

Zimbabwe 2005-06

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Demographic and
Health Survey

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Central Statistical Office
Harare, Zimbabwe

Macro International Inc.
Calverton, Maryland USA

March 2007



The 2005-2006 Zimbabwe Demographic and Health Survey (2005-06 ZDHS) was implemented by the Central Statistical Office (CSO) from August 2005 to March 2006. The 2005-06 ZDHS is one of a series of surveys undertaken by the CSO as part of the Zimbabwe National Household Survey Capability Programme (ZNHSCP). Macro International Inc. provided technical assistance and funding through the MEASURE DHS project, a USAID-funded project providing support for the implementation of population and health surveys in countries worldwide. The Ministry of Health and Child Welfare (MOH&CW), the Zimbabwe Family Planning Council (ZNFPC) and the Musasa Project contributed significantly to the design, implementation, and analysis of the ZDHS results. Other agencies and organizations facilitating the successful implementation of the survey through technical and/or financial support include the Government of Zimbabwe, the National Microbiology Reference Laboratory (NMRL), the USAID/Zimbabwe Mission, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the Centers for Disease Control and Prevention (CDC), and the United Kingdom Department for International Development (DFID).

This publication was made possible through support provided by the U.S. Agency for International Development under the terms of Contract No. GPO-C-00-03-00002-00. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

Additional information about the 2005-06 ZDHS may be obtained from the Central Statistical Office, P. O. Box CY 342, Causeway, Harare, Zimbabwe (Telephone: (263-4) 793-971/2 and 797-756/7; Fax: (263-4) 794-757; E-mail: census@mweb.co.zw).

Information about the DHS programme may be obtained from the MEASURE DHS Project, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: reports@orcmacro.com, Internet: <http://www.measuredhs.com>.

Recommended citation:

Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 2007. *Zimbabwe Demographic and Health Survey 2005-06*. Calverton, Maryland: CSO and Macro International Inc.

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PREFACE

The Central Statistical Office (CSO) conducted the fourth Zimbabwe Demographic and Health Survey (ZDHS) between August 2005 and March 2006. The last ZDHS was fielded in 1999. The 2005-06 ZDHS is one of a series of surveys undertaken by CSO as part of the Zimbabwe National Household Survey Capability Programme (ZNHSCP). The survey is also part of the worldwide Demographic and Health Surveys programme, which has been implemented in Africa, Asia, Latin America, and Europe.

This report presents the major findings of the 2005-06 ZDHS; a preliminary report was published in August 2006. While significantly expanded in content, the 2005-06 ZDHS is a follow-on to the 1988, 1994, and 1999 ZDHS surveys and provides updated estimates of basic demographic and health indicators covered in those surveys. The 2005-06 ZDHS collected information on fertility levels; nuptiality; sexual activity; fertility preferences; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality and maternal mortality; maternal and child health; and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections. Additionally, the 2005-06 ZDHS collected data on malaria prevention and treatment and domestic violence. The 2005-06 ZDHS is also the first survey in Zimbabwe to provide population-based prevalence estimates for anaemia among men, women and young children and HIV among women and men age 15-49.

The Central Statistical Office extends its acknowledgement and gratitude to the various agencies and individuals in the government, the donor community, and the public sector for unrelenting support that facilitated the successful implementation of the survey. Specific mention, however is due to the following: the Ministry of Health and Child Welfare (MOH&CW), the Zimbabwe Family Planning Council (ZNFPC) and the Musasa Project for contributing significantly to the design, implementation, and analysis of the ZDHS results; the Government of Zimbabwe, the National Microbiology Reference Laboratory (NMRL), the United States Agency for International Development (USAID), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the Centers for Disease Control and Prevention (CDC), and the United Kingdom Department for International Development (DFID) for facilitating the successful implementation of the survey through technical and donor support; Macro International for providing technical assistance throughout the ZDHS project; all the field personnel engaged during the survey for commitment to high-quality work under difficult conditions; and finally the ZDHS respondents for their patience and cooperation.

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SUMMARY OF FINDINGS

The 2005-06 Zimbabwe Demographic Health Survey (ZDHS) is a nationally representative survey of 8,907 women age 15-49 and 7,175 men age 15-54. The 2005-06 ZDHS is the fourth comprehensive survey conducted in Zimbabwe as part of the Demographic and Health Surveys (DHS) programme. The data are intended to furnish programme managers and policymakers with detailed information on levels and trends in fertility; nuptiality; sexual activity; fertility preferences; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality and maternal mortality; maternal and child health; and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections. The 2005-06 ZDHS is the first ZDHS survey to collect information on malaria prevention and treatment and domestic violence. The 2005-06 ZDHS is also the first survey in Zimbabwe to provide population-based prevalence estimates for anaemia and HIV. Women age 15-49 and men age 15-54 were tested for anaemia and HIV. Children ages 6-59 months were tested for anaemia.

FERTILITY

The survey results show that Zimbabwe has experienced a decline in fertility of almost 2 births over the past two decades, with the fertility rate falling from 5.4 births per woman at the time of the 1988 ZDHS to 3.8 births at the time of the 2005-06 survey. On average, rural women are having two children more than urban women (4.6 and 2.6, respectively). The low level of fertility among urban women is also reflected in the lower fertility among women in the urban provinces of Harare and Bulawayo, where women on average are having 2.5 or fewer children compared with 3.7 or more children in other provinces. Fertility differentials by education and wealth are substantial. Women who had no formal education and women in the lowest wealth quintile on average are having more than 5 children, while women with higher than a secondary education and women in the

highest wealth quintile are having less than 3 children.

Unplanned pregnancies are common in Zimbabwe. Overall, 13 percent of births are unwanted, while 20 percent are mistimed (wanted later). If all unwanted births were prevented, women would have an average of 3.3 children, compared with the actual average of 3.8 children.

Marriage patterns are an important determinant of fertility levels in a population. The median age at first marriage in Zimbabwe among women age 25-49 is 19.3 years. Urban women marry one year later than rural women (20.1 and 18.8 years, respectively). For women age 25-49 with no education, the median age at first marriage is 17.7 years compared to 22.7 years for women with higher than a secondary education.

Men enter into first union at a much later age than women; the median age at first marriage for men age 25-49 is 24.3 years. Only 13 percent of men age 25-49 married by age 20 compared with 57 percent of women.

The average man and woman in Zimbabwe initiates sexual activity before marriage. Among the population age 25-49, the median age at first sexual intercourse is 20.2 years for men and 18.6 years for women.

The 2005-06 ZDHS shows that 11 percent of currently married women are married to men who are in a polygynous union. Older women, women who live in rural areas, women with no education, and women in the lowest wealth quintiles are more likely than other women to have co-wives. The prevalence of polygyny varies markedly across provinces. Bulawayo has the lowest level (2 percent) and Mashonaland Central the highest (18 percent).

FAMILY PLANNING

Overall, knowledge of family planning in Zimbabwe has been nearly universal since 1994. In the 2005-06 ZDHS, 98 percent of all women reported knowing about a contraceptive method. The pill, male condoms, and injectables are the most widely known methods.

Eighty-seven percent of currently married women have used a family planning method at least once in their lifetime. Sixty percent of currently married women are currently using any contraceptive method, and 58 percent report use of a modern method. The most popular method is the pill, used by more than 4 in 10 currently married women (43 percent). Ten percent of currently married women use injectables, while 1 percent of currently married women use the male condom.

Government-sponsored facilities remain the chief providers of contraceptive methods in Zimbabwe. The distribution of sources of modern method supplies for current users shows that the majority of users (68 percent) obtain their contraceptives from the public sector. The participation of the private medical sector in family planning service delivery has almost doubled between 1994 and 2006 (from 12 to 22 percent). Eight percent of current users obtain their methods from retail outlets.

Unmet need for family planning has remained at around the same level since 1999 (13 percent). If all married women with an unmet need for family planning were to use a contraceptive methods, the contraceptive prevalence rate in Zimbabwe would increase from 58 to 74 percent.

Reducing discontinuation is important in addressing unmet need. Across all family planning methods, a significant proportion of discontinuations are the result of women becoming pregnant while using a method (12 percent) or of the experience of method-related side effects or health concerns (13 percent).

CHILD HEALTH

Data from the 2005-06 ZDHS indicate that the infant mortality rate was 60 deaths per 1,000 live

births, while the under-five mortality rate was 82 per 1,000 live births for the five-year period immediately preceding the survey. The neonatal mortality rate was 24 per 1,000 births. Thus, approximately three-quarters of childhood deaths occurred during infancy, with more than one-quarter taking place during the first month of life.

Child mortality is consistently lower in urban areas than in rural areas. There is also substantial variation in the mortality level across provinces. Under-five and infant mortality rates are highest in Manicaland and lowest in Matabeleland South and Bulawayo. Children whose mothers have more than a secondary education have somewhat lower mortality than children whose mothers have less education.

In Zimbabwe, children are considered fully vaccinated when they receive one dose of BCG vaccine, three doses each of DPT and polio vaccines, and one dose of measles vaccine. Overall, 53 percent of children 12-23 months old had received all vaccinations at the time of the survey. Seventy-six percent of children had received the BCG vaccination, and 66 percent had been vaccinated against measles. The coverage of the first dose of DPT and polio is relatively high (77 percent each). However, only 62 percent of children received the third dose of DPT and 66 percent received the third dose of polio. Comparison of the 2005-06 ZDHS results with those of the earlier surveys shows there has been a decline in vaccination coverage in Zimbabwe, from 80 percent in 1994 to 75 percent in 1999 to the current rate of 53 percent.

Six percent of children under age five experienced symptoms of an acute respiratory infection (ARI) in the two weeks before the survey. Treatment from a health facility or provider was sought for one in four children (25 percent). Eight percent of children received antibiotics.

Eight percent of children under five were reported to have had fever, a major manifestation of malaria, within the two weeks prior to the survey. More than a quarter of children (27 percent) were taken to a health facility or provider for treatment. A small percentage of children with fever received antimalarial drugs (5 percent), while more than twice as many (13 percent) received antibiotics.

At the time of the survey, diarrhoea was a more prevalent problem among young children than fever; 12 percent of children under age five had diarrhoea at some time within the two weeks before the survey. A third of children with diarrhoea were taken to a health provider. The majority (70 percent) of children were treated with some type of oral rehydration therapy (ORT): 6 percent were treated with solution prepared from an oral rehydration salt (ORS) packet; 61 percent were given recommended home fluids (RHF) prepared at home; and 32 percent were given increased fluids. A quarter of children with diarrhoea did not receive any type of treatment at all.

