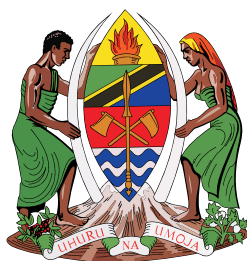




Tanzania

**2022 Demographic and Health Survey and
Malaria Indicator Survey**

Summary Report



The United Republic of Tanzania

The 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) was implemented by the Tanzania National Bureau of Statistics (NBS) and the Office of Chief Government Statistician (OCGS) in collaboration with the Ministries of Health of Tanzania Mainland and Zanzibar. The Tanzania Food and Nutrition Centre (TFNC) collaborated on several aspects of the survey, especially biomarkers. Funding for the 2022 TDHS-MIS was provided by the Government of Tanzania; the United States Agency for International Development (USAID); the President's Malaria Initiative (PMI); the Canadian International Development Agency (CIDA); the Centers for Disease Control and Prevention (CDC); the Foreign, Commonwealth and Development Office (FCDO); the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); the Hilton Foundation; Irish AID; the Royal Norwegian Embassy and Legal and Human Rights Centre (LHRC); Nutrition International, United Nations Children's Fund (UNICEF); the World Food Programme (WFP); and the Bill & Melinda Gates Foundation. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

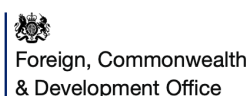
Additional information about the 2022 TDHS-MIS may be obtained from the National Bureau of Statistics, Head Office, 64 Lusinde Road, P.O. Box 2683, 41104 Tambukareli, Dodoma, Tanzania; telephone: +255-26-296-3822; fax: +255-26-296-3828; email: sg@nbs.go.tz; website: www.nbs.go.tz and the Office of the Chief Government Statistician, P.O. Box 2321, Zanzibar, Tanzania; telephone: +255-24-224-0134; email: zanstat@ocgs.go.tz; website: <https://www.ocgs.go.tz>.

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; e-mail: info@DHSprogram.com; Internet: www.DHSprogram.com).

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The contents of this report are the sole responsibility of NBS and ICF and do not necessarily reflect the views of USAID, the United States Government, or other donor agencies.



ABOUT THE 2022 TDHS-MIS

The 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) is designed to provide data for monitoring the population and health situation in Tanzania. The 2022 TDHS-MIS is the 7th Demographic and Health Survey conducted in Tanzania since 1991-92 and the 5th Malaria Indicator Survey since 2007-08. The primary objective of the survey is to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, malaria, other health related issues, as well as prevalence of malaria infection among children under age 5. This information is intended for use by programme managers and policymakers to evaluate and improve existing programmes.

Who participated in the survey?

A nationally representative sample of 15,254 women age 15–49 in 15,705 households and 5,763 men age 15–49 in half of the selected households were interviewed. This represents a response rate of 97% of women and 91% of men. The sample design for the 2022 TDHS-MIS provides estimates at the national level, for urban and rural areas, for the nine zones, and for each of Tanzania's 31 regions—26 regions from Tanzania Mainland and 5 regions from Zanzibar provinces.

TANZANIA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Households in Tanzania have an average of 4.5 members. Women head 29% of Tanzanian households. Almost half (46%) of the household population in Tanzania is under age 15.

Cooking and Lighting

Only 7% of the household population in Tanzania has access to clean fuels and technologies for cooking, including stoves/cookers using electricity, liquefied petroleum gas/natural gas/biogas, solar, and alcohol/ethanol. The vast majority (93%) use solid fuels and technologies, such as coal/lignite, charcoal, wood, straw/shrubs/grass, agricultural crops, and animal waste, processed biomass (pellets) or woodchips, garbage/plastic, and sawdust.

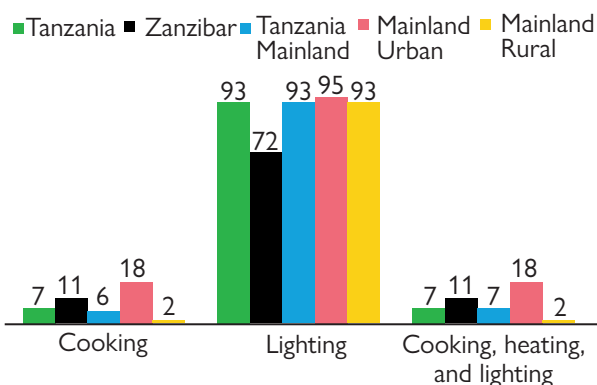
One-third (33%) of Tanzanian household population has electricity, including 32% in Tanzania Mainland and 67% in Zanzibar. Nearly all (93%) of the household population uses clean fuels and technologies for lighting, including electricity, solar lanterns, rechargeable flashlights/torches/lanterns, and biogas lamps.

Household Durable Goods

More than a quarter of households (27%) in Tanzania own a bicycle, compared to 12% of households that own a motorcycle or scooter, and 3% of households that own a car/truck. Over half of Tanzanian households own agricultural land, including 21% of Tanzanian Mainland urban households, 69% of Tanzanian Mainland rural households, and 20% of Zanzibari households.

Primary Reliance on Clean Fuels and Technologies by Residence

Percent of population relying on clean fuels and technologies for:



Information Communication Technology (ICT) and Internet Use

In Tanzania, 83% of households own a mobile phone, 28% of households own a television, 44% own a radio, and 3% own a computer. ICT ownership is generally higher in Tanzanian Mainland urban areas, except for mobile phones, which are about equally common in Zanzibari households.

Radio is the most frequently accessed form of media, with 32% of women and 52% of men age 15–49 listening to the radio weekly. Thirty percent of women and 47% of men watch television at least once a week. Only 6% of women and 21% of men read the newspaper on a weekly basis. Overall, 54% of women and 34% of men access none of these three media at least once a week.

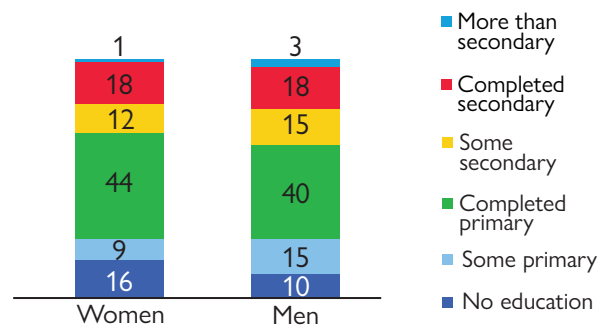
Only 14% of women and 28% of men in Tanzania have ever used the internet, with 13% of women and 26% of men reporting they used the internet in the last 12 months.

Education and Literacy

In Tanzania, 16% of women and 10% of men age 15–49 have no education. Thirty-one percent of women and 36% of men have some secondary education or higher. Eighty percent of women and 87% of men age 15–49 are literate.

Educational Attainment by Sex

Percent distribution by level of education



Figures ≠ 100% due to rounding.

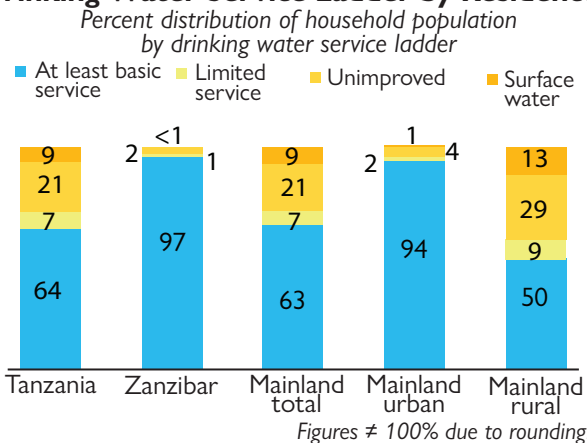
HOUSEHOLD WATER AND SANITATION

Drinking Water

Overall, 64% of the household population in Tanzania has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. In Tanzania Mainland, 63% (94% Mainland urban versus 50% Mainland rural) of the household population has access to at least basic drinking water service and 97% of Zanzibar's household population has at least basic drinking water service.

Overall, 75% of the household population had sufficient quantities of drinking water when needed. By region, the availability of sufficient quantities of drinking water is lowest in Tanga (46%) and highest in Songwe (96%). Two-thirds of the Tanzanian household population does not treat their drinking water.

Drinking Water Service Ladder by Residence



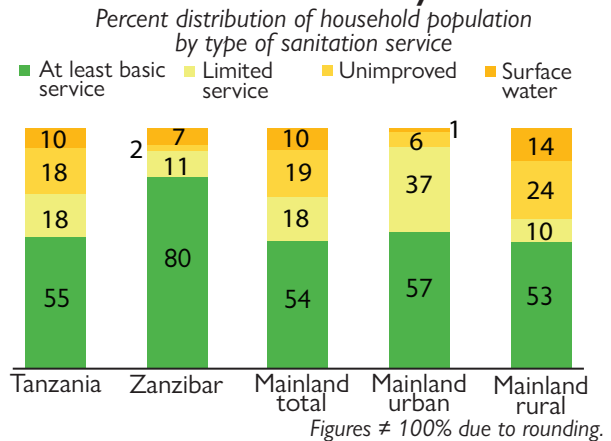
Menstrual Hygiene

Of women age 15–49 with a menstrual period in the year before the survey, 53% used cloth to collect or absorb blood, 37% used disposable sanitary pads, 12% used reusable sanitary pads, 4% used underwear only, and less than one percent used a menstrual cup, toilet paper, cotton wool cloth, or nothing. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 96% used appropriate materials and were able to wash and change in privacy.

