1999 TRCHS (97 percent of women and 99 percent of men on the mainland).

Table 4.1

Knowledge of HIV and its transmission, Tanzania 2003-04

Percentage of respondents who:	Women	Men
Have heard of AIDS	99.1	99.8
Say having just one uninfected, faithful partner can reduce the chance of getting AIDS	86.6	88.4
Say using condoms every time can reduce the chance of getting AIDS	67.6	74.8
Say having one faithful partner and using condoms can reduce the chance of getting AIDS	62.5	68.9
Say not having sex at all can reduce the chance of getting AIDS	87.0	87.3
Number of respondents	6,863	5,659

Abstaining from sex, being faithful to one uninfected partner, and using condoms are important ways to avoid the spread of HIV/AIDS. To ascertain the depth of knowledge about modes of HIV/AIDS transmission, respondents were asked specific questions about whether it is possible to reduce the chance of getting AIDS by having just one faithful sexual partner, using a condom at every sexual encounter, and not having sex at all. Table 4.1 shows the percentage of women and men by their answers to these questions.

The results show that knowledge of HIV prevention methods is widespread. More than 4 in 5 respondents (87 percent of women and 88 percent of men) indicate that the chances of getting the AIDS virus can be reduced by limiting sex to one partner who is not infected and who has no other partners.

Sixty-eight percent of women and 75 percent of men said that people could reduce their chances of getting the AIDS virus by using condoms every time they have sex. Knowledge of both of these means of avoiding HIV transmission is also high, with 63 percent of women and 69 percent of men citing both as ways of reducing the risk of getting the AIDS virus. As expected, the proportion of both women and men who know that abstaining from sex reduces the chances of getting the AIDS virus is high—87 percent among women and men. For each of these knowledge indicators, men are slightly more informed than women, especially about condom use.

4.4 Knowledge of Mother-to-Child Transmission

Current strategies on HIV/AIDS in Tanzania are geared towards improving the health of HIV-infected mothers and reducing the transmission of the virus to their children during pregnancy, labour, delivery, and post-delivery through breastfeeding as outlined in the National Policy on HIV/AIDS (Prime Minister's Office, 2001). Towards these efforts, increasing the level of general knowledge of transmission of the virus from mother to child and reducing the risk of transmission by use of anti-retroviral drugs are critical to achieving this goal.

All women and men interviewed in the 2003-04 THIS were asked if the virus that causes AIDS can be transmitted from a mother to a child. If the answer was in the affirmative, they were further asked whether the virus could be transmitted during pregnancy, during delivery or during breastfeeding. They were also asked if a mother who is infected with the AIDS virus could reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy.

Almost seven in ten women (69 percent) and over six in ten men (63 percent) know that HIV can be transmitted from a mother to her child by breastfeeding (Table 4.2). Knowledge about antiretroviral drugs is far less widespread; only 17 percent of women and 19 percent of men know that there are special drugs that a doctor or nurse can give to a pregnant woman infected with the AIDS virus to reduce the risk of transmitting the virus to the baby. Consequently, only 15 percent of women and men know that HIV can be transmitted through breastfeeding and that the risk can be reduced with drugs.

Table 4.2

Knowledge about mother-to-child transmission of HIV, Tanzania 2003-04

Percentage who know that:	Women	Men
AIDS virus can be transmitted to a child through breastfeeding	69.3	63.0
An HIV-infected pregnant woman can take special drugs to reduce risk of AIDS transmission to the baby	16.6	18.7
AIDS virus can be transmitted through breastfeeding and there are special drugs for pregnant women	14.7	14.5
Number of respondents	6,863	5,659

It is notable that the percentage of women who know that HIV/AIDS can be transmitted from mother to child by breastfeeding has not changed since 1999 (69 percent). This points to a need for increased efforts to educate women about this means of HIV transmission.

4.5 REJECTION OF MISCONCEPTIONS ABOUT AIDS TRANSMISSION

In addition to knowing about effective ways to avoid contracting HIV/AIDS, it is also useful to be able to identify incorrect beliefs about AIDS, in order to eliminate misconceptions. Common misconceptions about AIDS include the idea that HIV-infected people appear ill and the belief that the virus can be transmitted through mosquito or other insect bites, by sharing food with someone who is infected, or by witchcraft or other supernatural means. Respondents were asked about these four misconceptions.

Data shown in Table 4.3 indicate that the vast majority of Tanzania Mainland adults know that people infected with HIV do not necessarily show signs of infection. Seventy-eight percent of women and 84 percent of men know that a healthy-looking person can have the virus that causes AIDS.

Slightly fewer respondents understand that the AIDS virus cannot be transmitted by mosquito bites; 71 percent of women and 73 percent of men know that AIDS cannot be transmitted by mosquito bites. Similarly, 76 percent of women and 81 percent of men know that people cannot get the AIDS virus by sharing food with a person who has AIDS.

Table 4.3

Rejection of misconceptions about AIDS, Tanzania 2003-04

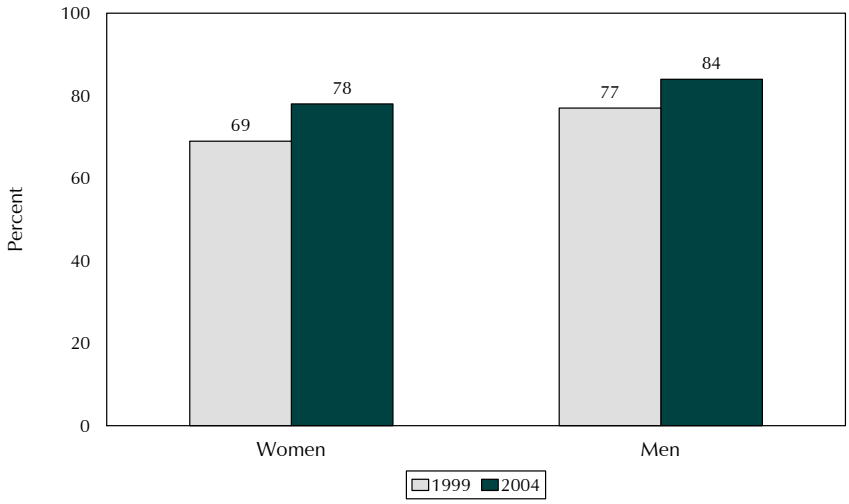
Percentage who know that:	Women	Men
A healthy-looking person can have the AIDS virus	78.0	84.1
People cannot get the AIDS virus from mosquito bites	71.3	72.9
People cannot get the AIDS virus by sharing food with a person who has AIDS	75.5	81.2
A healthy-looking person can have AIDS and mosquito bites and sharing food cannot transmit AIDS	66.3	73.9
People cannot get the AIDS virus from witchcraft or other supernatural means	82.1	89.0
With comprehensive knowledge[1]	46.3	54.2
Number of respondents	6,863	5,659

[1] Comprehensive knowledge means knowing that consistent use of condoms and having just one uninfected, faithful partner can reduce the chance of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and knowing that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS.

Looking at all three beliefs together, 66 percent of women and 74 percent of men have correct knowledge on all these issues. Respondents were also asked if they thought that people could get the AIDS virus because of witchcraft or other supernatural means. The vast majority of Tanzania Mainland reject this idea, with 82 percent of women and 89 percent of men saying that witchcraft is not a means of transmission.

There has been a large increase in the level of basic knowledge about HIV/AIDS over the last five years in Tanzania. The proportion who know that it is possible for a healthy-looking person to have the AIDS virus has increased from 69 percent in 1999 to 78 percent in 2004 among women and from 77 to 84 percent of men in Tanzania Mainland (Figure 4.1). Similarly, the proportion of women who know that HIV cannot be transmitted by insect bites has increased from 54 in 1999 to 71 percent in 2004 and the proportion who say that people cannot get the AIDS virus by sharing food with someone who has AIDS has increased from 58 to 76 percent of women.

Figure 4.1 **Trends in Knowledge That a Healthy-Looking Person Can Have the Virus That Causes AIDS**



4.6 DIFFERENTIALS IN HIV KNOWLEDGE

Examining differentials in HIV/AIDS knowledge by background characteristics of respondents allows for an understanding of which population groups have lower levels of knowledge and thus, how to target education programmes. Table 4.4 shows differentials in the main indicators of knowledge by selected background characteristics, such as age group, marital status, residence, region, education and wealth quintiles.

Knowledge of HIV prevention methods is generally higher among women and men in their 20s and 30s than it is among those aged 15-19 or 40-49. Differences by marital status are mixed. For most indicators, knowledge of how people can reduce the risk of getting AIDS is lower among those who have never married than among those who are either currently married or formerly married. However, differences are small, and among women, the reverse is true for two indicators. Moreover, for most indicators, knowledge is actually highest among the never-married population who have had sex.

All four of the indicators of HIV/AIDS knowledge shown in the table columns are higher among urban than rural women and men. The pattern by region varies with the indicator and by gender. However, men in Mtwara, Morogoro, and Dar es Salaam tend to be most knowledgeable while women in Mtwara and Shinyanga regions are most knowledgeable. For example, 95 percent of men and 92 percent of women in Dar es Salaam know that a healthy-looking person can be HIV positive, compared with only 61 percent of men and 53 percent of women in Manyara region.

Level of education attained is strongly related to respondents' knowledge of ways to avoid contracting HIV/AIDS. The percentages of women and men who know the various means of HIV transmission increase consistently with each level of education. For example, the proportion of women who know of all these means of transmission increases from 27 percent of those with no education to 66 percent of women with at least some secondary education.

Table 4.4
Differentials in knowledge of HIV/AIDS, Tanzania 2003-04

Background characteristic	Percentage of women who: Know consistent use of condoms and having just one uninfected, faithful partner can reduce chance of getting the AIDS virus	Know a healthy-looking person can have the AIDS virus	Reject 2 common misconceptions and know a healthy-looking person can have the AIDS virus[1]	Have comprehensive knowledge[2]	Number of women	Percentage of men who: Know consistent use of condoms and having just one uninfected, faithful partner can reduce chance of getting the AIDS virus	Know a healthy-looking person can have the AIDS virus	Reject 2 common misconceptions and know a healthy-looking person can have the AIDS virus[1]	Have comprehensive knowledge[2]	Number of men
Age										
15-19	54.1	69.1	61.0	38.5	1,484	59.4	73.1	64.6	42.6	1,353
20-24	67.4	79.4	68.5	50.4	1,386	71.8	85.3	77.1	56.5	1,012
25-29	67.2	82.9	71.1	51.4	1,301	74.5	87.1	76.5	59.9	956
30-39	66.0	82.2	69.5	50.5	1,714	71.9	88.9	78.5	59.3	1,473
40-49	56.1	75.4	59.4	38.0	979	69.0	88.0	73.9	54.4	865
Marital status										
Never married	56.4	76.1	68.8	44.6	1,687	64.6	78.8	70.6	49.4	2,345
Ever had sex	72.1	84.7	78.0	60.0	787	75.1	85.9	77.5	60.2	1,376
Never had sex	42.7	68.5	60.8	31.2	900	49.7	68.9	60.8	34.1	969
Currently married	63.7	78.1	48.4	35.9	4,362	71.8	87.9	56.9	43.6	3,005
Formerly married	68.9	81.4	48.5	38.6	813	73.3	86.4	56.2	44.3	309
Residence										
Urban	67.3	88.3	78.9	56.2	2,117	69.9	91.6	83.8	61.6	1,713
Rural	60.4	73.4	60.7	41.8	4,746	68.4	80.8	69.5	51.0	3,946
Region										
Dodoma	70.6	78.7	67.2	53.4	354	75.3	85.1	74.1	57.9	293
Arusha	52.8	62.4	54.2	34.6	283	62.1	72.0	65.7	44.3	224
Kilimanjaro	48.5	85.7	75.8	40.2	336	55.3	93.7	78.0	44.6	237
Tanga	61.6	76.8	62.2	43.3	337	74.0	86.4	75.0	60.1	219
Morogoro	69.7	84.9	73.9	55.0	337	75.8	90.1	79.6	63.0	295
Pwani	79.6	87.7	70.4	58.7	177	75.2	91.8	70.4	55.6	157
Dar es Salaam	65.5	91.9	81.3	54.7	789	67.7	95.4	88.8	62.3	664
Lindi	69.5	83.3	67.0	54.2	171	73.1	90.7	74.5	57.0	135
Mtwara	80.4	88.6	82.0	71.0	213	86.1	89.2	77.2	68.5	169
Ruvuma	78.4	81.4	59.3	51.3	276	82.2	89.9	70.8	59.6	221
Iringa	58.2	84.1	69.6	47.0	328	70.2	92.5	75.7	55.2	272
Mbeya	42.1	84.8	71.1	31.6	445	56.4	86.1	76.6	47.3	351
Singida	66.4	78.5	70.2	51.8	185	74.7	81.1	72.1	58.7	158
Tabora	68.8	70.3	57.8	44.5	280	77.0	80.0	69.8	53.7	240
Rukwa	48.4	77.4	56.9	30.5	186	57.8	82.7	71.4	43.6	166
Kigoma	62.9	77.2	66.5	45.6	283	73.1	88.4	81.1	61.1	203
Shinyanga	52.3	51.9	40.5	26.2	548	64.9	66.0	54.8	41.9	478
Kagera	72.8	79.6	76.2	60.7	349	64.0	80.7	75.4	53.6	287
Mwanza	66.6	75.5	67.7	51.9	552	69.2	79.2	73.9	54.6	519
Mara	67.1	76.4	62.9	43.0	261	69.1	82.1	72.8	52.9	210
Manyara	44.2	52.6	42.3	26.1	173	58.6	61.4	56.0	40.7	163
Education										
No education	49.0	60.4	43.5	26.6	1,522	59.1	69.2	49.8	32.2	634
Primary incomp.	59.5	70.1	54.7	37.2	1,103	62.1	75.3	62.3	41.6	1,103
Primary complete	67.8	84.7	75.0	54.0	3,660	72.1	87.4	78.5	59.5	3,297
Secondary+	70.6	96.6	93.8	66.1	579	74.0	96.9	94.4	70.7	625
Wealth quintile										
Lowest	54.9	63.4	49.3	31.9	1,231	67.6	74.3	60.8	44.7	881
Second	60.0	70.3	57.3	40.2	1,239	69.2	76.7	64.8	49.0	1,082
Middle	63.7	77.1	64.8	46.1	1,262	67.7	81.7	70.7	51.2	1,075
Fourth	65.7	83.9	71.6	50.9	1,361	69.8	88.1	78.1	57.5	1,164
Highest	66.4	89.6	81.6	57.0	1,770	69.5	93.9	87.4	63.3	1,456
Total	62.5	78.0	66.3	46.3	6,863	68.9	84.1	73.9	54.2	5,659

[1] The two common misconceptions are that people can get AIDS from mosquito bites and sharing food with a person who has AIDS.
[2] Knows that consistent use of condoms and having just one uninfected, faithful partner can reduce the chance of getting the AIDS virus, knows a healthy-looking person can have the AIDS virus, and knows HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS.

Table 4.5 shows differentials in knowledge of HIV transmission through breastfeeding and knowledge of antiretroviral drugs. Knowledge increases steadily with the level of education and wealth quintile for both sexes. As with other indicators of HIV knowledge, understanding about transmission through breastfeeding and knowledge of antiretroviral drugs are slightly lower among the youngest and oldest age groups than among those in the middle age range. It is also lowest among women and men who have never had sex.

Table 4.5
Differentials in knowledge of prevention of mother-to-child transmission (MTCT) of HIV, Tanzania 2003-04

Background characteristic	Percentage of women who know that:				Percentage of men who know that:			
	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking drugs in pregnancy	HIV can be transmitted by breastfeeding and risk can be reduced by taking drugs	Number of women	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking drugs in pregnancy	HIV can be transmitted by breastfeeding and risk can be reduced by taking drugs	Number of men
Age								
15-19	59.4	12.8	11.5	1,484	53.0	13.3	9.0	1,353
20-24	71.9	21.1	19.3	1,386	64.6	17.3	14.0	1,012
25-29	73.1	17.8	14.9	1,301	67.0	22.2	18.0	956
30-39	73.7	17.7	15.5	1,714	67.2	21.1	16.8	1,473
40-49	67.8	12.5	11.3	979	64.7	20.8	16.1	865
15-24	65.5	16.8	15.2	2,870	58.0	15.0	11.2	2,365
Marital status								
Never married	64.7	16.8	15.4	1,687	57.5	15.7	11.5	2,345
Ever had sex	71.2	23.2	20.5	787	64.6	18.9	14.3	1,376
Never had sex	59.0	11.2	11.0	900	47.5	11.1	7.5	969
Currently married	70.7	16.9	14.7	4,362	66.7	21.0	16.8	3,005
Formerly married	71.3	14.4	12.9	813	67.2	19.6	15.6	309
Residence								
Urban	78.5	28.7	25.8	2,117	68.7	26.2	20.4	1,713
Rural	65.2	11.2	9.7	4,746	60.5	15.5	12.0	3,946
Region								
Dodoma	56.3	12.3	10.7	354	49.4	16.5	10.2	293
Arusha	60.0	18.0	16.7	283	50.0	11.0	9.1	224
Kilimanjaro	81.0	19.2	17.7	336	75.3	18.9	16.0	237
Tanga	78.5	16.7	15.7	337	79.1	11.3	9.7	219
Morogoro	77.6	17.6	16.3	337	63.5	16.8	13.4	295
Pwani	79.4	26.5	24.8	177	67.2	31.1	22.2	157
Dar es Salaam	77.5	37.6	31.9	789	69.2	27.1	20.9	664
Lindi	82.9	9.2	7.6	171	79.4	15.4	13.1	135
Mtwara	83.7	11.3	10.6	213	79.7	15.7	15.5	169
Ruvuma	74.0	16.1	14.3	276	72.1	23.8	20.5	221
Iringa	59.5	15.5	12.4	328	58.4	25.2	16.4	272
Mbeya	71.1	21.8	17.6	445	62.2	32.4	24.3	351
Singida	50.2	11.1	8.9	185	46.2	10.0	8.0	158
Tabora	70.4	11.1	9.6	280	68.4	10.2	8.5	240
Rukwa	62.1	7.5	6.6	186	59.6	11.7	9.1	166
Kigoma	71.9	12.9	11.4	283	64.4	19.2	15.5	203
Shinyanga	56.5	5.3	5.0	548	54.1	13.0	10.0	478
Kagera	69.0	7.8	7.6	349	66.9	14.6	12.5	287
Mwanza	66.4	15.7	15.4	552	60.1	19.6	15.3	519
Mara	70.6	9.6	8.9	261	56.1	19.0	13.9	210
Manyara	52.0	11.3	8.8	173	47.8	7.1	5.9	163
Education								
No education	59.1	7.8	6.9	1,522	50.8	9.1	7.7	634
Primary incomp.	65.5	13.7	12.4	1,103	58.5	12.2	9.2	1,103
Primary complete	72.7	18.2	15.8	3,660	64.9	20.1	15.6	3,297
Secondary+	82.0	35.1	32.3	579	72.8	32.7	25.4	625
Wealth quintile								
Lowest	56.9	6.6	5.5	1,231	57.0	10.6	8.9	881
Second	63.8	9.4	8.3	1,239	59.4	13.7	10.7	1,082
Middle	70.0	9.9	8.7	1,262	62.3	16.9	13.3	1,075
Fourth	73.2	17.7	15.5	1,361	64.2	20.4	15.0	1,164
Highest	78.3	32.5	29.2	1,770	68.7	27.4	21.4	1,456
Total	69.3	16.6	14.7	6,863	63.0	18.7	14.5	5,659

Knowledge of HIV transmission through breastfeeding and the fact that drugs can reduce mother-to-child transmission is higher among urban than rural women and men. It is also highest among women in Dar es Salaam and Pwani regions and among men in Mbeya and Pwani regions. Women in Shinyanga region and men in Manyara region are least likely to know about breastfeeding as a means of HIV transmission and also that drugs can reduce transmission. Knowledge increases systematically as education increases.

4.7 Exposure to Messages about HIV/AIDS

In an effort to gauge the coverage of several HIV/AIDS-related messages in the mass media, survey respondents were asked if they had ever heard of or seen the slogan 'Ishi' and if they had watched the television talk show 'Femina' in the twelve months preceding the survey. The data in Table 4.6 indicate that about one in five women and one in three men has heard of or seen 'Ishi'. The show 'Femina' is less widespread, having been viewed by only 4 percent of women and 7 percent of men in the past year. Since 'Femina' is a television program and televisions are more common in urban areas, it is expected that a larger proportion of urban residents would have seen the program, which is the case.

Table 4.6
Exposure to the 'Ishi' slogan and the 'Femina' programme, Tanzania 2003-04

	Percentage of women who:			Percentage of men who:		
Background characteristic	Ever heard of or saw the 'Ishi' slogan	Watched the TV talk show 'Femina' in the last 12 months	Number of women	Ever heard of or saw the 'Ishi' slogan	Watched the TV talk show 'Femina' in the last 12 months	Number of men
Age						
15-19	23.5	5.8	1,484	28.8	5.9	1,353
20-24	22.0	5.5	1,386	40.6	9.8	1,012
25-29	19.4	2.6	1,301	34.9	7.0	956
30-34	16.3	3.7	964	28.2	5.6	802
35-39	15.4	2.6	750	29.7	6.5	671
40-44	10.6	2.8	545	28.9	4.8	471
45-49	10.6	1.8	434	25.1	4.9	393
15-24	22.8	5.6	2,870	33.8	7.6	2,365
Residence						
Urban	43.5	10.6	2,117	59.2	14.7	1,713
Rural	7.6	1.0	4,746	19.8	3.2	3,946
Region						
Dodoma	14.7	2.2	354	25.2	3.4	293
Arusha	20.3	3.9	283	28.2	5.3	224
Kilimanjaro	28.1	3.8	336	55.7	6.4	237
Tanga	15.4	0.8	337	31.3	1.6	219
Morogoro	10.4	3.4	337	14.7	3.0	295
Pwani	13.7	1.0	177	26.1	2.7	157
Dar es Salaam	59.8	18.4	789	74.6	21.7	664
Lindi	9.5	1.9	171	17.6	5.9	135
Mtwara	13.1	0.3	213	25.8	4.1	169
Ruvuma	14.7	2.1	276	25.2	5.7	221
Iringa	21.4	3.1	328	38.4	12.1	272
Mbeya	22.2	2.7	445	44.3	8.1	351
Singida	10.7	2.4	185	12.2	2.9	158
Tabora	6.3	0.6	280	14.5	1.9	240
Rukwa	6.6	1.1	186	22.0	3.3	166
Kigoma	6.2	1.3	283	16.8	0.7	203
Shinyanga	7.3	1.3	548	17.9	4.2	478
Kagera	3.5	1.2	349	8.0	2.4	287
Mwanza	14.2	4.4	552	35.1	7.6	519
Mara	9.9	0.3	261	26.2	1.5	210
Manyara	10.8	0.0	173	14.2	2.4	163
Education						
No education	3.9	0.5	1,522	9.3	1.7	634
Primary incomplete	9.4	0.9	1,103	18.7	2.5	1,103
Primary complete	20.2	3.5	3,660	32.6	5.5	3,297
Secondary+	66.2	22.4	579	72.4	24.9	625
Wealth quintile						
Lowest	2.5	0.4	1,231	9.9	0.7	881
Second	5.0	0.3	1,239	14.3	1.9	1,082
Middle	5.8	1.0	1,262	20.6	2.6	1,075
Fourth	15.4	1.1	1,361	31.4	5.3	1,164
Highest	51.4	13.5	1,770	66.2	17.8	1,456
Total	18.7	4.0	6,863	31.7	6.6	5,659

The slogan 'Ishi' is more widely recognised among younger women and men in their early 20s than among other respondents. It is particularly known to urban residents and those living in Dar es Salaam. Both education and wealth quintile are positively related to exposure to both messages, but particularly to knowledge of 'Ishi'.

4.8 BELIEFS ABOUT NUTRITION AND HIV/AIDS

Respondents to the survey were asked two questions concerning nutrition and HIV/AIDS. First, they were asked if they thought that eating fruits and vegetables can help people living with HIV/AIDS. They were further asked if they thought that good nutrition can make people who have HIV/AIDS live longer. The results shown in Table 4.7 indicate that two-thirds to three-quarters of respondents believe that healthy eating can help those with HIV/AIDS. Those more likely to think that good nutrition is beneficial to those with HIV/AIDS are urban residents, those with more education, and those in the higher wealth quintiles.

Table 4.7

Beliefs about nutrition and HIV, Tanzania 2003-04

	Percentage of women who think that:			Percentage of men who think that:		
Background characteristic	Eating fruits and vege-tables can help people living with HIV	Good nutrition can make people with HIV live longer	Number of women	Eating fruits and vege-tables can help people living with HIV	Good nutrition can make people with HIV live longer	Number of men
Age						
15-19	60.6	70.7	1,484	61.9	71.2	1,353
20-24	66.4	75.5	1,386	72.4	82.3	1,012
25-29	64.3	77.1	1,301	71.7	81.9	956
30-34	65.3	78.4	964	69.7	82.1	802
35-39	64.4	76.3	750	71.2	81.8	671
40-44	62.1	71.4	545	68.3	80.9	471
45-49	58.7	68.7	434	72.0	80.8	393
15-24	63.4	73.0	2,870	66.4	76.0	2,365
Residence						
Urban	82.4	87.6	2,117	84.0	89.2	1,713
Rural	55.1	68.7	4,746	62.3	75.0	3,946
Education						
No education	45.1	57.3	1,522	44.6	57.9	634
Primary incomplete	55.8	69.4	1,103	59.9	71.9	1,103
Primary complete	68.6	79.7	3,660	71.9	82.4	3,297
Secondary+	95.1	96.9	579	93.5	97.8	625
Wealth quintile						
Lowest	44.6	59.2	1,231	55.0	65.9	881
Second	48.2	62.3	1,239	54.2	70.4	1,082
Middle	56.8	72.8	1,262	62.8	77.3	1,075
Fourth	71.8	81.3	1,361	75.4	83.7	1,164
Highest	85.9	89.7	1,770	87.5	91.9	1,456
Total	63.5	74.5	6,863	68.9	79.3	5,659

ATTITUDES RELATING TO HIV/AIDS 5

5.1 KEY FINDINGS

- Tanzanian adults generally have accepting attitudes towards those living with HIV/AIDS, with a majority expressing acceptance on each of the four main issues studied.
- Generally women are slightly less likely to express accepting attitudes towards people with HIV/AIDS than men are.
- There is widespread acceptance of the ability of a woman to negotiate safer sex with her husband either by refusing to have sex or by requesting condom use if she knows he has a sexually transmitted disease.
- Attitudes towards teaching children about condom use to avoid HIV/AIDS are generally positive.

5.2 INTRODUCTION

This chapter attempts to give a picture of what people feel about HIV/AIDS-related issues. Since the HIV/AIDS epidemic has emerged as a global problem with a disastrous impact on survival and human development, it also has created fear, social anxiety and feelings against humanity. HIV/AIDS-related stigma can partly be attributed to the fact that it is a sexually transmitted disease. Negative attitudes towards HIV-infected persons and AIDS patients today are widespread and have greatly hindered the overall control of the epidemic.

Despite concerted global efforts to address stigma, in many societies, people living with HIV/AIDS are still seen as shameful, and HIV/AIDS is perceived as a problem of minority groups or as a result of personal irresponsibility. In such situations, discrimination has spread rapidly, fuelling anxiety and prejudice against those living with HIV/AIDS. Stigma has grown, marginalising and excluding individuals, leading to societal rejection; ultimately, this attitude allows societies to excuse themselves from the responsibility of caring for and looking after those who are infected.

