



Tanzania

2010 Demographic and Health Survey

Key Findings



This report summarises the findings of the 2010 Tanzania Demographic and Health Survey (TDHS) carried out by the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician -Zanzibar (OCGS) in collaboration with the Ministry of Health and Social Welfare (MoHSW). ICF Macro provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. Funding for the survey was provided by the Tanzania government through the MoHSW, Tanzania Food and Nutrition Centre (TFNC), Department for International Development (DFID), World Health Organization (WHO), United Nations Fund for Population Activities (UNFPA), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), One UN Fund (Joint Programme 2, and Joint Programme 5 – through MoHSW, Zanzibar), and the Irish Aid. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

Additional information about the survey may be obtained from the Tanzania National Bureau of Statistics (NBS), Kivukoni Front, 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 from MEASURE DHS, ICF Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone: 1.301.572.0200; Fax: 1.301.572.0999; e-mail: reports@macrointernational.com).

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ABOUT THE 2010 TDHS

The 2010 Tanzania Demographic and Health Survey (TDHS) is designed to provide data for monitoring the population and health situation in Tanzania. The 2010 TDHS is the eighth in a series of national surveys conducted in Tanzania. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, nutrition, maternal and child health, domestic violence, malaria, adult mortality, and HIV/AIDS-related knowledge and behaviour.

Who participated in the survey?

A nationally representative sample of 10,139 women age 15–49 in all selected households and 2,527 men age 15–49 in one-third of selected households were interviewed. This represents a response rate of 96% for women and 91% for men. This sample provides estimates for Tanzania as a whole, for urban and rural areas in the Mainland, for Zanzibar, for each of the seven zones, and, for most indicators, an estimate for each of the 26 regions. It should be noted that the zones, which are defined below, differ slightly from the zones used in the 1991-92 and 1996 TDHS reports but are the same as those in the 2004-05 TDHS and the 2007-08 THMIS.

- Western: Tabora, Shinyanga, Kigoma
- Northern: Kilimanjaro, Tanga, Arusha, Manyara
- Central: Dodoma, Singida
- Southern Highlands: Mbeya, Iringa, Rukwa
- Lake: Kagera, Mwanza, Mara
- Eastern: Dar es Salaam, Pwani, Morogoro
- Southern: Lindi, Mtwara, Ruvuma
- Zanzibar: Unguja North, Unguja South, Town West, Pemba North, Pemba South



HOUSEHOLD CHARACTERISTICS

Household composition

Tanzanian households consist of an average of 5.0 people. Almost half (47%) of the household members are children under age 15.

Housing conditions

Housing conditions vary greatly based on residence. Almost half (45%) of Mainland urban households have electricity compared to only 3% of the Mainland rural households and 35% of households in Zanzibar. Eighty percent of households in Mainland urban areas and Zanzibar have access to an improved water source, compared to 48% of households in Mainland rural areas. Overall, 13% of households use an improved, not-shared toilet facility. Fourteen percent of households have no toilet facility.

Ownership of goods

Currently, 60% of Tanzanian households own a radio and 46% have a mobile phone. Thirteen percent of households in the Mainland have a television compared to 29% of households in Zanzibar.

One-third of Mainland urban households own a bicycle, compared to 47% of Mainland rural households and half of households in Zanzibar. Nationwide only 2% of households own a truck or car. Rural households are most likely to own agricultural land (88%).

Education of survey respondents

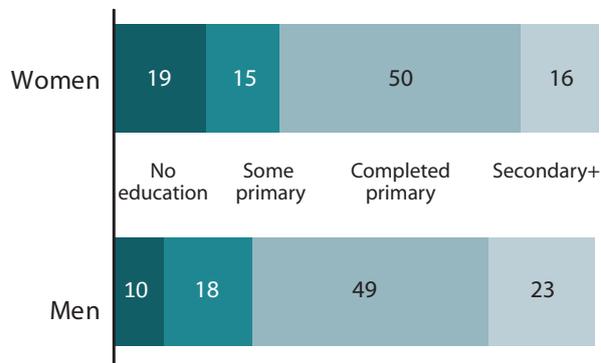
One in five Tanzanian women and one in ten Tanzanian men have had no education; 16% of women and 23% of men have gone to secondary school or beyond. Urban residents and those living in Dar es Salaam and Zanzibar have the highest level of education. Overall, 72% of women and 82% of men are literate.



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Education

Percent distribution of women and men age 15–49 by highest level of education



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate (TFR)

Fertility in Tanzania has declined over the past two decades. Currently, women in Tanzania have an average of 5.4 children, a slight decrease from 5.7 in 2004-05.

Fertility varies by residence and by zone. Women in Mainland urban areas have 3.7 children on average, compared to 6.1 children per woman in Mainland rural areas. Fertility is highest in Western Zone, where women have an average of 7.1 children, and lowest in Eastern Zone where women have an average of 3.9 children.