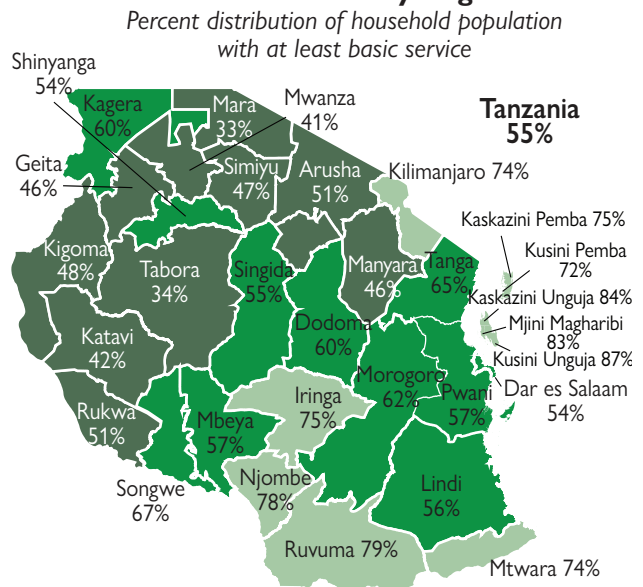
Sanitation

Slightly more than half of Tanzanians (55%) have at least basic sanitation service, meaning they have access to improved facilities that are not shared with other households or have safely managed sanitation service where excreta are safely disposed of in situ or transported and treated off-site. For the Tanzanian Mainland population, 54% have at least basic service, compared to 80% of Zanzibar's population. Still, 36% of all Tanzanians have access to limited or unimproved sanitation service, and 10% practice open defecation.

Sanitation Service Ladder by Residence



Sanitation Service by Region



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

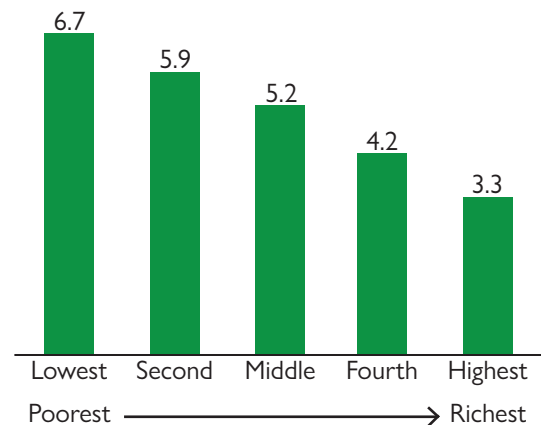
Currently, women in Tanzania have an average of 4.8 children. Fertility in Tanzania has declined from 6.2 children per woman in 1991-92 to 4.8 children per woman in 2022.

Rural women have more children than urban women (5.5 children versus 3.6 children). By region, fertility ranges from 2.8 children per woman in Dar es Salaam to 6.6 children per woman in Simiyu. There is minimal difference in fertility between Tanzania Mainland and Zanzibar, (4.8 children per woman compared to 4.7 children per woman).

Fertility in Tanzania declines with increasing education, from 6.3 children among women with no education to 3.8 children among those with more than a secondary education. In addition, fertility also declines with household wealth.* Women in the poorest households have 6.7 children on average, compared to 3.3 among women in the richest households.

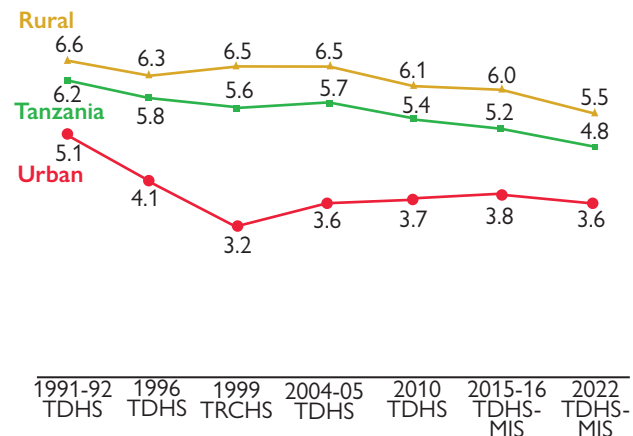
Fertility by Household Wealth

Births per woman for the three-year period before the survey



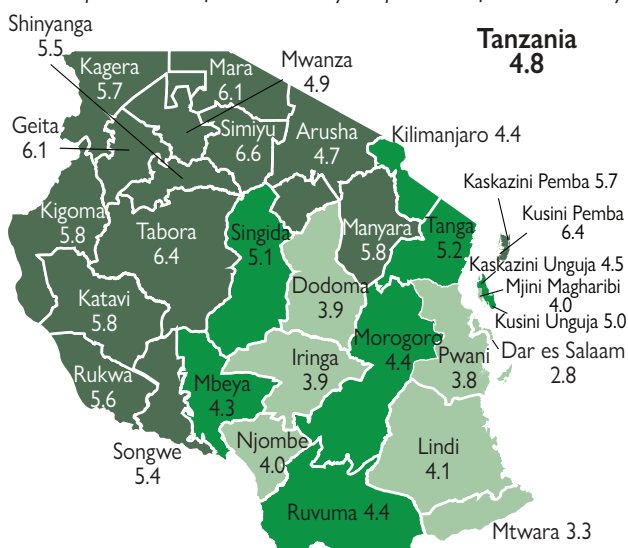
Trends in Total Fertility Rate by Residence

Births per woman for the three-year period before the survey



Total Fertility Rate by Region

Births per woman for the three-year period before the survey



* 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 their relative standing on the household wealth index.

Age at First Marriage, Sexual Intercourse, and Birth

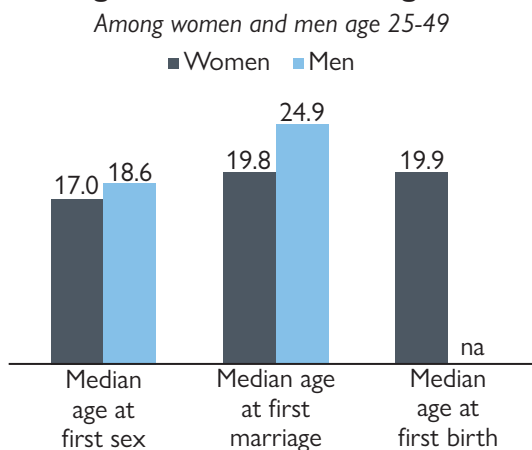
Overall, 61% of women and 51% of men age 15–49 are married or living together with a partner. Nearly one-third of women age 25–49 were married by age 18, compared to just 5% of men. Among young people age 20–24, 29% of women and 4% of men were married by age 18.

Half of Tanzanian women age 25–49 are married by age 19.8 years, the median age at first marriage. Rural women marry at a younger age than urban women (19.2 years compared to 21.4 years). Tanzanian men marry five years later than Tanzanian women; the median age at first marriage for men age 25–49 is 24.9 years.

The median age at first sexual intercourse is 17.0 years among women age 25–49 and 18.6 years among men of the same age. Two-thirds of women and 41% of men age 25–49 had sex before age 18, and 14% of women and 7% of men age 25–49 had sex before age 15. Rural women initiate sexual intercourse about one year earlier (0.9 years) than urban women.

In Tanzania the median age at first birth for women age 25–49 is 19.9 years. This means that half of women age 25–49 give birth for the first time before this age. On average, urban women give birth for the first time 1.2 years later than rural women (20.8 years compared to 19.6 years).

Median Age at First Sex, Marriage, and Birth



Polygyny

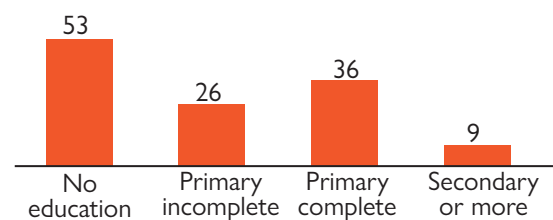
Fifteen percent of married women have one or more co-wives and 6% of married men have 2 or more wives. Polygynous unions are more common among women and men with no education and from the poorest households.

Teenage Pregnancy

In Tanzania, 22% of adolescent women age 15–19 have ever been pregnant: 16% have given birth, 6% were pregnant at the time of the survey, and 2% have ever had a pregnancy loss. By region, teen pregnancy ranges from 2% of young women in Mjini Magharibi to 45% of young women in Songwe. Teenage pregnancy is almost six times higher among young women with no education than among women with secondary education or more (53% versus 9%).

Teenage Pregnancy by Education

Percent of women age 15-19 who have ever been pregnant



Pregnancy Outcomes and Induced Abortion

Of all pregnancies to women age 15–49 ending in the three years before the survey, 90% resulted in live births and 10% resulted in pregnancy losses. Among pregnancy losses, 8% were miscarriages, 2% were stillbirths, and fewer than 1% were induced abortions. Nearly a quarter (23%) of pregnancy outcomes in Dar es Salaam result in miscarriage, the highest of any region, compared to less than 1% of pregnancies in Rukwa.

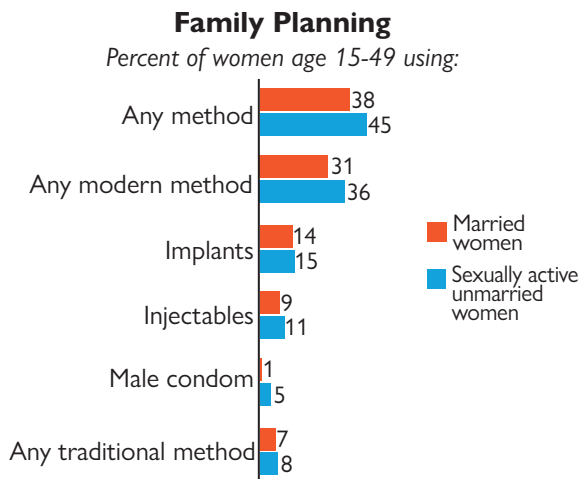
FAMILY PLANNING

Current Use of Family Planning

In Tanzania, 38% of married women age 15–49 use any method of family planning, with 31% using any modern method and 7% using a traditional method of family planning. The most commonly used modern method among married women are implants (14%), followed by injectables (9%).

More married women in Tanzania Mainland use modern methods of family planning than in Zanzibar (32% compared to 17%). By residence, more urban married women use modern methods (35%) than rural married woman (29%). By region, modern methods use ranges from 9% in both Simiyu and Kaskazini Unguja to 56% in Njombe.