5.3 HIV/AIDS-RELATED STIGMA

As stated in the National Policy on HIV/AIDS, stigma is one of the key challenges in the prevention and control of the epidemic. People living with HIV/AIDS face discrimination and are sometimes neglected because of hostile attitudes. More importantly, stigma leads to secrecy and denial, which hinder people from seeking counselling and testing for HIV, crucial first steps in fighting the epidemic (Prime Minister's Office, 2001).

In the THIS, respondents who had heard of AIDS were asked several questions related to their attitudes towards those infected by HIV/AIDS. They were asked about their willingness to care for a sick relative with AIDS in their own households. Another question assessed willingness to buy fresh vegetables from an infected shopkeeper or vendor if they knew that he or she had the AIDS virus. Table 5.1 shows the results.

Survey results indicate that almost 9 in 10 Tanzanians would be willing to care for a relative who is sick with AIDS in their own household. Far fewer women (52 percent) and men (63 percent) say that they would buy fresh vegetables from a shopkeeper even if they knew that he or she is HIV positive.

About 7 out of 10 Tanzanians perceive that a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching in the school. Sixty-two percent of women and 70 percent of men believe that if a member of their family got infected with the virus that causes AIDS, they would not want it to remain a secret.

A composite indicator combines all four of these attitudes. As shown in the last row in Table 5.1, only 27 percent of women and 37 percent of men express positive attitudes on all four indicators. For all but one indicator, women are less likely than men to express accepting attitudes towards people with HIV/AIDS.

Table 5.1

Accepting attitudes towards people who are HIV infected, Tanzania 2003-04

Percentage of respondents who have heard of AIDS and who:	Women	Men
Would be willing to care for a relative sick with AIDS in own household	87.7	89.5
Would buy fresh vegetables from a shopkeeper or vendor who had the AIDS virus	52.2	62.5
Believes a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching	70.5	69.8
If a family member got infected with AIDS virus, would not necessarily want it to remain a secret	61.7	70.1
Expresses positive attitudes on all four indicators	27.2	36.7
Number of respondents who have heard of AIDS	6,801	5,649

5.4 ATTITUDES TOWARDS NEGOTIATING SAFER SEX

Knowledge about HIV transmission and ways to prevent it are useless if people feel powerless to negotiate safer sex practices with their partners. To gauge attitudes towards safer sex, respondents in the 2003-04 THIS were asked if they think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact. They were also asked if they think that a woman in the same circumstances is justified in asking her husband to use a condom.

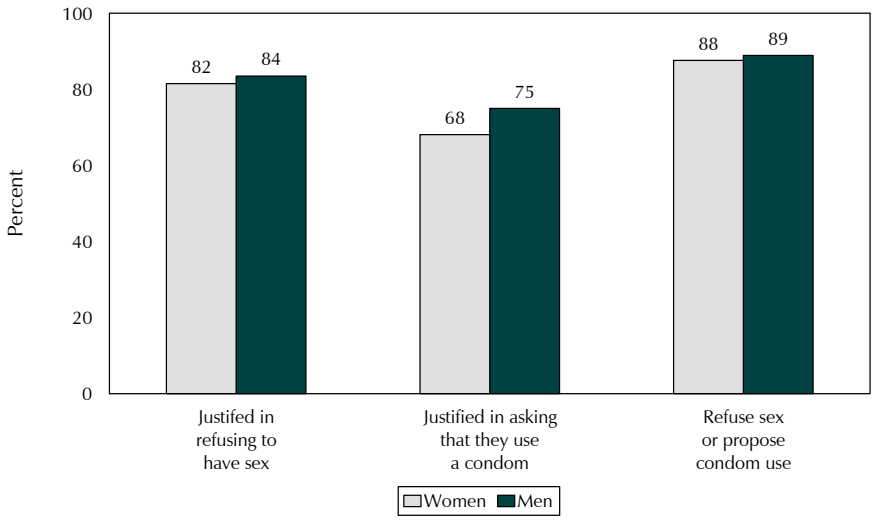
Table 5.2

Attitudes towards negotiating safer sex, Tanzania 2003-04

Percentage who say that when a wife knows her husband has a sexually transmitted disease, she is justified in:	Women	Men
Refusing to have sex	81.5	83.5
Asking that they use a condom	68.1	75.0
Refusing sex or proposing condom use	87.6	88.9
Number of respondents	6,863	5,659

As shown in Table 5.2 and Figure 5.1, over 80 percent of Mainland Tanzanian women and men feel that a wife is justified in refusing to have sex with her husband if she knows he has a sexually transmitted disease, while 68 percent of women and 75 percent of men believe that a wife is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection. Almost 90 percent of women and men agree with one or both statements, indicating widespread acceptance of the ability of women to negotiate safer sex with their husbands. Women are only slightly less likely than men to feel that a wife is justified in negotiating safer sex.

Figure 5.1 **Attitudes towards Women's Ability to Negotiate Safer Sex**



5.5 ATTITUDES OF ADULTS TOWARDS EDUCATING CHILDREN ON CONDOM USE

Information on attitudes of adults (age 18-49) with regard to teaching children about using condoms to avoid HIV/AIDS is shown in Table 5.3. The standard question concerns children aged 12-14; however in the THIS, respondents were also asked how they felt about teaching children aged 10-11 about using condoms.

The data show that roughly 4 in 10 adults agree that children age 10-11 should be taught about using a condom to avoid AIDS, compared with over 6 in 10 who believe that children age 12-14 should be educated about condom use. A higher proportion of men than women believe that children should be taught about condom use.

Table 5.3

Adult support of education about condom use to prevent AIDS, Tanzania 2003-04

	Percentage age 18-49 who agree that children should be taught about using a condom to avoid AIDS	
Age group of children	Women	Men
Children age 10-11	38.7	44.4
Children age 12-14	60.7	68.8
Number of respondents 18-49	5,967	4,851

5.6 DIFFERENTIALS IN HIV/AIDS-RELATED ATTITUDES

Differentials in a composite measure of all four questions on accepting attitudes towards those infected with HIV are shown in Table 5.4. Also shown is a composite measure of both questions regarding a woman's ability to negotiate safer sex.

The data show that Mainland Tanzanians aged 15-19 are slightly less likely than older respondents to have positive attitudes towards HIV-infected people or about women's ability to negotiate safer sex. Similarly, those who have never had sex are also less likely to have positive attitudes towards HIV-infected people or towards the ability of women to negotiate safer sex with their husbands/partners. This implies that more appropriate intervention is needed to build better attitudes at younger ages.

Table 5.4

Differentials in accepting attitudes towards HIV/AIDS and negotiating safer sex, Tanzania 2003-04

Background characteristic	Women: Expressing acceptance on all 4 measures[1]	Women: Number of women who have heard of HIV/AIDS	Women: Justified in refusing sex or proposing condom use[2]	Women: Number of women	Men: Expressing acceptance on all 4 measures[1]	Men: Number of men who have heard of HIV/AIDS	Men: Justified in refusing sex or proposing condom use[2]	Men: Number of men
Age								
15-19	22.5	1,461	74.9	1,484	27.9	1,350	75.1	1,353
20-24	30.2	1,373	89.1	1,386	38.9	1,008	90.7	1,012
25-29	29.1	1,294	93.5	1,301	36.5	955	93.6	956
30-39	29.2	1,705	92.0	1,714	41.2	1,472	94.3	1,473
40-49	23.7	969	89.5	979	40.8	864	94.0	865
15-24	26.2	2,834	81.7	2,870	32.6	2,358	81.8	2,365
Marital status								
Never married	28.0	1,664	77.3	1,687	34.0	2,336	82.0	2,345
Ever had sex	32.9	780	90.8	787	38.2	1,373	93.5	1,376
Never had sex	23.7	883	65.5	900	28.0	964	65.7	969
Currently married	26.9	4,330	90.9	4,362	38.7	3,004	93.9	3,005
Formerly married	27.0	808	91.5	813	38.4	309	92.2	309
Residence								
Urban	39.6	2,114	92.9	2,117	51.1	1,713	93.4	1,713
Rural	21.6	4,688	85.3	4,746	30.5	3,936	86.9	3,946
Region								
Dodoma	22.1	352	82.6	354	29.3	293	91.9	293
Arusha	31.1	273	63.0	283	38.9	221	73.7	224
Kilimanjaro	34.6	334	85.7	336	41.4	237	89.0	237
Tanga	19.2	335	91.4	337	32.2	219	93.9	219
Morogoro	32.4	336	91.7	337	40.6	295	89.2	295
Pwani	33.7	177	94.9	177	38.1	157	92.3	157
Dar es Salaam	43.3	799	95.4	789	55.8	664	95.9	664
Lindi	32.4	168	92.9	171	41.4	135	96.8	135
Mtwara	38.0	213	97.6	213	50.0	169	97.9	169
Ruvuma	29.9	271	84.6	276	33.9	220	94.7	221
Iringa	29.0	327	87.3	328	41.2	272	91.6	272
Mbeya	26.0	441	91.6	445	43.3	351	91.7	351
Singida	23.7	185	84.0	185	29.8	158	89.5	158
Tabora	17.7	280	97.1	280	19.1	240	94.2	240
Rukwa	23.4	181	89.0	186	31.9	165	89.3	166
Kigoma	12.7	282	93.5	283	31.9	203	96.1	203
Shinyanga	10.7	531	79.2	548	16.6	475	73.4	478
Kagera	31.1	349	86.8	349	33.8	285	81.1	287
Mwanza	26.8	552	88.8	552	40.2	519	89.6	519
Mara	17.1	260	90.4	261	30.3	210	87.1	210
Manyara	24.4	166	59.1	173	29.8	162	72.3	163
Education								
No education	14.0	1,480	81.5	1,522	15.3	629	81.1	634
Primary incomplete	19.8	1,090	80.9	1,103	22.2	1,101	80.4	1,103
Primary complete	30.6	3,652	91.3	3,660	40.0	3,294	91.8	3,297
Secondary+	53.4	579	93.1	579	66.5	625	96.7	625
Wealth quintile								
Lowest	13.2	1,206	81.5	1,231	23.1	877	85.0	881
Second	20.3	1,221	84.9	1,239	25.2	1,080	86.7	1,082
Middle	23.1	1,251	88.1	1,262	30.9	1,073	86.9	1,075
Fourth	27.7	1,358	88.8	1,361	40.8	1,163	89.1	1,164
Highest	43.9	1,766	92.6	1,770	54.6	1,456	94.2	1,456
Total	27.2	6,801	87.6	6,863	36.7	5,649	88.9	5,659

[1] Refers to those who have heard of AIDS; see Table 5.1 for the four specific indicators
[2] Refers to all women and men; see Table 5.2 for the questions

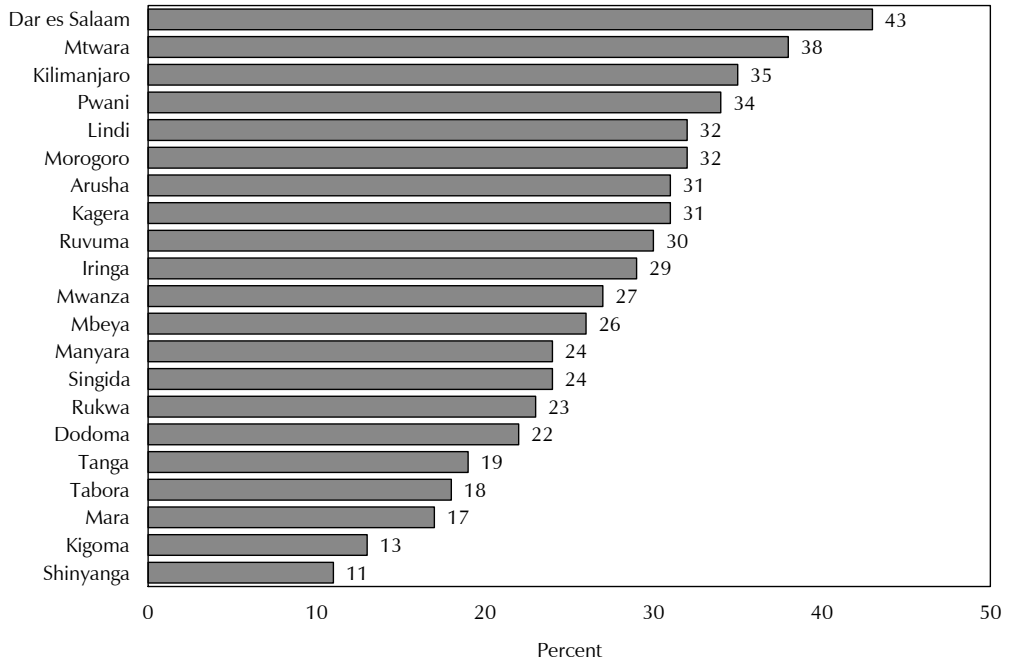
With regard to marriage, Mainland Tanzanians who never had sex are less likely to have positive attitudes towards those infected with HIV and towards women's justification in refusing sex or proposing condom use. Urban residents are more likely than rural residents to have positive attitudes towards those infected with HIV and towards women's justification in refusing sex or proposing condom use if their husbands have a sexually transmitted infection. This implies that rural women may have a greater risk of acquiring sexually transmitted infections than urban women.

With regard to accepting attitudes towards HIV-infected people, both women and men in Dar es Salaam and Mtwara regions have the highest acceptance levels, while those in Shinyanga region have the lowest level. Women's attitudes towards HIV/AIDS are shown by region in Figure 5.2. With regard to wives being justified in negotiating safer sex with their husbands, the highest levels are found among women and men in Mtwara region and the lowest among women and men in Manyara, Shinyanga, and Arusha regions.

Level of education is positively related to having accepting attitudes about HIV-positive people among women and men. For example, the proportion of men who express accepting attitudes on all four of the questions asked ranges from 15 percent of those with no education to 67 percent of those with at least secondary school education. However, the relationship between education and attitudes towards justification in negotiating safer sex is weak.

Similarly, there is a clear, positive relationship between wealth quintile and accepting attitudes towards those with HIV/AIDS. However, the relationship between wealth and attitudes towards justification in negotiating safer sex is not so strong.

Figure 5.2 **Accepting Attitude towards HIV/AIDS among Women by Region**



Differentials in adult support of education for children about using condoms to prevent AIDS are shown in Table 5.5.

Differences by age group of the respondent are small except that women age 40-49 are less likely to support the idea that children aged 12-14 should be educated about condom use to avoid HIV/AIDS. With regard to marital status, Mainland Tanzanians who have never married and never had sex are less likely than other respondents to agree with teaching children about condom use to avoid HIV/AIDS. Urban women in Tanzania Mainland are more likely than rural women to think that children age 12-14 should be educated about condom use to avoid HIV/AIDS; however, there is no urban-rural difference among men. Both women and men in Lindi and Mtwara regions have the highest acceptance levels towards educating children age 12-14 about condom use to avoid HIV/AIDS, while women in Manyara and Arusha regions are least likely to support this view.

Level of education shows a weak positive relationship with positive attitudes about educating children on condom use to avoid HIV/AIDS, but only among women. Similarly, wealth quintile is positively related to the belief that children should be taught about condom use, but also only among women; among men, there is no clear relationship.

Table 5.5

Differentials in adult support of education about condom use to avoid AIDS, Tanzania 2003-04

Background characteristic	Percentage age 18-49 who say children 12-14 should be taught about using a condom to avoid AIDS			
	Women agree	Number of women	Men agree	Number of men
Age				
18-19	57.7	588	68.7	545
20-24	63.9	1,386	71.4	1,012
25-29	65.9	1,301	70.3	956
30-39	60.8	1,714	67.9	1,473
40-49	51.1	979	66.0	865
Marital status				
Never married	60.3	912	69.2	1,540
Ever had sex	67.9	606	74.8	1,157
Never had sex	45.3	306	52.2	382
Currently married	60.0	4,249	68.6	3,003
Formerly married	64.9	806	69.9	308
Residence				
Urban	66.0	1,817	69.0	1,501
Rural	58.4	4,150	68.8	3,350
Region				
Dodoma	74.5	290	76.6	247
Arusha	44.1	253	60.4	188
Kilimanjaro	50.2	285	63.0	196
Tanga	67.4	306	72.0	198
Morogoro	64.9	295	63.9	254
Pwani	69.9	155	74.4	134
Dar es Salaam	65.6	672	68.4	593
Lindi	82.9	154	80.0	123
Mtwara	92.5	179	76.4	147
Ruvuma	63.2	240	68.0	194
Iringa	47.5	299	56.8	225
Mbeya	54.5	402	53.2	312
Singida	64.9	161	71.7	125
Tabora	72.0	244	82.6	207
Rukwa	56.3	163	61.0	135
Kigoma	53.5	250	72.5	172
Shinyanga	53.3	465	71.3	407
Kagera	61.3	307	72.1	245
Mwanza	54.3	482	73.2	444
Mara	63.1	218	74.9	171
Manyara	40.3	146	58.7	135
Education				
No education	52.7	1,392	65.9	557
Primary incomplete	62.5	817	70.9	705
Primary complete	63.5	3,273	68.9	3,025
Secondary+	62.4	484	68.8	565
Wealth quintile				
Lowest	55.3	1,068	70.5	761
Second	58.1	1,099	70.1	942
Middle	61.6	1,090	68.8	887
Fourth	61.9	1,207	66.1	969
Highest	64.9	1,503	69.1	1,292
Total 18-49	60.7	5,967	68.8	4,851

HIV/AIDS-RELATED BEHAVIOUR 6

6.1 KEY FINDINGS

- There has been an increase in age at first sexual intercourse among women and men. The median age at first sex among women increased by about one year since 1999 (from almost 17 to just under 18). A similar decline is apparent among men.
- The proportion of all women age 15-49 who report having sex with two or more partners in the 12 months preceding the survey fell from 8 percent in 1999 to 5 percent in 2003-04. There has been an even larger decline in the proportion of men age 15-49 having multiple partners in the year preceding the survey, from 27 percent in 1996 to 20 percent in 2003-04.
- Fifteen percent of Tanzanians age 15-49 have ever been tested for HIV; 5 percent of women and 7 percent of men were tested in the past year and know their results.

6.2 INTRODUCTION

This chapter explores the prevalence of behaviours that relate to and influence the HIV/AIDS epidemic and other related infections. Discussed are issues such as age at sexual debut, multiple sexual partners, and sex with commercial sex workers, all of which are related to higher risk of spreading HIV and other sexually transmitted infections. The chapter also examines higher risk sexual behaviours and the prevalence of sexually transmitted infections among women and men aged 15-49 residing in Mainland Tanzania. Also analysed is information on the prevalence of voluntary counselling and testing for HIV. Finally, information on the practice of female and male circumcision and the use of injections and blood transfusions is examined. In some instances, comparisons are made with previous surveys, especially the Tanzania Demographic and Health Surveys in order to observe trends.

6.3 AGE AT FIRST SEXUAL INTERCOURSE

Age at first sexual intercourse is of particular interest given the fact that in Tanzania HIV is mainly transmitted through heterosexual contact. The 2003-04 THIS gathered information on the timing of the first sexual intercourse for both men and women. The percentages of women and men who had ever had sexual intercourse by specific ages are given in Table 6.1.

Twelve percent of women aged 20-49 had sex before age 15. More than half (56 percent) of all women had sex before their 18th birthday, and 95 percent had sexual intercourse by their 25th birthday. Older women are more likely to report having their first sexual encounter at an earlier age. This is further reflected in the median age at first sex, which is about 18 years for those under age 40 and about 17 for women aged 40 and above. The data for men show a later age at first sex than for women. Only 7 percent of men age 20-49 had sex before age 15. The median age at first sex is just about 19 years, although older men indicate a slightly higher median age. This trend is different from that of women.

Comparison of these results with similar data from the 1999 TRCHS indicates that there has been an increase in age at first sexual intercourse among women and men. The median age at first sex among women age 20-49 increased from 16.7 to 17.6, and the proportion who had sex before age 18 declined from 68 percent in 1999 to 56 percent. Also, the proportion of girls aged 15-19 who have never had sex increased from 47 to 52 percent. Among men, the median age at first sex has increased by about one year for all age groups.

Table 6.1

Age at first sexual intercourse, Tanzania 2003-04

Current age	Percentage who had first sexual 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	10.1	na	na	na	na	52.3	1,484	a
20-24	11.1	54.1	81.8	na	na	7.0	1,386	17.7
25-29	9.7	55.5	79.9	90.7	95.7	1.6	1,301	17.6
30-34	12.5	53.1	80.0	90.2	96.6	0.3	964	17.7
35-39	12.3	54.8	79.6	90.0	96.2	0.3	750	17.6
40-44	17.0	57.3	81.5	92.1	95.9	0.0	545	17.3
45-49	17.8	65.2	85.0	93.1	96.2	0.0	434	16.8
20-49	12.3	55.6	81.0	90.9	95.3	2.3	5,379	17.6
25-49	12.8	56.1	80.7	90.9	96.1	0.6	3,993	17.5
				MEN				
15-19	10.7	na	na	na	na	58.0	1,353	a
20-24	7.8	40.1	69.4	na	na	13.4	1,012	18.5
25-29	9.1	39.6	66.5	81.0	92.5	3.5	956	18.6
30-34	7.4	39.7	62.5	78.9	89.1	1.3	802	18.7
35-39	6.6	38.5	63.1	80.5	89.2	0.4	671	18.7
40-44	5.8	38.4	64.1	81.8	91.5	0.2	471	18.8
45-49	6.2	29.2	58.7	77.2	85.4	0.5	393	19.0
20-49	7.4	38.5	64.9	80.9	89.2	4.3	4,306	18.7
25-49	7.3	38.0	63.5	80.0	90.0	1.5	3,294	18.7

na = Not applicable

[a] Omitted because less than 50 percent of respondents had had sex before the start of the age group

6.4 RECENT SEXUAL ACTIVITY

Table 6.2 shows the distribution of women and men according to the timing of their last sexual activity by background characteristics.

Thirteen percent of women and 17 percent of men aged 15-49 have never had sexual intercourse. Ten and nine percent of women and men, respectively, report that their last sexual encounter occurred one or more years before the survey. Twenty-three percent of women and 21 percent of men had sexual intercourse in the year preceding the survey, while about half of women (54 percent) and men (53 percent) reported that they had sex within the four weeks preceding the survey.

Table 6.2

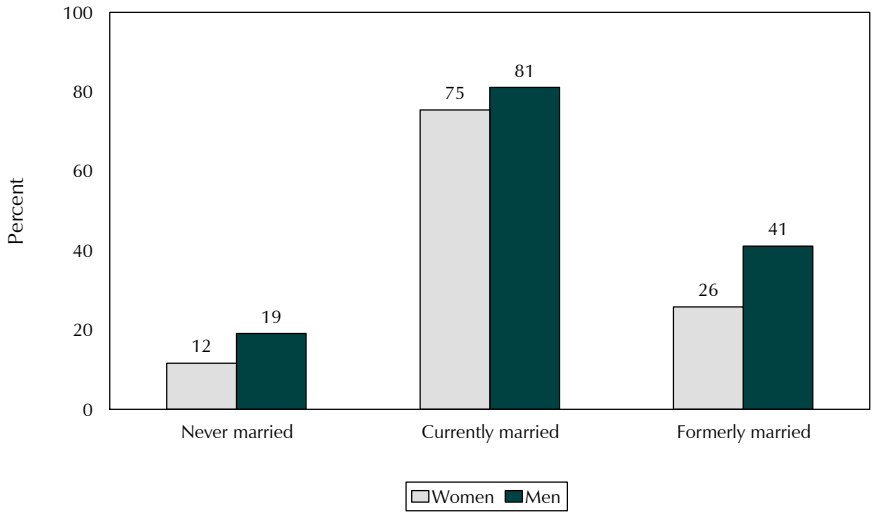
Recent sexual activity, Tanzania 2003-04

Background characteristic	Women: Percent distribution by timing of last sexual intercourse[1]: Within the past 4 weeks	Within 1 year	One or more years	Never had sexual inter-course	Number of women	Men: Percent distribution by timing of last sexual intercourse[1]: Within the past 4 weeks	Within 1 year	One or more years	Never had sexual inter-course	Number of men
Age										
15-19	24.6	18.7	4.3	52.3	1,484	15.0	15.4	11.5	58.0	1,353
20-24	56.0	27.8	9.2	7.0	1,386	43.0	29.8	13.8	13.4	1,012
25-29	64.5	26.4	7.5	1.6	1,301	61.5	27.9	6.6	3.5	956
30-34	66.8	23.5	9.4	0.3	964	74.6	18.4	5.3	1.3	802
35-39	65.9	21.7	12.1	0.3	750	77.0	16.3	6.3	0.4	671
40-44	61.6	21.0	17.4	0.0	545	78.2	14.5	6.9	0.2	471
45-49	55.8	19.2	25.0	0.0	434	76.1	16.9	6.5	0.5	393
Marital status										
Never married	11.6	24.0	11.0	53.3	1,687	19.1	24.4	15.1	41.3	2,345
Currently married	75.4	20.2	4.4	0.0	4,362	81.1	15.7	3.0	0.0	3,005
Formerly married	25.8	37.7	36.5	0.0	813	41.4	39.8	18.8	0.0	309
Residence										
Urban	48.7	24.9	9.9	16.5	2,117	49.8	24.8	9.8	15.3	1,713
Rural	56.1	22.5	9.8	11.6	4,746	54.7	18.8	8.4	17.9	3,946
Region										
Dodoma	56.0	25.9	8.1	9.9	354	55.0	24.0	8.4	12.6	293
Arusha	41.8	24.1	13.0	21.1	283	38.2	23.9	9.8	28.0	224
Kilimanjaro	43.0	19.1	16.9	20.6	336	46.1	20.0	12.7	21.2	237
Tanga	53.6	25.5	8.5	12.3	337	52.2	21.4	12.0	14.4	219
Morogoro	54.0	22.1	13.9	10.0	337	48.7	24.1	11.8	14.9	295
Pwani	55.3	21.8	8.9	13.9	177	49.2	23.8	12.2	14.2	157
Dar es Salaam	48.4	28.0	8.6	15.1	789	51.0	26.9	9.3	12.3	664
Lindi	54.9	31.8	8.7	4.7	171	68.6	20.0	4.5	6.3	135
Mtwara	58.5	19.9	9.2	12.4	213	58.9	29.3	4.3	7.5	169
Ruvuma	47.6	32.3	11.4	8.6	276	48.8	26.9	12.2	11.8	221
Iringa	33.0	34.1	21.2	11.7	328	39.5	22.2	15.8	22.5	272
Mbeya	57.0	15.2	9.7	18.1	445	54.5	17.7	7.8	19.7	351
Singida	51.9	25.1	8.4	14.5	185	50.1	20.5	5.8	23.6	158
Tabora	64.5	22.9	5.0	7.6	280	61.7	19.5	4.9	13.9	240
Rukwa	59.8	23.0	7.9	9.3	186	58.2	16.4	6.3	19.0	166
Kigoma	57.7	19.0	7.7	15.5	283	57.4	11.0	6.9	24.7	203
Shinyanga	61.7	21.2	6.0	11.2	548	62.6	14.2	5.9	17.0	478
Kagera	58.6	17.9	11.2	12.3	349	59.8	10.5	6.2	23.5	287
Mwanza	62.8	19.1	5.9	12.2	552	52.4	20.9	11.7	14.9	519
Mara	55.7	23.4	11.1	9.9	261	55.1	18.0	5.5	21.4	210
Manyara	54.3	18.3	8.1	19.3	173	51.5	19.1	5.2	24.2	163
Education										
No education	59.3	23.2	12.4	5.1	1,522	55.0	20.7	8.8	15.2	634
Primary incomplete	47.4	20.8	9.5	22.3	1,103	40.8	17.3	7.9	33.9	1,103
Primary complete	56.3	23.7	9.1	10.8	3,660	58.4	21.1	8.7	11.6	3,297
Secondary+	36.1	24.9	8.1	30.9	579	45.9	23.9	11.5	18.5	625
Wealth quintile										
Lowest	56.1	24.0	10.2	9.7	1,231	58.5	19.5	7.0	14.8	881
Second	58.9	23.5	7.9	9.7	1,239	60.1	17.7	7.3	14.5	1,082
Middle	55.9	21.4	10.8	12.0	1,262	51.0	20.1	8.8	20.1	1,075
Fourth	53.0	23.4	11.3	12.3	1,361	49.2	20.4	10.4	20.0	1,164
Highest	47.9	23.7	9.1	19.3	1,770	49.7	24.1	10.0	16.0	1,456
Total	53.8	23.2	9.8	13.1	6,863	53.2	20.6	8.9	17.1	5,659

[1] Percentages may not add to 100 because of a small number of cases with missing information.