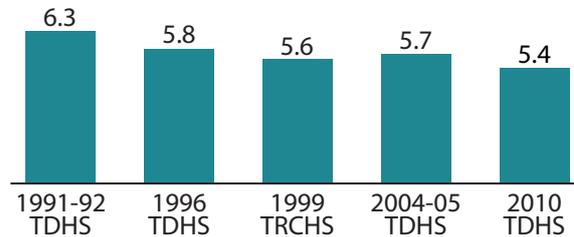
Fertility also varies with mother's education and economic status. Women who have no education have more than twice as many children as those with secondary or higher education (7.0 versus 3.0). Fertility increases as the wealth of the respondent's household* decreases. The poorest women, in general, have more than twice as many children as women who live in the wealthiest households (7.0 versus 3.2 children per woman).

Teenage fertility

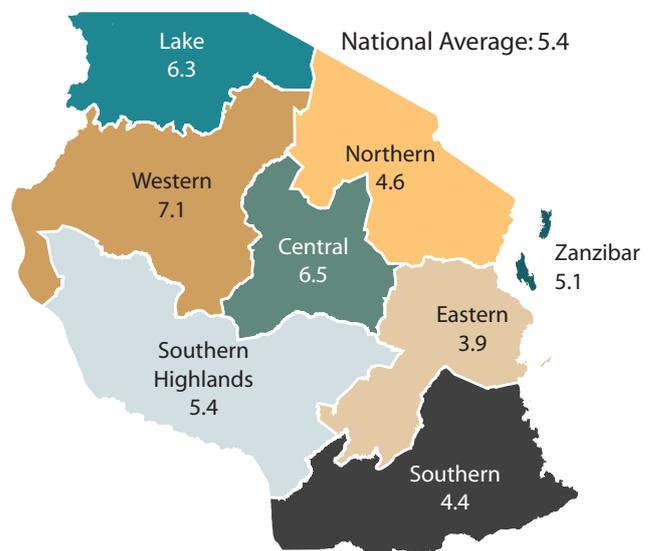
According to the 2010 TDHS, 23% of young women age 15-19 have already begun childbearing: 17% are mothers, and an additional 6% are pregnant with their first child. Young motherhood is much more common in rural areas than in urban areas. Young women with no education are more than eight times as likely to have started childbearing by age 19 than those who have secondary and higher education (52% versus 6%).

Trends in Fertility

Births per woman



Total Fertility Rate by Zone



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Age at first birth

The median age at first birth for all women age 25–49 is 19.5. There is little difference in age at first birth between urban and rural areas or across zones. Age at first birth increases with education and wealth. Women with no education have their first birth at a median age of 18.8 compared to 23.0 among women with secondary and higher education.

Age at first marriage

Four in ten women in Tanzania are married by age 18. The median age at first marriage is 18.8 for women age 25–49 compared to men who marry later, at a median age of 24.3. Age at marriage greatly increases with education; women with secondary and higher education get married more than five years later than those with no education (median age of 23.1 years versus 17.7 years for women age 25–49).

Age at first sexual intercourse

More than half of women age 25–49 (58%) and 41% of men age 25–49 were sexually active by the age of 18. Fifteen percent of women had had sex by the age of 15. Women start sexual activity about one year earlier than men (median age of 17.4 years for women and 18.5 years for men).

Polygyny

One in five women are married to a man with more than one wife. Polygyny is most common in Zanzibar and Western zones and among women with no education.

Desired family size

Tanzanian women and men want about five children, on average. Ideal family size is higher among women in rural areas than urban areas (5.6 versus 4.5). Women with secondary and higher education desire fewer children than women with no education (3.7 versus 6.0).



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FAMILY PLANNING

Knowledge of family planning

Knowledge of family planning methods in Tanzania is nearly universal; 98% of all women age 15–49 know at least one modern method of family planning. The most commonly known methods are the pill (96%), male condom (95%), and injectables (95%).

Current use of family planning

More than one-quarter of married women (27%) currently use a modern method of family planning. Another 7% are using a traditional method. Injectables (11%) and the pill (7%) are the most commonly used methods. Unmarried, sexually-active women are most likely to use family planning—almost half (45%) are using a modern method, with 16% using male condoms and 15% using injectables.

Use of modern family planning methods vary by residence and region. Modern methods are used by 34% of married women in urban areas, compared to 25% of women in rural areas. Modern contraceptive use ranges from a low of 7% of married women in Unguja North and Pemba North to a high of 50% in Kilimanjaro.

Modern contraceptive use increases dramatically with women’s education. More than one-third of married women with secondary and higher education use modern methods, compared to only 18% of women with no education.