MATERNAL HEALTH

In Zimbabwe, almost all women who had a live birth in the five years preceding the survey received antenatal care from health professionals (94 percent); 10 percent from a doctor and 84 percent from a trained nurse or midwife. Only 5 percent of mothers did not receive any antenatal care.

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus. Nearly six in ten women (58 percent) who gave birth during the five-year period had had the tetanus toxoid injections required to ensure that their last birth was protected against neonatal tetanus.

The majority of births in the five years before the survey were delivered in a health facility (68 percent). This figure is slightly lower than that recorded in the 1999 ZDHS (72 percent) and the 1994 ZDHS (69 percent). Fifty-five percent of births occurred in public health facilities and 13 percent occurred in private health facilities. Nine percent of births were assisted by a doctor and 60 percent by a nurse or midwife, 11 percent by a trained traditional birth attendant, and 16 percent by an untrained traditional birth attendant. Five percent of births were delivered by a Caesarean section.

Overall, 54 percent of mothers received a postnatal checkup for the most recent birth in the five years preceding the survey, with 30 percent having the checkup within the critical 48 hours after delivery.

BREASTFEEDING AND NUTRITION

Among children under five years of age, 98 percent were breastfed at some point in their life. The median breastfeeding duration in Zimbabwe is long (18.8 months). Exclusive breastfeeding, on the other hand, is relatively short, with a median duration of less than one month. Only 22 percent of babies are exclusively breastfed throughout the first six months of life. More than three-quarters of children age 6-9 months receive complementary foods, and six in ten children age 18-23 months have been weaned. Bottle feeding is not very common; 3 percent of babies less than six months of age are fed with a bottle, and the proportion bottle-fed peaks at 10 percent among children 12-17 months.

More than half of Zimbabwean children (58 percent) age 6-59 months are classified as anaemic, with 28 percent mildly anaemic, 30 percent moderately anaemic, and 1 percent severely anaemic. The prevalence of anaemia among women is less pronounced than among children. Thirty-eight percent of women 15-49 are anaemic, with 27 percent mildly anaemic, 9 percent moderately anaemic, and 1 percent severely anaemic. In contrast to the levels among young children and women, anaemia rates among men are quite moderate. Only 11 percent of men are anaemic, with 8 percent mildly anaemic, 2 percent moderately anaemic, and less than 1 percent severely anaemic.

Overall, 29 percent of children were stunted (short for their age) at the time of the survey, 6 percent were wasted (thin for their height), and 17 percent were underweight (thin for their age). All of the indices indicate that malnutrition increases with a child's age, with prevalence peaking in the age range 12-23 months, and declining again as children approach their fifth birthday. For example, stunting affects nearly half of children 18-23 months, and 20 percent of children in that age range are severely stunted. Nine percent of children age 12-23 months are wasted and the highest rate of severe acute malnutrition is found in the 12-17 month age group (2 percent).

Overall, 66 percent of women have a body mass index (BMI) in the normal range. One in four women are overweight, with 7 percent classified as obese. At the other extreme, 9 percent are thin, and 2 percent are severely thin.

MALARIA

Twenty percent of all households interviewed during the survey had at least one mosquito net, while 7 percent had more than one. Nine percent of households had a net that had ever been treated with an insecticide. Most of the households owning an ever-treated net had at least one net meeting one of the insecticide-treated net (ITN) criteria, i.e., it was a factory-treated net that did not require re-treatment, a pre-treated net obtained within one year of the survey interview, or a net soaked in insecticide at some time during the year before the survey.

Usage of bednets is relatively low among young children and pregnant women, groups which are particularly vulnerable to malaria's effect. On the night before the survey, 4 percent of children under age five slept under an ever-treated net and 3 percent slept under an ITN. Three percent of pregnant women slept under an ever-treated net and another 3 percent slept under an ITN.

Fifteen percent of households reported that the interior walls of their dwelling had been sprayed, principally as part of a government programme (11 percent). Among these households, 35 percent reported that it had been less than three months since the walls were sprayed, while 23 percent indicated that it had been at least nine months since the walls had been sprayed.

Among women who had their last birth in the two years before the survey, 38 percent took an anti-malarial drug during their pregnancy. Twelve percent of all pregnant women took at least one dose of SP/Fansidar during their pregnancy. Seven percent reported taking two or more doses if SP/Fansidar. Almost all of the women who took SP/Fansidar were given the drug during an antenatal care visit, and, are thus considered to have had preventive intermittent treatment (IPT).

HIV/AIDS AND STIs

Knowledge of HIV and AIDS is universal in Zimbabwe. Ninety-eight percent of women age 15-49 and 99 percent of men age 15-49 have heard of HIV or AIDS. However, less than half of women (44 percent) and men (47 percent) have what can be considered comprehensive knowledge about the modes of HIV transmission and prevention. Comprehensive knowledge means knowing that use of condoms and having just one uninfected, faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention.

Eighty percent of women and men know that HIV can be transmitted by breastfeeding. Fifty-seven percent of women and 46 percent of men know that the risk of mother-to-child transmission (MTCT) can be reduced by a mother taking special drugs during pregnancy.

Given that most HIV infections in Zimbabwe are contracted through heterosexual contact, information on the level of higher-risk sex (i.e., sexual intercourse with a partner who is neither a spouse nor a cohabitating partner) is important for planning prevention programmes. The 2005-06 results indicate that one percent of women and 14 percent of men have had two or more partners during the 12 months preceding the survey, and 11 percent of women and 36 percent of men have had higher-risk sexual intercourse. Among respondents who engaged in higher-risk sexual intercourse, 47 percent of women and 71 percent of men reported that they used a condom at the last high-risk sexual intercourse.

Among the adult population age 15-49, 26 percent of women and 19 percent of men have been tested for HIV at some point in time. Twenty-two percent of women and 16 percent of men received their results.

Results from the HIV testing component in the 2005-06 ZDHS indicate that 18 percent of Zimbabwean adults age 15-49 are infected with HIV. Among women, the HIV rate is 21 percent compared to 15 percent among men. Among women,

HIV prevalence peaks at 36 percent in the 30-34 age group, which is six times the rate among women 15-19 and around twice the rate observed among women age 45-49. HIV prevalence increases from 3 percent among men in the 15-19 age group to 33 percent in the age group 40-44 and then decreases to 20 percent among men age 50-54. HIV prevalence is similar in urban and rural areas (19 and 18 percent respectively). In general, the differentials by province also are not extremely large. Matabeleland South had the highest prevalence rate (21 percent), followed closely by Manicaland (20 percent). Masvingo (15 percent) and Midlands (16 percent) had the lowest prevalence.

More than 2,000 cohabiting couples were tested for HIV in the 2005-2006 ZDHS. Results indicate that, among 72 percent of cohabiting couples, both partners tested negative for HIV. Both partners were HIV positive among 15 percent of cohabiting couples while 13 percent were discordant, that is, one partner was infected and the other was not. In 8 percent of couples, the male partner was infected and the woman was not, while in another 5 percent of couples, the woman was infected and the man was not.

DOMESTIC VIOLENCE

One eligible woman in each household was asked questions on domestic violence. In Zimbabwe, domestic violence occurs across all socioeconomic and cultural backgrounds. Over one-third of all women (36 percent) have experienced physical violence since they were 15, and 17 percent experienced physical violence in the 12 months preceding the survey. Among women who experienced violence since age 15, a total of 47 percent reported that their current husband or partner was the perpetrator and 18 percent reported that the perpetrator was a former husband or partner. Twelve percent of all women who have experienced physical violence since 15 reported that the perpetrator was their mother or step-mother. Among ever-married women, 57 percent reported that their current husband was the perpetrator. For never-married women, 22 percent reported that a teacher was the perpetrator and 21 percent reported that their mother or step-mother was the perpetrator.

Overall, 25 percent of women reported that they have experienced sexual violence at some point in their lives. Among women who have ever had sexual intercourse, 21 percent reported that their first sexual intercourse was forced against their will. The majority (65 percent) of women reported that their current or former husband, partner, or boyfriend committed the act of sexual violence. It is important to highlight that among women who were less than 15 years old when their first experience of sexual violence occurred, 7 percent reported that the perpetrators were a relative, 7 percent reported that the person was a family friend, and 4 percent reported that the person was a step father.

ORPHANS AND VULNERABLE CHILDREN

Six in ten Zimbabwean children under age 18 in the households sampled for the ZDHS surveyed were not living with both parents. More than one-quarter of children were not living with either parent. Just under one-quarter of children under age 18 were orphaned, that is, one or both parents were dead. A comparison of the results from the 1994 and 2005-2006 surveys for this age group indicates that there has been a dramatic increase in orphanhood. The proportion of children orphaned, i.e., with one or both parents dead, more than doubled between the two surveys, from 9 percent to 22 percent. The proportion of paternal orphans, i.e., those whose fathers had died, increased from 7 percent to 19 percent, while the proportion that were maternal orphans rose from 3 to 9 percent between the 1994 ZDHS and the 2005-2006 survey. The proportion of children with both parents dead doubled, from less than one percent to 6 percent.

Overall, 1 in 10 children under age 18 was considered as vulnerable, i.e., they lived in a household in which at least one adult had been chronically ill during the year before the survey or they had at least a parent living in the household or elsewhere who had suffered from a chronic illness. Three in ten children are considered orphaned or vulnerable.

ZIMBABWE



INTRODUCTION

1.1 GEOGRAPHY AND ECONOMY

Zimbabwe lies just north of the Tropic of Capricorn between the Limpopo and Zambezi rivers. The country is landlocked, bordered by Mozambique on the east, South Africa on the south, Botswana on the west, and Zambia on the north and northwest. It is part of a great plateau, which constitutes the major feature of the geology of southern Africa. Almost the entire surface area of Zimbabwe is more than 300 metres above sea level, with nearly 80 percent of the land lying more than 900 metres above sea level and about 5 percent lying more than 1,500 metres above sea level.