Survey results reveal that 52 percent of women and 58 percent of men in the youngest age group (15-19) have never had sex. Recent sexual activity is more common among the currently married, over three-quarters of whom report having had sex in the four weeks before the survey (Figure 6.1). Among those who have never married, the proportion who reported a recent sexual encounter is higher among men (19 percent) than women (12 percent). The proportion is also higher for formerly married men (41 percent) compared with formerly married women (26 percent).

Figure 6.1 **Percentage of Women and Men Who Had Sexual Intercourse in the Four Weeks Preceding the Survey by Marital Status**



6.5 MULTIPLE SEXUAL PARTNERS

Since the primary mechanism of HIV transmission in Tanzania is unprotected heterosexual intercourse, it is important to know the extent of multiple sexual partners. Consequently, women and men interviewed in the 2003-04 THIS were asked questions about the number of partners with whom they had had sex in the 12 months preceding the survey.

The data show that 6 percent of women and 27 percent of men who had sex in the year before the survey report having had more than one sexual partner in the 12 months preceding the survey (Table 6.3). The percentages for the never-married women and men respondents are 10 and 33 percent, respectively, whereas the percentages are lower for ever-married respondents (6 and 25 percent, respectively).

The likelihood of having more than one sexual partner seems to be somewhat lower among women and men with some secondary education than among those with less education. There is also a slight tendency for the proportion with more than one partner to decline with increasing wealth.

Examining data for multiple sexual partners in Mainland Tanzania from the 1999 TRCHS and 2003-04 THIS surveys indicates that there has been a decline in the extent of multiple partnering. The proportion of all women age 15-49 who report having had sex with two or more partners in the 12 months preceding the survey fell from 8 percent in 1999 to 6 percent in 2003-04. There has been an even larger decline in the proportion of men age 15-49 having multiple partners in the year prior to the survey, from 20 percent in 1996 to 27 percent in 2003-04.

Table 6.3

Multiple sexual partners among women and men, Tanzania 2003-04

Background characteristic	WOMEN				MEN			
	Among those who had sex in the past 12 months		Among those who ever had sex		Among those who had sex in the past 12 months		Among those who ever had sex	
	Percentage who had 2+ partners in the past 12 months	Number of women who had sex in the past 12 months	Mean number of lifetime sexual partners	Number of women 15-49 who ever had sex	Percentage who had 2+ partners in the past 12 months	Number of men who had sex in the past 12 months	Mean number of lifetime sexual partners	Number of men 15-49 who ever had sex
Age								
15-19	8.7	644	1.8	708	30.1	413	2.8	568
20-24	6.8	1,160	2.1	1,288	34.1	737	4.4	876
25-29	5.6	1,183	2.4	1,280	30.4	857	6.5	923
30-34	5.7	870	2.5	961	27.4	746	6.7	791
35-39	4.6	657	2.5	747	21.4	626	7.5	669
40-44	6.5	450	2.6	545	22.8	437	7.6	470
45-49	3.6	325	2.7	434	15.9	366	8.2	391
15-24	7.5	1,804	2.0	1,996	32.7	1,150	3.8	1,445
Marital status								
Never married	10.2	601	2.1	787	32.7	1,021	4.0	1,376
Ever married	5.6	4,688	2.4	5,176	25.3	3,162	7.0	3,314
Residence								
Urban	6.3	1,558	2.5	1,768	25.0	1,280	5.9	1,451
Rural	6.0	3,731	2.3	4,196	28.0	2,903	6.2	3,239
Education								
No education	6.8	1,255	2.3	1,444	28.1	480	6.3	538
Primary incomplete	9.1	752	2.7	857	29.3	642	6.7	730
Primary complete	5.5	2,929	2.3	3,263	27.3	2,624	6.0	2,914
Secondary+	2.6	353	1.9	400	21.7	436	5.4	509
Wealth quintile								
Lowest	7.3	986	2.4	1,111	29.9	690	7.0	751
Second	6.6	1,020	2.4	1,119	28.4	842	6.2	925
Middle	7.1	975	2.4	1,111	27.3	765	6.0	859
Fourth	5.2	1,040	2.3	1,193	27.0	810	5.5	932
Highest	4.8	1,267	2.3	1,429	24.2	1,075	6.0	1,223
Total	6.1	5,289	2.3	5,963	27.1	4,182	6.1	4,690

6.6 HIGHER RISK SEX

As mentioned above, condom use is an important tool in the fight to curtail the spread of HIV/AIDS. Although truly effective protection would require condom use at every sexual encounter, the most important sexual encounters to cover are those considered to be 'higher risk.' In the context of this survey, higher risk sex is defined as sex with a non-marital, non-cohabitating partner in the 12 months preceding the survey. Table 6.4 shows the proportion of women and men who were sexually active in the 12 months preceding the survey and who were engaged in higher risk sex and used a condom during sex with such partners.

The results show that, among those who were sexually active in the 12 months preceding the survey, 23 percent of women and 46 percent of men engaged in higher risk sex in the 12 months preceding the survey. Of them, almost 4 in 10 women (38 percent) and half of men (50 percent) reported using condoms at the most recent higher risk sex.

Since all premarital sex is by definition higher risk sex, the prevalence of higher risk sex is higher among the youngest respondents and among those who are never married or who were formerly married. Condom use at higher risk sex, however, is highest among respondents in their 20s. Urban women and men are more likely than rural respondents to engage in higher risk sex.

Curiously, there is a tendency only among women for the prevalence of higher risk sexual behaviour to increase with education, while for men, it shows little association with education level. However, the likelihood of having used a condom during the most recent higher risk sexual encounter increases steadily with education level for both sexes.

Table 6.4

Higher risk sex and condom use at last higher risk sex in the 12 months preceding the survey, Tanzania 2003-04

	Women				Men			
	Among those who had sex in the past 12 months		Among those who had higher risk sex in the past 12 months		Among those who had sex in the past 12 months		Among those who had higher risk sex in the past 12 months	
Background characteristic	Percentage engaging in higher risk sex in the past 12 months	Number of women who had sex in the past 12 months	Percentage who used condom at last higher risk sex	Number of women who had higher risk sex in the past 12 months	Percentage engaging in higher risk sex in the past 12 months	Number of men who had sex in the past 12 months	Percentage who used condom at last higher risk sex	Number of men who had higher risk sex in the past 12 months
Age								
15-19	53.4	644	36.9	344	95.9	413	37.7	396
20-24	27.1	1,160	46.9	315	73.2	737	54.0	540
25-29	17.5	1,183	42.2	207	47.7	857	54.3	409
30-39	16.1	1,527	33.5	246	30.6	1,373	51.1	420
40-49	14.3	775	17.7	111	20.6	803	49.8	165
15-24	36.5	1,804	41.7	658	81.3	1,150	47.1	935
Marital status								
Never married	98.7	601	44.1	593	99.4	1,021	48.8	1,015
Currently married	4.9	4,171	36.6	204	23.8	2,911	52.0	694
Formerly married	82.2	517	30.1	425	87.9	251	46.8	221
Residence								
Urban	32.3	1,558	52.1	503	50.8	1,280	61.9	651
Rural	19.3	3,731	28.1	719	44.1	2,903	43.5	1,279
Education								
No education	17.4	1,255	19.2	218	45.4	480	30.9	218
Primary incomplete	25.6	752	34.2	193	52.0	642	34.8	333
Primary complete	23.2	2,929	39.4	678	44.0	2,624	52.5	1,155
Secondary+	37.7	353	66.6	133	51.1	436	76.2	223
Wealth quintile								
Lowest	20.9	986	21.0	206	44.7	690	30.5	309
Second	18.1	1,020	31.7	185	42.5	842	38.4	358
Middle	21.6	975	26.8	210	44.1	765	46.5	338
Fourth	24.1	1,040	41.4	251	49.7	810	54.6	403
Highest	29.2	1,267	54.6	370	48.5	1,075	67.2	522
Total	23.1	5,289	38.0	1,222	46.1	4,182	49.7	1,929

Note: Higher risk sex refers to sex with a non-marital, non-cohabiting partner.

6.7 SEX WITH PROSTITUTES

As presented above, higher risk sex is defined as having sex with a non-marital, non-cohabiting partner. This includes sex with commercial sex workers (i.e., prostitutes). Sex with prostitutes is particularly risky because they have many partners and are thus more likely to have sexually transmitted infections.

Of all the male respondents interviewed, less than 2 percent reported that they had sex with a prostitute in the 12 months preceding the survey (Table 6.5). This proportion hardly changes across any of the background characteristics, except that it is slightly higher (5 percent) among men who are divorced, widowed or separated (formerly married).

It is notable that a majority of men (58 percent) reported that they used a condom the most recent time they had sex with a prostitute (data not shown). Since the number of men who reported having sex with prostitutes is so small, it is not possible to confidently explain differentials in condom use by social and demographic characteristics.

Table 6.5

Sex with prostitutes, Tanzania 2003-04

Background characteristic	Percentage of men who had sex with a prostitute in 12 months before survey	Number of men
Age		
15-19	0.7	1,353
20-24	2.4	1,012
25-29	2.0	956
30-39	1.8	1,473
40-49	0.5	865
15-24	1.4	2,365
Marital status		
Never married	1.4	2,345
Currently married	1.2	3,005
Formerly married	5.2	309
Residence		
Urban	1.8	1,713
Rural	1.4	3,946
Education		
No education	1.5	634
Primary incomplete	1.4	1,103
Primary complete	1.6	3,297
Secondary+	0.9	625
Wealth quintile		
Lowest	2.2	881
Second	1.3	1,082
Middle	1.2	1,075
Fourth	1.3	1,164
Highest	1.6	1,456
Total	1.5	5,659

6.8 VOLUNTARY HIV COUNSELLING AND TESTING

Knowledge of one's HIV status can empower individuals to take precautions to protect against either acquiring or transmitting the disease. Consequently, Tanzania has established a number of voluntary counselling and testing (VCT) sites across the country and encourages their use by the general population.

However, as a result of either lack of knowledge as to the importance of testing or for other reasons, most people in the country have not yet been tested. Only 15 percent of women and men reported to have ever undertaken an HIV test (Table 6.6). Five percent of women and 7 percent of men were tested in the 12 months preceding the survey and said that they had received their results.

Those in their 20s and 30s are more likely than others to have been tested. Testing behaviour by marital status does not follow a certain pattern that can easily be interpreted. However, the percentage of women and men who are never married and who never had sex but who got tested and received results is lower, compared with those who are never married but who have had sex. Among women, those who are currently married are less likely to have been tested and received results than those currently and formally married. For men, the data reveal the opposite pattern, with currently married men having a slightly higher percentage of being tested and received results than formerly married men.

Voluntary counselling and testing (VCT) is two to three times more common among urban than rural women and men. It is also more common among residents of Dar es Salaam and Mara regions than among those in other regions. For example, over one-third of women in Dar es Salaam and more than one-fifth of men in Ruvuma, Mara and Dar es Salaam regions say that they have had an HIV test at some time.

Table 6.6
Coverage of prior HIV testing by background characteristics, Tanzania 2003-04

Background characteristic	Women: Percentage ever tested for HIV	Women: Percentage tested and received results in past 12 months	Women: Number of women	Men: Percentage ever tested for HIV	Men: Percentage tested and received results in past 12 months	Men: Number of men
Age						
15-19	9.2	4.3	1,484	5.2	3.5	1,353
20-24	19.8	6.4	1,386	16.1	9.0	1,012
25-29	20.7	5.8	1,301	21.7	9.3	956
30-39	16.1	4.7	1,714	20.3	8.8	1,473
40-49	8.8	2.9	979	15.5	6.9	865
15-24	14.3	5.3	2,870	9.8	5.9	2,365
Marital status						
Never married	13.4	5.7	1,687	10.9	6.2	2,345
Ever had sex	23.2	8.3	787	15.4	8.6	1,376
Never had sex	4.9	3.4	900	4.4	2.8	969
Currently married	15.3	4.3	4,362	18.6	8.2	3,005
Formerly married	17.9	6.7	813	19.2	7.5	309
Residence						
Urban	28.3	9.8	2,117	22.2	11.2	1,713
Rural	9.3	2.7	4,746	12.5	5.7	3,946
Region						
Dodoma	9.1	1.0	354	12.5	8.2	293
Arusha	17.2	7.5	283	12.9	8.5	224
Kilimanjaro	17.8	8.1	336	19.8	13.0	237
Tanga	16.1	7.1	337	19.9	15.3	219
Morogoro	15.8	5.8	337	18.6	9.4	295
Pwani	16.2	2.1	177	16.3	6.7	157
Dar es Salaam	35.5	11.7	789	21.8	11.4	664
Lindi	7.8	0.9	171	8.4	3.0	135
Mtwara	3.7	1.0	213	11.4	3.0	169
Ruvuma	12.3	4.0	276	23.3	9.2	221
Iringa	11.1	2.3	328	13.0	6.0	272
Mbeya	13.3	3.9	445	16.7	7.6	351
Singida	13.6	5.1	185	12.8	5.7	158
Tabora	11.5	3.8	280	16.0	7.0	240
Rukwa	5.2	1.2	186	7.4	1.9	166
Kigoma	13.1	5.5	283	18.3	8.9	203
Shinyanga	10.1	2.9	548	12.3	4.7	478
Kagera	8.4	1.5	349	9.3	2.4	287
Mwanza	14.9	3.6	552	11.8	4.0	519
Mara	17.8	6.3	261	22.2	9.1	210
Manyara	9.3	5.2	173	9.7	3.5	163
Education						
No education	6.8	1.6	1,522	8.4	3.8	634
Primary incomplete	11.0	3.1	1,103	8.6	4.5	1,103
Primary complete	16.8	5.5	3,660	17.0	7.9	3,297
Secondary+	34.9	12.8	579	26.2	12.9	625
Wealth quintile						
Lowest	6.6	1.4	1,231	8.8	3.0	881
Second	7.1	1.9	1,239	11.2	4.9	1,082
Middle	8.9	2.7	1,262	13.4	6.5	1,075
Fourth	16.9	5.1	1,361	16.3	8.1	1,164
Highest	30.0	10.8	1,770	23.5	11.8	1,456
Total	15.2	4.9	6,863	15.4	7.3	5,659

The proportion who undergo HIV testing increases consistently as the level of education increases (Figure 6.2). A similar pattern is observed with the level of economic status (wealth quintile) of the individuals (Figure 6.3). The higher the wealth quintile, the greater the proportion who have been tested. These patterns are observed for both female and male respondents.

Figure 6.2 **Prior HIV Testing by Education**

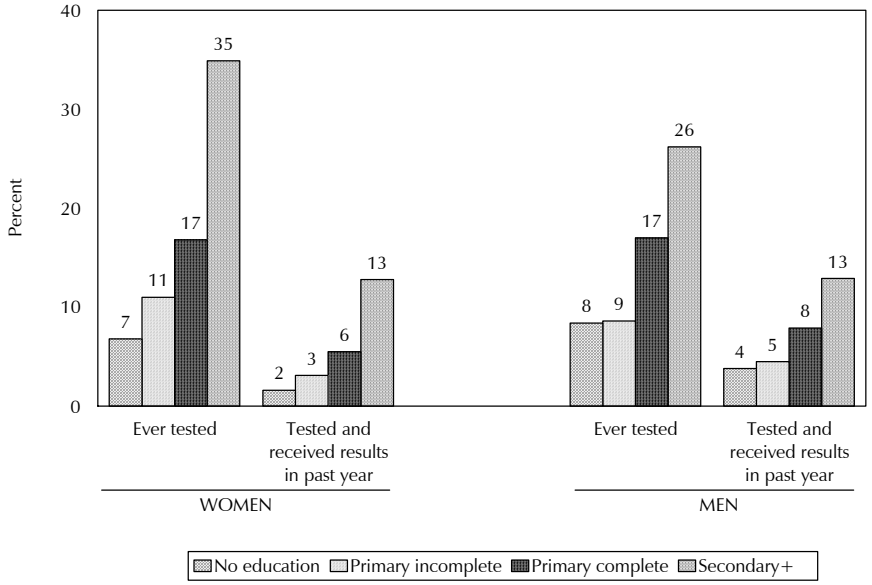
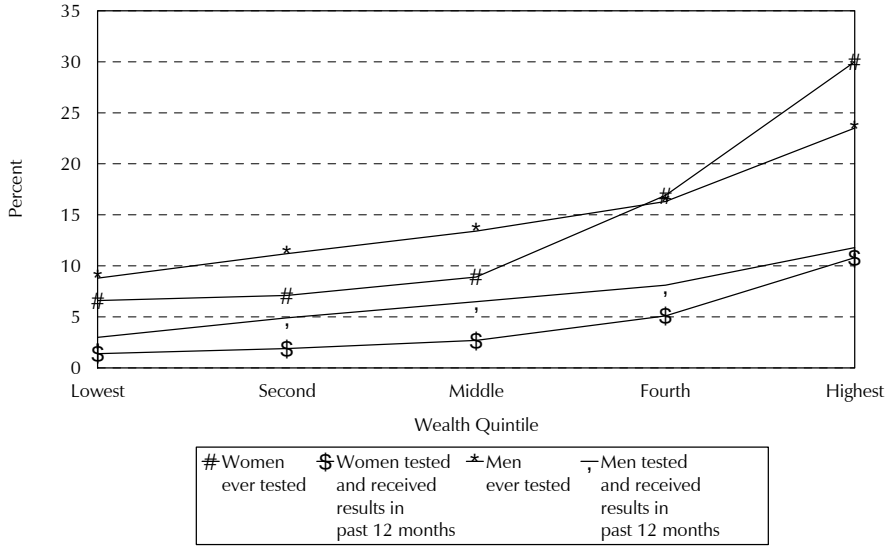


Figure 6.3 **Prior HIV Testing by Level of Economic Status (Wealth Quintile)**



Deliberate efforts need to be made to educate people about the importance of getting tested for HIV so as to know one's status. The percentage of women who have ever been tested may increase over time, since women who become pregnant do have an opportunity to receive counselling when they attend antenatal clinics and after counselling, if they consent, they have an opportunity for testing and knowing their status. In fact, survey data show that among women who delivered a baby in the two years preceding the survey, 23 percent were counselled about taking an HIV test during an antenatal care visit for their most recent birth and 12 percent were offered and took the test. However, only 8 percent were offered the test during an antenatal care visit, took the test, and received the results (data not shown).

In order to reduce the likelihood of HIV-positive women passing the virus along to their children during pregnancy, during delivery or through breastfeeding, it is necessary to encourage pregnant women to be tested so as to know their status. As shown in Table 6.7, only about one-quarter of women who had a birth in the two years preceding the survey were counselled about HIV during any antenatal care visit for their most recent birth. Only 11 percent were offered an HIV test and accepted, the bulk of whom received their results. Looking at all the indicators together, only 5 percent of women were counselled about HIV during an antenatal care visit, were offered and accepted an HIV test, accepted and received the results.

Table 6.7
Counselling and testing for HIV during antenatal care visits, Tanzania 2003-04

	Women who had a birth in the two years preceding the survey				
		Percentage who were offered and accepted an HIV test during an antenatal care visit for the most recent birth and who:			
Background characteristic	Percentage who were counselled about HIV during an antenatal care visit for the most recent birth[1]	Received results	Did not receive results	Percentage who were counselled about HIV during an antenatal care visit for the most recent birth, offered and accepted an HIV test and received results	Number of women who had a birth in the past 2 years
Age					
15-19	23.5	8.9	2.4	5.5	264
20-24	21.1	8.4	2.6	4.7	686
25-29	24.5	10.4	2.6	6.7	591
30-39	23.3	7.8	1.1	5.2	598
40-49	17.1	5.3	4.2	1.7	125
15-24	21.8	8.6	2.5	4.9	949
Residence					
Urban	40.6	23.3	4.5	14.9	486
Rural	17.7	4.7	1.6	2.7	1,777
Education					
No education	15.1	4.9	1.1	2.6	528
Primary incomplete	25.2	8.8	1.5	6.3	337
Primary complete	23.6	9.4	2.7	5.5	1,306
Secondary+	43.5	19.8	5.0	13.7	92
Wealth quintile					
Lowest	14.3	3.2	1.2	1.7	521
Second	14.1	3.3	1.1	1.7	508
Middle	18.1	6.0	1.7	2.8	453
Fourth	30.2	9.4	3.5	5.9	432
Highest	44.1	27.3	4.7	18.4	349
Total	22.7	8.7	2.2	5.3	2,263

[1] In this context, 'counselled' means that someone talked with them either about children getting the AIDS virus from their mother or about getting tested for the AIDS virus.

6.9 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS

Though it is not the aim of this report to relate the prevalence of HIV to that of other sexually transmitted infections (STIs), it is important to note that the prevalence of sexually transmitted infections is positively related with that of HIV. It is believed that if STIs are not treated immediately, one's chances of becoming infected with HIV during unprotected sex with an HIV-positive partner increase.

Data from the 2003-04 THIS reflect modest levels of STIs (Table 6.8); however, questions on sensitive issues such as STIs may result in underreporting of STIs and STI symptoms because of embarrassment or shame. Two percent of women and 4 percent of men who ever had sex reported having an STI in the 12 months preceding the survey. Four percent of women and men reported that they had an abnormal genital discharge in the year before the survey, and two to three percent had a genital sore or ulcer. Overall, 5 percent of women and 6 percent of men reported having either an STI, an abnormal genital discharge or a genital sore or ulcer.

Table 6.8

Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms, Tanzania 2003-04

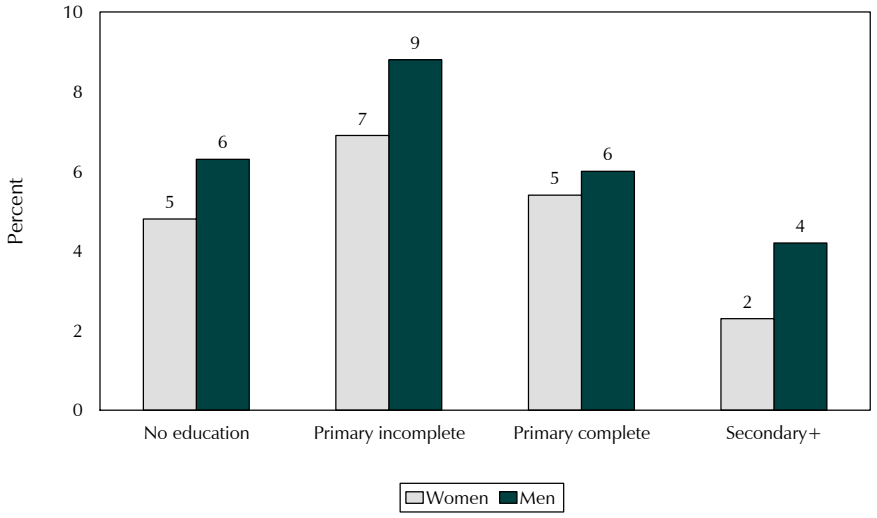
Background characteristic	Among women who ever had sex, percent who reported having in the past 12 months:					Among men who ever had sex, percent who reported having in the past 12 months:				
	A sexually transmitted infection (STI)	An abnormal genital discharge	A genital sore/ulcer	An STI/ discharge/ genital sore/ulcer	Number of women who ever had sex	A sexually transmitted infection (STI)	An abnormal genital discharge	A genital sore/ ulcer	An STI/ discharge/ genital sore/ulcer	Number of men who ever had sex
Age										
15-19	0.7	1.9	1.4	3.1	708	1.8	2.6	1.1	4.2	568
20-24	2.6	3.5	2.4	5.1	1,288	4.6	5.3	2.8	7.2	876
25-29	3.3	3.7	2.4	6.0	1,280	6.3	4.5	4.5	8.7	923
30-39	2.3	4.7	2.6	6.4	1,709	3.8	3.0	3.2	6.2	1,460
40-49	1.4	3.1	1.3	4.1	979	2.4	2.2	2.1	4.3	862
Marital status										
Never married	1.0	3.0	1.7	4.1	787	3.4	4.1	2.8	6.4	1,376
Currently married	2.4	3.7	2.3	5.5	4,362	3.9	3.2	2.7	5.9	3,005
Formerly married	2.5	4.0	2.0	5.4	813	6.2	4.2	5.8	10.2	309
Residence										
Urban	2.1	3.1	1.9	5.1	1,768	3.6	3.0	3.0	6.0	1,451
Rural	2.3	3.8	2.3	5.3	4,196	4.1	3.7	2.9	6.4	3,239
Education										
No education	1.6	3.4	1.8	4.8	1,444	4.7	4.2	2.7	6.3	538
Primary incomplete	3.6	4.9	3.0	6.9	857	5.4	4.7	4.8	8.8	730
Primary complete	2.3	3.5	2.4	5.4	3,263	3.8	3.4	2.6	6.0	2,914
Secondary+	0.8	2.3	0.0	2.3	400	1.9	1.4	2.5	4.2	509
Wealth quintile										
Lowest	2.9	5.2	2.9	6.5	1,111	5.5	4.5	2.5	7.3	751
Second	2.5	3.3	2.5	5.1	1,119	3.8	3.6	3.5	6.3	925
Middle	2.1	3.6	2.6	5.6	1,111	3.7	4.0	2.8	6.0	859
Fourth	1.5	3.1	1.3	4.2	1,193	4.4	3.6	3.4	7.2	932
Highest	2.3	3.0	1.7	5.1	1,429	3.0	2.4	2.6	5.1	1,223
Total	2.2	3.6	2.2	5.3	5,963	3.9	3.5	2.9	6.3	4,690

Despite the fact that women tend to start engaging in sexual activities earlier than men, the reported prevalence of STIs and symptoms of STIs is higher among men in all age groups compared with women. Differences by marital status are small, except that formerly married men have a somewhat higher prevalence of STIs or their symptoms.

Differentials in the reported prevalence of STIs between rural and urban respondents are very small. By education level, the pattern is interesting; both women and men with incomplete primary education have a higher prevalence of STIs and symptoms of STIs than respondents with no education or those who have completed primary or had some secondary schooling (Figure 6.4). Prevalence of STIs by wealth quintile shows no strong pattern.

Comparison of data from the 2003-04 survey with data from the 1994 Tanzania Knowledge, Attitudes, and Practices Survey (TKAPS) and the 1996 Tanzania Demographic and Health Survey (TDHS) is based on all women, not only those who ever had sex. The comparison indicates little change in the reported prevalence of STIs over time. The proportion of all women age 15-49 who reported having had an STI in the 12 months preceding the survey has remained constant at 2 percent across all three surveys.[1] The proportion of all men age 15-49 reporting an STI or its symptoms changed from 4 percent in 1994 to 8 percent in 1996 to 5 percent in 2003-04.[2]

Figure 6.4 Prevalence of STIs and STI Symptoms by Education



[1] In the prior surveys, women were only asked if they had experienced an STI and were not asked about symptoms associated with STIs. Men, however, were asked about genital discharge and sores/ulcers.
[2] Data from prior surveys were adjusted to represent ages 15-49.