Trends in family planning use

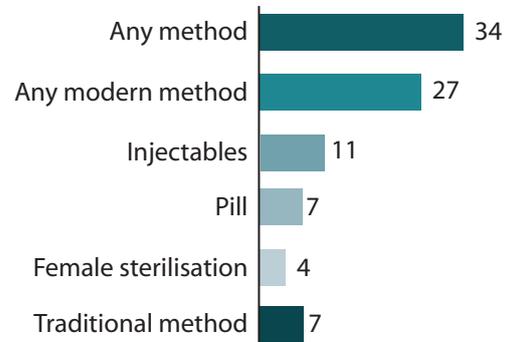
Family planning use has increased since 2004-05 when only 20% of married women were using a modern method. This is primarily due to a continued increase in use of injectables.

Source of family planning methods

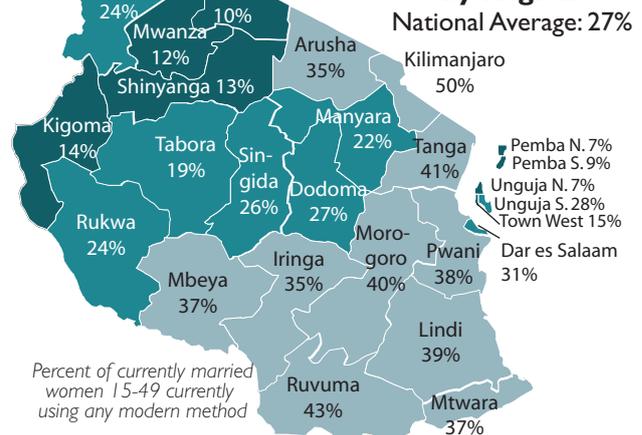
Public sources, such as government hospitals, government health centres, and clinics currently provide contraceptives to two-thirds (65%) of current users, while the private sector (primarily pharmacies) provides methods to 26% of users and religious/voluntary facilities provide to 6% of users. Condoms are most commonly obtained at shops and kiosks (52%), while most other methods are obtained from public health centres and dispensaries.

Family Planning

Percent of married women age 15–49 using family planning



Use of Modern Methods by Region



NEED FOR FAMILY PLANNING

Desire to delay or stop childbearing

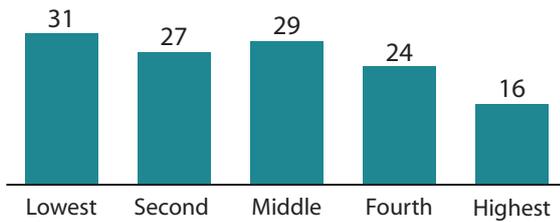
One-quarter of currently married Tanzanian women want no more children. Another 44% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet need for family planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2010 TDHS reveals that 25% of married women have an unmet need for family planning. Unmet need for spacing births is higher than the unmet need for limiting births. Unmet need is highest among poorer women and those with no education.

Unmet Need by Wealth

Percent of married women 15–49 with unmet need for family planning



Missed opportunities

Overall, about half of women and 61% of men heard a family planning message on the radio in the past few months. Almost one in four (24%) women and 29% of men listened to the “Zinduka” program. “Twenda na Wakati” was equally popular with 25% of women and 32% of men listening in the six months before the survey. Posters, billboards, and television are also common sources of family planning messages.

Among all women who are not currently using family planning, only 4% were visited by a field worker who discussed family planning, and only 20% of women visited a health facility where they discussed family planning. Overall, 78% of nonusers did not discuss family planning with any health worker.

Informed choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other family planning methods. Fifty-seven percent of Tanzanian women were informed about possible side effects of their method, and 82% were informed about other family planning methods.