Family planning use among sexually active unmarried women is 45%, with 36% using modern methods and 8% using traditional methods. Implants (15%) and injectables (11%) are the most commonly used modern family planning methods.

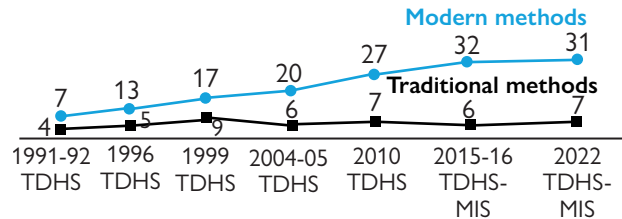


Source of Modern Family Planning

Over three quarters (78%) of all modern family planning users obtain their methods from the public sector, the most common sources being dispensaries (46%) and health centres (17%). The majority of women using implants (92%), IUDs (84%), and injectables (76%) obtain these methods from the public sector. Only 19% of male condoms are obtained through the public sector; most (76%) are obtained in other sources.

Trends in Family Planning Use

Percent of married women age 15-49 using:



Modern method users obtain family planning through other sources (14%), such as pharmacies (6%) and accredited drug dispensing outlets (5%). Only 5% of women obtain modern family planning through religious or voluntary health facilities and 2% of women use the private medical sector.

Trends in Family Planning Use

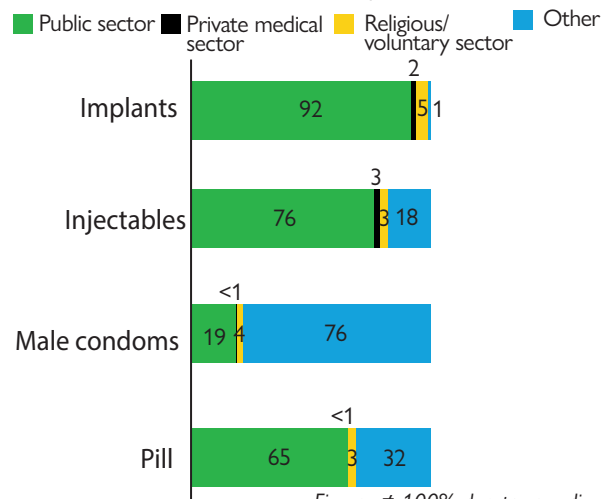
The use of modern methods of family planning among married women has increased steadily from 7% in 1991-92 to 31% in 2022. The use of traditional methods increased slightly from 4% in 1991-92 to 7% in 2022.

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 available family planning methods. In Tanzania, 75% of women age 15–49 using modern methods were informed about side effects, 73% were informed what

Source of Family Planning Methods

Percent distribution of family planning users age 15-49 by most recent source of method



Figures ≠ 100% due to rounding.

to do if they experience side effects, and 78% were informed about other family planning methods that were available. Overall, 66% of women using modern methods received all three types of information, and 77% were informed that they could switch to another method if they wanted or needed to.

Demand for Family Planning

Women who want to stop or delay childbearing are said to have a demand for family planning. The total demand for family planning includes both met need and unmet need. Met need is the percent of women who are currently using family planning. Unmet need for family planning is the proportion of women who want to stop or delay childbearing but are not using family planning.

In the Tanzania, 59% of all married women have a demand for family planning, which includes 21% of women with an unmet need for family planning and 38% of women with a met need. About 4 in 10 married women (41%) have no need for family planning, indicating that they do not wish to delay or limit pregnancy.

Sexually active unmarried women have a higher demand for family planning, at 76%. This includes 32% of women with an unmet need for family planning and 45% with a met need.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. In Tanzania, demand satisfied by modern method is 53% and is higher among married women in urban areas than rural areas (72% versus 60%). By region, it ranges from 17% in Simiyu to 88% in Lindi. Among sexually active unmarried women, demand satisfied by modern method is 59%.

Decision Making about Family Planning

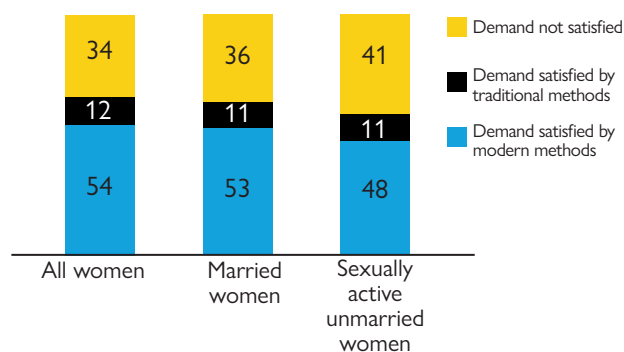
Overall, 85% of married women make the decision to use or not use family planning either alone (31%) or jointly with their husband/partner (54%). Joint decision making with husbands or partners increases with increasing education and household wealth.

Exposure to Family Planning Messages

Half of women and 64% of men age 15–49 were exposed to family planning messages on radio in the 12 months before the survey, and 50% of women and 53% of men saw family planning messages on an outdoor sign or billboard. Still, 22% of women and 19% of men were not exposed to family planning messages.

Demand for Family Planning

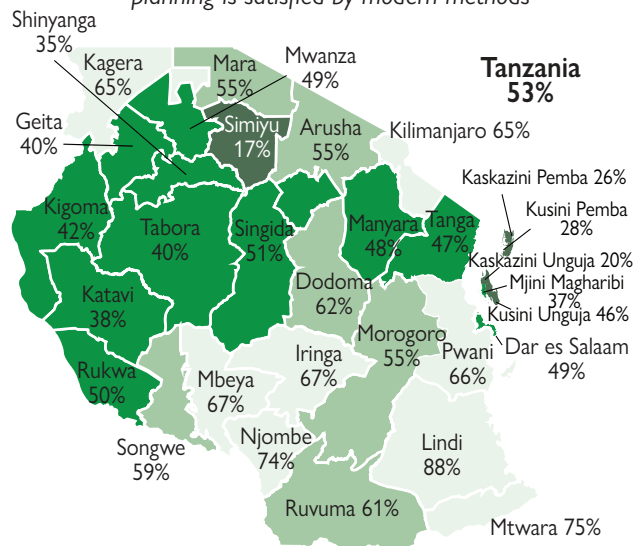
Percent distribution of women age 15-49 with a need for family planning



Figures ≠ 100% due to rounding.

Demand for Family Planning Satisfied by Modern Methods by Region

Percent of women age 15-49 whose demand for family planning is satisfied by modern methods



INFANT AND CHILD MORTALITY

Rates and Trends

Infant and under-5 mortality rates in Tanzania for the five-year period before the survey are 33 and 43 deaths per 1,000 live births, respectively. The neonatal mortality rate is 24 deaths per 1,000 live births. At these mortality levels, about 1 in 23 children in Tanzania do not survive to their fifth birthday.

Childhood mortality rates have declined over time. Since 1991-92, under-5 mortality has declined from 141 deaths per 1,000 live births to the current rate of 43 deaths per 1,000 live births.

Mortality Rates by Background Characteristics

The under-5 mortality rate is higher in urban areas (49 deaths per 1,000 live births) than in rural areas (41 deaths per 1,000 live births) for the five-year period before the survey. Childhood mortality is higher for boys than girls, 52 deaths per 1,000 live births compared to 34 deaths per 1,000 live births.

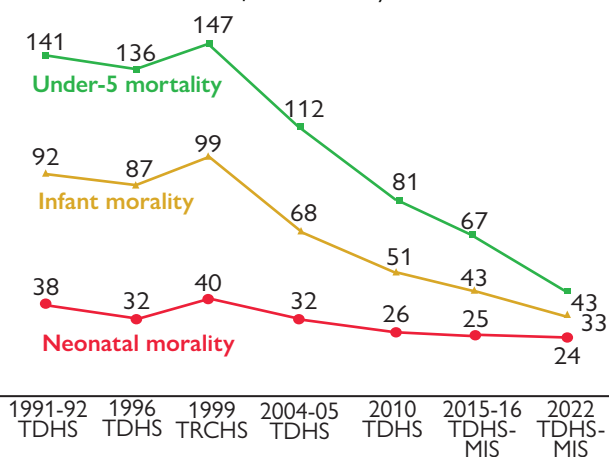
Birth Intervals

In Tanzania, the median birth interval is 37.1 months. Spacing children at least 36 months apart reduces the risk of infant death. Almost half (48%) of non-first live births in Tanzania are born less than the recommended 36 months since the preceding birth.

Infants born less than two years after a previous birth have high under-5 mortality rates. The under-5 mortality rate for infants born less than two years after the previous birth is 65 deaths per 1,000 live births for the ten-year period before the survey. This rate is highest compared to under-5 mortality rates for birth intervals of two years (41 deaths per 1,000 live births), three years (32 deaths per 1,000 live births) and four or more years (46 deaths per 1,000 live births). In Tanzania, 17% of non-first births happen within two years after the previous birth.

Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



CHILD HEALTH

Vaccination Coverage: Basic Antigens

In Tanzania, 53% of children age 12–23 months are fully vaccinated against all basic antigens—one dose each of Bacille Calmette-Guérin (BCG) and measles, and rubella vaccine (MR), and three doses each of polio vaccine and a vaccine containing diphtheria, hepatitis B, and Haemophilus influenzae type b (DPT-HepB-Hib) vaccine (excluding polio vaccine given at birth). Full basic antigen vaccination coverage has declined drastically since 2015-16 from 75% to 53%. Overall, 4% of children age 12–23 months have received no vaccinations.