About 70 percent of the surface rock in Zimbabwe is granite, schist, or igneous, and it is rich in mineral wealth. Soil types range from clay or sandy loam in the high veldt to Kalahari sands in the hot and dry western part of the country. The climate of Zimbabwe is a blend of cool, dry, sunny winters and warm, wet summers. Average annual precipitation totals increase with increasing altitude; however, temperature drops with increasing altitude. The Eastern Highlands of the country are therefore associated with cool and wet conditions, while the Sabi, Limpopo, and Zambezi valleys are hot and dry. Mining and agriculture are the backbone of the country's economy, even though the country is richly endowed with some of the world's most impressive manmade and natural tourist attractions, such as the Great Zimbabwe Ruins and Victoria Falls.

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

The economy is diversified but biased toward agriculture and mining, which are by far the country's major foreign-currency earning sectors. Besides mineral processing, major industries include food processing, construction, chemicals, textiles, wood and furniture, and production transport equipment.

The main agricultural export products are tobacco, maize, cotton, sugar, and groundnuts. The agriculture sector has well-developed commercial and communal farming systems. The communal sector's contribution towards the production of industrial raw materials and food products has increased substantially since 1980, despite its poor physical and socioeconomic infrastructure.

In 1996-2000, the government of Zimbabwe implemented a five-year economic development programme, the Zimbabwe Programme for Economic and Social Transformation (ZIMPREST). It was envisaged that the government of Zimbabwe would implement ZIMPREST with financial support from the World Bank, the International Monetary Fund, and other international organisations. However, the financial aid was not received in a timely manner. ZIMPREST advocated for adequate and sustainable economic growth and social development to reduce poverty and create a basis for all of Zimbabwe's citizens to provide a better life for themselves and their children.

1.2 POPULATION

In the 2002 census, the population of Zimbabwe was 11.6 million. Estimates, rather than actual counts, of the total population are available from the beginning of the century through 1951, when the census began to include non-Africans. Table 1.1 presents population growth rates for several years compiled from the population censuses. The average annual growth in the population reached a peak of 3.5 percent in 1951 and 1961, and then dropped to 3 percent between 1982 and 1992. The annual population growth rate between 1992 and 2002 was 1.1 percent.

Table 1.2 shows that the population of people of African descent was 99 percent in 2002. The population of European, Asian, and Coloured descendants made up the remaining 1 percent in 2002. The 2002 census estimated the crude birth rate (CBR) and the crude death rate (CDR) to be about 30 births per thousand population and 17 deaths per thousand population, respectively. Forty-one percent of the population of Zimbabwe was below 15 years of age, 55 percent was between the ages of 15 and 64 years, and a very small proportion (4 percent) was 65 years of age or more.

Table 1.1 Population size and growth rate

Population size and annual rate of increase in the population, Zimbabwe 1901-2002

Year	Population ('000)	Annual growth rate (percent)
1901	713	-
1911	907	2.4
1921	1,147	2.4
1931	1,464	2.5
1941	2,006	3.2
1951	2,829	3.5
1961	3,969	3.5
1969	5,134	3.3
1982	7,608	3.0
1992	10,412	3.1
2002	11,632	1.1

Source: Central Statistical Office, 2002

1.3 OBJECTIVES OF THE SURVEY

The 2005-2006 Zimbabwe Demographic and Health Survey (2005-06 ZDHS) is one of a series of surveys undertaken by the Central Statistical Office (CSO) as part of the Zimbabwe National Household Survey Capability Programme (ZNHSCP) and the worldwide MEASURE DHS programme. The Ministry of Health and Child Welfare (MOH&CW), Zimbabwe National Family Planning Council (ZNFPC), and the Musasa Project contributed significantly to the design, implementation, and analysis of the 2005-06 ZDHS results. Financial support for the 2005-06 ZDHS was provided by the government of Zimbabwe, the United States Agency for International Development (USAID), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United Kingdom Department for International Development (DFID), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the Centres for Disease Control and Prevention (CDC). The Demographic and Health Research Division of Macro International Inc. (Macro) provided technical assistance during all phases of the survey.

While significantly expanded in content, the 2005-06 ZDHS is a follow-on to the 1988, 1994, and 1999 ZDHS and provides updated estimates of basic demographic and health indicators covered in the earlier surveys. In addition, data on malaria prevention and treatment, domestic violence, anaemia, and HIV/AIDS were also collected in the 2005-06 ZDHS.

Table 1.2 Demographic indicators

Selected demographic indicators, Zimbabwe 1992 and 2002

Indicator	1992 Census	2002 Census
Total population (thousands)	10,412	11,632
Distribution by ethnic group (percent)		
African	98.8	99.3
European	0.8	0.4
Coloured	0.3	0.2
Asian	0.1	0.1
Distribution by age group (percent)		
0-14	45.1	40.6
15-64	51.3	55.0
65+	3.3	4.0
Not stated	0.3	0.4
Crude birth rate (CBR) Births per 1,000 population	34.5	30.3
Crude death rate (CDR) Deaths per 1,000 population	9.5	17.2
Number of males per 100 females in the total population	95	94
Life expectancy at birth	61.0	45.0

Source: Central Statistical Office, 2002

The primary objectives of the 2005-06 ZDHS project are to provide up-to-date information on fertility levels; nuptiality; sexual activity; fertility preferences; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality and maternal mortality; maternal and child health; and awareness, behaviour, and prevalence regarding HIV/AIDS and other sexually transmitted infections (STIs).

1.4 ORGANISATION OF THE SURVEY

1.4.1 Sample

The sample for the 2005-06 ZDHS was designed to provide population and health indicator estimates at the national and provincial levels. The sample design allowed for specific indicators, such as contraceptive use, to be calculated for each of the 10 provinces (Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Midlands, Masvingo, Harare, and Bulawayo). The sampling frame used for the 2005-06 ZDHS was the 2002 Zimbabwe Master Sample (ZMS02) developed by CSO after the 2002 population census. With the exception of Harare and Bulawayo, each of the other eight provinces was stratified into four strata according to land use: communal lands, large-scale commercial farming areas (LSCFA), urban and semi-urban areas, small-scale commercial farming areas (SSCFA), and resettlement areas. Only one urban stratum was formed each for Harare and Bulawayo, providing a total of 34 strata.

A representative probability sample of 10,800 households was selected for the 2005-06 ZDHS. The sample was selected in two stages with enumeration areas (EAs) as the first stage and households as the second stage sampling units. In total 1,200 EAs were selected with probability proportional to size (PPS), the size being the number of households enumerated in the 2002 census. The selection of the EAs was a systematic, one-stage operation carried out independently for each of the 34 strata. The 1,200 ZMS02 EAs were divided into three replicates of 400 EAs each. One of the replicates consisting of 400 EAs was used for the 2005-06 ZDHS. In the second stage, a complete listing of households and mapping exercise was carried out for each cluster in January 2005. The list of households obtained was used as the frame for the second stage random selection of households. The listing excluded people living in institutional households (army barracks, hospitals, police camps, boarding schools, etc.). CSO provincial supervisors also trained provincial CSO officers to use global positioning system (GPS) receivers to take the coordinates of the 2005-06 ZDHS sample clusters.

All women age 15-49 and all men age 15-54 who were either permanent residents of the households in the 2005-06 ZDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed. Anaemia and HIV testing was performed in each household among eligible women and men who consented to either or both tests. With the parent's or guardian's consent, children age 6-59 months were tested for anaemia in each household. In addition, a sub-sample of one eligible woman in each household was randomly selected to be asked additional questions about domestic violence.

1.4.2 Questionnaires

Three questionnaires were used for the 2005-06 ZDHS: a Household Questionnaire, a Women's Questionnaire, and a Men's Questionnaire. These questionnaires were adapted to reflect the population and health issues relevant to Zimbabwe at a series of meetings with various stakeholders from government ministries and agencies, nongovernmental organizations, and international donors. Three language versions of the questionnaires were produced: Shona, Ndebele, and English.

The Household Questionnaire was used to list all the usual members and visitors of selected households. Some basic information was collected on the characteristics of each person listed, including his or her age, sex, education, and relationship to the head of the household. For children under age 18,

survival status of the parents was determined. If a child in the household had a parent who was sick for more than three consecutive months in the 12 months preceding the survey or a parent who had died, additional questions related to support for orphans and vulnerable children were asked. Additionally, if an adult in the household was sick for more than three consecutive months in the 12 months preceding the survey or an adult in the household died, questions were asked related to support for sick people or people who have died. The Household Questionnaire was also used to identify women and men who were eligible for the individual interview. Additionally, the Household Questionnaire collected information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, ownership of various durable goods, and ownership and use of mosquito nets. The Household Questionnaire was also used to record height, weight, and haemoglobin measurements for children age 6-59 months.

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

- Background characteristics (education, residential history, media exposure, etc.)
- Birth history and childhood mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal, delivery and postnatal care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Women's work and husband's background characteristics
- Women's and children's nutritional status
- Domestic violence
- Awareness and behaviour regarding AIDS and other sexually transmitted infections (STIs)
- Adult mortality including maternal mortality.

As in the 1999 ZDHS, a "calendar" was used in the 2005-06 ZDHS to collect information on the respondent's reproductive history since January 2000 concerning contraceptive method use, sources of contraception, reasons for contraceptive discontinuation, and marital unions. In addition, interviewing teams measured the height and weight of all children under the age of five years and of all women age 15-49.

The Men's Questionnaire was administered to all men age 15-54 in each household in the 2005-06 ZDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health or nutrition.

1.4.3 Anaemia and HIV Testing Protocol

In each household selected for the 2005-06 ZDHS, women age 15-49, men age 15-54, and children age 6-59 months were tested for anaemia. In addition, all eligible women and men were tested for HIV. Anaemia and HIV testing were only carried out if consent was provided by the respondents and, in the case of an unmarried minor age 15-17, by the parent or guardian. Additionally, respondents were asked if they would consent to anonymous storage of their dried blood spot (DBS) sample to be used for further research at a later date. Consent for HIV, anaemia, and additional testing were obtained separately. The protocol for haemoglobin and HIV testing was approved by the Medical Research Council of Zimbabwe in Harare, Zimbabwe; the ORC Macro Institutional Review Board in Calverton, Maryland, USA; and the CDC in Atlanta, Georgia, USA.