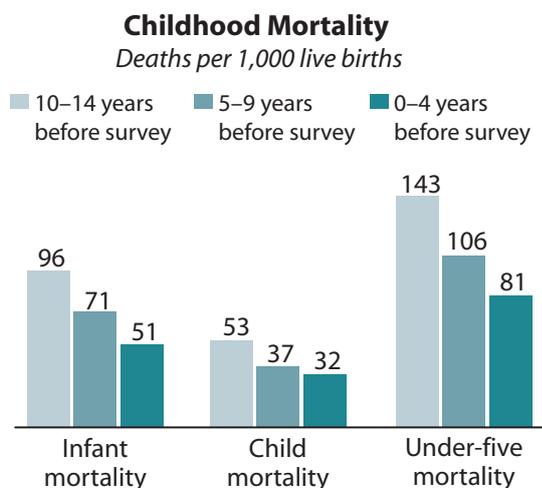


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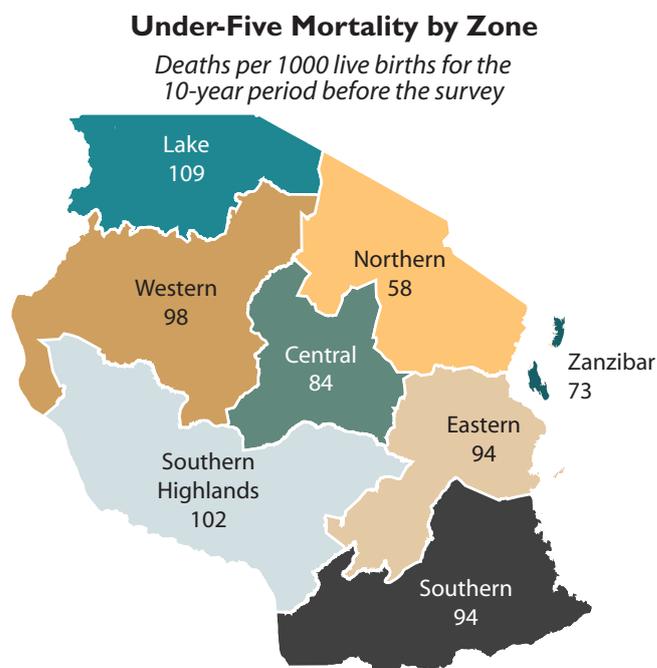
INFANT AND CHILD MORTALITY

Levels and trends

Childhood mortality levels are decreasing in Tanzania. Currently, infant mortality is 51 deaths per 1,000 live births for the five year period before the survey compared to 71 deaths for the 5–9 year period before the survey. Under-five mortality levels have also decreased from 106 deaths per 1,000 live births to 81.



Mortality rates differ by zone. The under-five mortality rate for the ten-year period before the survey ranges from 58 deaths per 1,000 live births in Northern Zone to 109 in Lake Zone.



Birth intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Tanzania, the median birth interval is 34 months. Infants born less than two years after a previous birth have particularly high under-five mortality rates (136 deaths per 1,000 live births compared to 74 deaths per 1,000 live births for infants born three years after the previous birth). Sixteen percent of infants in Tanzania are born less than two years after a previous birth.



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MATERNAL HEALTH

Antenatal care

Almost all (96%) of Tanzanian women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse/midwife (80%). Only 15% of women, however, had an antenatal care visit by their fourth month of pregnancy, as recommended. Four in ten women (43%) received the recommended four or more visits. Six in ten (59%) women took iron supplements during pregnancy; 68% took antimalarial drugs. Only half (53%) of women were informed of signs of pregnancy complications during an ANC visit. Almost 9 in 10 (88%) of women's most recent births were protected against neonatal tetanus.

Delivery and postnatal care

Half of Tanzanian's births occur in health facilities, primarily in public sector facilities. Home births are more common in rural areas (56%) than urban areas (17%).

Just over half (51%) of births are assisted by a skilled provider (doctor, AMO, clinical officer, assistant clinic officer, nurse, midwife, or MCH aide). Another 15% are assisted by a traditional birth attendant and 29% by untrained relatives or friends.

Postnatal care helps prevent complications after childbirth. Three in ten women received a postnatal checkup within two days of delivery. Almost two-thirds of women did not have a postnatal checkup.



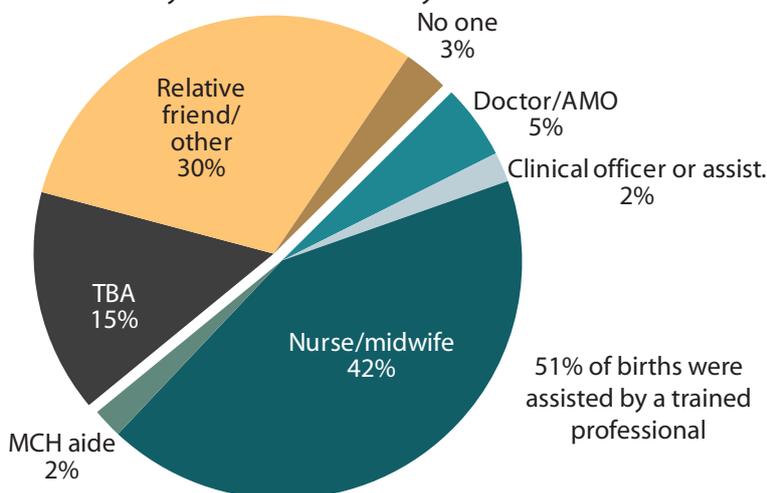
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Maternal mortality

The 2010 TDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Tanzania is 454 deaths per 100,000 live births.