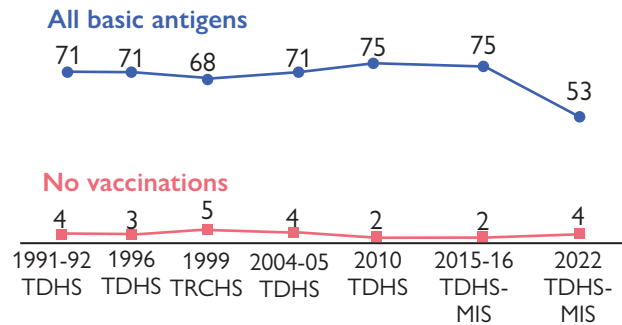
Vaccination Coverage: National Schedule

To be fully vaccinated according to the national schedule, children age 12–23 months must be vaccinated against all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. In Tanzania, 23% of children age 12–23 months are fully vaccinated according to the national schedule.

Vaccination coverage according to the national schedule increases as the mother's education increases, from 13% of children whose mothers have no education to 31% of children whose mothers have secondary education or more. By region, vaccination

Trends in Childhood Vaccinations

Percent of children age 12-23 months who received:



coverage according to the national schedule ranges from 3% in Shinyanga to 66% in Kilimanjaro.

Children age 24–35 months should also receive all age appropriate vaccinations. These include the vaccinations according to the national schedule for children age 12–23 months and a second dose of the measles vaccine. In Tanzania, 64% of children age 24–35 months have received the second dose of the measles vaccine and 23% are fully vaccinated according to the national schedule.

Childhood Illnesses

In Tanzania, 2% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey and 79% of children with symptoms of ARI were taken to a health facility or provider.

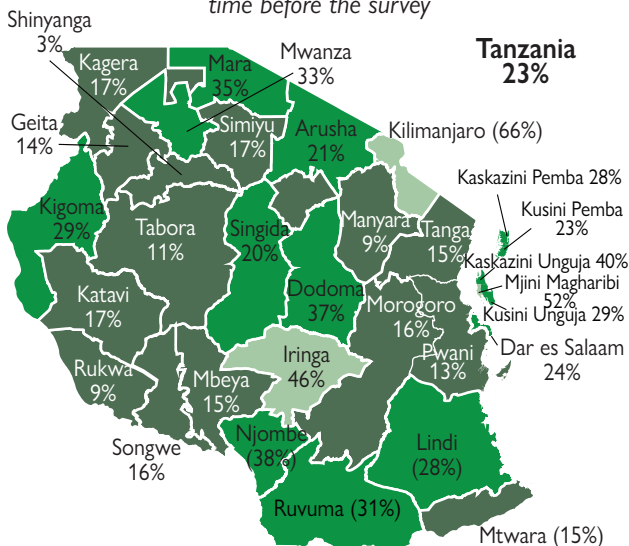
Overall, 11% of children under age 5 had fever in the two weeks before the survey. The majority (78%) of children with fever were taken to a health facility or provider.

Among children under age 5, 9% had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children age 6-11 months (19%). Among children under age 5 with diarrhoea, 64% were taken to a health facility or provider.

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). While 49% of children under age 5 with diarrhoea received ORT, 23% of children under age 5 with diarrhoea received no treatment.

Vaccination Coverage by Region

Percent of children age 12-23 months who are fully vaccinated according to the national schedule at any time before the survey



Figures in parentheses are based on 25-49 unweighted cases.

MATERNAL AND NEWBORN HEALTH CARE

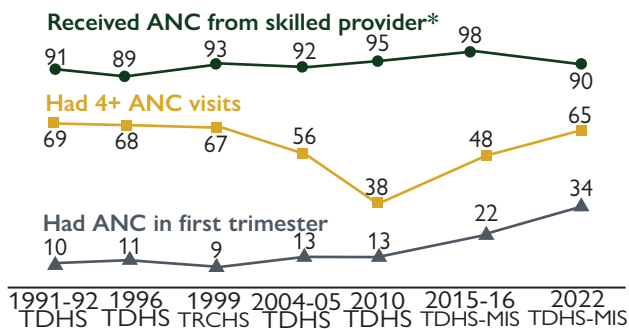
Antenatal Care

In Tanzania, 90% of women age 15–49 with a live birth or stillbirth in the two years before the survey received antenatal care (ANC) from a skilled provider. Skilled providers include doctors, assistant medical officers (AMOs), clinical officers, assistant clinical officers, nurses/midwives/public health nurses B (PHNBs), assistant nurses, and maternal and child health (MCH) aides.

The timing and quality of ANC are also important. Overall, 65% of women age 15–49 made four or more ANC visits and 34% of women had their first ANC visit for their most recent birth in the first trimester. Among women with a live birth or stillbirth in the two years before the survey, 81% took iron-containing supplements tablets and 62% took deworming medication during the pregnancy. Eighty-five percent of women’s most recent live births were protected against neonatal tetanus.

Trends in Antenatal Care Coverage

Percent of women age 15-49 who had a live birth in the two years before the survey



*Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide

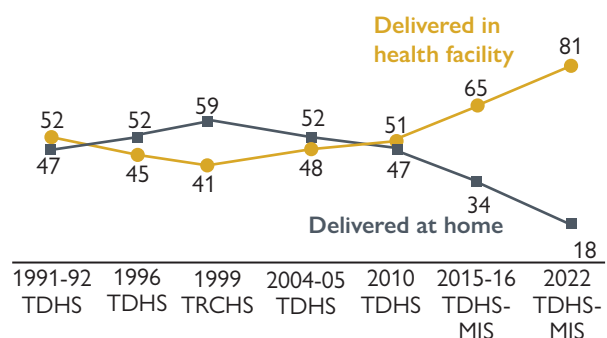
Delivery Care

In Tanzania, 81% of live births are delivered in a health facility and the majority (75%) are delivered in a public sector facility. Still, 18% of births are delivered at home. Overall, health facility deliveries have increased over the last three decades, from 52% to 81%, and home deliveries declined from 47% to 18%. By region, the range of live births delivered in health facilities is from 56% in Manyara to more than 99% in both Dar es Salaam and Iringa. Health facility delivery increases as household wealth increases, from 64% in the lowest quintile to 97% in the highest quintile.

In Tanzania, 85% of live births are delivered by a skilled provider. The majority of births (58%) were delivered by a nurse/midwife. By region, Manyara has the lowest percent of births delivered by a skilled provider (61%) and Kilimanjaro and Dar es Salaam both have the highest percent of births delivered by a skilled provider (>99%).

Trends in Place of Birth

Percent of live births in the two years before the survey



Cesarean Sections

Only 11% of live births in the two years preceding the survey were delivered via Cesarean section (C-section). C-section deliveries are more common in private facilities (30%) than in public facilities (12%). A higher percent of C-sections take place in urban areas relative to rural areas (19% versus 8%). Cesarean delivery increases with increasing household wealth, from 4% to 24% in the highest quintile.

Postnatal Care for Mothers

Postnatal care (PNC) helps prevent complications after childbirth. Overall, 51% of women age 15–49 received a postnatal checkup within two days of delivery, with 28% of mothers receiving a postnatal check within four hours of giving birth. First postnatal checks vary greatly by region, from 18% in Kaskazini Pemba to 86% in Iringa. Still 44% of mothers received no PNC within 41 days of delivery.

Among women who received PNC for their most recent live birth by a healthcare provider, 32% had their blood pressure measured, 39% discussed vaginal bleeding with a health care provider and 45% discussed family planning.

Postnatal Care for Newborns

Among newborns, 54% of most recent live births received the first postnatal checkup within two days of birth and 24% had the checkup one to three hours after delivery. However, 41% of newborns received no PNC within 41 days of birth. By region, only 20% of newborns in Katavi received a postnatal check in the two years preceding the survey, compared to 85% of newborns in Iringa. Only 24% of mothers received all three components of PNC.

Most newborns (79%) were weighed during the postnatal assessment. Half had their umbilical cord examined, 45% of newborns' mothers were both counselled on and observed breastfeeding, 35% of newborns' mothers were told of signs indicating the baby needs immediate attention, and 34% of newborns had their temperature measured. Only 24% of newborns received all five components of PNC.

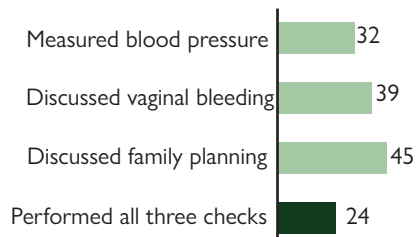
Breast and Cervical Cancer Examinations

Only 5% of women age 15–49 have ever been examined by a doctor or health care worker for breast cancer and 7% have ever been tested for cervical cancer. For both breast and cervical cancer examinations, women with higher education levels have received more examination. Similarly, as wealth increases, breast and cervical cancer examinations among women increase as well.

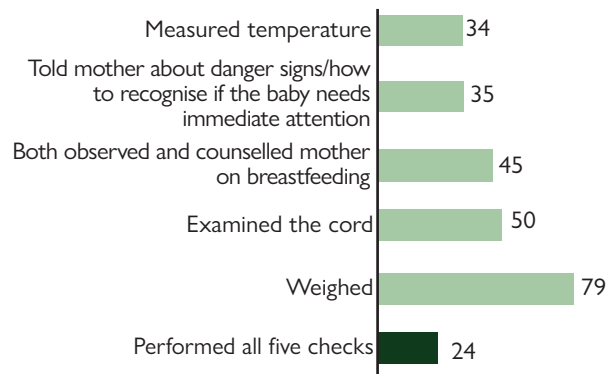
Content of Postnatal Care for Mothers and Newborns

Among women age 15–49 with a live birth in the two years before the survey and most recent live births in the two years before the survey, percent for whom during the first two days after the most recent birth any healthcare provider:

ASSESSMENT OF THE MOTHER



ASSESSMENT OF THE NEWBORN



Problems in Accessing Health Care

Half of women age 15–49 had at least one problem accessing health care when they were sick. The most common issues were getting money for treatment (36%) and distance to the health facility (29%). More women in rural areas (56%) had at least one problem accessing health care than in urban areas (39%).

Maternal Mortality

Maternal mortality includes deaths of women during pregnancy, delivery, and within 42 days of delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Tanzania is 104 maternal deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2022 TDHS-MIS MMR ranges from 59 to 149 deaths per 100,000 live births.