Anaemia Testing

Haemoglobin testing is the primary method of anaemia diagnosis. In the 2005-06 ZDHS, testing was performed using the HemoCue system. A consent statement was read to the eligible woman and to the parent or responsible adult of young children and unmarried women and men age 15-17. This statement explained the purpose of the test, informed prospective subjects tested and/or their caretakers that the results would be made available as soon as the test was completed, and requested permission for the test to be carried out. The statement also requested consent to refer respondents to a local health facility if their haemoglobin level indicated severe anaemia. The MOH&CW provided anaemia tablets to the health facilities serving the clusters included in the 2005-06 ZDHS sample.

Before the blood was taken, the finger was wiped with an alcohol prep pad and allowed to air dry. Then the finger was punctured with a sterile, nonreusable, self-retractable lancet and a drop of blood was collected on a HemoCue microcuvette and placed in a HemoCue photometer which displayed the result. The microcuvette is a plastic disposable unit that serves as both a reagent vessel and a measuring device. It contains a reagent (sodium azide) in dry form. The microcuvette is designed to draw up the exact amount of blood needed for the test. The HemoCue photometer measures light absorption and presents the results on a display. The HemoCue analyzer has an internal electronic “SELFTEST.” Every time the analyzer is turned on, it automatically verifies the performance of the optronic unit. For children 6-11 months who were particularly undernourished or thin, a heel puncture was performed to draw a drop of blood. For children 6-59 months of age, the results were recorded in the Household Questionnaire. For adult women age 15-49 years and men age 15-54 years, the results were recorded in the Women’s and Men’s Questionnaire, respectively. For each person whose haemoglobin level was severe and who agreed to have the condition reported, a referral was given to the respondent to be taken to a health facility.

HIV Testing

Eligible women and men selected for HIV testing who were interviewed were asked to voluntarily provide five drops of blood for HIV testing. The protocol for the blood specimen collection and analysis was based on the anonymous linked protocol developed for MEASURE DHS. The protocol allows for the merging of the HIV results to the sociodemographic data collected in the individual questionnaires, provided that information that could potentially identify an individual is destroyed before the linking takes place.

Interviewers explained the procedure, the confidentiality of the data, and the fact that the test results would not be made available to the subject. They also explained the option of DBS storage for use in additional testing. If a respondent consented to the HIV testing, five blood spots from the finger prick were collected on a filter paper card to which a bar code label unique to the respondent was affixed. If the respondent did not consent to additional testing using their sample, the words “no further testing” were written on the filter paper card. Each household, whether individuals consented to HIV testing or not, was given an information brochure on HIV/AIDS and a list of fixed sites, grouped by province, providing voluntary counselling and testing (VCT) services.

Each DBS sample was given a bar code label, and a duplicate label was attached to the Individual Questionnaire. A third copy of the same bar code was affixed to the Blood Sample Transmittal Form to track the blood samples from the field to the laboratory. DBS samples were dried overnight and packaged for storage the following morning. Samples were periodically collected in the field along with the completed questionnaires and transported to CSO in Harare to be logged in, checked, and transported to the National Microbiology Reference Laboratory (NMRL) for testing.

The processing of DBS samples for HIV testing at NMRL was handled by two laboratory scientists. The DBS samples were logged into the Census and Survey Processing System (CSPro) HIV Test Tracking System (CHTTS) database, each given a laboratory number, and stored at -20°C until tested. All samples were tested on the first assay test, an enzyme-linked immunosorbent assay (ELISA), Vironostika® HIV Uni-Form II Plus O, bioMerieux. A negative result was considered negative. All positives were subjected to a second ELISA test by AniLab Systems, Finland, compatible with ELISYS 2 (a fully automated ELISA analyzer manufactured by Human of Germany). Positive samples on the second test were considered positive. If the first and second tests were discrepant, the sample was retested with tests 1 and 2. If on repeat of tests 1 and 2 both were negative, the sample was rendered negative. If both were positive, the sample was rendered positive. If there was still a discrepancy in the results after repeating tests 1 and 2, a third confirmatory test, Genetic Systems New LAV Blot I (a Western Blot by Bio-Rad France), was administered. The final result was rendered positive if the tests showed inconsistent results on the repeat ELISAs. The final result was also rendered positive if the Western Blot confirmed the result to be positive, and rendered negative if the Western Blot confirmed it to be negative. If the results were still discordant, the sample was rendered indeterminate.

The HIV test results for the 2005-06 ZDHS were entered into a spreadsheet with a barcode as the unique identifier to the result.

1.4.4 Training and Fieldwork

CSO staff and a variety of experts from government ministries, nongovernmental organizations (NGOs), and donor organizations participated in a three-day training of trainers (TOT) conducted in April 2005. Immediately following the TOT, the pretest training and fieldwork took place in April and May 2005. The pretest fieldwork was conducted in Gweru and surrounding areas, where both Shona and Ndebele households could easily be identified. For two weeks, 16 qualified nurses and Advanced-Level graduates were trained to administer the questionnaires, take anthropometric measurements, and collect blood samples for anaemia and HIV testing. Representatives from the NMRL and CDC/Zimbabwe assisted in training participants on the finger prick for blood collection, and proper handling and storage of the DBS samples for HIV testing. The pretest fieldwork was conducted in two separate six-day phases, covering approximately 200 households. Debriefing sessions were held with the pretest field staff, and modifications to the questionnaires were made based on lessons drawn from the exercise. Pretest interviewers were retained to serve as field editors and team supervisors during the main survey.

Training of field staff for the main survey was conducted during a four-week period in July 2005. Permanent CSO staff, as well as staff of MOH&CW, ZNFPC, the Musasa Project, and Macro International Inc. trained 130 interviewer trainees, most of whom were trained nurses or Advanced-Level graduates. The training course consisted of instruction regarding interviewing techniques and field procedures, a detailed review of items on the questionnaires, instruction and practice in weighing and measuring children, collecting blood samples for anaemia and HIV testing, mock interviews between participants in the classroom, and practice interviews with real respondents in areas outside the 2005-06 ZDHS sample points. Trainees who performed satisfactorily in the training programme were selected as interviewers, while the remainder were retained to assist in office operations. During this period, field editors and team supervisors were provided with additional training in methods of field editing, data quality control procedures, and fieldwork coordination.

Fourteen interviewing teams carried out the fieldwork for the 2005-06 ZDHS. Each team consisted of one team supervisor, one field editor, three or four female interviewers, two or three male interviewers, and one driver. In total, there were 14 team supervisors, 14 field editors, 44 female interviewers, 43 male interviewers, 24 data capture clerks, and 14 drivers. Nine permanent senior CSO staff coordinated and supervised fieldwork activities. Data collection took place over a seven-month period, from August 2005 to February 2006.

1.4.5 Data Processing

All questionnaires for the 2005-06 ZDHS were returned to the CSO for data processing, which consisted of office editing, coding of open-ended questions, data entry, and secondary editing of computer-identified errors. The secondary editing involved checking and, if necessary, resolving inconsistencies in the data identified by the editing program. The data were processed in two shifts by a team of 24 data entry clerks, 2 data editors, 2 data entry supervisors, and administrators to receive and check the blood samples from the field. Data entry and editing was accomplished using the software package CSPro.

Fourteen microcomputers were used for data processing. These were networked via a local area network connection to allow greater control by supervisors over the data entry process and to increase the security of the data. This also facilitated updating data entry software from a single location without interrupting data entry, and the ability to perform automatic daily backups of the data files. Twelve computers were used for data entry, while the other two computers were reserved for supervisory duties. Supervisor computers were used for the allocation of batches to operators, secondary editing, and scanning of DBS barcodes.

Data processing commenced in September 2005 and, after data collection was completed in February 2006, a second shift comprising 12 operators and 2 supervisors (drawn from field interviewers/editors with computer experience) was introduced to speed up data entry. There was 100 percent verification (re-entry) of all questionnaires so as to maximize the quality of the data and to reduce the secondary editing process. Secondary editing was completed in March 2006. The final data cleaning was performed for two weeks in May 2006, after which the tables for preliminary results were generated from the imputed raw data.

1.4.6 Response Rates

Table 1.3 shows response rates for the 2005-06 ZDHS. A total of 10,752 households were selected for the sample, of which 9,778 were currently occupied. The shortfall was largely due to some households no longer existing in the sampled clusters at the time of the interview. Of the 9,778 existing households, 9,285 were successfully interviewed, yielding a household response rate of 95 percent.

In the interviewed households, 9,870 eligible women were identified and, of these, 8,907 were interviewed, yielding a response rate of 90 percent. Of the 8,761 eligible men identified, 7,175 were successfully interviewed (82 percent response rate). The principal reason for nonresponse among both eligible men and women was the failure to find them at home despite repeated visits to the households. The lower response rate among men than among women was due to the more frequent and longer absences of men from the households.

Table 1.3 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence, Zimbabwe 2005-2006

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	3,455	7,297	10,752
Households occupied	3,248	6,530	9,778
Households interviewed	3,056	6,229	9,285
Household response rate	94.1	95.4	95.0
Interviews with women			
Number of eligible women	3,763	6,107	9,870
Number of eligible women interviewed	3,203	5,704	8,907
Eligible women response rate	85.1	93.4	90.2
Interviews with men			
Number of eligible men	3,421	5,340	8,761
Number of eligible men interviewed	2,459	4,716	7,175
Eligible men response rate	71.9	88.3	81.9

This chapter presents information on some socioeconomic characteristics of the household population and the individual survey respondents, such as age, sex, education, and place of residence. The environmental profile of households in the 2005-06 ZDHS sample is also examined. Taken together, these descriptive data provide a context for the interpretation of demographic and health indices and can furnish an approximate indication of the representativeness of the survey.

The 2005-06 ZDHS collected information from all usual residents of a selected household (the *de jure* population) and persons who had stayed in the selected household the night before the interview (the *de facto* population). Because the difference between these two populations is small, to maintain comparability with other surveys, all tables in this report refer to the *de facto* population unless otherwise specified.

2.1 HOUSEHOLD POPULATION BY AGE, SEX, AND RESIDENCE

The 2005-06 ZDHS Household Questionnaire was used to collect data on the demographic and social characteristics of all usual residents of the sampled household and on visitors who had spent the previous night in the household.¹

Table 2.1 shows the distribution of the 2005-06 ZDHS household population by five-year age groups, according to sex and urban-rural residence. The ZDHS households constitute a population of 40,805 individuals; 52 percent of the population are female and 48 percent are male. There are larger numbers of the population in the younger age groups than in the older age groups of each sex, particularly in rural areas.