Assistance During Delivery

Percent distribution of births in the 5 years before the survey



CHILD HEALTH

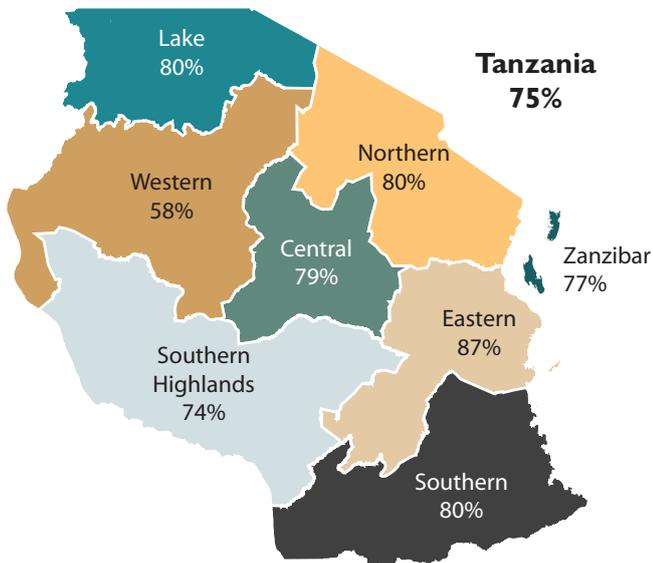
Vaccination coverage

According to the 2010 TDHS, 75% of Tanzanian children age 12–23 months have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT-Hep B-Hib and polio. Only 2% of children did not receive any of the recommended vaccines.

Vaccination coverage is higher in rural areas than urban areas (86% versus 73%). There is also variation in vaccination coverage by zone, ranging from only 58% fully vaccinated in Western to 87% in Eastern. Coverage increases with mother's education; 88% of children whose mothers have secondary and higher education were fully vaccinated compared to 63% of children whose mothers have no education.

Vaccination Coverage by Zone

Percent of children age 12–23 months with all basic vaccinations (BCG, measles, and 3 doses each of DPT and polio)



Trends in vaccination coverage

Vaccination coverage continues to increase gradually over time. Vaccination coverage has increased from 71% in the 2004–05 TDHS and 68% in the 1999 TDHS.

Childhood illnesses

In the two weeks before the survey, 4% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI).

During the two weeks before the survey, 15% of Tanzanian children under five had diarrhoea. The rate was highest (29%) among children 6–11 months old. Fifty-three percent of children with diarrhoea were taken to a health provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Almost all (95%) mothers with children born in the last five years know about ORS packets. Six in ten (59%) children with diarrhoea were treated with ORS or recommended home fluids. However, only 18% of children with diarrhoea were offered increased fluids, and 17% received no treatment (from a medical professional or at home) at all.



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FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and the introduction of complementary foods

Breastfeeding is very common in Tanzania, with 97% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. However, only 50% of children under six months in Tanzania are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 37% of Tanzanian infants under six months receive complementary foods. On average, children breastfeed until the age of 21 months and are exclusively breastfed for 2.4 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Tanzania, 93% of children ages 6–9 months are eating complementary foods.

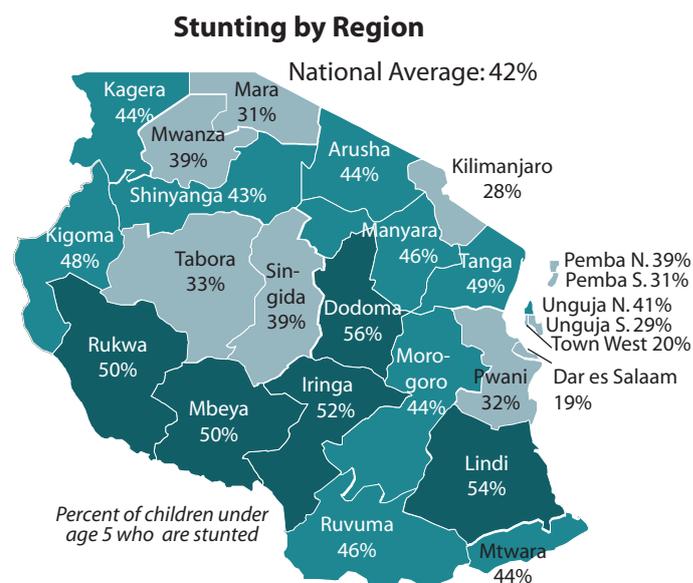
The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months also be fed three or more other food groups daily. One in four breastfed children in Tanzania meet this recommendation. It is also recommended that non-breastfed children be fed milk or milk products, and four or more food groups. However, only 41% of non-breastfed Tanzanian children receive milk or milk products, and only 32% were fed four or more food groups.



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Children's nutritional status

The TDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2010 survey, 42% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (45%) than urban areas (32%). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common, only 5%. Sixteen percent of Tanzanian children are underweight, or too thin for their age.