NUTRITIONAL STATUS

Children's Nutritional Status

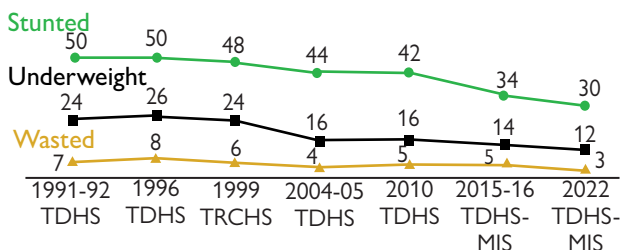
The 2022 TDHS-MIS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Overall, 30% of children under age 5 are stunted. Stunting is an indication of chronic undernutrition. Stunting declines with increasing mother's education and increasing wealth. Stunting is higher among children in rural areas (33%) than urban areas (21%). Stunting is lowest in Mjini Magharibi (13%) and is highest in Iringa region (57%).

Three percent of children under age 5 are wasted. Wasting is an indication of acute malnutrition. Twelve percent of children under age 5 are underweight. Only 4% of children under age 5 in Tanzania are overweight.

Overall, child growth measures have improved over time, with stunting among children under age 5 declining from 50% in 1991-92 to 30% in 2022.

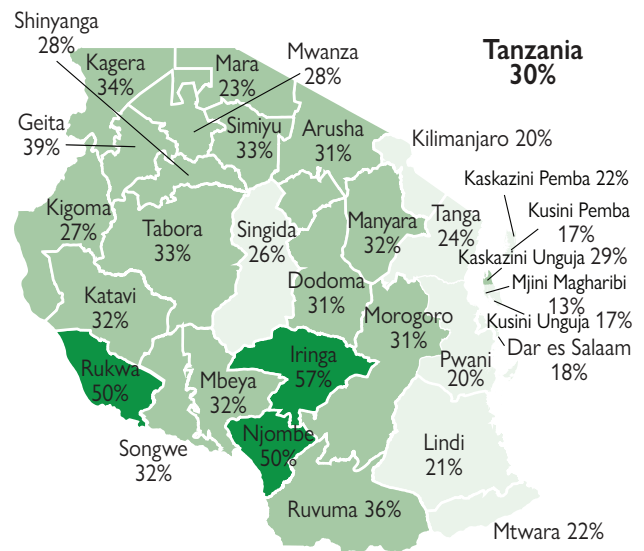
Trends in Child Growth Measures

Percent of children under age 5 who are malnourished, based on 2006 WHO Child Growth Standards



Stunting by Region

Percent of children under age 5 are stunted



Women's Nutritional Status

The 2022 TDHS-MIS also took weight and height measurements of women age 15–49. Among adolescent women age 15–19, 18% are thin according to body mass index for age (BMI-for-age) and 12% are overweight or obese.

Among women age 20-49, 7% are thin according to BMI and 36% are overweight or obese. Overweight/obesity among women age 20-49 generally increases with education and increasing household wealth.

The 2022 TDHS-MIS collected data on food and liquids consumed by women the day before the survey. Overall, 25% of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. Over a quarter (28%) of women consumed sweet beverages and 14% consumed unhealthy food in the day before the survey.

Dietary Practices among Women

Percent of women age 15-49 consuming sweet beverages, unhealthy foods, and achieving minimum dietary diversity



FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

In Tanzania, 95% of children under age 2 were ever breastfed. Seven in ten (70%) of children were exclusively breastfed for the first two days after birth, and 90% were breastfed in the first hour of life.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. Nearly two-thirds (64%) of children under age 6 months living with their mother are exclusively breastfed, while 5% of children under age 6 months are not breastfed.

Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. In Tanzania, 89% of children age 6–8 months were fed solid, semi-solid, or soft foods the day before the survey.

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. More than half (53%) of children age 6–59 months were given vitamin A supplements in the last six months.

Iron is important for maintaining healthy blood. In Tanzania, 11% of children age 6–59 months were given iron-containing supplements in the 12 months before the survey.

Deworming medication reduces the burden of infections that affect child nutrition and development. Half of children age 12–59 months received deworming medication in the last six months.

Population Iodine Status

The overall coverage of households accessing iodised salt was 84% of the 95% households with salt tested. The median urinary iodine concentration among non-pregnant women was 185 µg/L, and that of pregnant women was 166 µg/L, indicating optimal iodine intake.

Minimum Acceptable Diet and Unhealthy Feeding Practices

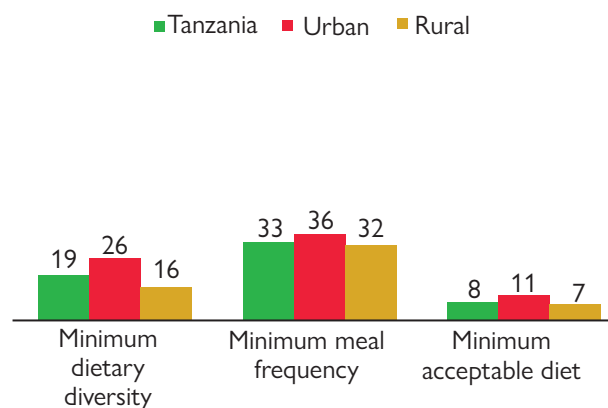
Children age 6–23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Tanzania, 8% of children age 6–23 months were fed a minimum acceptable diet the day before the survey, 19% of children received the minimum number of food groups during the previous day or night, and 33% were fed the minimum number of times. Among nonbreastfed children, 12% received the minimum number of milk feeds.

More breastfed children achieved minimum acceptable diet than nonbreastfed children (10% versus 3%). Minimum meal frequency and minimum diversity are lowest among children from the poorest households.

For infants and young children, unhealthy feeding practices should be avoided and replaced with nutritious foods that provide important nutrients. Three in ten children age 6–23 months were given a sweet beverage, 7% were fed unhealthy foods, and 40% did not consume any vegetables or fruits during the previous day.

Minimum Acceptable Diet by Residence

Percent of youngest children age 6–23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum acceptable diet



HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

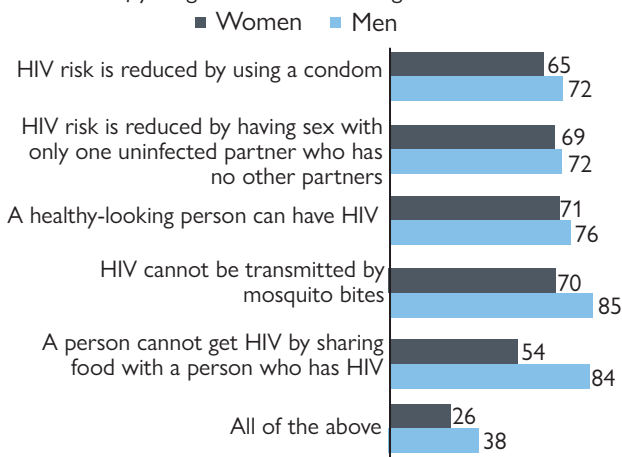
Knowledge of HIV and HIV Prevention Methods

In Tanzania, 82% of women and 79% of men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV. Fewer women and men (72% and 56%, respectively) know that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs. Even fewer women and men have heard of pre-exposure prophylaxis (PrEP) (10% and 11%, respectively), though 56% of women and 64% of men approve of people who take PrEP to prevent getting HIV. Knowledge of ARVs increases by age cohorts and as both wealth and education increase among women and men.

Among women and men age 15–24, 42% and 38% have knowledge about HIV prevention. Of specific prevention methods, nearly two-thirds (65%) of women and 72% of men know that using condoms during sexual intercourse can reduce the chances of getting HIV, and 79% of women and 72% of men know that having just one uninfected faithful partner can also reduce the chances of HIV infection.

Knowledge of HIV Prevention among Young People

Percent of young women and men age 15–24 who know:



Multiple Sexual Partners and Higher-Risk Sexual Behaviour

Four percent of women age 15–49 had sex with more than one partner in the last 12 months. Twenty-one percent of women had sex with a person who neither was their husband nor lived with them, and among these women 22% used a condom during their last sexual intercourse with such a partner.

Nearly a quarter of Tanzanian men (23%) age 15–49 had sex with more than one partner in the last 12 months. Thirty-eight percent of men had sex with a person who was neither their wife nor lived with them and of these men, 43% used a condom during the last sexual intercourse with such a partner.

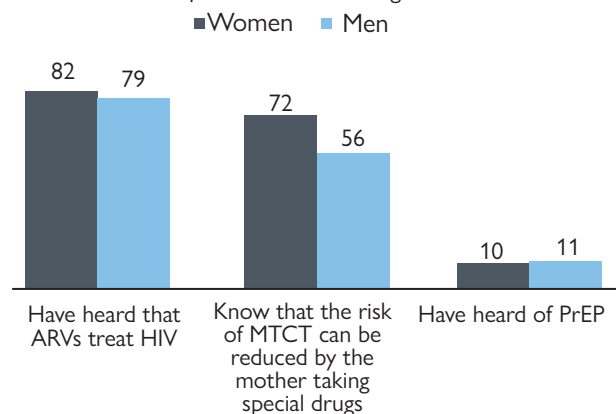
HIV Testing

Eight in ten women age 15–49 have ever been tested for HIV and received the results of their last test. In contrast, 64% of men have ever been tested for HIV and received the results of their last test. In the 12 months preceding the survey, 37% of women and 31% of men were tested for HIV and received the results of their last test. Fewer women (18%) have heard of HIV self-test kits than men (31%) and only 3% women and 5% of men have used them. Of the pregnant women who had an HIV test during ANC or labour, 88% received results.

HIV testing increased from 12% of both women and men who have ever been tested for HIV and received their results in 2004–05 to 80% and 64%, respectively, in 2022. HIV testing in the last 12 months is more common in urban areas than rural areas among men (33% versus 29%) and women (40% versus 35%).