The age-sex structure of the population is shown by use of a population pyramid in Figure 2.1. The pyramid has a wide but tapering base, a pattern that is consistent with a population experiencing a decline in fertility. The number of children under five is less than the number age five to nine years, a finding that is consistent with a recent fertility decline. The proportion of children under 15 years of age was around 44 percent in 2005-06, while that of persons over 65 years of age was about 5 percent.

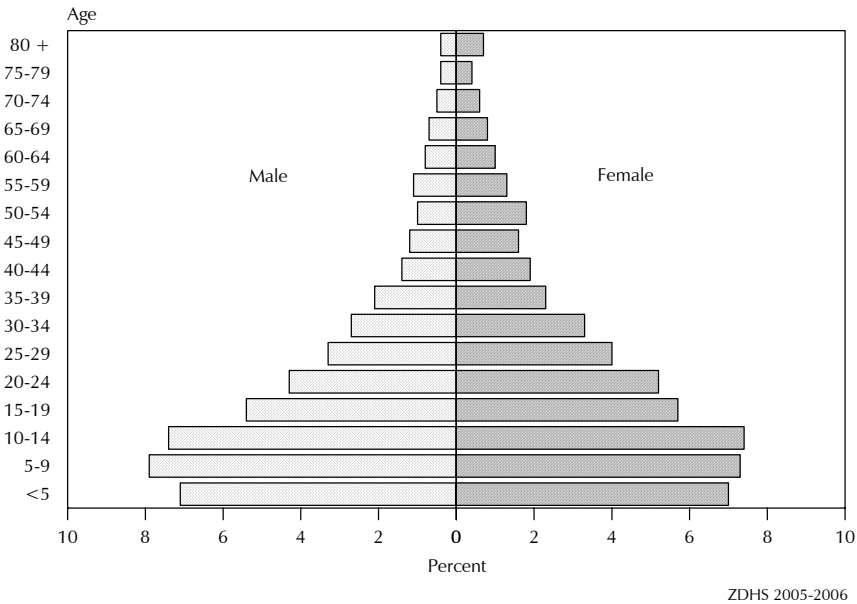
¹ A household refers to a person or group of related and unrelated persons who live together in the same dwelling unit(s), who acknowledge one adult male or female as head of household, who share the same housekeeping arrangements, and who are considered one unit. A member of the household is any person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

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Zimbabwe 2005-2006

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	12.0	11.8	11.9	16.4	14.1	15.2	15.0	13.4	14.1
5-9	12.7	11.2	11.9	18.3	15.2	16.6	16.5	13.9	15.1
10-14	11.5	11.0	11.2	17.3	15.6	16.4	15.5	14.2	14.8
15-19	10.4	13.7	12.1	11.9	9.7	10.7	11.4	10.9	11.2
20-24	12.6	14.1	13.4	7.2	8.1	7.7	9.0	10.0	9.5
25-29	9.7	9.9	9.8	5.5	6.7	6.1	6.8	7.7	7.3
30-34	8.3	7.5	7.9	4.4	5.8	5.1	5.7	6.3	6.0
35-39	6.3	6.1	6.2	3.4	3.7	3.6	4.3	4.5	4.4
40-44	3.9	4.4	4.1	2.4	3.2	2.8	2.9	3.6	3.2
45-49	3.3	2.8	3.0	2.3	3.1	2.7	2.6	3.0	2.8
50-54	3.0	2.9	3.0	1.6	3.8	2.7	2.0	3.5	2.8
55-59	2.2	1.3	1.8	2.3	3.0	2.7	2.3	2.4	2.4
60-64	1.5	1.3	1.4	1.8	2.1	1.9	1.7	1.8	1.7
65-69	1.2	0.7	0.9	1.8	1.8	1.8	1.6	1.4	1.5
70-74	0.6	0.6	0.6	1.4	1.5	1.4	1.1	1.2	1.2
75-79	0.3	0.3	0.3	1.0	1.0	1.0	0.8	0.8	0.8
80+	0.6	0.4	0.5	1.1	1.7	1.4	0.9	1.3	1.1
Number	6,226	6,688	12,914	13,215	14,674	27,891	19,441	21,361	40,805

Figure 2.1 Population Pyramid



2.2 HOUSEHOLD COMPOSITION

Table 2.2 shows that a female heads more than one in three households in Zimbabwe (38 percent). The proportion of female-headed households has increased slightly from 34 percent in the 1999 ZDHS to 38 percent 2005-06 ZDHS. The proportion of female-headed households also increased in urban areas (23 to 29 percent) and rural areas (39 to 43 percent) for the same time period. The average household size has increased slightly from 4.2 people in 1999 to 4.5 people in 2005-06. Urban households are, on average, slightly smaller (4.1 people) than rural households (4.6 people). Overall, 35 percent of households have foster children, as do 25 percent of urban households and 40 percent of rural households. This is an increase since 1999 when 21 percent of households had foster children with 11 percent in urban areas and 27 percent in rural areas. Foster children are those individuals under 15 years of age who have no natural parent in the household. The total number of households interviewed was 9,285 of which 66 percent and 34 percent were in rural and urban areas, respectively.

2.3 EDUCATION OF THE HOUSEHOLD POPULATION

2.3.1 EDUCATIONAL ATTAINMENT

The educational level of household members is among the most important characteristics of the household because it is associated with many phenomena that have a significant impact on health-seeking behaviour, reproductive behaviour, use of contraception, and the health of children.

Table 2.3 shows the distribution of female and male household members age 6 years and above by the highest level of education ever attended (even if they did not complete that level) and the median number of years of education completed, according to age, urban-rural residence, province, and wealth quintile. Survey results show that the majority of Zimbabweans have attained some form of education. Generally, educational attainment is slightly higher for males than for females, with 91 percent of males having attended school versus 88 percent of females. However, in Zimbabwe there is very little difference by sex among other educational attainment indices. The percentage for males and females who had only some primary education is similar (42 percent for males and 43 percent for females). Likewise, 7 percent of males and 6 percent of females completed primary school but did not go on to the secondary level. Thirty-seven percent of males had some secondary schooling, compared with 36 percent of females. A relatively small amount of males (2 percent) and females (1 percent) completed secondary school and did not go on to attain any post-secondary education. The percentage of males (4 percent) and females (2 percent) in the 2005-06 ZDHS who had more than a secondary education remained the same as what was observed in the 1994 ZDHS.

Table 2.2 Household composition

Percent distribution of households by sex of head of household and by household size; and mean size of household, according to residence, Zimbabwe 2005-2006

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	71.5	57.4	62.3
Female	28.5	42.6	37.7
Number of usual members			
0	0.2	0.1	0.1
1	11.0	9.7	10.1
2	13.1	10.3	11.3
3	18.4	15.2	16.3
4	20.5	16.9	18.1
5	13.9	16.3	15.5
6	9.8	11.1	10.6
7	6.4	8.1	7.5
8	3.5	5.1	4.5
9+	3.3	7.3	5.9
Percentage with foster children	25.1	39.7	34.6
Mean size of households	4.1	4.6	4.5
Number of households	3,201	6,084	9,285

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

Table 2.3 Educational attainment of household population

Percent distribution of the de facto female and male household population age six and over by highest level of education attended or completed, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Number	Median number of years
FEMALE									
Age									
6-9	28.7	70.6	0.0	0.3	0.0	0.0	0.4	2,372	0.5
10-14	1.1	69.8	17.9	10.7	0.0	0.0	0.4	3,024	4.7
15-19	0.8	23.2	4.9	69.8	0.8	0.3	0.1	2,335	7.6
20-24	1.0	20.3	3.8	69.4	2.7	2.9	0.0	2,134	9.1
25-29	1.1	24.1	5.0	64.2	0.8	4.6	0.2	1,639	8.5
30-34	3.2	26.9	3.8	59.7	1.2	4.7	0.6	1,348	7.9
35-39	4.1	29.8	3.5	56.5	0.9	4.9	0.3	954	7.8
40-44	17.0	42.2	6.9	27.5	0.7	5.5	0.3	765	6.2
45-49	20.0	52.2	6.4	16.5	0.5	3.7	0.7	649	4.9
50-54	22.7	51.8	7.2	14.9	0.3	1.7	1.5	751	4.3
55-59	30.2	48.8	5.5	13.9	0.1	1.0	0.4	522	3.2
60-64	34.9	46.0	6.1	7.7	0.2	2.7	2.3	389	2.5
65+	53.8	36.2	3.0	3.3	0.3	1.0	2.5	1,008	0.0
Residence									
Urban	4.8	28.2	4.2	55.6	2.0	4.6	0.7	5,746	7.8
Rural	15.2	49.6	7.4	26.4	0.1	0.8	0.5	12,154	5.1
Province									
Manicaland	11.2	49.5	6.7	30.5	0.5	1.4	0.3	2,238	5.8
Mashonaland Central	19.8	44.6	8.2	25.9	0.3	1.1	0.2	1,781	4.8
Mashonaland East	14.0	43.6	7.0	32.9	0.2	1.6	0.7	1,710	5.8
Mashonaland West	14.9	44.2	6.1	31.5	0.4	1.8	1.1	1,679	5.6
Matabeleland North	17.7	50.9	6.0	23.6	0.4	1.2	0.1	1,275	5.1
Matabeleland South	12.2	47.9	7.3	28.4	0.7	2.7	0.9	1,042	5.8
Midlands	10.5	45.1	7.2	34.2	0.4	2.3	0.4	2,476	6.1
Masvingo	11.6	49.2	8.1	29.7	0.3	0.6	0.5	2,098	5.6
Harare	5.2	26.0	3.1	59.1	1.8	4.2	0.6	2,412	8.2
Bulawayo	4.5	28.3	3.6	56.6	2.7	3.3	1.0	1,187	7.8
Wealth quintile									
Lowest	22.2	53.8	7.6	15.9	0.0	0.0	0.3	3,443	3.9
Second	16.2	50.7	7.9	24.6	0.0	0.1	0.4	3,508	4.8
Middle	11.4	48.3	7.4	31.8	0.1	0.3	0.7	3,749	5.6
Fourth	6.5	37.0	5.4	47.8	0.5	2.1	0.5	3,368	6.8
Highest	3.8	25.1	3.5	57.1	2.8	7.1	0.7	3,832	8.8
Total	11.9	42.7	6.3	35.8	0.7	2.0	0.5	17,900	6.1

Continued...