YOUTH AND HIV/AIDS 7

7.1 KEY FINDINGS

- Forty-four percent of young women and 49 percent of young men know 5 of the most important elements of HIV/AIDS transmission.
- Over half of young women and almost three-quarters of young men know a place where a person can get condoms.
- Seventeen percent of young women and 26 percent of young men aged 15-24 said that they used condoms the first time they had sexual intercourse.
- Among sexually active youths aged 15-24 years, 37 percent of women and 81 percent of men engaged in higher risk sexual activity in the 12 months preceding the survey. Young men who engaged in higher risk sex were slightly more likely than women to use condoms (47 versus 42 percent).

7.2 INTRODUCTION

This chapter will address sexual behaviour among youths aged 15-24, who are of particular interest given the fact that HIV is mainly transmitted through sexual contact. The period between initiation of sexual activity and marriage is often a time of sexual experimentation, but it may also involve risky behaviours. Issues such as abstinence, age at sexual debut, age differences between partners, and condom use are covered in this chapter. Knowledge of sources of condoms among youth will also be analysed in this chapter, as condom use has played an important role in the prevention of HIV/AIDS and other sexually transmitted infections, as well as unwanted pregnancies for young women.

7.3 HIV/AIDS-RELATED KNOWLEDGE AMONG YOUTH

Knowledge of the means of transmission of HIV is crucial in enabling people to protect themselves. Avoiding HIV is especially important for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours. Young respondents in the THIS were asked the same set of questions as older respondents about whether condom use can help protect against getting the AIDS virus and whether a healthy-looking person can have the AIDS virus (see Chapter 4).

The data in Table 7.1 show the level of comprehensive knowledge among young people, namely, the proportion who, in response to a prompted question, agree that people can reduce their chances of getting the AID virus by having sex with only one uninfected, faithful partner and by using condoms consistently; who know that a healthy-looking person can have the AIDS virus; and who know that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS.

It is encouraging that 44 percent of young women and 49 percent of young men know all of these facts about HIV/AIDS. Comprehensive knowledge increases with age, and it is higher among urban youths than rural youths. Knowledge also increases with increasing education and increasing wealth status. Young women and men who have never had sex are less likely to have comprehensive knowledge about HIV/AIDS than unmarried youths who have had sex or ever-married youths.

Table 7.1

Comprehensive knowledge about AIDS among youth, Tanzania 2003-04

Background characteristic	Women 15-24		Men 15-24	
	Percentage with comprehensive knowledge[1]	Number of women	Percentage with comprehensive knowledge[1]	Number of men
Age				
15-19	38.5	1,484	42.6	1,353
15-17	35.0	896	36.9	808
18-19	43.9	588	51.0	545
20-24	50.4	1,386	56.5	1,012
20-22	47.9	865	54.5	599
23-24	54.6	520	59.4	413
Marital status				
Never married	43.2	1,486	48.0	1,988
Ever had sex	61.1	612	59.7	1,068
Never had sex	30.7	874	34.4	920
Ever married	45.4	1,383	51.6	377
Residence				
Urban	54.7	971	59.3	742
Rural	38.9	1,899	43.6	1,623
Education				
No education	24.8	504	26.6	259
Primary incomplete	35.1	537	36.6	675
Primary complete	49.7	1,496	55.9	1,155
Secondary+	64.2	334	67.5	276
Wealth quintile				
Lowest	29.9	502	37.3	362
Second	38.8	493	39.9	406
Middle	44.8	512	45.9	469
Fourth	47.6	533	51.6	517
Highest	53.7	831	60.3	611
Total	44.3	2,870	48.5	2,365

[1] Comprehensive knowledge means agreeing, in response to a prompted question, that people can reduce their chances of getting the AIDS virus by having sex with only one uninfected, faithful partner and by using condoms consistently; and knowing that a healthy-looking person can have the AIDS virus; and knowing that HIV cannot be transmitted by mosquito bites or by sharing food with a person who has AIDS.

7.4 KNOWLEDGE OF CONDOM SOURCES AMONG YOUTH

Condom use among young people plays an important role in the prevention of transmission of HIV and other sexually transmitted infections, as well as unwanted pregnancies. Youths are often at a higher risk of contracting sexually transmitted infections, as they are more likely to have shorter relationships with more partners before marriage. Knowledge of a place to get condoms is a necessary precursor to use of condoms. Nevertheless, since condom use is often viewed with stigma in Tanzania, some respondents may have underreported knowledge of a condom source.

Over half of young women (52 percent) and 72 percent of young men know a place where a person can get condoms (Table 7.2). As might be expected, knowledge of a source for condoms is considerably higher among women and men aged 20-24 than among those aged 15-19. Unmarried youths who have ever had sex are the most likely to report knowing of a place to get condoms, followed by those who are married. Knowledge of a source for condoms among young urban women and men is higher than among young rural women and men in Tanzania Mainland.

Knowledge of a source of condoms increases with increasing educational level for both women and men (Figure 7.1). For young women, knowledge of a source for condoms increases from 32 percent for those with no education to 77 percent for those with at least some secondary education. Knowledge of a source for condoms among young men also increases from 61 percent for those with no education to 90 percent for those with secondary education and above. A similar pattern exists for knowledge of condom sources by wealth quintile, with youths from the lowest quintile being the least likely to know of a place to get condoms.

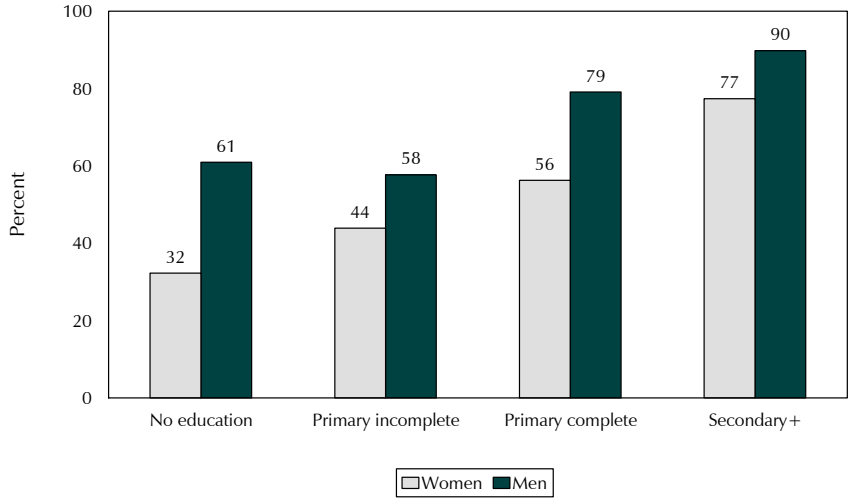
Table 7.2

Knowledge of a source for condoms among youth, Tanzania 2003-04

Background characteristic	Women 15-24		Men 15-24	
	Percentage who know a source for male condom	Number of women	Percentage who know a source for male condom	Number of men
Age				
15-19	43.1	1,484	62.7	1,353
20-24	62.1	1,386	84.9	1,012
Marital status				
Never married	49.3	1,486	70.1	1,988
Ever had sex	74.2	612	87.3	1,068
Never had sex	31.9	874	50.3	920
Ever married	55.4	1,383	83.2	377
Residence				
Urban	67.9	971	83.8	742
Rural	44.3	1,899	66.9	1,623
Education				
No education	32.3	504	60.6	259
Primary incomplete	43.9	537	57.7	675
Primary complete	56.3	1,496	79.1	1,155
Secondary+	77.4	334	89.8	276
Wealth quintile				
Lowest	38.6	502	64.3	362
Second	40.9	493	65.1	406
Middle	44.8	512	67.4	469
Fourth	58.5	533	71.0	517
Highest	67.8	831	86.4	611
Total 15-24	52.2	2,870	72.2	2,365

Note: The following sources are not considered sources for condoms in this table: friends, family members and home.

Figure 7.1 **Knowledge of a Source for Condoms among Youth Age 15-24 by Level of Education**



7.5 FIRST SEXUAL EXPERIENCE

Age at first sexual intercourse is of particular interest given the fact that HIV is mainly transmitted through heterosexual contact. The 2003-04 THIS gathered information on the timing of the first sexual intercourse for both men and women. The percentage of young women and men who had sexual intercourse before reaching age 15 and age 18 is given in Table 7.3. Because some of those who are age 15-19 are under age 18 and may still initiate sex before reaching age 18, the proportions who had sex before age 18 can only be shown for those age 20-24.

Table 7.3

Age at first sex among young women and men, Tanzania 2003-04

Background characteristic	Women 15-24			Men 15-24		
	Percent who had sex before exact age:		Number of women	Percent who had sex before exact age:		Number of men
	15	18		15	18	
Age						
15-17	11.4	na	896	11.2	na	808
18-19	8.1	56.0	588	10.0	50.8	545
15-19	10.1	na	1,484	10.7	na	1,353
20-22	12.3	54.4	865	8.1	41.2	599
23-24	9.0	53.5	520	7.4	38.5	413
20-24	11.1	54.1	1,386	7.8	40.1	1,012
Marital status						
Never married	5.8	na	1,486	9.8	na	1,988
Ever married	15.7	na	1,383	7.6	na	377
Residence						
Urban	9.0	na	971	10.2	na	742
Rural	11.4	na	1,899	9.1	na	1,623
Education						
No education	25.6	na	504	12.9	na	259
Primary incomplete	11.5	na	537	11.9	na	675
Primary complete	7.2	na	1,496	7.9	na	1,155
Secondary+	1.5	na	334	6.7	na	276
Wealth quintile						
Lowest	18.1	na	502	10.4	na	362
Second	12.8	na	493	10.3	na	406
Middle	9.7	na	512	8.2	na	469
Fourth	6.8	na	533	9.7	na	517
Highest	7.7	na	831	9.1	na	611
Total 15-24	10.6	na	2,870	9.5	na	2,365

na = Not applicable

Eleven percent of women and 10 percent of men age 15-24 said that they had sex before they were 15. Over half of women and about 40 percent of men who are age 18 and over reported having had sex before reaching age 18.

Regarding marital status, among young women, those who are never married are less likely to initiate sexual activity by age 15 than those who are ever married. Among young men, the differences by marital status are reversed. Urban-rural differences in age at sexual initiation are minimal.

There is a strong relationship between level of education and age at first sex. Young women aged 15-24 with no education are far more likely to have had sex before age 15 (26 percent) than young women with at least some secondary education (2 percent); there is a similar but less pronounced pattern among young men. In terms of wealth, the survey results show that young women and men aged 15-24 who are in poorer households are more likely than those who are in wealthier households to have had sex by age 15.

7.6 Condom Use at First Sex

Along with postponement of first sexual intercourse, early and consistent condom use is a means of preventing youths from becoming infected with HIV. In order to assess the extent of condom use from the beginning of sexual exposure, respondents aged 15-24 were asked whether they had used condoms the first time they had sex.

Seventeen percent of young women and 26 percent of young men aged 15-24 said that they used condoms the first time they had sexual intercourse (Table 7.4). Interestingly, younger women aged 15-19 are more likely than those aged 20-24 to have used condoms the first time they had sex (23 versus 14 percent). Among men, there is no difference by age group in the use of condoms at their first sex act.

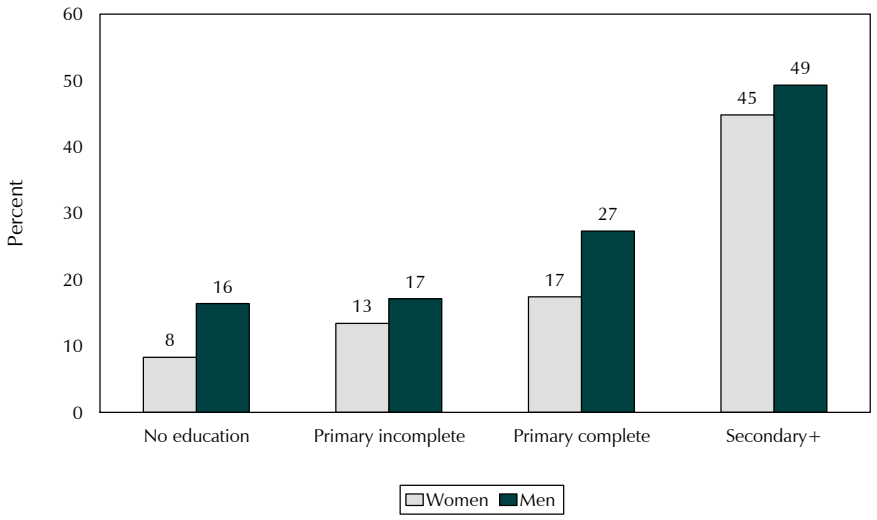
Table 7.4

Condom use at first sex among young women and men, Tanzania 2003-04

	Women 15-24 who ever had sex		Men 15-24 who ever had sex	
Background characteristic	Percent who used a condom at first sex	Number of women 15-24 who have ever had sex	Percent who used a condom at first sex	Number of men 15-24 who have ever had sex
Age				
15-19	22.5	708	26.4	568
20-24	14.0	1,288	26.3	876
Marital status				
Never married	35.3	612	30.5	1,068
Ever married	9.0	1,383	14.7	377
Residence				
Urban	30.5	633	37.5	491
Rural	10.7	1,363	20.6	954
Education				
No education	8.3	428	16.4	173
Primary incomplete	13.4	294	17.1	309
Primary complete	17.3	1,110	27.3	796
Secondary+	44.8	163	49.3	167
Wealth quintile				
Lowest	6.9	384	12.7	238
Second	9.5	375	14.6	256
Middle	12.6	365	26.6	268
Fourth	17.3	368	27.7	292
Highest	33.5	503	41.2	391
Total 15-24	17.0	1,996	26.4	1,445

Never-married women and men and those living in urban areas are about two to three times more likely to have used a condom the first time they had sex than ever-married and rural youths. There is a strong relationship between education and condom use at first sex. Figure 7.2 shows that 45 percent of women with at least some secondary school said that they had used condoms the first time they had sex, compared with only 8 percent of young women with no education.

Figure 7.2 **Condom Use at First Sex among Youth Age 15-24 by Level of Education**



7.7 PREMARITAL SEX

The period between first sexual intercourse and marriage is often a time of sexual experimentation. Unfortunately, in the era of HIV/AIDS, it can also be a risky time. Information is shown in Table 7.5 on the percentage of never-married young women and men aged 15-24 years who have not yet engaged in sex, as well as the percentage who had sex in the 12 months preceding the survey and the percentage who used condoms during their most recent sex.

Six in ten (59 percent) never-married young women reported that they had never had sex, compared with just under half (46 percent) of men aged 15-24. While the proportion of unmarried youths who have never had sex drops rapidly between age groups 15-19 and 20-24, sizeable proportions of those in their early 20s reported that they had not yet had sex (27 percent of never-married women and 20 percent of never-married men).

One-third of never-married women aged 15-24 years indicated that they had sex in the 12 months preceding the survey, compared with 40 percent of men of the same age. Condom use at premarital sex is surprisingly high; 44 percent of women and 47 percent of men reported that they used condoms at the most recent time they had sex.

Table 7.5

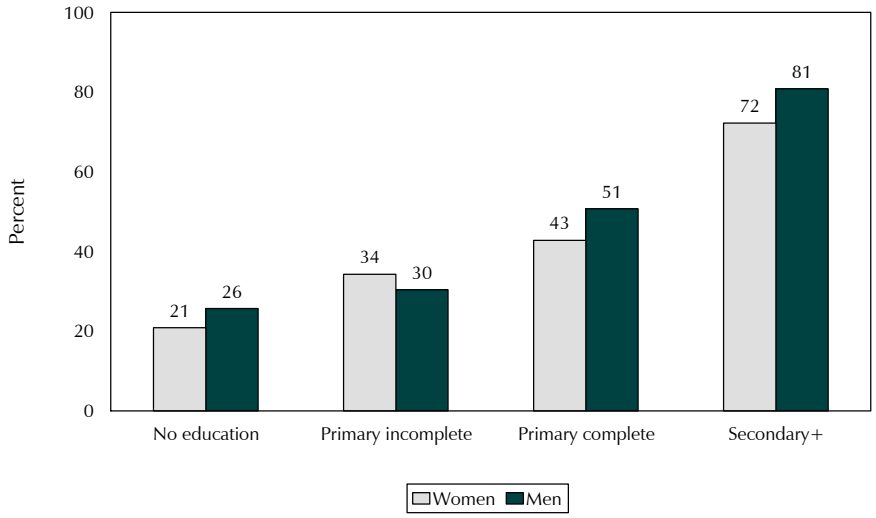
Premarital sex and condom use during premarital sex among youth, Tanzania 2003-04

Background characteristic	Never-married women 15-24					Never-married men 15-24				
	Percent who never had sex	Percent who had sex in past 12 months	Number of never-married women 15-24	Of those who had sex in the past 12 months, percent who used a condom at last sex	Number of women 15-24 who had sex in past 12 months	Percent who never had sex	Percent who had sex in past 12 months	Number of never-married men 15-24	Of those who had sex in the past 12 months, percent who used a condom at last sex	Number of men 15-24 who had sex in past 12 months
Age										
15-19	68.9	26.6	1,127	38.9	300	59.2	29.0	1,324	37.7	384
20-24	27.2	53.2	359	52.5	191	20.4	60.3	664	56.2	400
Residence										
Urban	53.5	37.1	632	60.2	235	38.5	43.9	652	58.6	287
Rural	62.8	30.0	854	29.6	256	50.1	37.3	1,335	40.6	498
Education										
No education	49.8	36.8	151	20.9	56	44.2	47.4	196	25.7	93
Primary incomplete	74.8	21.8	324	34.3	71	60.9	29.0	600	30.4	174
Primary complete	52.5	37.9	735	42.8	279	38.8	44.8	928	50.7	415
Secondary+	61.8	31.2	275	72.3	86	41.1	38.6	264	80.8	102
Wealth quintile										
Lowest	57.7	31.5	204	19.0	64	47.6	43.8	261	25.7	114
Second	63.8	31.9	185	28.8	59	47.0	43.4	319	30.2	138
Middle	59.8	32.7	246	33.0	80	49.9	34.3	404	42.9	138
Fourth	56.0	34.9	294	46.6	102	48.7	36.3	462	53.2	168
Highest	58.6	33.1	559	61.4	185	40.5	41.6	543	66.6	226
Total 15-24	58.8	33.0	1,486	44.2	491	46.3	39.5	1,988	47.2	784

As expected, premarital sex and condom use at last sex were both higher among respondents aged 20-24 than among those aged 15-19. Both were also higher among urban than among rural youths. As for education, never-married young women and men with incomplete primary education are the least likely to have had sex in the 12 months preceding the survey. However, among those who have had premarital sex, there is a large and steady increase in condom use as education increases. For young women, use of condoms at the most recent premarital sexual encounter increases from 21 percent among those with no education to 72 percent among those with some secondary education. Among men, it increases from 26 percent among those with no education to 81 percent among those with some secondary education (Figure 7.3).

Differences in the level of premarital sex by wealth quintile are small; however, among those who did engage in premarital sex, the proportion who used a condom during the most recent sex increases steadily with increasing wealth.

Figure 7.3 **Condom Use at Last Premarital Sex among Never-Married Youth Age 15-24 by Level of Education**



7.8 HIGHER RISK SEX AND CONDOM USE AMONG YOUTH

The most common means of transmission of HIV is through unprotected sex with an infected person. To prevent HIV/AIDS transmission, it is therefore important to practice safer sex, primarily through the recommended 'ABC' method (abstinence, being faithful to one uninfected partner, and condom use). Table 7.6 and Figure 7.4 show the proportion of young people who engage in higher risk sex and the extent to which they used condoms in higher risk sexual encounters. In this context, higher risk sex refers to sex with non-marital, non-cohabiting partners.

Among sexually active youths aged 15-24 years, 37 percent of women and 81 percent of men engaged in higher risk sexual activity in the 12 months preceding the survey. Young men who engaged in higher risk sex were slightly more likely than women to use condoms (47 versus 42 percent).

By definition, all sexually active women and men who are not married engage in higher risk sex. Thus, a higher proportion of women aged 15-19 engage in higher risk sex than the proportion of those age 20-24 (53 versus 27 percent), simply because a larger proportion of women in their early 20s are married. Similarly, almost all sexually active young men age 15-19 (96 percent) engaged in higher risk sex, compared with men aged 20-24 (73 percent). However, women and men aged 20-24 were more likely than those age 15-19 to have used condoms when they had sex with non-marital, non-cohabiting partners. Women who have never married are more likely to use condoms during higher risk sexual activity than ever-married women.

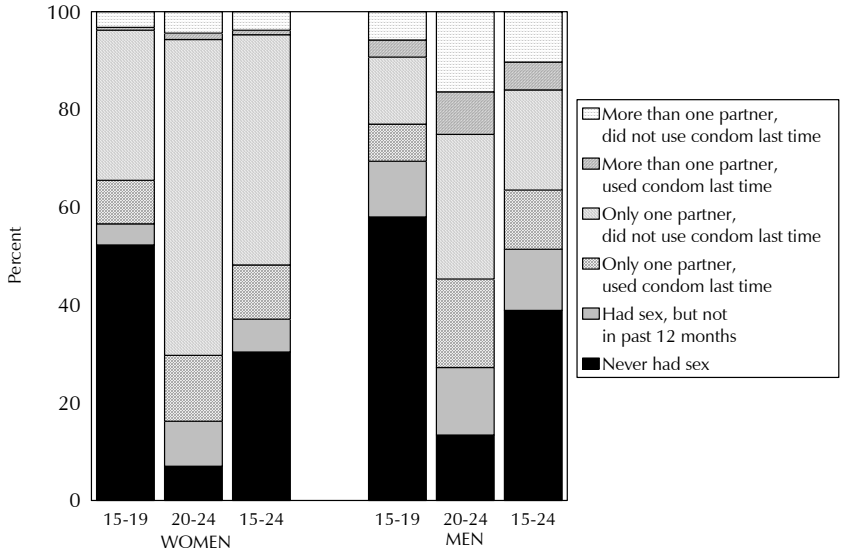
Table 7.6

Higher risk sex among youth and condom use at last higher risk sex in the 12 months preceding the survey, Tanzania 2003-04

	Women age 15-24				Men age 15-24			
	Among those who had sex in the past 12 months		Among those who had higher risk sex in the past 12 months		Among those who had sex in the past 12 months		Among those who had higher risk sex in the past 12 months	
Background characteristic	Percentage engaging in higher risk sex in the past 12 months	Number of women who had sex in the past 12 months	Percentage who used condom at last higher risk sex	Number of women who had higher risk sex in the past 12 months	Percentage engaging in higher risk sex in the past 12 months	Number of men who had sex in the past 12 months	Percentage who used condom at last higher risk sex	Number of men who had higher risk sex in the past 12 months
Age								
15-19	53.4	644	36.9	344	95.9	413	37.7	396
20-24	27.1	1,160	46.9	315	73.2	737	54.0	540
Marital status								
Never married	99.0	491	44.3	486	99.6	784	47.3	781
Ever married	13.1	1,313	34.5	173	42.1	366	45.8	154
Residence								
Urban	49.2	563	56.7	277	85.8	372	57.2	319
Rural	30.7	1,241	30.8	382	79.2	778	41.8	616
Education								
No education	25.3	391	22.5	99	78.1	155	27.0	121
Primary incomplete	37.3	270	36.5	101	82.0	248	31.7	203
Primary complete	36.9	1,000	41.7	369	79.2	634	51.0	501
Secondary+	63.1	143	68.5	90	96.6	113	80.2	109
Wealth quintile								
Lowest	30.1	350	23.3	106	75.9	213	28.8	162
Second	23.2	355	31.7	82	73.4	224	32.8	165
Middle	36.9	327	29.7	121	80.7	202	43.8	163
Fourth	42.2	322	46.6	136	89.8	221	54.6	199
Highest	47.5	449	58.3	214	85.4	289	64.7	247
Total 15-24	36.5	1,804	41.7	658	81.3	1,150	47.1	935

[1] Higher risk sex refers to sex with a non-marital, non-cohabiting partner.

Figure 7.4 **Abstinence, Being Faithful, and Using Condoms among Young Women and Men**



Note: Refers to partners in the 12 months preceding the survey and condom use at most recent sexual encounter.

7.9 AGE DIFFERENCES BETWEEN SEXUAL PARTNERS

When there is a wide gap in age between partners, it can sometimes lead to an imbalance in decision-making and pressure on the younger partner. Age gaps also tend to increase marital instability. This is especially true among young people, many of whom are still immature and impressionable. Older men who take up sexual relationships with girls have been nicknamed 'sugar daddies'.[1]

In order to measure the extent of young women having sexual relationships with older men, in the THIS, women aged 15-19 who had sex in the 12 months preceding the survey were asked for the ages of their sexual partners. If they did not know the ages of their partners, they were asked if their partners were older or younger than them and if older, whether they were 10 or more years older than them.

As shown in Table 7.7, 9 percent of women aged 15-19 who had non-marital sex in the 12 months preceding the survey had sex with a partner who was at least 10 years older. Such liaisons appear to be more common among urban girls than among rural girls. The patterns by education and wealth quintile are erratic. Moreover, the small number of sexually active young girls makes it difficult to interpret findings with confidence.

Table 7.7

Age differences in non-marital sexual relationships among young women, Tanzania 2003-04

Background characteristic	Among women 15-19 who had non-marital sex in the past 12 months, percentage who had sex with a man 10 or more years older	Number of women 15-19 having non-marital sex in the past 12 months
Age		
15-17	8.9	174
18-19	9.7	170
Marital status		
Never married	8.5	298
Ever married	(14.7)	46
Residence		
Urban	13.2	140
Rural	6.6	203
Education		
No education	9.6	55
Primary incomplete	3.7	65
Primary complete	10.9	197
Secondary+	10.9	27
Wealth quintile		
Lowest	4.4	56
Second	(13.6)	47
Middle	9.7	66
Fourth	6.7	71
Highest	11.5	105
Total 15-19	9.3	344

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

7.10 ALCOHOL USE DURING SEX

Research has shown that alcohol use reduces inhibitions and increases risky behaviour. Alcohol use in relationship with sex is associated with a lower prevalence of safe sex precautions, such as condom use. In the 2003-04 THIS, respondents were asked if they or their partner drank alcohol the last time they had sex. The question was asked for up to three partners in the past 12 months.

Six percent of women and 3 percent of men report having had sex when drinking during the 12 months preceding the survey (Table 7.8). Having sexual intercourse after drinking is more common among youth in their early 20s than among those aged 15-19. It is also more common among those who have ever been married. Differences by other characteristics are minimal.

[1] Older women who have relationships with boys are sometimes called 'sugar mammies'; however, this issue was not studied in the THIS.

Table 7.8

Alcohol use during sex among young people, Tanzania 2003-04

Background characteristic	Women 15-24: Percent who had sex in past 12 months when respondent or partner was drinking alcohol	Women 15-24: Number of women	Men 15-24: Percent who had sex in past 12 months when respondent or partner was drinking alcohol	Men 15-24: Number of men
Age				
15-19	2.7	1,484	1.0	1,353
20-24	9.7	1,386	5.8	1,012
Marital status				
Never married	2.1	1,486	2.3	1,988
Ever married	10.4	1,383	7.0	377
Residence				
Urban	4.7	971	3.2	742
Rural	6.8	1,899	3.0	1,623
Education				
No education	9.4	504	2.9	259
Primary incomplete	4.0	537	2.1	675
Primary complete	6.4	1,496	3.6	1,155
Secondary+	3.1	334	3.5	276
Wealth quintile				
Lowest	7.4	502	3.5	362
Second	6.1	493	2.8	406
Middle	7.9	512	1.8	469
Fourth	5.8	533	4.2	517
Highest	4.4	831	3.1	611
Total 15-24	6.1	2,870	3.1	2,365

7.11 FORCED SEX AMONG YOUTH

One of the worst behaviours a human being can practice is forcing sex without the consent of the partner. In such circumstances, there is little opportunity for negotiating safer sex. Moreover, forced sex increases the possibilities for both partners to suffer from cuts and bruises that increase the danger of contracting infections like HIV. In an attempt to capture information about rape, female respondents were asked: 'In the last 12 months, has anyone forced you to have sex when you did not want to?' Although men are also victims of rape, the question was only asked to women. It is difficult to know how accurately women reported such events; there is some evidence that respondents may not have included sex forced by their husbands when answering the question (Yoder and Nyblade, 2004).