Knowledge of Medicines to Treat or Prevent HIV

Percent of women and men age 15–49 who:



WOMEN'S EMPOWERMENT

Employment

In Tanzania, 68% of married women age 15–49 and almost all (98%) of married men were employed in the last 12 months. Overall 45% of married women and 64% of married men who were employed in the last 12 months earned cash, while 38% of women and 20% of men were not paid for their work.

The vast majority (90%) of married women who were employed in the last 12 months and earned cash made decisions on how to spend their earnings either alone or jointly with their husband/partner. Among married women who received cash earnings, 8% earn more than their husband/partner, 68% earn less, and 16% earn about the same as their husband/partner.

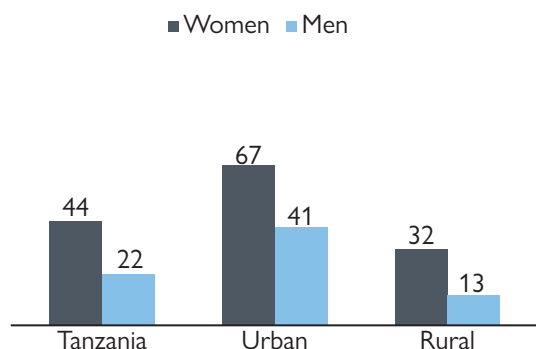
Ownership of Assets

In Tanzania, 37% of both women and men age 15–49 own a house (alone or jointly with their spouse). Over a quarter of women (26%) and 32% of men own land (alone or jointly).

More men than women own a mobile phone (75% versus 59%). However, more women (44%) than men (22%) have and used a bank account or mobile phone for financial transactions in the last 12 months. Use of banks or mobile phones for financial transactions is higher in urban areas than in rural areas among men and women.

Use of Banks or Mobile Phones for Financial Transactions by Residence

Percent of women and men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months



Participation in Household Decisions

The 2022 TDHS-MIS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives.

In Tanzania, 74% of married women have sole or joint decision making power in their own health care, 64% make decisions about major household purchases, and 68% make decisions about visits to their family or relatives. Overall, 55% of married women participate in all three above decisions, while eighteen percent of married women participate in none of three above decisions.

Among married men, the majority make decisions alone or jointly with their wife about their own health care (92%) and decisions about major household purchases (91%). Overall, 88% of married men participate in both decisions either alone or jointly with their wife, and 5% participate in neither of these decisions.

Women's Participation in Decision Making in Sexual and Reproductive Health

In Tanzania, half of married women age 15–49 make their own decisions related to sexual and reproductive health, including family planning. Participation in decision making about sexual and reproductive health is highest among women in urban areas and those with more education.

Attitudes toward Wife Beating

Nearly half (48%) of women and a third (32%) of men believe a husband is justified in hitting or beating his wife/partner if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food. Neglecting the children is the most common justification among women (38%) and men (23%).

MALARIA PREVENTION AND TREATMENT

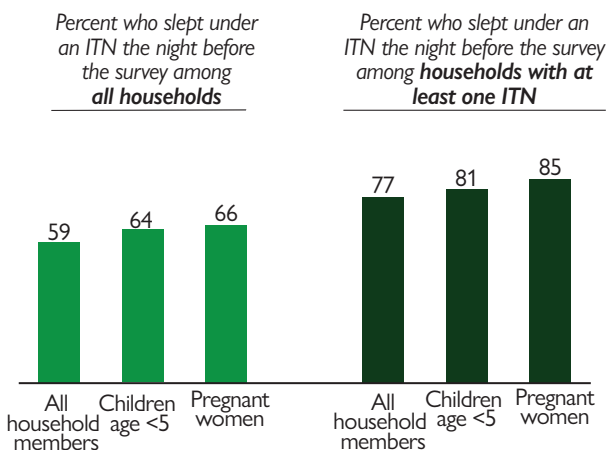
Mosquito Nets

Nearly three-quarters of households (74%) in Tanzania own at least one insecticide-treated net (ITN). However, only 41% of households have enough ITNs to cover each household member, assuming one ITN is used by two people. Still, 26% of households have no ITNs. Household ITN ownership of at least one ITN increased from 23% in 2004-05, peaked in 2011-12 at 91%, and declined to 74% in 2022.

Among the household population, 58% have access to an ITN and 59% slept under an ITN the night before the survey. Of the household population with at least one ITN, 77% slept under an ITN the night prior to the survey. ITN use varies widely by region, ranging from 33% in Arusha to 77% in Kusini Pemba. The main reason cited for not using an ITN was they were saving it for later or it was an extra net.

Children and pregnant women are most vulnerable to malaria. Nearly two-thirds of children (64%) under age 5 and two-thirds of pregnant women (66%) slept under an ITN the night before the survey.

ITN Use

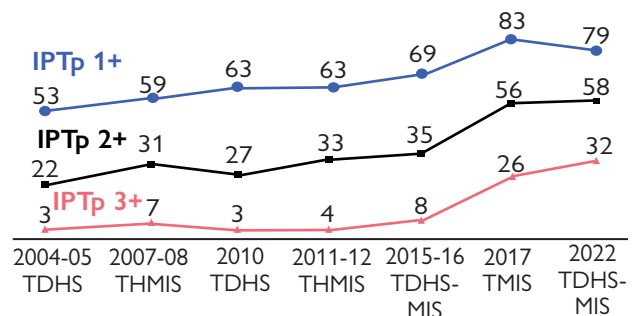


Intermittent Preventive Treatment of Pregnant Women (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive IPTp (at least three doses of sulfadoxine and pyrimethamine/Fansidar during ANC visits). Nearly six in ten (58%) of pregnant women took two or more doses of IPTp and 32% of pregnant women took the recommended three or more doses.

Trends in IPTp

Percent of women age 15-49 with a live birth in the two years before the survey who received at least one, two, or three doses of SP/Fansidar



Pregnant women receiving three or more doses of IPTp increases with education and wealth. Mainland urban women receive more recommended doses of IPTp than their rural counterparts.

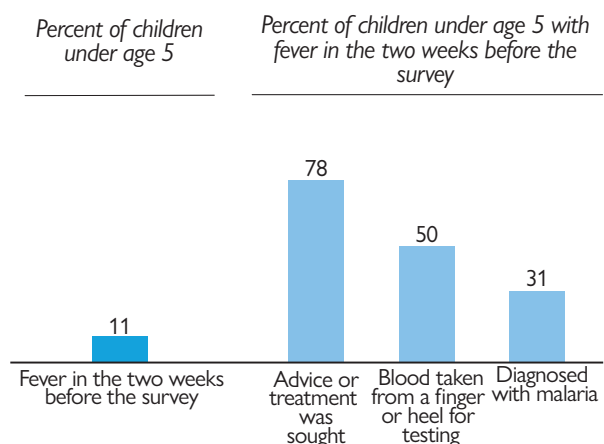
Pregnant women receiving IPTp has increased overall, with only 3% receiving three or more doses in 2004-05 to 32% receiving three or more doses in 2022.

Careseeking of Malaria Symptoms in Children

In the two weeks before the survey, 11% of children under age 5 had fever, the primary symptom of malaria. Treatment or advice was sought for 78% of these children. Half had blood taken from a finger or heel stick for malaria testing and 31% of children were diagnosed with malaria by a healthcare provider.

Artemisinin-based combination therapy (ACT) is the recommended drug for treating malaria in children in Tanzania. Among children under age 5 with fever in the two weeks before the survey who received an antimalarial, 95% received any ACT.

Fever in Children



PREVALENCE OF MALARIA AND LOW HAEMOGLOBIN

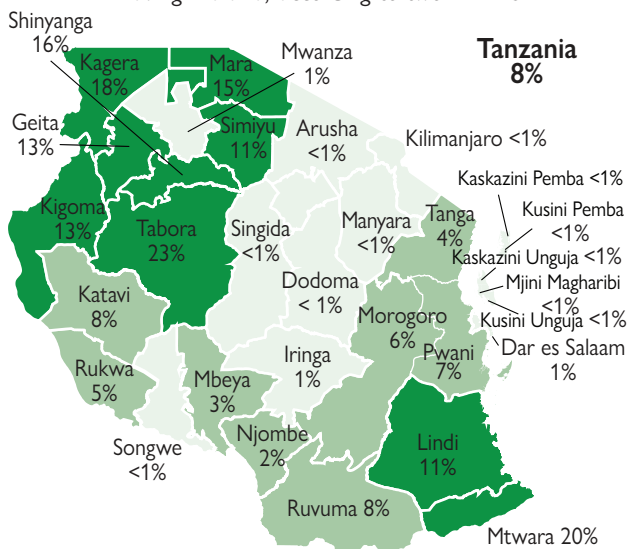
Malaria Prevalence

All children age 6–59 months included in survey households were eligible for malaria testing using a malaria rapid diagnostic test (mRDT). Of the eligible children, 97% were tested using an mRDT.

In Tanzania, 8% of children age 6–59 months tested positive for malaria by mRDT. Malaria prevalence decreases greatly with wealth, from 15% of children in the poorest households to 1% of children in the wealthiest households. Malaria prevalence is higher among rural children (10%) than urban children (1%). Less than one percent of children in Zanzibar tested positive for malaria by RDT. Regionally, Tabora (23%), Mtwara (20%), and Kagera (18%), have the highest malaria prevalence.

Malaria Prevalence by Region

Percent of children age 6-59 months testing positive for having malaria, according to two mRDTs



MALARIA KNOWLEDGE AND COMMUNICATION

Exposure to Media Messages

About 6 in 10 women and men age 15–49 have seen or heard a malaria message in the last six months. Radio is the predominant channel by which the messages are heard (65% of women and 78% of men).