Table 2.3—Continued

Percent distribution of the de facto female and male household population age six and over by highest level of education attended or completed, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary	Don't know/missing	Number	Median number of years
MALE									
Age									
6-9	31.4	67.8	0.2	0.1	0.0	0.0	0.5	2,552	0.4
10-14	1.2	73.6	16.7	7.9	0.0	0.0	0.6	3,007	4.2
15-19	0.6	24.2	6.9	66.3	1.2	0.4	0.3	2,219	7.3
20-24	0.8	17.1	4.1	65.3	6.7	5.7	0.2	1,742	9.2
25-29	1.1	18.5	3.2	64.8	4.0	8.3	0.1	1,329	9.2
30-34	1.2	16.0	2.9	68.2	2.8	8.9	0.1	1,106	9.2
35-39	1.5	14.4	1.7	69.1	2.7	10.6	0.1	844	9.3
40-44	4.6	31.5	4.8	46.3	0.7	12.0	0.0	556	7.6
45-49	8.0	43.1	8.7	32.2	0.6	6.7	0.6	504	6.6
50-54	7.1	44.9	6.3	34.4	1.3	5.4	0.6	397	6.4
55-59	13.3	38.6	10.3	30.5	1.0	4.2	2.1	445	6.1
60-64	18.5	41.4	8.0	27.1	0.6	4.2	0.2	325	5.6
65+	28.3	47.7	8.4	11.2	0.0	2.8	1.6	856	3.3
Residence									
Urban	4.3	26.2	4.0	53.4	3.9	7.7	0.6	5,310	8.8
Rural	10.7	49.4	8.0	29.2	0.6	1.7	0.4	10,574	5.5
Province									
Manicaland	8.6	43.8	9.5	32.6	1.4	3.7	0.4	1,925	6.0
Mashonaland Central	12.3	46.0	7.3	30.9	1.2	2.1	0.3	1,628	5.4
Mashonaland East	9.5	42.5	7.1	37.1	0.7	2.7	0.5	1,508	6.2
Mashonaland West	10.0	43.5	6.2	36.3	1.2	1.8	1.0	1,568	6.1
Matabeleland North	12.6	54.9	7.8	22.2	0.1	2.3	0.0	1,137	5.3
Matabeleland South	9.6	50.4	7.4	26.7	1.4	3.9	0.6	831	6.0
Midlands	9.0	44.0	6.4	35.6	1.5	3.1	0.4	2,207	6.1
Masvingo	7.2	48.3	7.5	33.8	1.0	2.1	0.2	1,797	6.0
Harare	4.3	24.0	4.1	55.5	3.8	7.7	0.4	2,248	9.1
Bulawayo	4.6	26.6	3.7	53.0	4.4	6.6	1.1	1,034	7.9
Wealth quintile									
Lowest	15.4	57.6	8.8	17.9	0.2	0.0	0.2	2,951	4.1
Second	11.4	51.0	8.1	28.4	0.2	0.5	0.4	3,051	5.3
Middle	8.3	46.0	7.7	35.3	1.0	1.1	0.6	3,113	6.0
Fourth	5.2	32.4	5.5	50.0	1.8	4.6	0.5	3,520	7.2
Highest	3.8	24.0	3.8	51.4	5.0	11.4	0.6	3,248	9.1
Total	8.6	41.6	6.7	37.3	1.7	3.7	0.5	15,883	6.3
Note: In Zimbabwe, primary level is referred to as grades 1-7. Secondary level is referred to as forms 1-6. With the primary and secondary levels combined, there is a total of 13 years of schooling.									
¹ Completed 7th grade at the primary level									
² Completed 6th grade at the secondary level									

The median number of years of educational attainment is six for both males and females. As expected, educational attainment is higher for all indicators in urban areas and among the population in the highest wealth quintile.

2.3.2 School Attendance Ratios

In Table 2.4, school attendance ratios by level of schooling, sex, residence, province, and wealth quintile for the population age 6 to 24 years are presented. The net attendance ratio (NAR) is an indicator of participation in schooling among children of official school age, and the gross attendance ratio (GAR) indicates the participation at each level of schooling among all children between the ages of 7 and 18 years. The GAR is nearly always higher than the NAR for the same level because the GAR includes participation by those who may be older or younger than the official age range for that level.² Data in Table 2.4 show that, among children age 7 to 12 years, 91 percent attended primary school, and 45 percent of children age 13 to 18 years attended secondary school. For primary education, nine in ten males and females were enrolled in school. For secondary education, among persons 13 to 18 years, males and females were almost equally likely to be in school (44 percent for males and 45 percent for females).

At the primary and secondary level, NARs in urban areas were higher than in rural areas. Consistent with this finding, attendance in primary education in the urban provinces (Harare and Bulawayo) is slightly higher than in other provinces, and the trend is the same for secondary education. Attendance is the highest among the wealthy households compared with the poor at both primary and secondary levels. While wealth is not a significant factor for attendance at the primary level, it has a greater impact on attendance at the secondary level. Among children age 7 to 12 years, no less than nine in ten children attended school at the primary level for all wealth quintiles. However, the data show that differentials vary greatly by wealth quintile at the secondary level. Only 24 percent of children age 13 to 18 attended secondary school in the lowest wealth quintile compared with 63 percent in the highest wealth quintile.

With reference to the GAR, the ratios are much higher than 100 for primary education, indicating that a large proportion of children over the age of 12 years are still attending primary school. For secondary education, the percentages are much lower than 100, indicating that many children age 13 to 18 years are not currently attending secondary school.

The gender parity index (GPI), or the ratio of the female to the male GAR at the primary and secondary levels, indicates the magnitude of the gender gap in attendance ratios. It is presented at both the primary and secondary levels and offers a summary measure of gender differences in school attendance rates. A GPI less than one indicates that a smaller proportion of females than males attend school. The GPI at the primary and secondary school levels are nearly equal (0.97 and 0.98, respectively). At the secondary level, there are marked differences in the GPI by place of residence and province. Table 2.4 also indicates that in the highest wealth quintile the gender gap is the widest (0.85), in contrast to children in the lowest wealth quintile (1.09) where more girls than boys attended secondary school.

² Students who are over age for a given level of schooling may have started school over age, may have repeated one or more grades in school, or may have dropped out of school and later returned.

Table 2.4 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de jure household population by level of schooling and sex; and gender parity index, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Net attendance ratio ¹			Gross attendance ratio ²			Gender parity index ³
	Male	Female	Total	Male	Female	Total	
PRIMARY SCHOOL							
Residence							
Urban	93.9	93.4	93.7	119.1	114.3	116.6	0.96
Rural	90.4	91.1	90.7	123.6	119.7	121.7	0.97
Province							
Manicaland	87.8	92.9	90.4	119.7	118.6	119.1	0.99
Mashonaland Central	88.3	84.5	86.5	121.2	125.0	123.0	1.03
Mashonaland East	93.4	94.1	93.7	129.4	124.7	127.2	0.96
Mashonaland West	88.5	83.9	86.3	122.9	110.5	116.9	0.90
Matabeleland North	89.5	94.0	91.6	116.8	118.6	117.7	1.02
Matabeleland South	92.5	91.3	91.9	118.7	114.6	116.5	0.97
Midlands	91.6	93.6	92.7	121.8	116.5	119.0	0.96
Masvingo	94.4	92.7	93.6	130.3	121.3	126.0	0.93
Harare	95.4	95.1	95.3	118.0	114.0	115.9	0.97
Bulawayo	93.9	94.5	94.2	124.8	119.9	122.3	0.96
Wealth quintile							
Lowest	88.9	90.1	89.5	122.0	117.4	119.8	0.96
Second	91.8	89.6	90.7	124.0	118.9	121.4	0.96
Middle	91.1	92.8	91.9	123.0	121.3	122.2	0.99
Fourth	90.9	91.8	91.3	123.6	115.8	119.8	0.94
Highest	94.8	95.0	94.9	119.6	117.3	118.4	0.98
Total	91.3	91.6	91.4	122.5	118.3	120.4	0.97
SECONDARY SCHOOL							
Residence							
Urban	63.4	55.8	59.2	71.9	63.0	67.0	0.88
Rural	37.4	39.7	38.5	42.9	43.0	42.9	1.00
Province							
Manicaland	47.1	42.9	45.1	54.8	47.3	51.3	0.86
Mashonaland Central	33.2	31.2	32.1	41.0	32.9	36.7	0.80
Mashonaland East	44.7	45.4	45.0	50.2	49.9	50.1	0.99
Mashonaland West	35.5	37.7	36.6	41.8	44.8	43.3	1.07
Matabeleland North	27.0	35.2	31.2	32.9	38.5	35.8	1.17
Matabeleland South	40.4	47.6	44.0	45.6	52.4	49.0	1.15
Midlands	42.4	50.7	46.4	48.3	53.3	50.7	1.10
Masvingo	45.8	41.9	43.9	51.4	45.7	48.6	0.89
Harare	62.1	55.2	58.3	67.7	61.2	64.2	0.90
Bulawayo	66.8	61.5	63.7	73.3	71.0	72.0	0.97
Wealth quintile							
Lowest	22.2	26.2	24.1	25.4	27.7	26.5	1.09
Second	37.0	36.3	36.6	42.0	38.6	40.3	0.92
Middle	47.8	49.7	48.7	52.1	54.2	53.1	1.04
Fourth	49.2	50.4	49.8	58.5	55.2	56.8	0.94
Highest	68.2	58.5	62.7	79.3	67.4	72.5	0.85
Total	44.1	44.8	44.5	50.4	49.3	49.9	0.98

¹ The NAR for primary school is the percentage of the primary-school-age (7-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school-age (13-18 years) population that is attending secondary school. By definition, the NAR cannot exceed 100 percent.

² The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.

³ The gender parity index for primary school is the ratio of the primary school GAR for females to the GAR for males. The gender parity index for secondary school is the ratio of the secondary school GAR for females to the GAR for males.

2.3.3 Repetition and Dropout Rates

Repetition and dropout rates describe the flow of students through the school system. Table 2.5 shows the repetition and dropout rates of the de facto household population age 5 to 24 years who attended school in the previous school year by grade and form, according to sex and residence. The repetition rate is defined as the percentage of students in a given grade the previous year who repeated that same grade in the current school year. The dropout rate refers to the percentage of students in a given grade the previous school year who do not attend school in the current school year.