Two percent of female respondents aged 15-24 years reported having been forced to have sex when they did not want to in the 12 months preceding the survey (Table 7.9). Differences by background characteristics are small.

Table 7.9

Forced sex among young women, Tanzania 2003-04

Background characteristic	Percentage of women age 15-24 who were forced to have sex in the past 12 months	Number of women
Age		
15-19	1.6	1,484
20-24	2.9	1,386
Marital status		
Never married	1.7	1,486
Ever married	2.8	1,383
Residence		
Urban	3.5	971
Rural	1.6	1,899
Education		
No education	3.1	504
Primary incomplete	1.2	537
Primary complete	2.3	1,496
Secondary+	2.3	334
Wealth quintile		
Lowest	2.3	502
Second	0.6	493
Middle	1.4	512
Fourth	2.6	533
Highest	3.4	831
Total 15-24	2.2	2,870

HIV PREVALENCE 8

8.1 KEY FINDINGS

- Seven percent of Tanzanian adults age 15-49 are infected with HIV; prevalence among women is higher (8 percent) than among men (6 percent).
- The HIV epidemic shows strong regional variation. Regions with the highest HIV prevalence are Mbeya (14 percent), Iringa (13 percent) and Dar es Salaam (11 percent).
- Eight percent of cohabiting couples in Tanzania are discordant, i.e., one partner is HIV positive and the other is HIV negative.
- Eighty-one percent of women and men agreed to provide blood samples for HIV testing. Response rates were 84 percent among eligible women and 77 percent among eligible men.

8.2 INTRODUCTION

HIV prevalence data provide important information to plan the national response, to evaluate programme impact, and to measure progress on the National Multi-sectoral Strategic Framework on HIV/AIDS (2003-2007). The understanding of the distribution of HIV infection within the population and analysis of the social, biological, and behavioural factors associated with HIV infection offer new insights about the HIV epidemic in Tanzania, which may lead to more precisely targeted messages and interventions.

In Tanzania, national HIV prevalence estimates have been derived using prevalence from blood donors and sentinel surveillance among pregnant women. Sentinel surveillance of HIV infection utilising antenatal (ANC) clinic attendees was established in 1990, when 24 sites were established in 11 of the 21 regions of Tanzania Mainland. In 2003-04, sentinel surveillance was conducted in 59 sites from 10 regions. The next round of antenatal sentinel surveillance, which is expected to begin in early 2005, will be implemented in 90 sites in 15 regions. Data on HIV infection among blood donors have been available from all 21 regions of Tanzania since 1990 and have been used to estimate the prevalence of HIV infection among different populations in different geographic areas.

While the rate of HIV infection in pregnant women has been shown to be a reasonable proxy for the level in the combined male and female adult population in a number of settings, there are recognised limitations in estimating HIV rates in the general adult populations from data derived exclusively from pregnant women attending selected sentinel clinics. First, the ANC data do not capture any information on HIV prevalence in non-pregnant women, nor in women who either do not attend clinics for pregnancy care or receive antenatal care at facilities not represented in the surveillance system. Pregnant women are also more at risk for HIV infection than women who may be avoiding both HIV and pregnancy through the use of condoms or women who are less sexually active and therefore less likely to become pregnant or expose themselves to HIV. In addition, there may be biases in the ANC surveillance data because HIV infection reduces fertility and because knowledge of HIV status may influence fertility choice. Moreover, ANC data do not include socio-economic characteristics that may facilitate HIV infection. Finally, ANC data are sex selective; therefore, the rates among pregnant women are not a proxy for male HIV rates.

Thus, although the information from the ANC surveillance system and blood donor prevalence has been very useful for monitoring trends of HIV in Tanzania, the inclusion of HIV testing in the 2003-04 THIS offers the opportunity to better understand the magnitude and pattern of the infection in the general reproductive-age population in Tanzania Mainland. The THIS results are in turn expected to improve the calibration of annual sentinel surveillance data, so that trends in HIV infection can be more accurately measured in the intervals between household surveys.

8.3 Coverage of HIV Testing

Tables 8.1.1, 8.1.2 and 8.1.3 present coverage rates for HIV testing for eligible women, men and both sexes combined, respectively. The response rates are presented by background characteristics. For these tables, respondents are divided into four categories, namely:

1. Those who were interviewed and consented to the HIV testing
2. Those who were interviewed and refused the testing when asked for informed consent
3. Those who were not tested for some other reason, such as mismatch between the questionnaires and the blood samples, or a technical problem in taking blood
4. Those who were not interviewed.

As shown in Table 8.1.3, 81 percent of women and men agreed to provide blood samples for HIV testing. Response rates were 84 percent among eligible women and 77 percent among eligible men.

Overall, the coverage rates for HIV testing are consistent across age groups, showing only a very slight tendency to rise with age. Rural residents were more likely to be tested than urban residents for both sexes. This is largely due to the fact that refusal rates were higher among urban women and men (18 percent for women and 22 percent for men) than for rural counterparts (10 percent for women and 11 for men). Not being interviewed at all was also an important reason for urban men not to participate in HIV testing (13 percent).

Table 8.1.1—Women

Coverage of HIV testing among eligible women age 15-49 by background characteristics, Tanzania 2003-04 (unweighted)

Background characteristic	Percent tested	Percent who refused testing	Percent with technical problem/ other result	Percent not interviewed in survey	Total	Number of women
Age						
15-19	80.9	13.2	0.1	5.8	100.0	1,556
20-24	82.8	13.3	0.1	3.8	100.0	1,431
25-29	84.0	12.1	0.2	3.7	100.0	1,319
30-34	84.3	12.0	0.2	3.5	100.0	1,034
35-39	86.0	10.5	0.3	3.3	100.0	798
40-44	85.0	10.9	0.4	3.7	100.0	568
45-49	84.8	11.6	0.2	3.3	100.0	448
Residence						
Urban	77.0	18.4	0.0	4.5	100.0	2,011
Rural	86.0	9.9	0.2	3.9	100.0	5,143
Region						
Dodoma	84.6	12.3	0.0	3.1	100.0	292
Arusha	82.3	13.7	0.6	3.4	100.0	351
Kilimanjaro	73.9	20.0	0.0	6.1	100.0	360
Tanga	88.8	5.0	0.0	6.3	100.0	303
Morogoro	86.4	7.5	0.0	6.1	100.0	294
Pwani	89.2	6.1	0.3	4.4	100.0	296
Dar es Salaam	68.7	27.2	0.0	4.1	100.0	632
Lindi	84.0	11.0	0.4	4.6	100.0	282
Mtwara	93.3	4.1	0.0	2.6	100.0	267
Ruvuma	91.4	6.6	0.3	1.7	100.0	348
Iringa	80.8	13.3	0.7	5.2	100.0	286
Mbeya	91.5	6.7	0.3	1.5	100.0	330
Singida	96.6	3.4	0.0	0.0	100.0	296
Tabora	87.4	7.6	0.0	5.1	100.0	356
Rukwa	96.7	2.3	0.0	1.0	100.0	302
Kigoma	85.5	6.0	0.3	8.2	100.0	366
Shinyanga	57.9	34.4	0.0	7.7	100.0	404
Kagera	96.5	2.3	0.3	1.0	100.0	310
Mwanza	82.3	13.0	0.8	3.9	100.0	385
Mara	70.1	25.1	0.0	4.8	100.0	378
Manyara	93.7	3.8	0.0	2.5	100.0	316
Education						
No education	83.3	11.0	0.2	5.5	100.0	1,629
Primary incomplete	85.6	11.1	0.1	3.2	100.0	1,143
Primary complete	83.8	12.3	0.2	3.7	100.0	3,828
Secondary+	78.2	18.0	0.0	3.8	100.0	550
Wealth quintile						
Lowest	86.2	9.8	0.1	3.9	100.0	1,394
Second	84.8	10.7	0.1	4.4	100.0	1,379
Middle	85.7	9.1	0.3	4.9	100.0	1,310
Fourth	84.4	12.0	0.4	3.1	100.0	1,421
Highest	77.6	18.4	0.0	4.1	100.0	1,650
Total	83.5	12.3	0.2	4.1	100.0	7,154

Table 8.1.2—Men

Coverage of HIV testing among eligible men age 15-49 by background characteristics, Tanzania 2003-04 (unweighted)

Background characteristic	Percent tested	Percent who refused testing	Percent with technical problem/ other result	Percent not interviewed in survey	Total	Number of men
Age						
15-19	76.8	14.5	0.4	8.3	100.0	1,481
20-24	76.5	13.9	0.6	8.9	100.0	1,097
25-29	76.4	13.7	0.1	9.9	100.0	1,024
30-34	76.6	14.6	0.2	8.6	100.0	884
35-39	77.4	13.3	0.3	9.0	100.0	752
40-44	76.1	14.6	0.0	9.3	100.0	536
45-49	82.7	11.1	1.2	5.0	100.0	422
Residence						
Urban	65.0	21.6	0.2	13.3	100.0	1,696
Rural	81.6	11.0	0.4	6.9	100.0	4,500
Region						
Dodoma	78.7	13.7	1.1	6.5	100.0	263
Arusha	70.4	15.6	0.3	13.6	100.0	294
Kilimanjaro	64.6	20.3	0.0	15.1	100.0	271
Tanga	80.6	7.6	0.0	11.8	100.0	211
Morogoro	75.7	15.3	0.0	9.0	100.0	268
Pwani	81.0	7.3	1.1	10.6	100.0	273
Dar es Salaam	51.7	33.6	0.0	14.7	100.0	563
Lindi	77.0	13.1	0.0	9.9	100.0	222
Mtwara	86.0	8.3	0.9	4.8	100.0	229
Ruvuma	82.7	13.4	0.0	3.9	100.0	284
Iringa	74.7	17.7	0.0	7.6	100.0	237
Mbeya	86.6	6.3	0.4	6.7	100.0	284
Singida	91.1	7.8	0.4	0.7	100.0	270
Tabora	82.3	8.1	0.6	9.0	100.0	322
Rukwa	89.6	3.9	0.4	6.1	100.0	279
Kigoma	88.3	5.7	0.0	6.0	100.0	281
Shinyanga	57.7	29.0	0.0	13.3	100.0	376
Kagera	93.6	2.3	0.0	4.1	100.0	266
Mwanza	77.7	11.0	2.1	9.1	100.0	373
Mara	70.2	22.6	0.3	6.9	100.0	319
Manyara	91.6	3.5	0.0	4.8	100.0	311
Education						
No education	74.9	13.9	0.6	10.7	100.0	713
Primary incomplete	81.2	12.0	0.6	6.3	100.0	1,231
Primary complete	77.5	13.5	0.2	8.8	100.0	3,618
Secondary+	69.1	20.3	0.5	10.1	100.0	632
Wealth quintile						
Lowest	82.3	8.5	0.5	8.7	100.0	1,087
Second	82.1	11.3	0.2	6.4	100.0	1,250
Middle	82.3	11.0	0.4	6.3	100.0	1,150
Fourth	77.6	13.5	0.6	8.3	100.0	1,306
Highest	63.6	23.2	0.1	13.0	100.0	1,403
Total	77.0	13.9	0.4	8.7	100.0	6,196

Table 8.1.3—Both sexes

Coverage of HIV testing among eligible women and men age 15-49 by background characteristics, Tanzania 2003-04 (unweighted)

Background characteristic	Percent tested	Percent who refused testing	Percent with technical problem/ other result	Percent not interviewed in survey	Total	Number of women and men
Age						
15-19	78.9	13.9	0.2	7.0	100.0	3,037
20-24	80.1	13.6	0.4	6.0	100.0	2,528
25-29	80.7	12.8	0.2	6.4	100.0	2,343
30-34	80.8	13.2	0.2	5.8	100.0	1,918
35-39	81.8	11.9	0.3	6.1	100.0	1,550
40-44	80.7	12.7	0.2	6.4	100.0	1,104
45-49	83.8	11.4	0.7	4.1	100.0	870
Residence						
Urban	71.5	19.9	0.1	8.5	100.0	3,707
Rural	84.0	10.4	0.3	5.3	100.0	9,643
Region						
Dodoma	81.8	13.0	0.5	4.7	100.0	555
Arusha	76.9	14.6	0.5	8.1	100.0	645
Kilimanjaro	69.9	20.1	0.0	10.0	100.0	631
Tanga	85.4	6.0	0.0	8.6	100.0	514
Morogoro	81.3	11.2	0.0	7.5	100.0	562
Pwani	85.2	6.7	0.7	7.4	100.0	569
Dar es Salaam	60.7	30.2	0.0	9.1	100.0	1,195
Lindi	81.0	11.9	0.2	6.9	100.0	504
Mtwara	89.9	6.0	0.4	3.6	100.0	496
Ruvuma	87.5	9.7	0.2	2.7	100.0	632
Iringa	78.0	15.3	0.4	6.3	100.0	523
Mbeya	89.3	6.5	0.3	3.9	100.0	614
Singida	94.0	5.5	0.2	0.4	100.0	566
Tabora	85.0	7.8	0.3	6.9	100.0	678
Rukwa	93.3	3.1	0.2	3.4	100.0	581
Kigoma	86.7	5.9	0.2	7.3	100.0	647
Shinyanga	57.8	31.8	0.0	10.4	100.0	780
Kagera	95.1	2.3	0.2	2.4	100.0	576
Mwanza	80.1	12.0	1.5	6.5	100.0	758
Mara	70.2	24.0	0.1	5.7	100.0	697
Manyara	92.7	3.7	0.0	3.7	100.0	627
Education						
No education	80.7	11.9	0.3	7.0	100.0	2,342
Primary incomplete	83.3	11.6	0.3	4.8	100.0	2,374
Primary complete	80.7	12.9	0.2	6.2	100.0	7,446
Secondary+	73.4	19.2	0.3	7.2	100.0	1,182
Wealth quintile						
Lowest	84.5	9.2	0.2	6.0	100.0	2,481
Second	83.5	11.0	0.2	5.4	100.0	2,629
Middle	84.1	10.0	0.4	5.5	100.0	2,460
Fourth	81.2	12.7	0.5	5.6	100.0	2,727
Highest	71.2	20.6	0.1	8.2	100.0	3,053
Total	80.5	13.0	0.3	6.2	100.0	13,350

By region, HIV testing coverage ranged from 58 percent in Shinyanga region to 95 percent in Kagera region for both sexes combined. Shinyanga and Dar es Salaam regions had the highest rates of refusal among women and men (over 30 percent). Testing coverage is somewhat lower among women and especially among men with some secondary education than it is among those with no education or primary education. Similarly, those in the highest quintile of the wealth index were the least likely to be tested and had the highest levels of refusal.

In almost every category of background characteristics, women were more likely to be tested than men. It is important to note, however, that the main reason for this is the higher percentage of eligible women who were interviewed in the survey. The rate of refusal for HIV testing is only marginally higher

among men than among women (14 versus 12 percent). As noted in Chapter 1, it is more difficult to find men at home to be interviewed.

8.4 AGE- AND SEX-SPECIFIC HIV PREVALENCE

Results from the 2003-04 THIS indicate that 7 percent of Tanzania Mainland adults are infected with HIV. Table 8.2 shows that HIV prevalence among women is higher (8 percent) than among men (6 percent).

Table 8.2

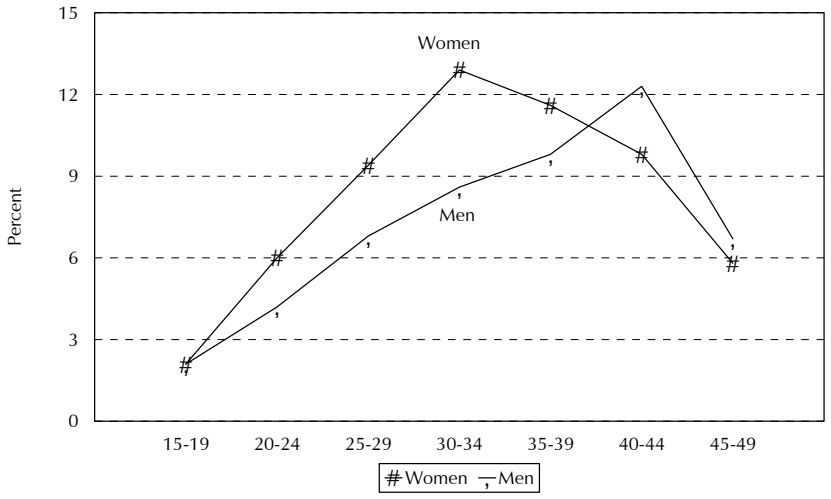
HIV prevalence by age, Tanzania 2003-04

	Women		Men		Total	
Age	Percentage HIV positive	Number tested	Percentage HIV positive	Number tested	Percentage HIV positive	Number tested
15-19	2.1	1,235	2.1	1,181	2.1	2,416
20-24	6.0	1,153	4.2	903	5.2	2,056
25-29	9.4	1,093	6.8	856	8.3	1,949
30-34	12.9	793	8.6	706	10.9	1,499
35-39	11.6	645	9.8	588	10.7	1,233
40-44	9.8	470	12.3	402	10.9	872
45-49	5.8	363	6.7	359	6.3	722
Total	7.7	5,753	6.3	4,994	7.0	10,747

Age- and sex-specific prevalence of HIV shows that women are more highly affected at younger ages as compared with men. Except for ages 15-19, at which prevalence for both men and women was 2 percent, prevalence for women is higher than for men ages 20-39 (Figure 8.1). At ages 40-49, the pattern reverses and prevalence is higher among men than women. Prevalence for both women and men increases with age until it reaches a peak, which for women is attained at age 30-34 (13 percent) and for men at age 40-44 (12 percent).

Appendix Tables A.1 and A.2 indicate that among women and men who were interviewed, the percentage tested for HIV hardly varies at all according to marital status, circumcision status, and sexual behaviour characteristics.

Figure 8.1 **HIV Prevalence by Age Group and Sex**



8.5 HIV PREVALENCE BY OTHER BACKGROUND CHARACTERISTICS

As Table 8.3 shows, for both sexes, urban residents have a significantly higher risk of HIV infection (11 percent) than rural residents (5 percent). Prevalence among urban women is 12 percent, compared with 6 percent for rural women; prevalence among urban men is 10 percent, compared with 5 percent for rural men.

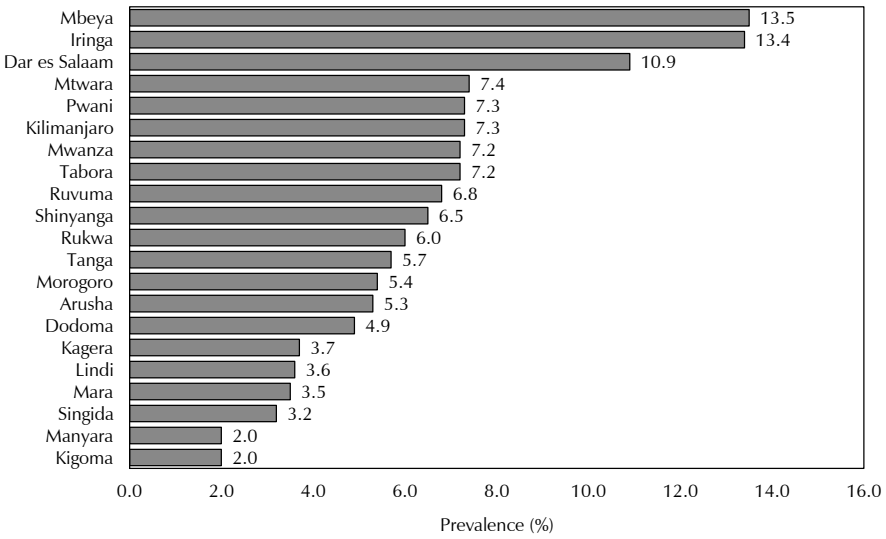
Table 8.3

HIV prevalence by background characteristics, Tanzania 2003-04

Background characteristic	Women 15-49		Men 15-49		Total	
	Percentage HIV positive	Number tested	Percentage HIV positive	Number tested	Percentage HIV positive	Number tested
Residence						
Urban	12.0	1,771	9.6	1,505	10.9	3,276
Rural	5.8	3,982	4.8	3,490	5.3	7,471
Region						
Dodoma	4.2	296	5.7	260	4.9	556
Arusha	5.7	231	4.8	194	5.3	425
Kilimanjaro	7.3	281	7.4	209	7.3	489
Tanga	7.4	282	3.2	194	5.7	476
Morogoro	6.7	283	4.1	257	5.4	540
Pwani	10.5	149	3.9	139	7.3	288
Dar es Salaam	12.2	660	9.4	582	10.9	1,242
Lindi	3.5	141	3.6	116	3.6	257
Mtwara	7.1	179	7.7	150	7.4	329
Ruvuma	6.4	234	7.4	198	6.8	432
Iringa	13.4	278	13.3	238	13.4	516
Mbeya	15.2	372	11.5	311	13.5	683
Singida	4.2	155	2.1	140	3.2	294
Tabora	9.5	233	4.7	210	7.2	444
Rukwa	6.4	155	5.5	146	6.0	301
Kigoma	2.1	239	1.9	181	2.0	420
Shinyanga	7.6	460	5.3	423	6.5	883
Kagera	3.5	293	3.9	254	3.7	546
Mwanza	7.0	468	7.5	464	7.2	932
Mara	4.3	219	2.4	186	3.5	405
Manyara	2.0	144	1.9	144	2.0	288
Education						
No education	5.8	1,266	4.2	538	5.3	1,804
Primary incomplete	5.8	926	4.8	968	5.3	1,894
Primary complete	8.8	3,080	7.0	2,950	7.9	6,030
Secondary+	9.3	482	7.3	538	8.2	1,019
Employment						
Currently working	7.7	4,520	6.7	4,121	7.2	8,641
Not currently working	7.8	1,232	4.4	873	6.4	2,105
Wealth quintile						
Lowest	2.8	1,030	4.1	807	3.4	1,837
Second	4.6	1,016	4.3	950	4.5	1,966
Middle	6.8	1,073	4.3	962	5.6	2,035
Fourth	10.9	1,135	7.7	1,008	9.4	2,142
Highest	11.4	1,499	9.4	1,267	10.5	2,766
Religion						
Muslim	8.6	1,742	6.1	1,477	7.5	3,219
Catholic	8.4	1,847	7.6	1,673	8.0	3,520
Prostestant	6.8	1,669	5.6	1,301	6.3	2,971
None	5.1	445	4.1	510	4.6	955
Total	7.7	5,753	6.3	4,994	7.0	10,747

The HIV epidemic shows strong regional variation (Figure 8.2). Overall, the regions with the highest HIV prevalence are Mbeya (14 percent), followed by Iringa (13 percent) and Dar es Salaam (11 percent). Regions with low HIV prevalence are Manyara and Kigoma (2 percent each). Overall, seven regions show HIV prevalence levels below 5 percent. In many regions, women have higher prevalence of HIV infection than men. In Pwani region, the prevalence of HIV infection among women is almost three times that of men, and prevalence among women is twice that of men for Tanga, Singida and Tabora regions.

Figure 8.2 **Prevalence of HIV by Region**

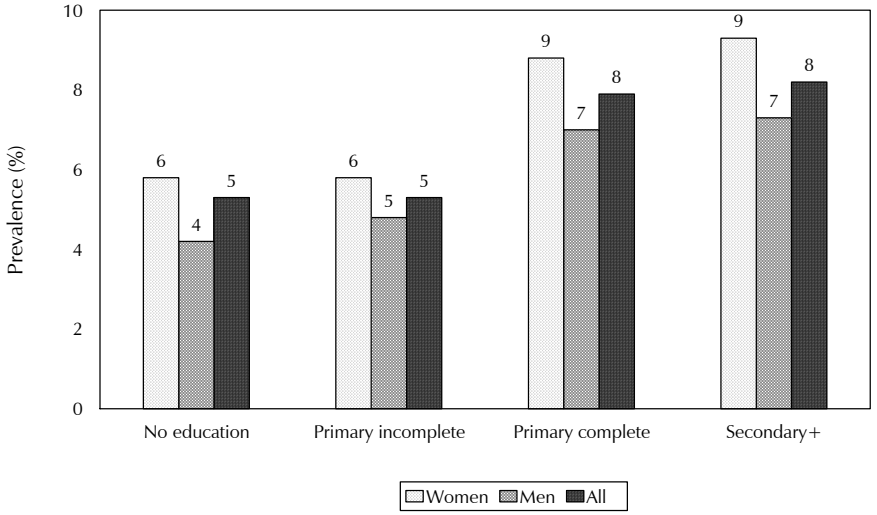


HIV prevalence increases with the level of education. Overall, those who have completed primary school and those with at least some secondary education have a higher HIV infection rate (8 percent each) than those who have either no education or only some primary school (5 percent each) (Figure 8.3). Prevalence of HIV is 9 percent for women with some secondary education and 7 percent for men with some secondary education.

There is little difference in HIV prevalence by employment status, except that men who are not currently working have a lower level of HIV infection (4 percent) than working men (7 percent). The data also show a gradual increase in HIV infection with increasing wealth quintile for both women and men. Overall, the rates rise from 3 percent among those in the lowest quintile to 11 percent among the wealthiest quintile.

With regard to religion, the prevalence of HIV is low among respondents who reported having no religion as compared with Muslims and Christians. Overall, prevalence is 5 percent among those who do not belong to any religion, 8 percent for Muslims, 8 percent for Catholics and 6 percent for Protestants.

Figure 8.3 Prevalence of HIV by Education



8.6 HIV PREVALENCE BY SOCIO-DEMOGRAPHIC CHARACTERISTICS

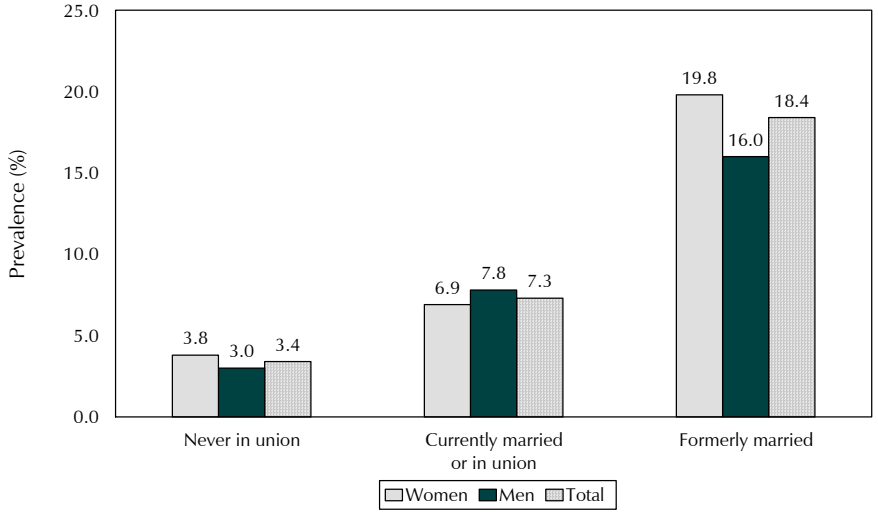
HIV prevalence is related to marital status. Table 8.4 shows that, overall, formerly married individuals have a higher HIV prevalence rate (18 percent) than other groups. Those reported to have never been in a union have a relatively low prevalence of HIV (3 percent) (Figure 8.4). Those who are currently in a marital union have intermediate HIV prevalence levels (7 percent among women and 8 percent among men).