Knowledge of Malaria

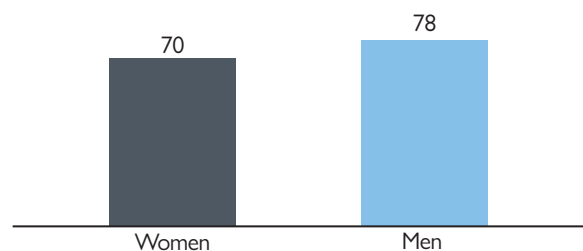
Women and men were asked about ways to avoid and malaria. Nearly all cited sleeping under a mosquito net or ITN. Other commonly cited ways to avoid malaria include keeping surroundings clean, filling stagnant waters such as puddles, and using mosquito repellent. Overall, 83% of women and 75% men report that ACTs can be obtained at the nearest health facility or pharmacy.

Attitudes towards Malaria

Women and men were asked about their attitudes about malaria and were considered to have favourable attitudes toward specific malaria-behaviours if they disagree that they do not like sleeping under a mosquito net when the weather is too warm, or disagree that when a child has a fever, it is best to start by giving them any medicine they have at home. Overall, 70% of women and 78% of men have favourable attitudes toward specific malaria-behaviours. Favorable attitudes increase as education level increases among men and women.

Attitudes towards Malaria-related Behaviours

Percent of women and men age 15-49 who have a favourable attitude toward specific malaria-behaviours



DOMESTIC VIOLENCE

Experience of Physical Violence

Over one-quarter of Tanzanian women (27%) age 15–49 have ever experienced physical violence since age 15. In the last 12 months, 18% of women experienced physical violence. Over one-third (35%) of women who are married or living with an intimate partner have ever experienced physical violence, compared to 4% of never-married women. Among women who are divorced, separated, or widowed, 50% have ever experienced physical violence.

Among women who have ever been married or had an intimate partner, the most common perpetrators of physical violence are current and former husbands/intimate partners. Mothers/step-mothers and fathers/step-fathers are the most common perpetrators of physical violence among women who have never been married nor had an intimate partner.

Experience of Sexual Violence

In Tanzania, 12% of women age 15–49 have ever experienced sexual violence by any perpetrator, including 7% of women who have experienced sexual violence in the last 12 months. Twenty-two percent of women who are divorced, separated, or widowed have ever experienced sexual violence.

Help-seeking to Stop Violence

Among women who have ever experienced physical or sexual violence, 38% sought help to stop violence and 13% did not seek help but did tell someone about the violence. Nearly half of women (49%) who experienced physical or sexual violence never sought help and never told anyone. The most common sources of help women seek are their own family (62%) and their husband's or intimate partner's family.

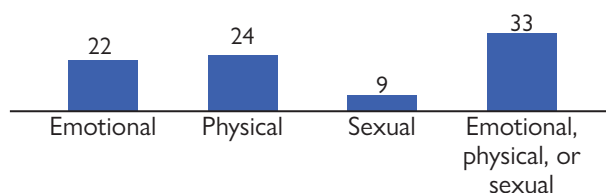
Intimate Partner Violence

Two in five ever-partnered women have experienced violence committed by their current or most recent husband/intimate partner, whether physical, sexual, or emotional.

In the last 12 months, 33% of ever-partnered women experienced violence by any husband/intimate partner. This includes 22% who experienced emotional violence, 24% physical violence, and 9% experienced sexual violence.

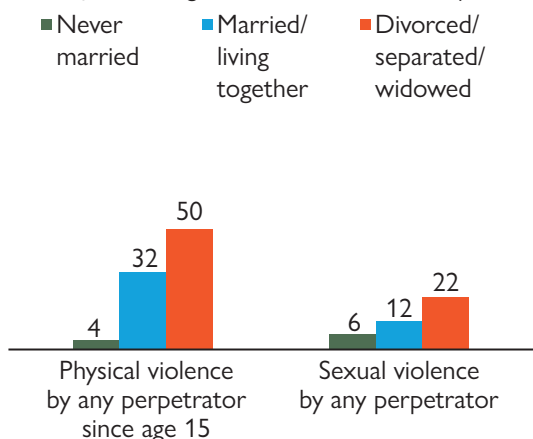
Recent Violence by any Husband/Intimate Partner

Percent of women age 15-49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months



Experience of Violence by Marital Status

Percent of women age 15-49 who have ever experienced



Recent experience of violence by any husband or intimate partner is higher in rural areas than urban areas (34% versus 29%). It is more than twice as high in Tanzania Mainland (33%) than in Zanzibar (15%). By region, recent intimate partner violence ranges from 9% of women in both Kaskazini Unguja and Kusini Pemba to 64% in Mara.

FEMALE GENITAL MUTILATION/CIRCUMCISION

Female Genital Mutilation/Circumcision (FGM/C)

The majority of women and men (87% and 90%, respectively) age 15–49 have heard of FGM/C. Knowledge of FGM/C increases steadily with women and men's level of education, from (72% and 73%) of women and men with no education to (95% and 96%) of women and men with secondary or higher education. Overall, 8% of Tanzanian women age 15–49 have been circumcised. The most common type of FGM/C involves the cutting and removal of flesh (89%).

Prevalence of FGM/C is less than one percent in Zanzibar, compared to Tanzania Mainland, at 9%. By region, FGM/C ranges from less than one percent in many regions to 43% in both Manyara and Arusha. In Tanzania, FGM/C is performed throughout childhood. However, more women report they were circumcised when they were age <1 year (34%) or age 15 or older (20%).

The prevalence of FGM/C has decreased to less than half since 1996, when 18% of women were circumcised.

FGM/C among Girls

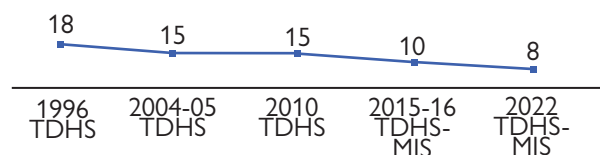
To obtain insights into the extent to which young girls are continuing to be circumcised, women interviewed in the 2022 TDHS-MIS who had daughters under age 15 were asked if their daughters had been circumcised. Overall, 1% of girls are currently circumcised, however, since 20% of women age 15–49 were circumcised at age 15 or older, it is still possible that girls in this age group may be circumcised in the future.

Attitudes toward FGM/C

Almost all women (97%) and men (94%) believe that FGM/C is not required by their religion. Similarly, nearly all women (98%) and men (96%) believe that the practice should not be continued.

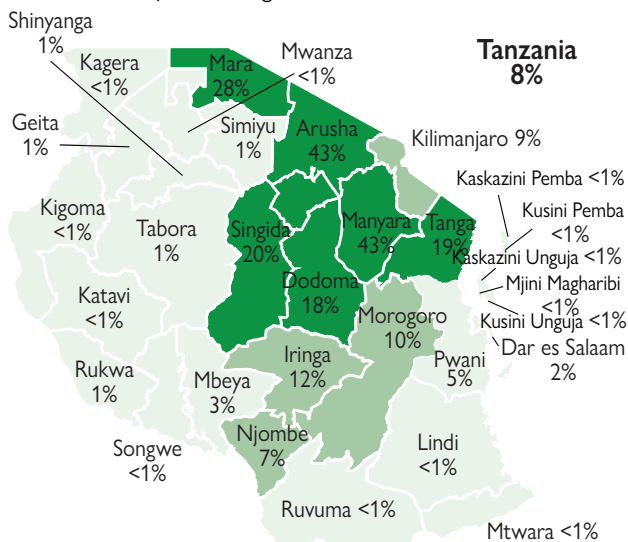
Trends in Female Genital Mutilation/Circumcision

Percent of women age 15-49 who are circumcised



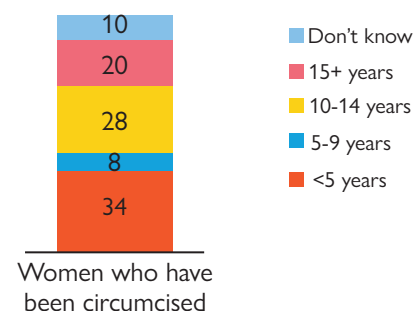
Female Genital Mutilation/Circumcision by Region

Percent of women age 15-49 who are circumcised



Age at Circumcision

Percent distribution of women age 15-49 who have been circumcised



INDICATORS

	Residence		
	Tanzania	Urban	Rural
Fertility			
Total Fertility Rate (number of children per woman)	4.8	3.6	5.5
Median age at first birth women age 25–49 (years)	19.9	20.8	19.6
Women age 15–19 who have ever been pregnant ¹ (%)	22	16	25
Family Planning (among married women age 15–49)			
Current use of any method of family planning (%)	38	46	34
Current use of a modern method of family planning (%)	31	35	29
Demand satisfied by modern methods of family planning (%)	53	55	52
Maternal and Newborn Health Care			
Pregnant women age 15–49 who had 4+ ANC visits ² (%)	65	76	61
Births delivered in a health facility (%)	81	94	76
Births delivered by a skilled provider ³ (%)	85	96	81
Child Health (among children age 12–23 months)			
Children who are fully vaccinated against all basic antigens ⁴ (%)	53	54	52
Children who are fully vaccinated according to the national schedule ⁵ (%)	23	26	22
Household Water, Sanitation, and Hygiene			
Household population with access to at least basic drinking water service (%)	64	94	52
Household population with access to at least basic sanitation service ⁶ (%)	55	58	54
Nutrition			
Children under age 5 who are stunted (%)	30	21	33
Children born in the last two years who were ever breastfed (%)	95	95	96
Malaria			
Households with at least one insecticide- treated mosquito net (ITN) ⁷ (%)	67	60	71
Women age 15–49 who received three or more doses of SP/Fansidar during pregnancy (%)	32	40	28
Childhood Mortality (deaths per 1,000 live births for the ten-year period before the survey)⁸			
Neonatal mortality	24	35	21
Under-five mortality	43	49	41
HIV/AIDS			
Women age 15–49 who have been tested for HIV and received the results (%)	80	81	79
Men age 15–49 who have been tested for HIV and received the results (%)	64	68	62
Women's Empowerment			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	44	67	32
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	22	41	13
Domestic Violence			
Women age 15–49 who have experienced physical violence since age 15 (%)	27	22	29
Women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months ⁹ (%)	33	29	34
Female Genital Cutting/Mutilation			
Women age 15–49 who have been circumcised (%)	8	4	11