Repetition rates are highest in grade 1 (6 percent) and grade 7 (4 percent) and vary by place of residence, province, and wealth quintile. Repetition rates are generally higher among males than females. Table 2.5 also shows that repetition rates are higher for children in rural areas than they are in urban areas, except for grades 4 and 5. The repetitions rates in Mashonaland East are the highest for each grade level, except for grades 1 and 2 where the province has, respectively, the second and third highest percentage of repetition. The lowest and second lowest wealth quintiles have the highest percentages of repetition.

Table 2.5 indicates that the dropout rates increase with each grade level, culminating at a national rate of 18 percent for grade 7. Overall, dropout rates in grade 7 are high for both males and females throughout the country. In general, the rates are higher in rural than in urban areas. Mashonaland Central and Matabeleland North have the highest dropout rates for grade 7 (33 percent each). School dropouts at grade 7 are highest in poorest households (34 percent) and lowest in the wealthiest households (2 percent).

The age-specific attendance rates (ASARs) for the population age 5 to 24 years are presented in Figure 2.2 by age and sex. The ASAR indicates participation in schooling at any level, from primary to higher levels of education. The trends are the same for males and females. Approximately half of children attend school by age 6. For ages 8 to 12, nine out of ten children attend school. At age 13, attendance rates begin to decline as age increases.

Table 2.5 Grade repetition and dropout rates

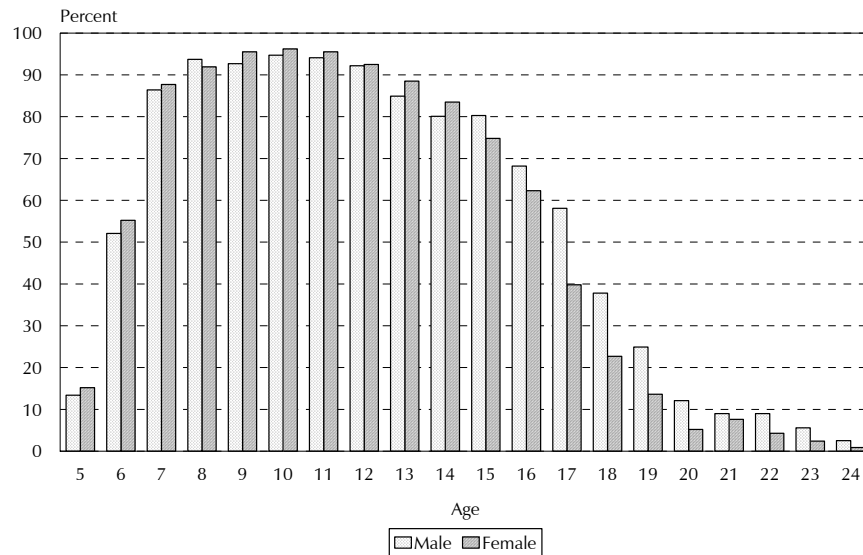
Repetition and dropout rates for the de jure household population age 5-24 years by school grade, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	School grade						
	1	2	3	4	5	6	7
REPETITION RATE ¹							
Sex							
Male	6.6	3.8	2.1	2.5	2.1	2.4	5.1
Female	6.1	1.1	2.8	1.6	1.5	2.2	2.8
Residence							
Urban	2.3	1.6	0.6	2.3	1.8	1.2	2.0
Rural	7.6	2.7	3.0	2.0	1.8	2.6	4.7
Province							
Manicaland	4.1	4.7	2.9	0.2	3.1	0.0	4.6
Mashonaland Central	11.6	2.5	0.0	2.3	0.0	1.3	1.0
Mashonaland East	11.2	4.4	6.4	6.3	5.8	6.5	9.3
Mashonaland West	3.4	0.3	5.9	0.7	0.9	0.7	2.0
Matabeleland North	4.4	1.1	1.6	2.0	0.8	4.1	7.0
Matabeleland South	3.6	2.3	1.8	3.3	1.4	0.8	1.3
Midlands	7.2	1.9	2.0	1.7	1.9	3.0	0.0
Masvingo	10.4	4.9	1.9	0.6	0.0	3.7	7.0
Harare	1.7	0.0	1.4	1.9	2.3	0.0	3.7
Bulawayo	0.0	0.0	0.0	4.8	1.1	1.7	2.3
Wealth quintile							
Lowest	10.1	3.4	2.8	2.3	1.2	3.7	4.1
Second	6.3	3.6	4.2	2.5	3.2	2.1	8.7
Middle	7.6	1.1	2.3	1.4	1.2	2.1	1.9
Fourth	2.8	2.9	0.9	0.7	1.3	1.3	2.7
Highest	1.6	0.8	1.0	3.3	1.8	1.9	2.2
Total	6.4	2.4	2.5	2.1	1.8	2.3	3.9
DROPOUT RATE ²							
Sex							
Male	2.7	2.6	2.0	3.4	5.9	5.2	18.6
Female	1.8	4.0	4.7	3.4	3.5	4.9	17.5
Residence							
Urban	2.7	1.0	1.4	2.3	1.8	2.9	9.4
Rural	2.1	4.0	3.9	3.7	5.6	5.7	21.5
Province							
Manicaland	6.1	3.6	4.1	4.0	4.8	5.3	16.9
Mashonaland Central	4.4	10.6	9.5	6.4	12.8	4.8	33.3
Mashonaland East	0.0	0.8	0.9	2.6	0.7	1.1	13.5
Mashonaland West	1.9	4.1	5.6	1.7	7.1	7.7	21.5
Matabeleland North	0.5	2.5	0.0	2.8	4.3	4.7	33.0
Matabeleland South	4.2	1.7	3.1	3.7	4.4	6.3	18.4
Midlands	2.0	4.0	3.0	3.2	3.1	5.6	17.0
Masvingo	2.3	0.6	3.8	5.6	5.6	8.6	15.1
Harare	0.0	0.5	0.0	0.0	0.8	1.4	8.6
Bulawayo	0.0	1.4	0.0	1.3	0.0	1.9	5.9
Wealth quintile							
Lowest	2.9	4.1	4.2	5.9	8.9	9.2	33.6
Second	2.1	5.0	4.7	3.0	4.0	4.2	20.0
Middle	1.4	3.4	2.5	2.4	4.4	3.9	16.4
Fourth	3.7	2.5	3.8	4.3	3.3	5.1	16.6
Highest	1.1	0.4	0.4	0.8	1.6	2.1	2.4
Total	2.2	3.3	3.3	3.4	4.6	5.1	18.1

¹ The repetition rate is the percentage of students in a given grade in the previous school year who are repeating that grade in the current school year.

² The dropout rate is the percentage of students in a given grade in the previous school year who are not attending school.

Figure 2.2 Age-specific Attendance Rates



Note: Figure shows percentage of the de jure household population age 5-24 years attending school.

ZDHS 2005-2006

2.4 HOUSEHOLD CHARACTERISTICS

The physical characteristics and availability and accessibility of basic household facilities are important in assessing the general welfare and socioeconomic condition of the population. The 2005-06 ZDHS survey collected information on a range of housing characteristics. These data are presented for households and for the total de jure household population. The results are further disaggregated by residence.

2.4.1 Drinking Water

Table 2.6 shows information on drinking water. The source of drinking water is an indicator of the quality of the water. Sources that are likely to be of suitable quality are listed under “improved source,” while sources not of suitable quality are listed under “non-improved source.” The majority of households in Zimbabwe (78 percent) have access to an improved source of water (99 percent in urban areas and 67 percent in rural areas). Overall, 36 percent of households have water piped into the dwelling, yard, or plot, while 5 percent of households use a public tap or standpipe. In rural areas, boreholes are the main source of drinking water (38 percent), followed by unprotected and protected dug wells (18 percent and 17 percent, respectively).

Most households (87 percent) do not treat their drinking water. Of the selected urban households, 78 percent do not treat their water, compared with 91 percent in rural areas. Ten percent of households boil their water and 2 percent use bleach or chlorine.

Table 2.6 Household drinking water				
Percent distribution of households by source, time to collect, and person who usually collects drinking water, according to residence; the percent distribution of the de jure population by source, time to collect, and person who usually collects drinking water; the percentage of households by treatment of drinking water, according to residence; and the percentage of the de jure population by treatment of drinking water, Zimbabwe 2005-2006				
	Residence		Total	De jure population
	Urban	Rural		
Source of drinking water				
Improved source	99.4	67.1	78.2	75.8
Piped water into dwelling/ yard/plot	92.7	6.1	36.0	32.9
Public tap/standpipe	4.5	5.7	5.3	4.1
Tube well or borehole	0.9	37.5	24.9	26.6
Protected dug well	1.3	17.1	11.6	11.8
Protected spring	0.0	0.7	0.4	0.5
Rainwater	0.0	0.0	0.0	0.0
Non-improved source	0.6	32.9	21.8	24.1
Unprotected dug well	0.4	18.1	12.0	13.5
Unprotected spring	0.0	3.4	2.2	2.4
Tanker truck/cart with small tank	0.2	0.4	0.3	0.3
Surface water	na	11.0	7.2	7.9
Total	100.0	100.0	100.0	100.0
Time to obtain drinking water (round trip)				
Water on premises	95.1	20.6	46.3	43.1
Less than 30 minutes	4.0	38.4	26.5	26.9
30 minutes or longer	0.8	40.4	26.8	29.4
Don't know/missing	na	0.6	0.4	0.5
Total	100.0	100.0	100.0	100.0
Person who usually collects drinking water				
Adult female 15+	3.5	62.6	42.2	47.4
Adult male 15+	1.3	11.0	7.6	5.1
Female child under age 15	0.1	4.2	2.8	3.2
Male child under age 15	0.0	1.3	0.8	0.9
Other	0.0	0.2	0.2	0.2
Water on premises	95.1	20.6	46.3	43.1
Missing	na	0.2	0.1	0.1
Total	100.0	100.0	100.0	100.0
Treatment of drinking water¹				
Boiled	20.3	5.2	10.4	10.5
Bleach/chlorine	1.1	2.0	1.7	1.6
Strained through cloth	na	0.3	0.2	0.2
Ceramic, sand, or other filter	0.1	0.2	0.2	0.2
Other	0.5	1.6	1.2	1.3
No treatment	78.1	91.1	86.6	86.6
Number	3,201	6,084	9,285	41,323
na = Not applicable				
¹ Respondents may report multiple treatment methods so the sum may exceed 100 percent.				