Table 8.4
HIV prevalence by socio-demographic characteristics, Tanzania 2003-04

	Women 15-49		Men 15-49		Total	
Socio-demographic characteristic	Percentage HIV positive	Number tested	Percentage HIV positive	Number tested	Percentage HIV positive	Number tested
Marital status						
Never in union	3.8	1,390	3.0	2,069	3.4	3,459
Ever had sex	6.6	657	3.5	1,242	4.6	1,899
Never had sex	1.4	734	2.4	826	1.9	1,560
Currently married/in union	6.9	3,682	7.8	2,639	7.3	6,321
Formerly married	19.8	680	15.0	287	18.4	967
Polygyny						
In polygynous union	9.9	371	9.0	263	9.5	634
Not in polygynous union	6.6	3,311	7.7	2,376	7.1	5,686
Not currently in union	9.1	2,071	4.5	2,355	6.6	4,426
Currently pregnant						
Yes	6.8	533	na	na	na	na
No/not sure	7.8	5,219	na	na	na	na
Total	7.7	5,753	6.3	4,994	7.0	10,747

na = Not applicable

Figure 8.4 **Prevalence of HIV by Marital Status**



Two percent of individuals who reported to have never been in a union and never to have had sex are HIV infected, suggesting either reporting errors in the sexual behaviour questions or non-sexual transmission of HIV infection, such as through blood transfusion, unsterile injections, or through other blood products.

Women in polygynous unions are more likely to be HIV positive (10 percent) than married women who are not in polygynous unions (7 percent); women who are not currently in a union are almost as likely to be HIV positive (9 percent) as polygynously married women. Men in polygynous unions have the highest rates of infection; however, those who are not currently in a union have the lowest rates.

Women who are not pregnant have a slightly higher prevalence of infection (8 percent) than those who are pregnant (7 percent). The HIV prevalence among women who are currently pregnant provides a useful benchmark for comparison with prevalence among pregnant women who are tested as part of the antenatal care sentinel surveillance system.

8.7 HIV Prevalence and Circumcision

As mentioned in Chapter 3, female circumcision and male circumcision are widely viewed as having opposite risk factors for HIV transmission. Among women, circumcision increases the risk of disease transmission insofar as unsterile instruments are used. Among men, lack of circumcision is considered to be a risk factor for HIV infection, in part because of physiological differences that increase the susceptibility to HIV infection among uncircumcised men (Agot et al., 2004; Auvert et al., 2001). The THIS obtained information on circumcision status and these results can be used to examine the relationship with HIV prevalence (Table 8.5).

Table 8.5

HIV prevalence by circumcision status, Tanzania 2003-04

	Women 15-49				Men 15-49			
	Circumcised		Not circumcised		Circumcised		Not circumcised	
Background characteristic	Percent HIV positive	Number of circum-cised women	Percent HIV positive	Number of uncircum-cised women	Percent HIV positive	Number of circum-cised men	Percent HIV positive	Number of uncircum-cised men
Age								
15-19	0.5	140	2.3	1,093	2.8	751	0.9	430
20-24	4.2	189	6.4	964	5.2	633	2.0	271
25-29	3.9	177	10.5	915	7.3	624	5.7	232
30-34	8.0	162	14.2	631	7.4	498	11.3	208
35-39	6.0	155	13.4	490	9.1	427	11.8	159
40-44	3.3	102	11.6	367	11.5	280	14.1	121
45-49	3.0	94	6.7	269	7.9	250	4.2	109
Residence								
Urban	12.0	189	12.0	1,582	9.5	1,355	9.7	149
Rural	2.6	830	6.6	3,148	4.6	2,107	5.2	1,380
Education								
No education	2.0	294	7.0	969	5.0	290	3.1	247
Primary incomplete	1.7	143	6.6	782	4.9	600	4.6	368
Primary complete	6.0	546	9.4	2,533	7.1	2,092	6.5	858
Secondary+	(8.3)	36	9.3	446	7.0	480	10.5	57
Wealth quintile								
Lowest	1.3	294	3.4	732	2.5	467	6.4	340
Second	2.5	169	5.1	847	4.7	528	3.8	422
Middle	3.5	179	7.4	893	4.4	561	4.1	401
Fourth	7.0	210	11.8	925	8.0	746	6.9	260
Highest	9.0	167	11.7	1,332	9.1	1,161	13.1	106
Religion								
Muslim	5.3	287	9.3	1,454	6.3	1,430	(0.0)	47
Catholic	4.0	272	9.1	1,574	8.1	992	7.0	680
Prostestant	4.0	409	7.7	1,261	5.6	892	5.7	409
None	(0.0)	46	5.7	397	4.4	129	4.1	380
Total	4.3	1,019	8.4	4,729	6.5	3,463	5.6	1,529

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

Unexpectedly, the results show that women who are circumcised are slightly less likely to be HIV positive than those who are not circumcised (4 versus 8 percent). This is contrary to the hypothesis that genital cutting among women can act as a means of transmission of the virus. Among men, the difference in HIV prevalence between circumcised and uncircumcised men (7 versus 6 percent) is not significant; however, it is surprising to find no apparent protective effect of male circumcision. It is important to note that more sophisticated analysis is needed to explore these relationships; for example, most of the circumcised women come from regions with low HIV prevalence, which may be due to factors other than circumcision practices.

8.8 HIV PREVALENCE BY SEXUAL RISK BEHAVIOURS

Table 8.6 examines the prevalence of HIV infection according to several sexual behaviours among respondents who have ever had sexual intercourse. In reviewing these results it is important to remember that responses about sexual risk behaviours may be subject to reporting bias. Also sexual behaviour in the past 12 months may not adequately reflect lifetime sexual risk.

There is no clear pattern of HIV prevalence with regard to age at first sexual intercourse. Prevalence of HIV among women is higher for those who delayed first sexual intercourse until age 18-19 years, while for men, it was lower in the same category (Figure 8.5).

Table 8.6

HIV prevalence by sexual behaviour characteristics, Tanzania 2003-04

	Women 15-49 who ever had sex		Men 15-49 who ever had sex		Total 15-49 who ever had sex	
Characteristic	Percent HIV positive	Number of women	Percent HIV positive	Number of men	Percent HIV positive	Number
Age at first sex						
≤15	8.4	1,556	8.3	936	8.3	2,493
16-17	8.0	1,481	8.0	1,018	8.0	2,499
18-19	9.8	1,224	5.9	1,076	8.0	2,300
20+	8.4	754	6.2	1,130	7.1	1,884
Sex with non-marital, non-cohabiting partner in past 12 months						
Had higher risk sex	11.3	1,045	6.5	1,756	8.3	2,801
Had sex, not higher risk	6.8	3,432	7.6	1,954	7.1	5,386
No sex in past 12 months	15.2	542	6.4	458	11.2	1,000
Number of partners in past 12 months						
0	15.2	542	6.5	457	11.2	999
1	7.6	4,191	7.2	2,668	7.5	6,859
2+	10.5	286	6.8	1,036	7.6	1,322
Number of higher risk sexual partner in past 12 months						
0	7.9	3,974	7.4	2,409	7.7	6,383
1	10.5	919	6.8	1,209	8.4	2,128
2+	17.4	127	5.7	543	7.9	670
Had sex with prostitute in past 12 months						
Yes	na	na	7.3	75	na	na
No	na	na	7.0	4,093	na	na
Condom use at last sex in past 12 months						
Used condom last sex	13.0	504	8.2	773	10.1	1,277
No condom at last sex	7.1	3,969	6.8	2,932	7.0	6,900
No sex past 12 months	15.2	542	6.4	458	11.2	1,000
Total	8.6	5,019	7.0	4,168	7.9	9,187

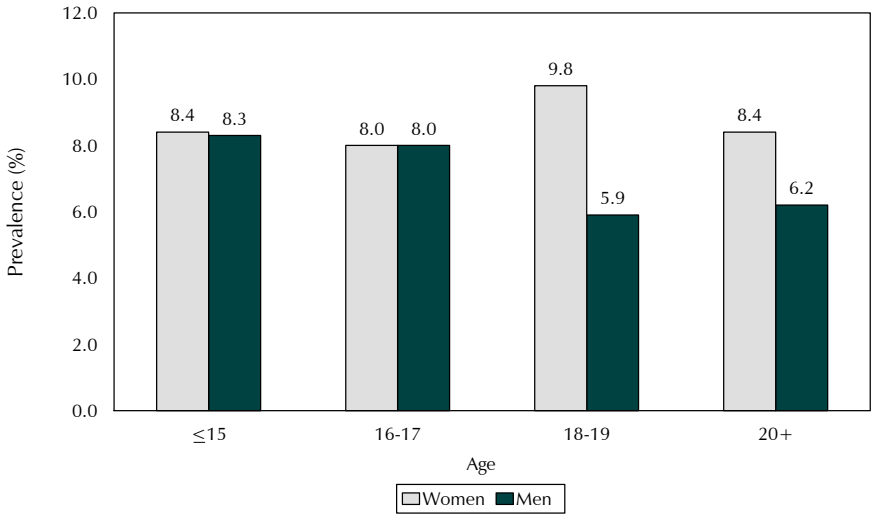
na = Not applicable

Women who said that they had higher risk sex (i.e., sex with a non-marital, non-cohabiting partner) in the 12 months preceding the survey have a higher prevalence of HIV infection (11 percent) than those who said that they had sex but not higher risk sex (7 percent). Interestingly, women who had ever had sex but who said that they had not had sex during the 12 months preceding the survey had the highest prevalence of HIV infection (15 percent). For men, there is not much difference by higher risk sex categories. Among men who reported to have had higher risk sex in the past 12 months, prevalence of HIV infection is 7 percent and for those who had sex but not higher risk sex, the prevalence of HIV infection is 8 percent, while it is 6 percent for those did not have sex in the past 12 months.

The number of higher risk partners in the past 12 months shows some association with HIV prevalence among women but does not show any defined pattern for men. Sexually experienced women who report having no higher risk sex partners in the past 12 months have a prevalence of HIV infection of 8 percent, while prevalence is 11 and 17 percent for those who had one partner or two or more higher risk sex partners in the last 12 months, respectively. For men, prevalence of HIV infection seems to decrease as the number of higher risk sexual partners increases in the past 12 months. Sex with prostitutes is considered to be higher risk sex. Results from Table 8.6 show no difference in HIV infection levels between men who had sex with prostitutes in the 12 months preceding the survey and those who did not.

Condoms—when used consistently and correctly—are a very effective way of preventing HIV infection, sexually transmitted infections, and unwanted pregnancy. Results from the THIS show that HIV prevalence tends to be higher among those who used a condom at last sex, especially among women. It is difficult to sort out the direction of the relationship between condom use and HIV infection; condoms can be used in order to protect HIV-negative users from becoming infected but they can also be used by HIV-positive individuals to protect their partners. Low prevalence of HIV infection among those reported to have not used a condom at last sex may be associated with the type of relationship; a majority of those who did not use a condom at last sex could be having sex with a husband or wife.

Figure 8.5 **Prevalence of HIV by Age at First Sex**



8.9 HIV PREVALENCE BY OTHER CHARACTERISTICS RELATED TO HIV RISK

Table 8.7 presents HIV prevalence by other characteristics related to HIV risk behaviours among men and women who have ever had sex. As expected, women and men with a recent history of a sexually transmitted infection (STI) or STI symptoms in the 12 months preceding the survey have higher rates of HIV infection than those with none (12 versus 8 percent). For women, the gap is even larger; those with a history of STIs or STI symptoms have a high rate of HIV infection (15 percent) compared with those with no history of STIs or STI symptoms (8 percent).

Use of alcohol at the time of last sex is associated with a higher prevalence of HIV, especially when the alcohol use is by the female partner. Prevalence of HIV is higher among respondents who report that one or both partners used alcohol at last sex. Prevalence of HIV among women who said that they alone used alcohol at last sex is almost twice that for women who said that neither they nor their partners used alcohol at last sex. Similarly, HIV prevalence among men who said that only their partners used alcohol is almost three times that of men who said that neither used alcohol (20 versus 7 percent).

Table 8.7
HIV prevalence by other characteristics related to risk, Tanzania 2003-04

	Women 15-49 who ever had sex		Men 15-49 who ever had sex		Total 15-49 who ever had sex	
Characteristic	Percent HIV positive	Number of women	Percent HIV positive	Number of men	Percent HIV positive	Number
Had STI in past 12 months						
Had STI or STI symptoms	15.1	283	9.4	295	12.2	578
No STI, no symptoms	8.2	4,713	6.9	3,857	7.6	8,570
Use of alcohol at last sex						
Respondent only	13.7	48	6.9	259	8.0	307
Partner only	10.2	502	19.9	58	11.2	561
Respondent and partner	11.0	176	13.8	121	12.1	296
Neither	7.3	3,750	6.6	3,272	7.0	7,022
No sex past 12 months	15.2	542	6.5	457	11.2	999
Prior HIV testing status						
Ever tested	12.3	837	9.2	753	10.8	1,590
Never tested	7.9	4,182	6.6	3,415	7.3	7,597
Total	8.6	5,019	7.0	4,168	7.9	9,187

STI = Sexually transmitted infection

Both women and men who have been tested for HIV in the past are more likely to be HIV infected than those who have never been tested. Among those who have ever had sex, the prevalence of HIV infection among men and women who have ever had an HIV test is 11 percent, compared with 7 percent among those who have never been tested for HIV. Among women who have ever had sex, the level of HIV infection is 12 percent among those who have ever been tested for HIV, compared with 8 percent among those who have never been tested. Among men, 9 percent of those previously tested are HIV positive, compared with 7 percent of those who have never been tested.

Table 8.8 provides further information about the relationship between prior HIV testing and the actual HIV status of respondents. The results show that many individuals who are HIV positive have not been tested and do not know their status. Overall, 77 percent of infected respondents (76 percent of infected women and 78 percent of infected men) do not know their HIV status, either because they never got tested or because they were tested and did not receive their HIV test results.

Table 8.8

HIV prevalence by prior HIV testing status, Tanzania 2003-04

Prior HIV testing status	Women 15-49		Men 15-49		Total	
	HIV positive	HIV negative	HIV positive	HIV negative	HIV positive	HIV negative
Ever tested and knows results of last test	21.5	12.4	20.2	13.3	21.0	12.8
Ever tested, does not know results	2.1	2.2	2.0	2.1	2.1	2.1
Never tested	76.4	85.5	77.9	84.7	77.0	85.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	442	5,306	313	4,681	755	9,988

8.10 PREVALENCE OF HIV AMONG YOUTH

Generally, cases of HIV infection among youths aged 15-24 represent more recent infections and serve as an important indicator for detecting trends in both prevalence and incidence. Table 8.9 shows HIV prevalence levels among youth according to several indicators of sexual behaviour. Overall, prevalence of HIV for the 15-24 age group is 4 percent. Prevalence among women aged 15-24 years is 4 percent, while among men, it is 3 percent. Urban youths—both female and male—are more likely to be infected than those in rural areas (6 versus 3 percent).

Young women who are widowed, divorced or separated ('formerly married') are much more likely to be HIV positive (18 percent) than currently married women (4 percent) or those who have never been married (2 percent). Differences among men are less pronounced, and there are too few formerly married men to make any firm conclusions. About 2 percent of youths who reported never having sex are HIV positive. This may be associated with other means of HIV transmission, such as transfer of blood products or unsafe injections.

Differences in HIV prevalence for other characteristics are minimal.

Table 8.9

HIV prevalence among youth age 15-24, Tanzania 2003-04

Characteristic	Women 15-24		Men 15-24		Total 15-24	
	Percent HIV positive	Number of women	Percent HIV positive	Number of men	Percent HIV positive	Number
Age						
15-17	0.9	741	1.6	684	1.2	1,425
18-19	3.8	494	2.8	497	3.3	991
20-22	5.5	721	4.2	535	4.9	1,256
23-24	6.9	432	4.3	368	5.7	799
Residence						
Urban	5.5	818	5.6	668	5.5	1,486
Rural	3.2	1,570	1.8	1,416	2.5	2,986
Marital status						
Never in union	2.2	1,222	2.6	1,754	2.4	2,976
Ever had sex	3.5	511	2.9	970	3.1	1,481
Never had sex	1.2	711	2.3	784	1.8	1,495
Currently married/in union	4.1	1,022	5.1	283	4.4	1,305
Formerly married	18.2	144	(4.9)	47	14.9	191
Had sex with non-marital, non-cohabiting partner in past 12 months[1]						
Had higher risk sex	6.5	557	3.1	840	4.4	1,396
Had sex, not higher risk	4.2	962	5.2	183	4.4	1,145
No sex in past 12 months	6.1	158	3.4	277	4.4	436
Number of partners in past 12 months[1]						
0	6.1	158	3.4	277	4.4	436
1	4.8	1,399	3.4	677	4.4	2,076
2+	8.0	120	3.5	342	4.7	461
Number of higher risk sexual partners in past 12 months[1]						
0	4.5	1,120	4.1	460	4.4	1,580
1	5.8	499	2.8	567	4.2	1,066
2+	13.2	58	3.6	269	5.3	327
Condom use at last sex in past 12 months[1]						
Used condom last sex	8.1	284	4.0	377	5.8	661
No condom at last sex	4.4	1,234	3.1	642	3.9	1,876
No sex in past 12 months	6.1	158	3.4	277	4.4	436
Condom use at first sex[1]						
Used at first sex	4.0	243	5.1	257	4.6	501
Did not use at first sex	5.1	1,230	2.9	747	4.3	1,977
No sex in past 12 months	6.1	158	3.4	277	4.4	436
Total	4.0	2,388	3.0	2,084	3.5	4,472

Note: Totals may not add up because of omission of some cases with missing data. Numbers in parentheses are based on 25-49 cases.

[1] Refers to those who ever had sex

8.11 HIV PREVALENCE AMONG COHABITING COUPLES

As part of the 2003-04 THIS, over 2,000 cohabiting couples were tested for HIV. Results show that for 90 percent of cohabiting couples, both partners are HIV negative, while for 3 percent, both partners are HIV positive (Table 8.10). Data also show that 8 percent of cohabiting couples are discordant, that is one partner is infected and the other is not. In 4 percent of discordant cohabiting couples, the male partner is infected and the woman is not; in another 4 percent of couples, the female partner is infected and the man is not. Discordance is more common among older couples and among urban couples than among rural couples.

The fact that there are three times as many cohabiting couples who are discordant for HIV as there are cohabiting couples who are both infected represents an unmet HIV prevention need for the country. This is because the vast majority of these cohabiting couples do not mutually know their HIV status and therefore are not empowered to take action to prevent further spread of the disease.

Table 8.10
HIV prevalence among cohabiting couples, Tanzania 2003-04

Background characteristic	Both partners HIV positive	Man positive, woman negative	Woman positive, man negative	Both HIV negative	Total	Number of couples
Woman's age						
15-19	0.0	4.1	2.9	93.0	100.0	172
20-29	1.7	4.5	3.1	90.7	100.0	1,054
30-39	4.3	3.8	4.4	87.5	100.0	647
40-49	4.2	6.1	3.0	86.2	100.0	179
Man's age						
15-19	*	*	*	*	100.0	13
20-29	1.0	3.8	1.9	93.3	100.0	624
30-39	3.5	4.5	4.0	88.0	100.0	860
40-54	3.1	5.0	4.2	87.6	100.0	555
Type of union						
Monogamous	2.5	4.3	3.2	89.9	100.0	1,933
Polygynous	3.9	4.9	7.6	83.7	100.0	118
Residence						
Urban	4.4	6.2	6.0	83.4	100.0	417
Rural	2.1	3.9	2.8	91.1	100.0	1,634
Woman's education						
No education	3.0	4.5	2.0	90.3	100.0	475
Primary incomplete	1.0	3.3	3.2	92.5	100.0	306
Primary complete	2.7	4.7	4.2	88.4	100.0	1,191
Secondary+	5.1	3.0	2.5	89.4	100.0	80
Man's education						
No education	2.4	3.3	2.0	92.2	100.0	245
Primary incomplete	2.8	4.5	3.4	89.3	100.0	301
Primary complete	1.9	4.7	3.5	89.8	100.0	1,354
Secondary+	8.3	2.8	5.6	83.3	100.0	152
Wealth quintile						
Lowest	0.7	2.9	1.6	94.8	100.0	426
Second	1.2	3.7	2.8	92.4	100.0	472
Middle	2.3	2.9	4.6	90.2	100.0	419
Fourth	4.2	5.9	3.8	85.8	100.0	373
Highest	5.3	7.2	4.9	82.6	100.0	363
Total	2.6	4.4	3.5	89.5	100.0	2,052

Note: Data refer only to those couples in which both partners were tested. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

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SAMPLE DESIGN

Appendix A

Table A.1

Coverage of HIV testing among interviewed women and men[1] by socio-demographic characteristics, Tanzania 2003-04 (unweighted)

Characteristic	Percent tested	Percent who refused testing	Percent with technical problem/ other result	Total	Number of respondents interviewed
		WOMEN			
Marital status					
Currently married/in union	88.2	11.6	0.2	100.0	4,396
Formerly married	85.5	14.3	0.2	100.0	805
Never in union	84.8	15.0	0.2	100.0	1,662
Ever had sex	84.6	15.3	0.1	100.0	772
Never had sex	84.9	14.8	0.2	100.0	890
Polygyny					
In polygynous union	88.8	10.7	0.5	100.0	419
Not in polygynous union	88.1	11.7	0.2	100.0	3,976
Not currently in union	85.0	14.8	0.2	100.0	2,467
Ever had sex					
Yes	87.3	12.5	0.2	100.0	5,973
No	84.9	14.8	0.2	100.0	890
Pregnancy status					
Yes	87.8	12.0	0.2	100.0	648
No / not sure	87.0	12.9	0.2	100.0	6,215
Circumcision status					
Circumcised	87.9	12.0	0.1	100.0	1,350
Not circumcised	86.9	12.9	0.2	100.0	5,504
Total	87.0	12.8	0.2	100.0	6,863
		MEN			
Marital status					
Currently married/in union	85.2	14.5	0.3	100.0	3,026
Formerly married	84.2	15.8	0.0	100.0	310
Never in union	83.3	16.1	0.6	100.0	2,323
Ever had sex	83.9	15.5	0.6	100.0	1,323
Never had sex	82.5	16.9	0.6	100.0	1,000
Polygyny					
In polygynous union	85.7	13.7	0.7	100.0	300
Not in polygynous union	85.1	14.6	0.3	100.0	2,726
Not currently in union	83.4	16.1	0.5	100.0	2,633
Ever had sex					
Yes	84.8	14.9	0.4	100.0	4,659
No	82.5	16.9	0.6	100.0	1,000
Circumcision status					
Circumcised	83.1	16.5	0.4	100.0	4,083
Not circumcised	87.7	11.8	0.5	100.0	1,569
Total	84.4	15.2	0.4	100.0	5,659
		TOTAL			
Marital status					
Currently married/in union	87.0	12.8	0.2	100.0	7,422
Formerly married	85.1	14.7	0.2	100.0	1,115
Never in union	83.9	15.7	0.4	100.0	3,985
Ever had sex	84.2	15.4	0.4	100.0	2,095
Never had sex	83.7	15.9	0.4	100.0	1,890
Polygyny					
In polygynous union	87.5	12.0	0.6	100.0	719
Not in polygynous union	86.9	12.9	0.2	100.0	6,702
Not currently in union	84.2	15.5	0.4	100.0	5,100
Ever had sex					
Yes	86.2	13.5	0.3	100.0	10,632
No	83.7	15.9	0.4	100.0	1,890
Total	85.8	13.9	0.3	100.0	12,522

Note: Totals include a small number of cases missing data on a particular characteristic.
[1] Table is based only on respondents who were interviewed, since these characteristics are obtained from the individual interview.

Table A.2

Coverage of HIV testing among interviewed women and men[1] by sexual behaviour characteristics, Tanzania 2003-04 (unweighted)

	Women		Men		Total	
Sexual behaviour characteristic	Percent tested	Number of women interviewed	Percent tested	Number of men interviewed	Percent tested	Number interviewed
Age at first sex[2]						
≤15	87.4	1,883	86.5	1,014	87.1	2,897
16-17	87.7	1,794	85.0	1,121	86.7	2,915
18-19	87.4	1,415	84.7	1,210	86.2	2,625
20+	86.6	873	83.6	1,302	84.8	2,175
Higher risk sex past 12 months[2]						
Had higher risk sex	87.5	1,220	85.1	1,899	86.1	3,119
Had sex, not higher risk	88.1	4,080	84.4	2,274	86.8	6,354
No sex in past 12 months	82.5	673	85.2	486	83.6	1,159
Number of partners in past 12 months[2]						
0	82.5	673	85.7	482	83.8	1,155
1	87.8	4,973	84.2	3,054	86.4	8,027
2+	91.2	327	86.1	1,114	87.3	1,441
Number of higher risk sexual partners in past 12 months[2]						
0	87.3	4,753	84.6	2,754	86.3	7,507
1	87.4	1,074	85.2	1,324	86.2	2,398
2+	88.4	146	84.8	572	85.4	718
Condom use at last sex in past 12 months[2]						
Used condom last sex	83.7	572	81.8	813	82.6	1,385
No condom at last sex	88.5	4,722	85.5	3,348	87.2	8,070
No sex past 12 months	82.5	673	85.2	486	83.6	1,159
Condom used at first sexual intercourse[2]						
Used at first sex	79.7	276	81.8	274	80.7	550
Did not use at first sex	88.2	1,452	84.8	830	86.9	2,282
Missing	80.7	57	76.7	30	79.3	87
No sex past 12 months	84.9	192	88.7	275	87.2	467
Prior HIV testing status						
Ever tested	83.2	982	84.0	839	83.6	1,821
Never tested	87.7	5,881	84.4	4,820	86.2	10,701
Total	87.0	6,863	84.4	5,659	85.8	12,522

Note: Totals include a small number of cases missing data on a particular characteristic.
[1] Table is based only on respondents who were interviewed, since these characteristics are obtained from the individual interview.
[2] Refers to those who ever had sex

ESTIMATES OF SAMPLING ERRORS

Appendix B

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 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) 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 2003-04 THIS 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 THIS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2003-04 THIS 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:

$$SE^2(r) = var(r) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_{h-1}} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi} \text{, and } z_h = y_h - rx_h$$

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the hth stratum,
y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,
x_{hi} is the sum of the weighted number of cases in the ith cluster 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 THIS, there were 345 non-empty clusters. Hence, 344 replications were created. The variance of a rate r is calculated as follows:

$$SE^2(r) = var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 345 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 344 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 2003-04 THIS are calculated for a few selected variables considered to be of primary interest for the woman's and the man's surveys, respectively. The results are presented in this appendix for the country as a whole and 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. Tables B.2 to B.7 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).

The confidence interval (e.g., as calculated for *had an HIV test and received results in the 12 months preceding the survey*) can be interpreted as follows: the overall average from the national sample is 4.9 percent for women and its standard error is 0.004. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 4.9±2×0.004. There is a high probability (95 percent) that the *true* proportion of women age 15-49 in the Tanzania mainland who had an HIV test and received the results in the 12 months prior to the survey is between 4.1 and 5.6 percent.

The relative standard errors (SE/R) for women and men at the national level range between 1.4 percent and 12.3 percent; the highest relative standard errors are for estimates of very low values (e.g., *had sex with a prostitute in past 12 months*). In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. Sampling errors are higher for subpopulations, e.g., urban and rural, than they are for the national population as a whole.

For the total sample, the value of the design effect (DEFT), averaged over all variables for both sexes, is 1.4, which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.4 over that in an equivalent simple random sample.