Note: Figures in parentheses are based on 25–49 unweighted cases or 250–499 unweighted children. ¹Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. ²Pregnant women age 15–49 with a live birth in the two years preceding the survey. ³Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide. ⁴Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. ⁵Fully vaccinated according to the national schedule includes all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses

Zanzibar	Tanzania Mainland	Region						
		Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam
4.7	4.8	3.9	4.7	4.4	5.2	4.4	3.8	2.8
22.2	19.9	19.7	20.6	20.8	20.1	19.4	19.7	21.9
4	23	21	13	8	16	28	20	18
29	38	43	38	63	32	54	52	44
17	32	36	30	49	26	39	43	30
33	54	62	55	65	47	55	66	49
79	65	77	66	63	58	82	60	90
87	81	91	66	95	66	82	87	>99
89	85	93	67	>99	78	87	91	>99
70	52	66	54	(84)	42	51	49	51
40	23	37	21	(66)	15	16	13	24
97	63	63	64	93	46	68	73	96
80	54	60	51	74	65	62	57	54
18	30	31	31	20	24	31	20	18
98	95	99	99	99	97	95	94	94
77	67	79	39	54	84	73	61	37
<1	33	37	19	36	47	26	36	52
34	23	18	21	(36)	19	26	37	49
47	47	(26)	44	(54)	36	62	(70)	61
74	80	73	69	79	78	82	88	85
58	64	62	52	68	68	64	77	69
45	44	56	43	60	50	40	58	83
32	22	23	23	36	20	15	31	54
8	27	33	45	27	18	37	26	18
15	33	37	29	40	30	27	24	20
<1	9	18	43	9	19	10	5	2

of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. ⁶At least basic sanitation service: safely managed and basic sanitation services. ⁷An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. ⁸Figures are for the ten-year period before the survey except for the national, urban, rural rates, in italics, which represent the five-year period before the survey. ⁹Whether emotional, physical, or sexual violence.

INDICATORS

	Region		
	Lindi	Mtwara	Ruvuma
Fertility			
Total Fertility Rate (number of children per woman)	4.1	3.3	4.4
Median age at first birth women age 25–49 (years)	19.8	19.3	18.9
Women age 15–19 who have ever been pregnant ¹ (%)	25	26	37
Family Planning (among married women age 15–49)			
Current use of any method of family planning (%)	51	41	47
Current use of a modern method of family planning (%)	50	40	41
Demand satisfied by modern methods of family planning (%)	88	75	61
Maternal and Newborn Health Care			
Pregnant women age 15–49 who had 4+ ANC visits ² (%)	70	83	78
Births delivered in a health facility (%)	96	97	96
Births delivered by a skilled provider ³ (%)	98	98	98
Child Health (among children age 12–23 months)			
Children who are fully vaccinated against all basic antigens ⁴ (%)	(55)	(31)	59
Children who are fully vaccinated according to the national schedule ⁵ (%)	(28)	(15)	44
Household Water, Sanitation, and Hygiene			
Household population with access to at least basic drinking water service (%)	59	69	70
Household population with access to at least basic sanitation service ⁶ (%)	56	74	79
Nutrition			
Children under age 5 who are stunted (%)	21	22	36
Children born in the last two years who were ever breastfed (%)	95	97	93
Malaria			
Households with at least one insecticide- treated mosquito net (ITN) ⁷ (%)	72	67	73
Women age 15–49 who received three or more doses of SP/Fansidar during pregnancy (%)	54	48	51
Childhood Mortality (deaths per 1,000 live births for the ten-year period before the survey)⁸			
Neonatal mortality	(6)	(12)	41
Under-five mortality	(14)	(40)	(70)
HIV/AIDS			
Women age 15–49 who have been tested for HIV and received the results (%)	81	85	89
Men age 15–49 who have been tested for HIV and received the results (%)	60	68	75
Women's Empowerment			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	33	37	39
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	8	9	18
Domestic Violence			
Women age 15–49 who have experienced physical violence since age 15 (%)	9	13	24
Women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months ⁹ (%)	16	26	26
Female Genital Cutting/Mutilation			
Women age 15–49 who have been circumcised (%)	<1	<1	<1

Note: Figures in parentheses are based on 25–49 unweighted cases or 250–499 unweighted children. ¹Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. ²Pregnant women age 15–49 with a live birth in the two years preceding the survey. ³Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide. ⁴Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. ⁵Fully vaccinated according to the national schedule includes all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses

Region									
Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
3.9	4.3	5.1	6.4	5.6	5.8	5.5	5.7	4.9	6.1
21.3	20	20.4	18.6	19.6	19.9	19.8	19.8	19.6	19.7
20	21	19	29	30	17	21	19	16	31
55	58	30	21	29	30	23	40	40	29
45	48	26	19	28	23	20	38	32	26
67	67	51	40	50	42	35	65	49	55
73	68	60	50	51	61	45	72	66	75
>99	81	78	73	95	94	81	77	80	72
99	84	84	75	98	96	83	84	84	75
69	52	65	36	39	76	32	46	56	68
46	15	20	14	11	29	3	17	33	35
71	69	44	46	63	62	59	57	73	47
75	57	55	34	51	48	54	60	41	33
57	32	26	33	50	27	28	34	28	23
95	98	98	93	98	99	91	99	95	95
77	72	70	74	76	69	57	75	80	77
36	25	26	15	11	32	26	38	43	32
(34)	33	11	27	14	22	21	23	17	12
(62)	(67)	22	52	36	60	44	55	47	36
88	84	72	82	76	77	65	86	77	82
72	72	56	51	74	45	70	76	61	64
67	57	39	18	22	23	35	36	41	38
22	20	11	11	9	15	12	21	28	20
29	18	25	37	14	20	28	38	24	49
47	23	28	43	15	34	37	43	40	64
12	3	20	1	1	<1	1	<1	<1	28

of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. ⁶At least basic sanitation service: safely managed and basic sanitation services. ⁷An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. ⁸Figures are for the ten-year period before the survey except for the national, urban, rural rates, in italics, which represent the five-year period before the survey. ⁹Whether emotional, physical, or sexual violence.

INDICATORS

	Region		
	Manyara	Njombe	Katavi
Fertility			
Total Fertility Rate (number of children per woman)	5.8	4	5.8
Median age at first birth women age 25–49 (years)	20.8	20.4	19
Women age 15–19 who have ever been pregnant ¹ (%)	29	26	34
Family Planning (among married women age 15–49)			
Current use of any method of family planning (%)	30	64	22
Current use of a modern method of family planning (%)	26	56	20
Demand satisfied by modern methods of family planning (%)	48	74	38
Maternal and Newborn Health Care			
Pregnant women age 15–49 who had 4+ ANC visits ² (%)	50	50	42
Births delivered in a health facility (%)	56	99	67
Births delivered by a skilled provider ³ (%)	61	99	74
Child Health (among children age 12–23 months)			
Children who are fully vaccinated against all basic antigens ⁴ (%)	45	(65)	35
Children who are fully vaccinated according to the national schedule ⁵ (%)	9	(38)	17
Household Water, Sanitation, and Hygiene			
Household population with access to at least basic drinking water service (%)	50	84	52
Household population with access to at least basic sanitation service ⁶ (%)	46	78	42
Nutrition			
Children under age 5 who are stunted (%)	32	50	32
Children born in the last two years who were ever breastfed (%)	95	95	96
Malaria			
Households with at least one insecticide- treated mosquito net (ITN) ⁷ (%)	52	54	92
Women age 15–49 who received three or more doses of SP/Fansidar during pregnancy (%)	23	53	8
Childhood Mortality (deaths per 1,000 live births for the ten-year period before the survey)⁸			
Neonatal mortality	8	(36)	24
Under-five mortality	29	(72)	81
HIV/AIDS			
Women age 15–49 who have been tested for HIV and received the results (%)	77	90	77
Men age 15–49 who have been tested for HIV and received the results (%)	41	79	68
Women's Empowerment			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	29	65	23
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	12	21	16
Domestic Violence			
Women age 15–49 who have experienced physical violence since age 15 (%)	25	33	18
Women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months ⁹ (%)	27	40	15
Female Genital Cutting/Mutilation			
Women age 15–49 who have been circumcised (%)	43	7	<1

Note: Figures in parentheses are based on 25–49 unweighted cases or 250–499 unweighted children. ¹Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. ²Pregnant women age 15–49 with a live birth in the two years preceding the survey. ³Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide. ⁴Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. ⁵Fully vaccinated according to the national schedule includes all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses

Region							
Simiyu	Geita	Songwe	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba
6.6	6.1	5.4	4.5	5	4	5.7	6.4
19.9	19	19.6	22.8	21.3	22.8	20.8	22.1
25	28	45	4	13	2	5	6
11	22	52	19	43	32	21	23
9	21	43	9	27	20	13	15
17	40	59	20	46	37	26	28
36	56	71	69	84	87	76	69
73	72	86	82	91	96	76	72
76	77	90	84	94	97	82	76
41	48	53	84	73	70	69	60
17	14	16	40	29	52	28	23
54	52	50	97	93	98	92	99
47	46	67	84	87	83	75	72
33	39	32	29	17	13	22	17
91	91	97	98	98	>99	97	96
50	82	61	92	82	66	86	89
23	28	19	<1	1	<1	1	1
15	18	10	27	47	34	33	37
28	39	(36)	(36)	(68)	46	41	54
69	81	84	69	81	75	72	73
65	63	65	54	62	65	31	53
21	41	33	28	47	56	31	31
14	16	11	15	29	40	26	24
22	34	27	6	17	9	7	5
35	34	30	9	18	18	12	9
1	1	<1	<1	<1	<1	<1	<1

of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. ⁶At least basic sanitation service: safely managed and basic sanitation services. ⁷An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. ⁸Figures are for the ten-year period before the survey except for the national, urban, rural rates, in italics, which represent the five-year period before the survey. ⁹Whether emotional, physical, or sexual violence.