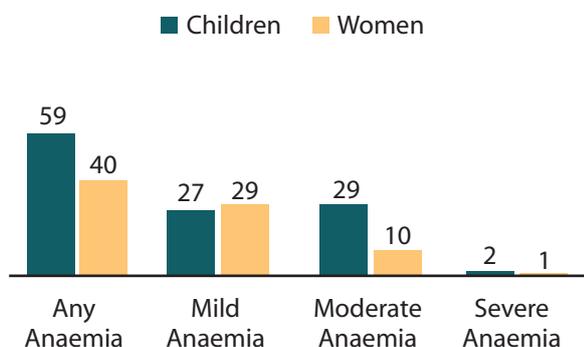


Anaemia

The 2010 TDHS tested over 6,600 children age 6 months to 5 years and almost 10,000 women for anaemia. Almost six in ten children and 40% of women in Tanzania are classified as having any anaemia. Anaemia has decreased from 72% of children in the 2004-05 TDHS to 59% of children in 2010. The decrease in anaemia among women—from 48% in 2004-05 to 40% in 2010—is less dramatic than the decrease seen among children.

Anaemia in Women and Children

Percent of children age 6-59 months and women age 15-49 years with anaemia



Women's nutritional status

The 2010 TDHS also took weight and height measurements of women age 15-49. Few Tanzanian women are too thin (11%), but 22% of women are overweight or obese. Overweight and obesity is twice as high in urban areas as in rural areas (36% compared to 15%) and increases with age, education, and wealth. Women in Dar es Salaam are most likely to be overweight or obese (45%).

Vitamin A and iron supplementation

Micronutrients are essential vitamins and minerals required for good health.

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 62% of children age 6-35 months ate fruits and vegetables rich in vitamin A. Six in ten (61%) children age 6-59 months received a vitamin A supplement in the six months prior to the survey. Only 26% of women received a vitamin A supplement postpartum. Vitamin A supplementation has increased since the 2004-05 TDHS when 46% of children age 6-59 months received a vitamin A supplement in the six months prior to the survey and 20% of pregnant women received a vitamin A supplement postpartum.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Only 4% of women took iron tablets or syrup for at least 90 days during their last pregnancy.



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MALARIA

Household ownership of mosquito nets

In Tanzania, almost two-thirds (64%) of households have at least one insecticide-treated mosquito net (ITN) and 54% have at least one long-lasting insecticidal net (LLIN). ITN ownership is highest in Unguja North and South and Pemba North (more than 85%) and lowest in Singida (34%). Additionally, 37% of households have more than one ITN. This is a dramatic increase in ownership of ITNs from the 2004-05 TDHS when only 23% of households owned an ITN.

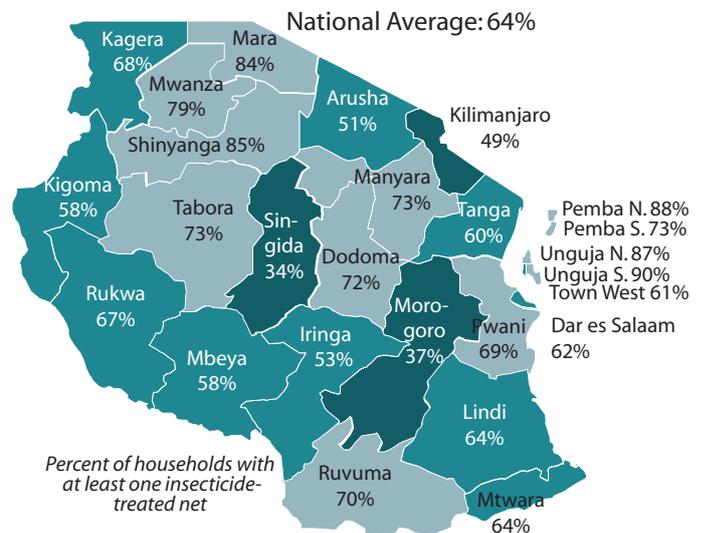
Use of mosquito nets by children and women

Overall, 64% of children under five slept under an ITN the night before the survey. Nearly one-quarter (24%) of children under five slept under an LLIN the night before the survey. Among those children with an ITN in the household, 76% slept under an ITN the night before the survey. More than half of pregnant women (57%) slept under an ITN the night before the survey. One in four pregnant women slept under an LLIN the night before the survey.

Antimalarial drug use

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Overall, 66% of pregnant women received any antimalarial drug during their last pregnancy. However, only 26% of pregnant women received two doses of SP/Fansidar, at least one of which was taken during an ANC visit, as recommended.

ITN Ownership by Region



Almost one-quarter of children under age five had a fever in the two weeks preceding the survey. Among these children, 59% were given antimalarial drugs, while only 41% were given antimalarial drugs the same day or the day following the onset of the fever. Artemisinin-based combination therapy (ACT) was taken by the majority of children with fever.