Table B.1

List of selected variables for sampling errors, Tanzania 2003-04

Variable	Estimate	Base population
Urban residence	Proportion	All women/men 15-49
No education	Proportion	All women/men 15-49
Secondary or higher education	Proportion	All women/men 15-49
Never married (in union)	Proportion	All women/men 15-49
Currently married (in union)	Proportion	All women/men 15-49
Had first sex before age 18	Proportion	All women/men 20-49
Had two or more sexual partners in past 12 months	Proportion	Women/men 15-49 who had sex in the past 12 months
Had higher risk sex (with a non-marital, non-cohabiting partner) in the past 12 months	Proportion	Women/men 15-49 who had sex in the past 12 months
Condom use at last higher risk sex-all	Proportion	Women/men 15-49 having higher risk sex in past 12 months
Condom use at last higher risk sex-youth	Proportion	All women/men 15-24 having higher risk sex in past 12 months
Abstinence among youth (never had sex)	Proportion	Never-married women/men 15-24
Sexual activity in past 12 months among never-married youth	Proportion	Never-married women/men 15-24
Had sex with a prostitute in past 12 months-men	Proportion	All men 15-49
Had injection in past 12 months	Proportion	All women/men 15-49
Had HIV test and received results in past 12 months	Proportion	All women/men 15-49
Accepting attitude towards people with HIV (would care for a relative with AIDS, would buy vegetables from an HIV-positive vendor, believes a female teacher with HIV should continue teaching, and would not want to keep secret if a relative got infected)	Proportion	All women/men 15-49 who have heard of HIV/AIDS
Using any method-women	Proportion	Currently married women 15-49
Using any modern method-women	Proportion	Currently married women 15-49
HIV prevalence	Proportion	All women/men 15-49 who were tested for HIV

Table B.2

Sampling errors, Total sample - Tanzania 2003-04

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
WOMEN								
Urban residence	0.309	0.009	6863	6863	1.677	0.030	0.290	0.327
No education	0.222	0.009	6863	6863	1.859	0.042	0.203	0.240
Secondary or higher education	0.084	0.008	6863	6863	2.262	0.090	0.069	0.100
Never married (in union)	0.246	0.008	6863	6863	1.473	0.031	0.231	0.261
Currently married (in union)	0.636	0.009	6863	6863	1.510	0.014	0.618	0.653
Had first sex before age 18	0.556	0.009	5397	5379	1.371	0.017	0.537	0.574
Had two or more sexual partners in past 12 months	0.061	0.004	5300	5289	1.222	0.066	0.053	0.069
Had higher risk sex (with a non-marital, non-cohabiting partner) in the past 12 months	0.231	0.008	5300	5289	1.328	0.033	0.216	0.247
Condom use at last higher risk sex - all	0.380	0.019	1220	1222	1.384	0.051	0.341	0.418
Condom use at last higher risk sex - youth	0.417	0.027	642	658	1.412	0.066	0.362	0.472
Abstinence among youth (never had sex)	0.588	0.016	1467	1486	1.222	0.027	0.557	0.619
Sexual activity in past 12 months among never-married youth	0.330	0.015	1467	1486	1.210	0.045	0.300	0.360
Had injection in past 12 months	0.383	0.007	6863	6863	1.209	0.019	0.369	0.398
Had HIV test and received results in past 12 months	0.049	0.004	6863	6863	1.415	0.075	0.041	0.056
Accepting attitude towards people with HIV	0.272	0.009	6800	6801	1.665	0.033	0.254	0.290
Using any method	0.282	0.011	4396	4362	1.548	0.037	0.261	0.303
Using any modern method	0.234	0.010	4396	4362	1.636	0.045	0.213	0.255
HIV prevalence	0.077	0.005	6066	5753	1.333	0.059	0.068	0.086
MEN								
Urban residence	0.303	0.010	5659	5659	1.623	0.033	0.283	0.323
No education	0.112	0.007	5659	5659	1.656	0.062	0.098	0.126
Secondary or higher education	0.110	0.009	5659	5659	2.189	0.083	0.092	0.129
Never married (in union)	0.414	0.009	5659	5659	1.306	0.021	0.397	0.431
Currently married (in union)	0.531	0.009	5659	5659	1.336	0.017	0.513	0.549
Had first sex before age 18	0.385	0.008	4301	4306	1.074	0.021	0.369	0.401
Had two or more sexual partners in past 12 months	0.271	0.009	4173	4182	1.286	0.033	0.253	0.289
Had higher risk sex (with a non-marital, non-cohabiting partner) in the past 12 months	0.461	0.010	4173	4182	1.351	0.023	0.440	0.482
Condom use at last higher risk sex - all	0.497	0.015	1899	1929	1.339	0.031	0.466	0.528
Condom use at last higher risk sex - youth	0.471	0.024	914	935	1.444	0.051	0.423	0.519
Abstinence among youth (never had sex)	0.463	0.013	1972	1988	1.192	0.029	0.436	0.490
Sexual activity in past 12 months among never-married youth	0.395	0.014	1972	1988	1.264	0.035	0.367	0.422
Had sex with a prostitute in past 12 months	0.015	0.002	5659	5659	1.139	0.123	0.011	0.019
Had injection in past 12 months	0.266	0.006	5659	5659	1.064	0.023	0.254	0.279
Had HIV test and received results in past 12 months	0.073	0.005	5659	5659	1.345	0.063	0.064	0.083
Accepting attitude towards people with HIV	0.367	0.010	5648	5649	1.584	0.028	0.347	0.388
HIV prevalence	0.063	0.004	4895	4994	1.249	0.069	0.054	0.071

Table B.3

Sampling errors, Urban sample - Tanzania 2003-04

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
WOMEN								
Urban residence	1.000	0.000	1920	2117	na	0.000	1.000	1.000
No education	0.102	0.012	1920	2117	1.723	0.117	0.078	0.126
Secondary or higher education	0.195	0.021	1920	2117	2.346	0.109	0.153	0.237
Never married (in union)	0.350	0.017	1920	2117	1.574	0.049	0.316	0.385
Currently married (in union)	0.525	0.017	1920	2117	1.500	0.033	0.491	0.560
Had first sex before age 18	0.470	0.020	1451	1596	1.501	0.042	0.431	0.509
Had two or more sexual partners in past 12 months	0.063	0.008	1409	1558	1.204	0.123	0.048	0.079
Had higher risk sex (with a non-marital, non-cohabiting partner) in the past 12 months	0.323	0.015	1409	1558	1.234	0.048	0.292	0.354
Condom use at last higher risk sex – all	0.521	0.032	451	503	1.341	0.061	0.458	0.584
Condom use at last high risk sex - youth	0.567	0.044	241	277	1.371	0.077	0.480	0.655
Abstinence among youth (never had sex)	0.535	0.023	572	632	1.091	0.043	0.489	0.580
Sexual activity in past 12 months among never-married youth	0.371	0.020	572	632	0.969	0.053	0.332	0.411
Had injection in past 12 months	0.405	0.013	1920	2117	1.203	0.033	0.378	0.432
Had HIV test and received results in past 12 months	0.098	0.010	1920	2117	1.510	0.104	0.078	0.119
Accepting attitude towards people with HIV	0.396	0.020	1917	2114	1.799	0.051	0.356	0.436
Using any method	0.428	0.027	1013	1112	1.707	0.062	0.375	0.481
Using any modern method	0.372	0.026	1013	1112	1.706	0.070	0.320	0.424
MEN								
Urban residence	1.000	0.000	1471	1713	na	0.000	1.000	1.000
No education	0.051	0.011	1471	1713	1.946	0.219	0.029	0.073
Secondary or higher education	0.231	0.027	1471	1713	2.479	0.118	0.177	0.286
Never married (in union)	0.469	0.015	1471	1713	1.160	0.032	0.439	0.499
Currently married (in union)	0.468	0.015	1471	1713	1.153	0.032	0.438	0.498
Had first sex before age 18	0.404	0.015	1127	1321	1.043	0.038	0.374	0.435
Had two or more sexual partners in past 12 months	0.250	0.015	1081	1280	1.173	0.062	0.219	0.281
Had higher risk sex (with non-marital, non-cohabiting partner) in past 12 months)	0.508	0.017	1081	1280	1.119	0.033	0.474	0.542
Condom use at last higher risk sex - all	0.619	0.026	536	651	1.243	0.042	0.567	0.672
Condom use at last high risk sex - youth	0.572	0.043	265	319	1.405	0.075	0.487	0.658
Abstinence among youth (never had sex)	0.385	0.019	564	652	0.919	0.049	0.348	0.423
Sexual activity in past 12 months among never-married youth	0.439	0.025	564	652	1.215	0.058	0.388	0.490
Had sex with a prostitute in past 12 months	0.018	0.003	1471	1713	0.977	0.189	0.011	0.025
Had injection in past 12 months	0.295	0.012	1471	1713	0.994	0.040	0.271	0.318
Had HIV test and received results in past 12 months	0.112	0.01	1471	1713	1.268	0.093	0.091	0.133
Accepting attitude towards people with HIV	0.511	0.021	1471	1713	1.597	0.041	0.47	0.553

na = Not applicable

Table B.4

Sampling errors, Rural sample - Tanzania 2003-04

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
WOMEN								
Urban residence	0.000	0.000	4943	4746	na	na	0.000	0.000
No education	0.275	0.012	4943	4746	1.898	0.044	0.251	0.299
Secondary or higher education	0.035	0.005	4943	4746	1.76	0.132	0.026	0.044
Never married (in union)	0.199	0.007	4943	4746	1.187	0.034	0.186	0.213
Currently married (in union)	0.685	0.009	4943	4746	1.38	0.013	0.667	0.703
Had first sex before age 18	0.592	0.010	3946	3783	1.309	0.017	0.571	0.612
Had two or more sexual partners in past 12 months	0.060	0.005	3891	3731	1.224	0.078	0.051	0.069
Had higher risk sex with non-marital, non-cohabiting partner) in past 12 months	0.193	0.008	3891	3731	1.311	0.043	0.176	0.209
Condom use at last high risk sex - all	0.281	0.023	769	719	1.44	0.083	0.234	0.327
Condom use at last high risk sex (youth)	0.308	0.031	401	382	1.333	0.100	0.246	0.370
Abstinence among youth (never had sex)	0.628	0.020	895	854	1.255	0.032	0.587	0.668
Sexual activity in past 12 months among never-married youth	0.300	0.021	895	854	1.355	0.069	0.258	0.341
Had injection in past 12 months	0.374	0.008	4943	4746	1.21	0.022	0.357	0.390
Had HIV test and received results in past 12 months	0.027	0.002	4943	4746	1.02	0.087	0.022	0.032
Accepting attitude towards people with HIV	0.216	0.009	4883	4688	1.471	0.040	0.199	0.233
Using any method	0.232	0.011	3383	3250	1.492	0.047	0.210	0.253
Using a modern method	0.187	0.011	3383	3250	1.604	0.058	0.165	0.208
MEN								
Urban residence	0.000	0.000	4188	3946	na	na	0.000	0.000
No education	0.139	0.009	4188	3946	1.651	0.064	0.121	0.156
Secondary or higher education	0.058	0.006	4188	3946	1.730	0.108	0.045	0.070
Never married (in union)	0.391	0.011	4188	3946	1.394	0.027	0.370	0.412
Currently married (in union)	0.558	0.011	4188	3946	1.437	0.020	0.536	0.580
Had first sex before age 18	0.376	0.009	3174	2986	1.091	0.025	0.358	0.395
Had two or more sexual partners in past 12 months	0.280	0.011	3092	2903	1.337	0.039	0.258	0.302
Had higher risk sex (with a non-marital, non-cohabiting partner) in the past 12 months	0.441	0.013	3092	2903	1.466	0.030	0.414	0.467
Condom use at last high risk sex - all	0.435	0.019	1363	1279	1.377	0.043	0.398	0.472
Condom use at last high risk sex - youth	0.418	0.027	649	616	1.389	0.064	0.365	0.472
Abstinence among youth (never had sex)	0.501	0.017	1408	1335	1.310	0.035	0.466	0.536
Sexual activity in past 12 months among never-married youth	0.373	0.016	1408	1335	1.261	0.044	0.340	0.405
Had sex with a prostitute in past 12 months	0.014	0.002	4188	3946	1.213	0.160	0.009	0.018
Had injection in past 12 months	0.254	0.007	4188	3946	1.090	0.029	0.240	0.269
Had HIV test and received results in past 12 months	0.057	0.005	4188	3946	1.363	0.086	0.047	0.066
Accepting attitude towards people with HIV	0.305	0.011	4177	3936	1.613	0.038	0.282	0.328

na = Not applicable

PERSONS INVOLVED IN THE SURVEY

Appendix **C**

Dodoma/Singida
Mlemba A. Kamwe (Supervisor)
Rhobi Kenyunko
Devota Kanani
Nuru Almasi (Male interviewer)
Zainab Mdimi
Subira Hussein
Driver – Hired from Ms Shella Beach Investment Company

Iringa/Ruvuma
Issa Pagali (Supervisor)
Benedicta Ndumbaro
Elizabeth Hamisi
Mariam Mohamed
Veronica Makunja
Eusebius Mwinuka (Male interviewer)
Driver – Hired from Ms Shella Beach Investment Company

Lindi Mtwara
Fred E. Matola (Supervisor)
Kevin Mnali (Male interviewer)
Elizabeth Mpanda
Anne Ngaiwa
Veronica Lukanga
Mary Mkama
Driver – Hired from Ms Shella Beach Investment Company

Tanga/Kilimanjaro
James Mwangoka (Supervisor)
Monica Massawe
Mercy Mamuya
Saumu Said
Fatina Rashid
Johanes M. Mbote (Male interviewer)
Driver – Hired from Ms Shella Beach Investment Company

Mbeya/Rukwa
Sylveter Michael (Supervisor)
Raymond Mgaya (Male interviewer)
Margreth Mtokambali
Anna Komba
Felista Mapunda
Grace Makanta
Driver – Hired from Ms Shella Beach Investment Company

Shinyanga/Mara
Anatory Mazombwe (Supervisor)
Scholastica Mpombo
Geazi Moyo (Male interviewer)
Dorah Mutasa
Dawa Mukama
Fatmah Bwanga
Driver – Switbert Magungu (NBS)

Mwanza/Kagera
Francis Changarawe (Supervisor)
James Msomi (Male interviewer)
Labbi Magese
Elizabeth Sangawe
Scholastica Balige
Magdalena Mutayoba
Driver - Ahmed R. Ngao (NBS)

Dar Es Salaam
Dora Semkwiji (Supervisor)
Edith Kijazi
Zania Ngongi
Rose Kalyoto/Rose Ngumbasi (late)
Margreth Luhindila
Mathias Malinda (Male interviewer)
Driver – Hired from Ms Shella Beach Investment Company

Tabora/Kigoma
Omari Kafumu (Supervisor)
Filigona Bilango
Sibia Mutani
Hyansinta Makono
Mary Nsalamba
Ressy Mashulano (Male interviewer)
Driver – Donat F. Magwaja (NBS)

Pwani/Morogoro
Lakini Hassani (Supervisor)
Yohana Sehaba (Male interviewer)
Mary Nchimbi
Magreth Kidassy
Elizabeth Massi
Anna Temu
Driver – Hired from Ms Shella Beach Investment Company

Arusha/Manyara
Aloyce Kway (Supervisor)
Jacquiline Kimaro
Zaharia Msingwa
Victoria Carmichael
Beatrice Justine
Sifael Massawe (Male interviewer)
Driver – Hired from Ms Shella Beach Investment Company

Quality Control
Emilian N. Karugendo (Supervisor)
Rose Mjema
Jackline Tibenda
Driver – Simon Milanzi (NBS)

Field Monitoring
Said M. Aboud
Driver – Abdallah Maumba (NBS)

QUESTIONNAIRES

Appendix D

THIS-1

TANZANIA HIV/AIDS INDICATOR SURVEY
HOUSEHOLD QUESTIONNAIRE

Version 3: 4 Nov. 2003

NATIONAL BUREAU OF STATISTICS

TANZANIA AIDS COMMISSION

IDENTIFICATION

REGION _____

DISTRICT _____

WARD . . . . . .

EA NUMBER . . . . . .

NAME OF HOUSEHOLD HEAD _____

THIS CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

DAR ES SALAAM=1; SMALL CITY=2; TOWN=3; RURAL/VILLAGE=4 . . . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 0
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*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 OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL WOMEN AGE 15-49

TOTAL MEN AGE 15-49

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

A. 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	SEX	RESIDENCE		AGE	ELIGIBILITY FOR INDIVIDUAL INTERVIEW		EDUCATION		
									IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS
	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 house-hold?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	Has (NAME) ever attended school?	What is the high-est standard or form (NAME) com-pleted?**	Is (NAME) attending school? IF SCHOOL HOLIDAYS, ASK: During the 2003 school year, did (NAME) attend school?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	YES NO	YES NO	IN YEARS			YES NO	STD/FORM	YES NO
01			1 2	1 2	1 2		01	01	1 2 12A		1 2
02			1 2	1 2	1 2		02	02	1 2 12A		1 2
03			1 2	1 2	1 2		03	03	1 2 12A		1 2
04			1 2	1 2	1 2		04	04	1 2 12A		1 2
05			1 2	1 2	1 2		05	05	1 2 12A		1 2
06			1 2	1 2	1 2		06	06	1 2 12A		1 2
07			1 2	1 2	1 2		07	07	1 2 12A		1 2
08			1 2	1 2	1 2		08	08	1 2 12A		1 2
09			1 2	1 2	1 2		09	09	1 2 12A		1 2
10			1 2	1 2	1 2		10	10	1 2 12A		1 2

*** 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 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEP CHILD
12 = NOT RELATED
98 = DOES NOT KNOW

****CODES FOR Q. 11**

00=LESS THAN 1 YEAR
01=STANDARD 1
02=STANDARD 2
03=STANDARD 3
04=STANDARD 4
05=STANDARD 5
06=STANDARD 6
07=STANDARD 7
08=STANDARD 8
09=TRAIN.AFTER PRIM.
10=PRE-FORM 1
11=FORM 1
12=FORM 2
13=FORM 3
14=FORM 4
15=FORM 5
16=FORM 6
17=TRAINING AFTER SECOND.
18=UNIVERSITY
98=DON'T KNOW

LINE NO.	CHRONICALLY ILL PERSONS	FOR PERSONS LESS THAN 18 YEARS OLD***																
		PARENTAL SURVIVORSHIP AND RESIDENCE																ELIGIBILITY: ORPHANS AND VULNERABLE CHILDREN
	IF AGE 0-59 YEARS	Is (NAME)'s natural mother alive?	IF MOTHER ALIVE						Is (NAME)'s natural father alive?	IF FATHER ALIVE								
	Has (NAME) been very sick for at least 3 months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 of the past 12 months.		Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	IF MOTHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME'S) MOTHER (SEE COLUMN 14 FOR MOTHER'S LINE NUMBER)	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least 3 of the past 12 months.					Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF FATHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME'S) FATHER (SEE COLUMN 16 FOR FATHER'S LINE NUMBER)	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least 3 of the past 12 months.				CIRCLE LINE NUMBER FOR EACH CHILD: IF ONE OR BOTH PARENTS ARE DEAD ("NO" IN Q.13 OR Q.15) AND/OR IF ONE OR BOTH PARENTS HAVE BEEN SICK ("YES" IN Q.14A OR Q.16A)
	(12A)	(13)	(14)	(14A)					(15)	(16)	(16A)							(16B)
	Y N DK	Y N DK		Y	N	DK			Y N DK		Y	N	DK					
01	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					01
02	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					02
03	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					03
04	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					04
05	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					05
06	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					06
07	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					07
08	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					08
09	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					09
10	1 2 8	1 2 8 (2→15, 8→15)		1	2	8			1 2 8 (2→16B, 8→16B)		1	2	8					10

***CODES FOR Q.13 THROUGH Q.16B
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	ELIGIBILITY FOR INDIVIDUAL INTERVIEW		EDUCATION		
	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 house-hold?*	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS
									Has (NAME) ever attended school?	What is the high-est standard or form (NAME) com-pleted?**	Is (NAME) attending school? IF SCHOOL HOLIDAYS, ASK: During the 2003 school year, did (NAME) attend school?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	YES NO	YES NO	IN YEARS			YES NO	STD/FORM	YES NO
11			1 2	1 2	1 2		11	11	1 2 12A		1 2
12			1 2	1 2	1 2		12	12	1 2 12A		1 2
13			1 2	1 2	1 2		13	13	1 2 12A		1 2
14			1 2	1 2	1 2		14	14	1 2 12A		1 2
15			1 2	1 2	1 2		15	15	1 2 12A		1 2
16			1 2	1 2	1 2		16	16	1 2 12A		1 2
17			1 2	1 2	1 2		17	17	1 2 12A		1 2
18			1 2	1 2	1 2		18	18	1 2 12A		1 2
19			1 2	1 2	1 2		19	19	1 2 12A		1 2
20			1 2	1 2	1 2		20	20	1 2 12A		1 2

*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 = CO-WIFE
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEP CHILD
12 = NOT RELATED
98 = DOES NOT KNOW

**CODES FOR Q. 11

00=LESS THAN 1 YR.
01=STANDARD 1
02=STANDARD 2
03=STANDARD 3
04=STANDARD 4
05=STANDARD 5
06=STANDARD 6
07=STANDARD 7
08=STANDARD 8
09=TRAIN.AFTER PRIM.
10=PRE-FORM 1
11=FORM 1
12=FORM 2
13=FORM 3
14=FORM 4
15=FORM 5
16=FORM 6
17=TRAINING AFTER SECOND.
18=UNIVERSITY
98=DON'T KNOW

***CODES FOR Q.13 THROUGH Q.16B THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD. IN Q.14 AND Q.16, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

LINE NO.	CHRONICALLY ILL PERSONS	FOR PERSONS LESS THAN 18 YEARS OLD***																ELIGIBILITY: ORPHANS AND VULNERABLE CHILDREN
		PARENTAL SURVIVORSHIP AND RESIDENCE																
	IF AGE 0-59 YEARS	Is (NAME)'s natural mother alive?	IF MOTHER ALIVE							Is (NAME)'s natural father alive?	IF FATHER ALIVE							
	Has (NAME) been very sick for at least 3 months during the past 12 months? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least 3 of the past 12 months.		Does (NAME)'s natural mother live in this house-hold? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	IF MOTHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME'S) MOTHER (SEE COLUMN 14 FOR MOTHER'S LINE NUMBER)	IF MOTHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months? By very sick, I mean that she was too sick to work or do normal activities around the house for at least 3 of the past 12 months.						Does (NAME)'s natural father live in this house-hold? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF FATHER LIVES IN HOUSEHOLD COPY ILLNESS STATUS FROM 12A FOR (NAME'S) FATHER (SEE COLUMN 16 FOR FATHER'S LINE NUMBER)	IF FATHER DOES NOT LIVE IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months? By very sick, I mean that he was too sick to work or do normal activities around the house for at least 3 of the past 12 months.						CIRCLE LINE NUMBER FOR EACH CHILD: IF ONE OR BOTH PARENTS ARE DEAD ("NO" IN Q.13 OR Q.15) AND/OR IF ONE OR BOTH PARENTS HAVE BEEN SICK ("YES" IN Q.14A OR Q.16A)
	(12A)	(13)	(14)	(14A)						(15)	(16)	(16A)						(16B)
	Y N DK	Y N DK		Y N DK						Y N DK		Y N DK						
11	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						11
12	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						12
13	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						13
14	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						14
15	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						15
16	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						16
17	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						17
18	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						18
19	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						19
20	1 2 8	1 2 8 ↓ ↓ 15 15		1 2 8						1 2 8 ↓ ↓ 16B 16B		1 2 8						20

TICK HERE IF CONTINUATION SHEET USED ☐

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, who have not been listed? YES ☐ → ENTER EACH IN TABLE NO ☐

B. HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
20	What is the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO DWELLING . . . . . 11 PIPED INTO YARD/PLOT . . . . . 12 PUBLIC TAP . . . . . 13 WATER FROM OPEN WELL . . . . . 21 **COVERED WELL, BOREHOLE** PROTECTED/COVERED WELL . 31 BOREHOLE/TUBEWELL . . . 32 **SURFACE WATER** PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RIVER/STREAM . . . . . 43 POND/LAKE . . . . . 44 DAM . . . . . 45 RAINWATER . . . . . 51 TANKER TRUCK . . . . . 61 BOTTLED WATER . . . . . 71 OTHER _____ 96 (SPECIFY)	
21	What kind of toilet facilities does your household have?	FLUSH TOILET . . . . . 11 TRADITIONAL PIT TOILET . . . . . 21 VENTILATED IMPROVED PIT TOILET 22 NO FACILITY/BUSH/FIELD . . . . . 31 OTHER _____ 96 (SPECIFY)	
22	Does your household have: Electricity? A radio? A television? A telephone, either mobile or a land line? A refrigerator? An iron, either charcoal or electric?	**YES NO** ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE . . . . . 1 2 REFRIGERATOR . . . . . 1 2 IRON 1 2	
23	What type of fuel does your household mainly use for **cooking**?	ELECTRICITY . . . . . 01 SOLAR . . . . . 02 BIOGAS . . . . . 03 BOTTLED GAS . . . . . 04 PARAFFIN/KEROSENE . . . . . 05 CHARCOAL . . . . . 06 FIREWOOD . . . . . 07 ANIMAL DUNG . . . . . 08 OTHER _____ 96 (SPECIFY)	
23A	What is the main source of energy used for **lighting** in the house?	ELECTRICITY . . . . . 01 SOLAR . . . . . 02 GAS . . . . . 03 PARAFFIN-HURRICANE LAMP . . . 04 PARAFFIN-PRESSURE LAMP . . . . . 05 PARAFFIN-WICK LAMP . . . . . 06 CANDLES . . . . . 07 FIREWOOD . . . . . 08 OTHER _____ 96 (SPECIFY)	
24	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	EARTH, SAND, DUNG . . . . . 11 WOOD PLANKS, BAMBOO . . . . . 21 POLISHED WOOD . . . . . 31 VINYL OR ASPHALT STRIPS . . . 32 CERAMIC TILES . . . . . 33 CEMENT . . . . . 34 CARPET . . . . . 35 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
25	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	GRASS/THATCH/MUD . . . . . 01 POLES AND MUD . . . . . 02 SUNDRIED BRICKS . . . . . 03 BAKED BRICKS . . . . . 04 TIMBER, WOOD . . . . . 05 CEMENT BLOCKS . . . . . 06 STONES . . . . . 07 OTHER _____ 96 (SPECIFY)	
26	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	GRASS/THATCH/MUD . . . . . 01 IRON SHEETS . . . . . 02 TILES . . . . . 03 CONCRETE . . . . . 04 ASBESTOS . . . . . 05 OTHER _____ 96 (SPECIFY)	
26A	How many rooms in your household are used for sleeping? INCLUDE ROOMS OUTSIDE THE MAIN DWELLING.	SLEEPING ROOMS . . . . . [ ][ ]	
27	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A savings or current account?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 CAR/TRUCK . . . . . 1 2 SAVINGS/CURRENT ACCOUNT 1 2	
28	How many acres of land for farming or grazing are owned by the household? IF NONE, WRITE '0000.0'. IF DOES NOT KNOW, WRITE '9999.8' FILL BOTH BOXES.	ACRES FOR **FARMING** [ ][ ][ ][ ] . [ ] ACRES FOR **GRAZING** [ ][ ][ ][ ] . [ ]	
28A	Does your household use land for farming or grazing that it does not own? IF YES: Do you rent the land, sharecrop, or is it communal land?	YES, RENTED . . . . . 1 YES, SHARECROPPED . . . . . 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL LAND 4 NO 5	→ 29
28B	How many acres of land does your household use for farming or grazing that it does not own? IF NONE, WRITE '0000.0'. IF DOES NOT KNOW, WRITE '9999.8' FILL BOTH BOXES.	ACRES FOR **FARMING** [ ][ ][ ][ ] . [ ] ACRES FOR **GRAZING** [ ][ ][ ][ ] . [ ]	
29	How far is it to the nearest market place? IF LESS THAN ONE KM., WRITE '00'.	KILOMETRES . . . . . [ ][ ]	
29A	Now I would like to ask you about the food your household eats. How many meals does your household usually have each day?	MEALS . . . . . [ ][ ]	
29B	In the past week, on how many days did the household consume meat?	DAYS CONSUMED MEAT . . . [ ][ ]	
29C	How often in the last year, did this household have problems in satisfying the food needs of the household?	NEVER . . . . . 1 SELDOM . . . . . 2 SOMETIMES . . . . . 3 OFTEN . . . . . 4 ALWAYS 5	