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GENDER BASED VIOLENCE WOMEN'S EMPOWERMENT

More than one-third of all women (39%) in Tanzania have suffered from physical violence at some point since age 15. One-third (33%) of women suffered from acts of violence during the past 12 months. This proportion is substantially higher for divorced/separated/widowed women (46%) than single women (21%). More than four-fifths of women who have ever experienced physical violence report that the perpetrator of the violence was a current or former husband/partner.

One in five women have ever experienced sexual violence, and 10% of women had their first sexual intercourse forced against their will.

Spousal Violence

Half of ever-married women have suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual. More than one-third (37%) of ever-married women report having experienced some form of physical or sexual violence by their husband/partner in the past year.

Spousal violence is quite rare in Zanzibar; 9% of ever-married women have ever experienced physical or sexual violence by a partner compared to 45% in Mainland Tanzania. Women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink (77% and 33%, respectively).

More than half of women and one-third of men believe that wife beating is justified in certain circumstances, such as neglecting the children or going out without telling the husband.

FEMALE CIRCUMCISION

Most women age 15–49 in Tanzania have heard of female circumcision (82%). Overall, 15% of women are circumcised. Female circumcision (also known as female genital cutting) is most common in Dodoma and Manyara regions, where more than 60% of women are circumcised. One-third of women are circumcised before the first birthday. Female circumcision is most commonly performed by a traditional circumciser (73%) followed by a traditional birth attendant (22%). More than 9 in 10 women in Tanzania believe that female circumcision should be stopped.

Employment

Almost 9 in 10 married women age 15–49 interviewed in the TDHS are employed, compared to almost 100% of married men. Among those who are employed, men are more likely to earn cash, while women are more likely than men to be unpaid. Women who earn cash generally earn less than their husbands.

Participation in household decisions

For the most part, Tanzanian women have the power to make some household decisions. Three in five women have sole or joint decision making power about their own health care, while only 39% participate in decisions about major household purchases. Half of women participate in decisions about visiting family or friends.



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HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge

According to the 2010 TDHS, 71% of women age 15–49 and 70% of men age 15–49 know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. This knowledge varies by region, from only 50% of women in Mwanza and Unguja North to 88% of women in Dodoma.

Almost 3 in 4 women and 6 in 10 men know that HIV can be transmitted by breastfeeding and that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy. This marks a large increase since the 2007-08 Tanzania HIV and Malaria Indicator Survey.

Multiple sexual partners and condom use

Four percent of women and 21% of men report that they had sex with two or more partners in the past 12 months. Among these men, 24% used a condom during their last sexual intercourse. Among those who have ever had sexual intercourse, women have an average of 2 sexual partners in their lifetime, compared to men who have an average of more than 6 partners. Fifteen percent of men report that they have ever paid for sex.

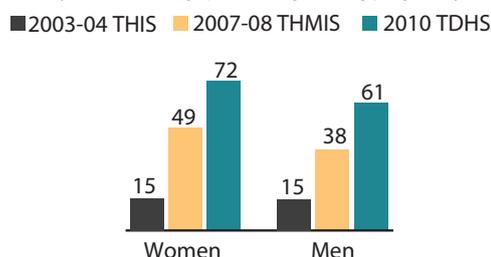
Prior HIV testing

Most Tanzanians know where to get an HIV test (92%). HIV testing is increasing rapidly in Tanzania. Currently, 55% of women and 40% of men have ever been tested and received results. In the 12 months before the survey, 30% of women and 25% of men took an HIV test and received the results.

More than half (55%) of women who were pregnant in the two years before the survey were offered and received HIV testing during antenatal care and received their results. HIV testing during antenatal care is much more common in urban areas (77%) than rural areas (50%) and is highest among women with secondary and higher education (74%).

Trends in Knowledge of Mother-to-Child Transmission

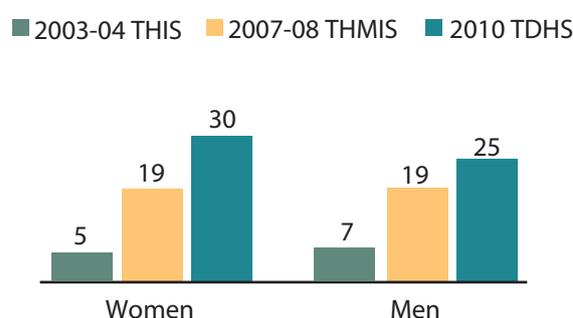
Percent who know that HIV can be transmitted by breastfeeding and that the risk can be reduced by mother taking special drugs during pregnancy