C. SUPPORT FOR VULNERABLE HOUSEHOLDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
30	CHECK COLUMN 12A IN THE HOUSEHOLD SCHEDULE: AT LEAST ONE SICK PERSON AGE 0-59? AT LEAST ONE ☐	NONE ☐				→ 32
31	You told me that, in your household, one/several person(s) has(ve) been very sick for at least three of the past 12 months. I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbors for that/those person(s). In the last year, has your household ever received:		YES	NO	DK	
	a) Any material support, such as monetary support, clothes or food for which you did not have to pay?	MATERIAL	1	2	8	
	b) Any practical support, such as help in household work, training for caregivers, or legal services, for which you did not have to pay?	PRACTICAL	1	2	8	
	c) Any kind of medical support, such as medical care or medicine, for which you did not have to pay?	MEDICAL	1	2	8	
	d) Any kind of social, spiritual, or emotional support, such as companionship or counseling from a trained counselor which you received at home and for which you did not have to pay?	PSYCHOSOCIAL	1	2	8	
32	CHECK COLUMN 16B IN THE HOUSEHOLD SCHEDULE: AT LEAST ONE CHILD WHOSE MOTHER, FATHER, OR BOTH PARENTS HAVE DIED OR WHOSE MOTHER, FATHER OR BOTH PARENTS HAVE BEEN VERY SICK AT LEAST ONE ☐	NONE ☐				→ 34
33	You told me that in your household, there is at least one child whose mother and/or father died or has(ve) been very sick for at least three of the last 12 months. I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbors for that/those child(ren). In the last year, has your household ever received:		YES	NO	DK	
	a) Any kind of financial or material support for schooling, such as allowance, free admission, free books? IF NO CHILD AGE 5-17, CIRCLE DK.	SCHOOLING	1	2	8	
	b) Any material support, such as monetary support, clothes or food for which you did not have to pay?	MATERIAL	1	2	8	
	c) Any practical support, such as help in household work, training for caregivers, or legal services, for which you did not have to pay?	PRACTICAL	1	2	8	
	d) Any kind of medical support, such as medical care or medicine, for which you did not have to pay?	MEDICAL	1	2	8	
	e) Any kind of social, spiritual, or emotional support, such as companionship or counseling from a trained counselor which you received at home and for which you did not have to pay?	PSYCHOSOCIAL	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
34	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has anyone who lived in this household died in the last 12 months.	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → END → END
35	How many household members died in the last 12 months?	NO. OF PERSONS ..... [ ][ ]	
36	Was this person/any of these persons under the age of 60?	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → END → END
37	Now, I would like to ask you about the person(s) who was/were under the age of 60 when they died. Had this person/any of these persons been very sick for at least three months before dying? By very sick, I mean that they were too sick to work or do normal activities around the house.	YES ..... 1 NO ..... 2 DON'T KNOW 8	 → END → END
38	I would like some information about the help or support that your household may have received from anyone besides your relatives, friends or neighbors for that/those person(s). In the last year, has your household ever received:	YES NO DK	
	a) Any material support, such as monetary support, clothes or food for which you did not have to pay?	MATERIAL 1 2 8	
	b) Any practical support, such as help in household work, training for caregivers, or legal services, for which you did not have to pay?	PRACTICAL 1 2 8	
	c) Any kind of medical support, such as medical care or medicine, for which you did not have to pay?	MEDICAL 1 2 8	
	d) Any kind of social, spiritual, or emotional support, such as companionship or counseling from a trained counselor which you received at home and for which you did not have to pay?	PSYCHOSOCIAL 1 2 8	

THIS-2

TANZANIA HIV/AIDS INDICATOR SURVEY
INDIVIDUAL QUESTIONNAIRE

Version 3: 4 Nov. 2003

NATIONAL BUREAU OF STATISTICS

TANZANIA AIDS COMMISSION

IDENTIFICATION

REGION _____

DISTRICT _____

WARD . . . . . .

EA NUMBER . . . . . .

NAME OF HOUSEHOLD HEAD _____

THIS CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

DAR ES SALAAM=1; SMALL CITY*=2; TOWN=3; RURAL/VILLAGE=4 . . . . . .

NAME AND LINE NUMBER OF RESPONDENT _____

SEX OF RESPONDENT (MALE=1; FEMALE=2)

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR 2 0 0
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER NO.
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)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Bureau of Statistics. We are conducting a national health survey. We would very much appreciate your participation in this survey. I would like to ask you about some important health issues. This information will help the government to plan health services. The survey usually takes around 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Do you have any questions about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓ RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ] MORNING . . . . . 1 AFTERNOON . . . . . 2 EVENING, NIGHT 3	
102	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 107
105	What is the highest standard or form of school you completed?	LESS THAN ONE YEAR . . . . . 00 STANDARD 1 . . . . . 01 STANDARD 2 . . . . . 02 STANDARD 3 . . . . . 03 STANDARD 4 . . . . . 04 STANDARD 5 . . . . . 05 STANDARD 6 . . . . . 06 STANDARD 7 . . . . . 07 STANDARD 8 . . . . . 08 TRAINING AFTER PRIMARY . . . . . 09 PRE-FORM 1 . . . . . 10 FORM 1 . . . . . 11 FORM 2 . . . . . 12 FORM 3 . . . . . 13 FORM 4 . . . . . 14 FORM 5 . . . . . 15 FORM 6 . . . . . 16 TRAINING AFTER SECONDARY . . . . . 17 UNIVERSITY . . . . . 18 OTHER _____ 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL . . . . . 4 CANNOT READ 8	
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEK . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
110	MALE ☐ ↓ Are you currently working? FEMALE ☐ ↓ 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	→ 112
111	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 113
112	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ _____ _____ ☐☐☐	→ 114
113	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . 01 LOOKING FOR WORK . . . . . 02 RETIRED . . . . . 03 TOO ILL TO WORK . . . . . 04 HANDICAPPED, CANNOT WORK . . . 05 HOUSEWORK/CHILD CARE . . . . . 06 OTHER _____ 96 (SPECIFY)	
114	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS . . . . . 95 VISITOR 96	
115	What is your religion?	MOSLEM . . . . . 1 CATHOLIC . . . . . 2 PROTESTANT . . . . . 3 NONE . . . . . 4 OTHER _____ 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
201	MALE Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	FEMALE Now I would like to ask about all of the births you have had during your lifetime. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any children whom you have fathered who are now living with you?	Do you have any children to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many children are living with you?		CHILDREN AT HOME . . . . . [ ][ ]	
204	MALE Do you have any children whom you have fathered who are alive but do not live with you?	FEMALE Do you have any children to whom you have given birth who are alive but not living with you?	YES . . . . . 1 NO 2	→ 206
205	How many children live elsewhere?		CHILDREN LIVING ELSEWHERE [ ][ ]	
206	MALE Have you ever fathered a child who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	FEMALE Have you ever given birth to a child who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many children have died?		CHILDREN DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.		TOTAL . . . . . [ ][ ]	
209	MALE Just to make sure that I have this right: you have fathered _____ children in your lifetime. Is that correct?	FEMALE Just to make sure that I have this right: you have had _____ births in your lifetime. Is that correct?		
	YES →	NO → PROBE AND CORRECT 201-208 AS NECESSARY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	MALE ☐ → 218 FEMALE ☐ ↓		
211	CHECK 208: ONE OR MORE BIRTHS ☐ ↓ NO BIRTHS ☐ → 215		
212	Now I would like to ask you about your last birth, whether the child is still alive or not. In what month and year did you have your last birth?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 214
213	About how many years ago was your last birth?	YEARS AGO . . . . . ☐☐	
214	Was this birth registered with civil authorities? IF NO: Do you have a birth certificate?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	
215	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 218
216	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 218
217	What method are you using? IF USING MORE THAN ONE METHOD, CIRCLE THE ONE HIGHEST UP ON THE LIST	FEMALE STERILISATION . . . . . 01 MALE STERILISATION . . . . . 02 PILL . . . . . 03 IUD . . . . . 04 INJECTIONS . . . . . 05 IMPLANTS . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 RHYTHM, CALENDAR METHOD . . . 09 WITHDRAWAL . . . . . 10 OTHER _____ 96 (SPECIFY)	
218	Think back over the past 12 months. Did you receive an injection for any reason?	YES . . . . . 1 NO . . . . . 2 DON'T REMEMBER, UNSURE 8	
219	In the past 12 months, did you get a blood tranfusion?	YES . . . . . 1 NO . . . . . 2 DON'T REMEMBER, UNSURE 8	

SECTION 3. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
301	MALE ☐ Have you ever been married or lived together with a woman as if married?	FEMALE ☐ Have you ever been married or lived together with a man as if married?	YES . . . . . 1 NO 2	→ 309
302	Are you currently married or living together with a woman as if married?	Are you currently married or living together with a man as if married?	YES . . . . . 1 NO 2	→ 306
303	MALE ☐ At this time, do you have more than one wife or woman with whom you are living as married?	FEMALE ☐ Besides yourself, does your husband have other wives or does he live with other women as if married?	YES . . . . . 1 NO 2	→ 305
304	Altogether, how many wives or other partners live with you now?	Including yourself, how many wives or other partners live with your husband now?	NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . ☐☐	
305	RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE(S) AND LIVE-IN PARTNER(S). IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. FEMALE ☐ → Please tell me the name of your husband (the man you are living together with as if married). **AFTER RECORDING, GO TO 306.** MALE ☐ → CHECK 304: IF ONE WIFE/PARTNER: Please tell me the name of your wife (the woman you are living with as if married). **AFTER RECORDING, GO TO 306.** IF MORE THAN ONE WIFE/PARTNER: Please tell me the name of each of your current wives (and/or of each woman you are living with as if married). **AFTER RECORDING, GO TO 307B.**		NAME _____ ☐☐ NAME _____ ☐☐ NAME _____ ☐☐ NAME _____ ☐☐	
306	MALE ☐ Have you been married or lived with a woman only once or more than once?	FEMALE ☐ Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 307B

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
307A	In what month and year did you start living with your your wife/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308)	In what month and year did you start living with your your husband/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308)	MONTH . . . . . [ ][ ] DON'T KNOW MONTH 98	
307B	Now I would like to ask about when you married or began living with a woman as if married for the very first time. In what month and year did you first marry or start living with a woman as if married?	Now I would like to ask about when you married or began living with a man as if married for the very first time. In what month and year did you first marry or start living with a man as if married?	YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 309
308	How old were you when you started living with her?	How old were you when you started living with him?	AGE . . . . . [ ][ ]	
309	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?		NEVER . . . . . 00 AGE IN YEARS . . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER. 95	→ 337
310	CHECK 103: 15-24 YEARS OLD [ ] ↓	25-49 YEARS OLD [ ]		→ 312
311	The first time you had sexual intercourse, was a condom used?		YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
312	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.		DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 336
313	The last time you had sexual intercourse, was a condom used?		YES . . . . . 1 NO 2	
314	What was your relationship to the person with whom you last had sex? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'.		HUSBAND/WIFE . . . . . 01 LIVE-IN PARTNER . . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 03 CASUAL ACQUAINTANCE . . . . . 04 COMMERCIAL SEX WORKER . . . . . 05 OTHER _____ 96 (SPECIFY)	→ 317A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	CHECK 103: WOMAN 15-24 YEARS OLD ☐ MAN 15-49/ WOMAN 25-49 YEARS OLD ☐		→ 317A
316	How old is this man?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	→ 317A
317	Do you think that he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER . . . 1 NO, LESS THAN 10 YEARS OLDER . . . 2 OLDER, DON'T KNOW DIFFERENCE . .. 3 YOUNGER THAN WOMAN 4	
317A	In this relationship, do you feel you can say 'No' to having sex when you do not feel like it?	YES, CAN SAY 'NO' . . . . . 1 CANNOT SAY 'NO' . . . . . 2 DON'T KNOW 8	
318	The last time you had sexual intercourse, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY . . . . . 1 PARTNER ONLY . . . . . 2 RESPONDENT AND PARTNER . . . . . 3 NEITHER 4	
319	Have you had sex with any other people in the last 12 months?	YES . . . . . 1 NO 2	→ 333A
320	The last time you had sexual intercourse with another person, was a condom used?	YES . . . . . 1 NO 2	
321	What was your relationship to this person at that time? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?	HUSBAND/WIFE . . . . . 01 LIVE-IN PARTNER . . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 03 CASUAL ACQUAINTANCE 04 COMMERCIAL SEX WORKER . . . 05 OTHER _____ 96 (SPECIFY)	→ 325
322	CHECK 103: WOMAN 15-24 YEARS OLD ☐ MAN 15-49/ WOMAN 25-49 YEARS OLD ☐		→ 325
323	How old is this man?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	→ 325
324	Do you think that he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER . . . 1 NO, LESS THAN 10 YEARS OLDER . . . 2 OLDER, DON'T KNOW DIFFERENCE . .. 3 YOUNGER THAN WOMAN 4	
325	The last time you had sexual intercourse with this partner, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY . . . . . 1 PARTNER ONLY . . . . . 2 RESPONDENT AND PARTNER . . . . . 3 NEITHER 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	Other than these two people, have you had sex with anyone else in the last 12 months?	YES . . . . . 1 NO 2	→ 333A
327	The last time you had sexual intercourse with this third person, was a condom used?	YES . . . . . 1 NO 2	
328	What was your relationship to this person at that time? IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?	HUSBAND/WIFE . . . . . 01 LIVE-IN PARTNER . . . . . 02 BOYFRIEND/GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 03 CASUAL ACQUAINTANCE . . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ 96 (SPECIFY)	→ 332
329	CHECK 103: WOMAN 15-24 YEARS OLD ☐ MAN 15-49/ WOMAN 25-49 YEARS OLD ☐		→ 332
330	How old is this man?	AGE OF PARTNER . . . . . ☐☐ DON'T KNOW 98	→ 332
331	Do you think that he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER . . . 1 NO, LESS THAN 10 YEARS OLDER . . . 2 OLDER, DON'T KNOW DIFFERENCE . . . 3 YOUNGER THAN WOMAN 4	
332	The last time you had sexual intercourse with this partner, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY . . . . . 1 PARTNER ONLY . . . . . 2 RESPONDENT AND PARTNER . . . . . 3 NEITHER 4	
333	In total, how many different people have you had sex with in the last 12 months?	NUMBER OF PARTNERS . . . ☐☐	
333A	MALE ☐ FEMALE ☐		→ 335
334	In the last 12 months, did you have sex with a prostitute?	YES . . . . . 1 NO 2	→ 336
334A	The last time you had sex with a prostitute, did you use a condom?	YES . . . . . 1 NO 2	→ 336 → 336
335	In the last 12 months, has anyone forced you to have sex when you did not want to?	YES . . . . . 1 NO 2	
336	In total, how many different people have you had sex with in your lifetime? IF NON NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE 95.	NUMBER OF PARTNERS . . . . . ☐☐ DON'T KNOW 98	
337	Do you know of a place where a person can get condoms?	YES . . . . . 1 NO 2	→ 339

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
338	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** REGIONAL CONSULTANT HOSP. . A DISTRICT HOSPITAL . . . . . B GOVT. HEALTH CENTRE . . . . . C DISPENSARY/PARASTATAL . . . . . D VILLAGE HEALTH POST/WORKER . E OTHER PUBLIC _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION HOSP/RELIGIOUS ORG . G PRIVATE DOCTOR/CLINIC . . . . . H PHARMACY/CHEMIST . . . . . I UMATI . . . . . J OTHER PRIVATE MEDICAL _____ K **OTHER** SHOP, KIOSK . . . . . L WORK PLACE . . . . . M BAR . . . . . N SCHOOL . . . . . O GUEST HOUSE . . . . . P FRIEND, RELATIVES . . . . . Q OTHER _____ X	
339	Have you ever heard of or seen the slogan "Ishi"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 342 → 342
340	Where did you hear or see "Ishi"? Anywhere else? DO NOT READ LIST OF ANSWERS. CIRCLE ALL MENTIONED.	TELEVISION . . . . . A RADIO . . . . . B NEWSPAPERS . . . . . C MAGAZINES . . . . . D BILLBOARDS . . . . . E FOOTBALL MATCH . . . . . F CONCERT . . . . . G COMMUNITY RALLY, ROAD SHOW . H T-SHIRT, HAT . . . . . I STICKER . . . . . J POSTER . . . . . K OTHER _____ X	
341	What do you think of when you hear the word "Ishi"? Anything else? DO NOT READ LIST OF ANSWERS. CIRCLE ALL MENTIONED.	HIV PREVENTION . . . . . A YOU CAN'T TELL BY LOOKING . . . . . B WAIT OR USE A CONDOM . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
342	During the past 12 months, did you ever watch a talk show on the television called "Femina"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 401 → 401
343	During the past 3 months, how many times did you watch "Femina"?	NUMBER OF TIMES . . . . . [ ][ ]	
344	What messages does the Femina talk show promote? Anything else? DO NOT READ LIST OF CODES. CIRCLE ALL MENTIONED.	HOW HIV SPREADS . . . . . A HOW TO PREVENT HIV . . . . . B TALK TO OTHERS ABOUT HIV . . . . . C TALK TO OTHERS ABOUT SEX . . . . . D USE CONDOMS . . . . . E ABSTAIN FROM SEX . . . . . F HEALTHY-LOOKING PEOPLE CAN HAVE HIV . . . . . G RESPONSIBLE SEX BEHAVIOUR . . . H NON-PENETRATIVE SEX . . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

SECTION 4. HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	MALE ☐		→ 501
	CHECK 301 AND 302:		
	WOMAN CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓		
	WOMAN FORMERLY MARRIED/ LIVED WITH A MAN ☐		→ 403
	WOMAN NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→ 501
402	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
403	Did your (last) husband/partner ever attend school?	YES . . . . . 1 NO 2	 → 406
404	What was the highest standard or form of school he completed?	LESS THAN ONE YEAR . . . . . 00 STANDARD 1 . . . . . 01 STANDARD 2 . . . . . 02 STANDARD 3 . . . . . 03 STANDARD 4 . . . . . 04 STANDARD 5 . . . . . 05 STANDARD 6 . . . . . 06 STANDARD 7 . . . . . 07 STANDARD 8 . . . . . 08 TRAINING AFTER PRIMARY . . . . . 09 PRE-FORM 1 . . . . . 10 FORM 1 . . . . . 11 FORM 2 . . . . . 12 FORM 3 . . . . . 13 FORM 4 . . . . . 14 FORM 5 . . . . . 15 FORM 6 . . . . . 16 TRAINING AFTER SECONDARY . . . . . 17 UNIVERSITY . . . . . 18 OTHER _____ 96 DON'T KNOW 98	
406	CHECK 401: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ ↓ What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK HUSBAND/PARTNER DOES.	_____ _____ _____ ☐☐☐	

SECTION 5. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	 → 601
502	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
503	Can people get the AIDS virus from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
504	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
505	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
506	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
507	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
508	Is there anything (else) a person can do to avoid or reduce the chances of getting AIDS or the virus that causes AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 → 510
509	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID SHARING RAZORS/BLADES . K AVOID KISSING . . . . . L AVOID MOSQUITO BITES . . . . . M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . . . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
511	Can the virus that causes AIDS be transmitted from a mother to a child?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 514
512	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
512A	CHECK 512: 'YES' TO BREASTFEEDING ☐ 'NO' OR 'DK' TO BREASTFEEDING ☐		→ 513
512B	What can a mother who is infected with the AIDS virus do to reduce the chances of passing the virus to her child in her breast milk? **DO NOT READ ANSWERS.** CIRCLE ALL MENTIONED.	STOP BREASTFEEDING . . . . . A TAKE SPECIAL DRUGS, ARV . . . . . B GET COUNCELLING . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
513	Are there any special drugs that a doctor or nurse can give to a pregnant woman infected with the AIDS virus in order to reduce the risk of transmitting the virus to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
514	If you knew that a shopkeeper or vendor had the AIDS virus, would you buy fresh vegetables from that person?	YES, WOULD BUY . . . . . 1 NO, WOULD NOT BUY . . . . . 2 DON'T KNOW 8	
514A	Would you shake hands with someone who is infected with the virus that causes AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
515	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
515A	If a member of your family got infected with the virus that causes AIDS, would you be embarrassed or feel shame for your family?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
516	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
517	If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	CAN CONTINUE . . . . . 1 SHOULD NOT CONTINUE . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
517A	If a male teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?	CAN CONTINUE . . . . . 1 SHOULD NOT CONTINUE . . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517B	In a health facility, should people with HIV sit in a separate area from other people?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
517C	Should children who are infected with the AIDS virus be allowed to go to school with other children?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
518	Should children age 12-14 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
518A	Should children age 10 and 11 be taught about using a condom to avoid AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
518B	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	SMALL . . . . . 1 MODERATE . . . . . 2 GREAT . . . . . 3 NO RISK AT ALL . . . . . 4 DOES NOT KNOW 8	
518C	Do you think that eating fruits and vegetables can help people living with HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DOES NOT KNOW 8	
518D	Do you think that good nutrition can make people who have HIV/AIDS live longer?	YES . . . . . 1 NO . . . . . 2 DOES NOT KNOW 8	
519	MALE ☐ → 528 FEMALE ☐ ↓		
520	CHECK 212 AND 213 NO BIRTHS ☐ → 528 LAST BIRTH SINCE JANUARY 2001/ WITHIN PAST 2 YEARS ☐ ↓ LAST BIRTH BEFORE JANUARY 2001/ THREE YEARS OR MORE AGO ☐ → 528		
521	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES . . . . . 1 NO . . . . . 2 → 528	
522	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Children getting the AIDS virus from their mother? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 GETTING AIDS TEST 1 2 8	
523	I don't want to know the results, but were you tested for the AIDS virus during any of your antenatal care visits?	YES . . . . . 1 NO . . . . . 2 → 528	
524	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
526	Where was the test done? 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 REGIONAL CONSULTANT HOSP. 11 DISTRICT HOSPITAL . . . . . 12 GOVT. HEALTH CENTRE . . . . . 13 DISPENSARY/PARASTATAL 14 VCT CENTRE . . . . . 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP/RELIGIOUS ORG 21 PRIVATE DOCTOR/CLINIC . . . . . 22 PHARMACY/CHEMIST . . . . . 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) SHOP . . . . . 31 HOME . . . . . 32 TRADITIONAL HEALER . . . . . 33 OTHER _____ 96 (SPECIFY)	
527	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 529 → 601
528	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 532
529	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12-23 MONTHS AGO . . . . . 2 2 YEARS OR MORE AGO 3	
530	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . . 1 OFFERED AND ACCEPTED . . . . . 2 REQUIRED 3	
531	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	→ 601 → 601
532	Do you know a place where you could get an HIV test if you wanted to?	YES . . . . . 1 NO 2	
533	There are many reasons why people do not get tested for HIV. Can you tell me why you have not been tested?	DOES NOT WANT TO KNOW/AFRAID ... 01 IS SURE SHE/HE DOES NOT HAVE HIV 02 IS SURE SHE/HE IS HIV POSITIVE . . . 03 LACK OF ANONYMITY/ PEOPLE . . . AT VCT KNOW HIM/HER . . . . . 04 COSTS TOO MUCH . . . . . 05 LAZY/ NO TIME TO GO . . . . . 06 PLANS TO GO . . . . . 07 UNDECIDED . . . . . 08 OTHER _____ 96 (SPECIFY)	

SECTION 6. OTHER REPRODUCTIVE HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	MALE ☐ → Some men are circumcised. Are you circumcised? FEMALE ☐ → Some women are circumcised, that is, they may have part of their genitals cut. Are you circumcised?	YES . . . . . 1 NO 2	
602	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
603	CHECK 309: HAS HAD SEXUAL INTERCOURSE ☐ → HAS NOT HAD SEXUAL INTERCOURSE ☐ →		611
604	CHECK 602: HEARD ABOUT INFECTION TRANSMIITTED THROUGH SEXUAL CONTACT ☐ → HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT ☐ →		606
605	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606	MALE ☐ → Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? FEMALE ☐ → Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a a bad smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
607	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis? Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
608	CHECK 605, 606, 607: HAS HAD AN INFECTION (ANY 'YES') ☐ → HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ →		611
609	The last time you had (PROBLEM FROM 605/606/607), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 611

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	Where did you go? 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 REGIONAL CONSULTANT HOSP. A DISTRICT HOSPITAL . . . . . B GOVT. HEALTH CENTRE . . . . . C DISPENSARY/PARASTATAL . . . D VILLAGE HEALTH POST/WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP/RELIGIOUS ORG G PRIVATE DOCTOR/CLINIC . . . . . H PHARMACY/CHEMIST . . . . . I OTHER PRIVATE MEDICAL _____ J (SPECIFY) SHOP . . . . . K HOME . . . . . L TRADITIONAL HEALER . . . . . M OTHER _____ X (SPECIFY)	
611	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
612	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
613	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ] MORNING . . . . . 1 AFTERNOON . . . . . 2 EVENING, NIGHT 3	

SECTION 7. BLOOD SPOT COLLECTION

THIS PAGE TO BE DESTROYED BEFORE MERGING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK Q. 103: AGE 15-17 ☐ ↓ AGE 18-49 ☐ →		704
702	FIND THE PARENT OR GUARDIAN OF THE YOUTH. WRITE NAME AND LINE NUMBER OF PARENT/GUARDIAN FROM THE HOUSEHOLD QUESTIONNAIRE. (IF YOUTH LIVES INDEPENDENTLY, WRITE A NOTE TO INDICATE THIS AT BOTTOM, AND SKIP TO Q. 704)	NAME _____ ☐☐	
703	**ASK PARENT/GUARDIAN:** As part of this survey, we are also studying **HIV** among women and men. As you know, HIV is the virus that causes AIDS. We are trying to find out how big the AIDS problem is in Tanzania, so we are asking the people we interview to give a **few drops of blood from a finger**. The things we use for taking the blood are completely **clean and safe**. The blood will be sent to a laboratory for testing. **No names** will be attached. So we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have **any questions**? **Will you allow _____ to take the test?** (NAME OF 15-17 YEAR OLD)	YES . . . . . 1 NO . . . . . 2 SIGNATURE OF INTERVIEWER: _____ DO NOT FORGET TO SIGN	
704	**ASK RESPONDENT:** As part of this survey, we are also studying **HIV** among women and men. As you know, HIV is the virus that causes AIDS. We are trying to find out how big the AIDS problem is in Tanzania, so we are asking the people we interview to give a **few drops of blood from a finger**. The things we use for taking the blood are completely **clean and safe**. The blood will be sent to a laboratory for testing. **No names** will be attached. So we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have **any questions**? **Will you accept the test?**	YES . . . . . 1 NO . . . . . 2 SIGNATURE OF INTERVIEWER: _____ DO NOT FORGET TO SIGN	
705	SAMPLE RESULTS	SAMPLE TAKEN . . . . . 1 REFUSED . . . . . 2 TECHNICAL PROBLEM . . . . . 3 OTHER _____ 6 (SPECIFY)	
706	BAR CODE LABEL PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM	PASTE FIRST BAR CODE LABEL HERE	

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 THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____