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Trends in HIV Testing

Percent of women and men age 15-49 who were tested and received results in the 12 months before the survey





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KEY INDICATORS

Fertility	Residence		
	Total	Urban	Rural
Total fertility rate (number of children per woman)	5.4	3.7	6.1
Women age 15–19 who are mothers or currently pregnant (%)	23	15	26
Median age at first marriage for women age 25–49 (years)	18.8	19.8	18.5
Median age at first intercourse for women age 25–49 (years)	17.4	17.8	17.3
Median age at first birth for women age 25–49 (years)	19.5	19.9	19.4
Married women age 15–49 who want no more children (%)	26	31	28
Family Planning (married women, age 15–49)			
Current use			
Any method (%)	34	46	31
Any modern method (%)	27	34	25
Currently married women with an unmet need for family planning ¹ (%)	25	20	27
Maternal and Child Health			
Maternity care			
Pregnant women who received antenatal care from a skilled provider ² (%)	96	99	95
Births assisted by a skilled provider ² (%)	51	83	42
Births delivered in a health facility (%)	50	82	42
Child vaccination			
Children 12–23 months fully vaccinated ³ (%)	75	86	73
Nutrition			
Children under 5 years who are stunted (moderate or severe) (%)	42	32	45
Children under 5 years who are wasted (moderate or severe) (%)	5	5	5
Children under 5 years who are underweight (%)	16	11	17
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	64	65	63
Children under 5 years who slept under an ITN the night before the survey (%)	64	64	64
Pregnant women who slept under an ITN the night before the survey (%)	57	47	59
Childhood Mortality			
Infant mortality (between birth and first birthday) ⁴	51	63	60
Under-five mortality (between birth and fifth birthday) ⁴	81	94	92
HIV/AIDS-related Knowledge			
Knows ways to avoid HIV (women and men age 15–49):	Women/Men	Women/Men	Women/Men
Having one sexual partner (%)	87/90	94/93	85/89
Using condoms (%)	76/76	79/77	75/75
Knows HIV can be transmitted by breastfeeding (%)	89/81	93/86	87/80
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (%)	75/67	86/81	70/61
Women's Experience of Violence (women age 15–49)			
Ever experienced physical violence since age 15 (%)	39	36	40
Ever experienced physical or sexual violence committed by a husband/partner ⁵ (%)	44	42	44

Numbers in parentheses are based on 500–750 cases (fertility) or 25–49 cases (malaria).¹ Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ² Skilled provider includes doctor/AMO, clinical officer, assistant clinical officer, nurse/midwife, and MCH aide. ³ Fully vaccinated includes BCG, measles, three doses of DPT-Hep B-Hib, and three doses of polio (excluding Polio 0 and Polio 4)

Zones							
Western	Northern	Central	Southern Highlands	Lake	Eastern	Southern	Zanzibar
7.1	4.6	6.5	5.4	6.3	3.9	4.4	5.1
30	16	20	21	29	18	26	6
18.1	19.8	18.5	18.8	18.4	19.7	18.6	18.9
17.2	18.6	17.5	18.1	16.8	17.4	16.1	18.7
19.2	20.3	19.6	19.5	19.1	19.7	19.1	20.5
21	38	35	34	32	25	33	22
20	49	29	46	18	48	42	18
15	39	27	34	16	35	40	12
26	23	35	20	33	18	23	35
95	97	98	95	90	99	99	99
38	52	47	50	44	76	67	54
37	51	46	50	45	75	68	49
58	80	79	74	80	87	80	77
42	43	50	51	38	31	47	30
3	7	7	3	5	6	4	12
12	22	24	13	13	13	19	20
74	57	59	58	76	55	66	76
68	57	59	52	76	53	73	55
55	51	57	46	75	48	51	50
56	40	57	70	64	70	68	54
98	58	84	102	109	94	94	73
<i>80/87</i>	<i>88/87</i>	<i>95/98</i>	<i>88/87</i>	<i>81/91</i>	<i>94/94</i>	<i>92/91</i>	<i>89/78</i>
<i>79/77</i>	<i>67/74</i>	<i>85/85</i>	<i>77/73</i>	<i>71/76</i>	<i>81/75</i>	<i>85/82</i>	<i>66/51</i>
<i>86/85</i>	<i>88/84</i>	<i>85/92</i>	<i>86/69</i>	<i>89/72</i>	<i>94/86</i>	<i>95/91</i>	<i>91/84</i>
<i>77/66</i>	<i>70/69</i>	<i>65/78</i>	<i>69/66</i>	<i>71/53</i>	<i>86/73</i>	<i>79/70</i>	<i>80/76</i>
33	22	61	46	50	37	35	10
35	28	64	55	57	43	36	9

⁴ Number of deaths per 1,000 births; figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey. ⁵ Ever-married women age 15-49