2.4.2 Sanitation Facilities and Waste Disposal

Table 2.7 presents information on the proportion of households that have access to hygienic sanitation facilities by type of toilet/latrine. Hygienic status is determined on the basis of type of facility and whether it is used by only one household (improved) or shared with other households (unimproved). Forty percent of households in Zimbabwe have improved toilet facilities that are not shared with other households, of which 19 percent flush to a piped sewer system, 2 percent flush to a septic tank, and

less than 1 percent flush to a pit latrine. Nineteen percent of households use some type of a latrine that is not shared with other households.

Most households with improved facilities in urban areas (57 percent) have flush toilets. In rural areas, the most common improved, non-shared toilet is either the ventilated improved pit (VIP) latrine or the Blair toilet (22 percent). The most common unimproved facilities in urban households are toilets shared by more than one household (39 percent). More than four in ten households in rural areas have no toilet facility. This proportion increased from 40 percent in the 1999 ZDHS to 45 percent in 2005-06 ZDHS.

Type of toilet/ latrine facility	Residence		Total	De jure population
	Urban	Rural		
Improved, not shared	58.5	30.5	40.1	42.0
Flush/pour flush to piped sewer system	52.1	1.2	18.8	19.0
Flush/pour flush to septic tank	4.0	0.8	1.9	1.9
Flush/pour flush to pit latrine	0.7	0.1	0.3	0.3
Ventilated improved pit (VIP) latrine/Blair toilet	1.3	21.6	14.6	15.8
Pit latrine with slab	0.4	6.5	4.4	4.9
Composting toilet	na	0.1	0.1	0.1
Not improved	41.4	69.6	59.8	58.0
Any facility shared with other households	38.8	17.0	24.5	19.7
Flush/pour flush not to sewer/septic tank/pit latrine	1.2	0.0	0.4	0.3
Pit latrine without slab/open pit	0.3	7.3	4.9	5.6
Bucket	0.3	0.1	0.2	0.2
No facility/bush/field	0.2	44.9	29.5	31.9
Other	0.2	0.1	0.1	0.1
Missing	0.4	0.2	0.2	0.2
Total	100.0	100.0	100.0	100.0
Number	3,201	6,084	9,285	41,323

na = Not applicable

2.4.3 Other Household Characteristics

Information on household characteristics such as availability of electricity, type of flooring material, number of rooms for sleeping, type of fuel used for cooking, place for cooking, fuel, and type of fire/stove among households using biomass fuel are shown in Table 2.8. The physical characteristics of the household reflect the household's economic condition and have an important bearing on environmental exposure to disease.

Thirty-seven percent of households in Zimbabwe have access to electricity. There is a significant difference in access to electricity between urban and rural areas. In urban areas, 91 percent of households have electricity versus 9 percent in rural areas.

The most commonly used flooring material is cement (65 percent), followed by earth, sand, or dung (31 percent). In urban areas, 90 percent of households have cement floors, compared with 52 percent in rural areas. Earth, sand, or dung floors are found in 48 percent of rural households.

Data were collected on the number of sleeping rooms per household. Thirty-seven percent of households have one room used for sleeping, while 36 percent have two rooms and 26 percent have three or more rooms. The number of rooms used for sleeping does not vary much by place of residence.

The most common fuels used for cooking are wood (66 percent), followed by electricity (33 percent). In rural areas, 95 percent of households use wood for cooking, compared with 11 percent in urban areas. The most common cooking fuel used among urban households is electricity (88 percent); only 4 percent of rural households use electricity for cooking.

Forty-three percent of households in Zimbabwe cook in the house, 48 percent cook in a separate building, and 9 percent cook outdoors. Eighty percent of urban households cook in the house, compared with 23 percent of rural households. On the other hand, 68 percent of rural households cook in a separate building, versus 10 percent of urban households.

More than six out of ten households in Zimbabwe use biomass fuel (67 percent). The majority (97 percent) of those households use an open fire or stove that does not have a chimney or hood.

2.4.4 Household Durable Goods

Information on ownership of durable goods and other possessions is presented in Table 2.9 by residence. In general, ownership of household effects, means of transportation, and agricultural land and farm animals is a rough measure of a household's socioeconomic status.

Table 2.8 Household characteristics

Percent distribution of households by household characteristics, according to residence, and percent distribution of the de jure population by household characteristics, Zimbabwe 2005-2006

Household characteristic	Residence		Total	De jure population
	Urban	Rural		
Electricity				
Yes	91.4	8.7	37.2	33.8
No	8.6	91.2	62.7	66.0
Total	100.0	100.0	100.0	100.0
Flooring material				
Earth, sand, dung	0.2	47.7	31.3	34.3
Wood planks	0.3	na	0.1	0.2
Parquet, polished wood	1.3	na	0.5	0.5
Vinyl, asphalt strips	0.2	na	0.1	0.1
Ceramic tiles	2.7	0.1	1.0	1.0
Cement	90.2	51.7	64.9	61.8
Carpet	4.8	0.4	1.9	1.9
Total	100.0	100.0	100.0	100.0
Rooms used for sleeping				
One	37.2	37.4	37.4	25.1
Two	34.8	36.8	36.1	38.3
Three or more	27.3	25.2	25.9	35.9
Missing	0.7	0.5	0.6	0.6
Total	100.0	100.0	100.0	100.0
Type of dwelling unit				
Traditional	na	49.7	32.6	35.1
Mixed	0.3	34.8	22.9	25.5
Detached	57.1	9.2	25.8	23.3
Semi-detached	34.0	4.2	14.5	12.8
Flat/town home	7.4	1.5	3.5	2.9
Shack	0.7	0.3	0.4	0.3
Other	0.3	0.1	0.2	0.1
Total	100.0	100.0	100.0	100.0
Any windows	98.0	86.7	90.6	90.4
Windows with glass	96.3	42.8	61.2	58.6
Windows with screens	44.1	22.2	29.8	28.9
Windows with curtains/shutters	82.7	37.4	53.0	51.0
Cooking fuel				
Electricity	87.9	3.5	32.6	29.7
Paraffin/kerosene	0.6	na	0.2	0.1
Coal, lignite	na	0.2	0.1	0.1
Charcoal	na	0.2	0.1	0.1
Wood	11.2	95.3	66.3	69.3
Straw/shrubs/grass	0.1	0.6	0.4	0.5
Animal dung	na	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0
Place for cooking				
In the house	80.3	22.7	42.6	40.9
In a separate building	10.2	67.8	47.9	50.8
Outdoors	9.3	9.4	9.3	8.2
Total	100.0	100.0	100.0	100.0
Number of households	3,201	6,084	9,285	41,323
Type of fire/stove among households using solid fuel¹				
Closed stove with chimney	0.6	0.1	0.1	0.1
Open fire/stove with chimney	5.6	2.8	3.0	2.7
Open fire/stove without chimney or hood	92.6	96.9	96.6	97.1
Other	1.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0
Number of households using biomass fuel	383	5,866	6,249	29,039

¹ Includes kerosene, coal/lignite, charcoal, wood/straw/shrubs/grass, and animal dung
na = Not applicable

Table 2.9 shows that among household effects, 48 percent of households have a radio, 31 percent have a television, 14 percent have a mobile telephone, and 8 percent have a non-mobile phone. With reference to means of transportation, 25 percent of households have a bicycle, 18 percent have an animal-drawn cart, 1 percent have a motorcycle or scooter, 6 percent have a car or truck, and less than 1 percent have a boat with a motor. Sixty-seven percent of households own agricultural land and 60 percent own farm animals.

The proportion of households with durable goods varies by urban-rural residence. Urban households are more likely than rural households to own modern conveniences powered by electricity, such as a radio (78 percent and 33 percent, respectively) and a television (70 percent and 10 percent, respectively).

The most common means of transportation owned by households in both urban and rural areas is the bicycle (29 percent in urban areas compared with 23 percent in rural areas). Urban households own more modern means of transportation than rural households, such as a car or truck (14 percent compared with 2 percent, respectively) and a motorcycle or scooter (2 percent compared with 1 percent, respectively). Among urban households, 28 percent own agricultural land compared with 88 percent in rural areas.

In Zimbabwe, 35 percent of households have a bank account. Households in urban areas are almost four times as likely than households in rural areas to have a bank account (67 percent compared with 18 percent).

Possessions	Residence		Total	De jure population
	Urban	Rural		
Household effects				
Radio	77.5	32.9	48.3	49.1
Television	70.4	10.4	31.1	31.6
Mobile telephone	34.5	2.7	13.7	13.9
Non-mobile telephone	22.2	1.0	8.3	8.5
Means of transportation				
Bicycle	28.5	23.4	25.1	28.0
Animal-drawn cart	4.8	24.4	17.7	21.7
Motorcycle/scooter	1.7	0.8	1.1	1.2
Car/truck	14.1	2.1	6.3	6.8
Boat with a motor	0.8	0.2	0.4	0.4
Wheelbarrow	19.8	38.2	31.9	35.8
Ownership of agricultural land	27.6	87.7	67.0	71.9
Ownership of farm animals¹	22.4	80.1	60.2	66.5
Ownership of bank account	67.2	18.3	35.2	33.9
Number of households	3,201	6,084	9,285	41,323

¹ Cattle, horses, donkeys, goats, sheep, or chickens

2.5 HOUSEHOLD WEALTH

One of the background characteristics used throughout this report is a wealth index. Information on household assets was used to create an index representing the wealth of the households interviewed in the 2005-06 ZDHS. The wealth index was developed and tested in a large number of countries in relation to inequalities in household income, use of health services, and health outcomes (Rutstein et al., 2000). It

is an index of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The economic index was constructed using household asset data including ownership of a number of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics, such as source of drinking water, sanitation facilities, and type of flooring material.

Each asset was assigned a weight or factor score generated through principal components analysis. The resulting asset scores were standardized in relation to a normal distribution with a mean of zero and a standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset, and the scores were summed for each household. Individuals were ranked according to the score of the household in which they resided. The sample was then divided into quintiles from one (lowest) to five (highest). A single asset index was developed on the basis of data from the entire country sample and used in all the tabulations presented.

Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health or population indicator. For example, the quintile rates for infant mortality refer to the infant mortality rates per 1,000 live births among all people in the population quintile concerned, as distinct from quintiles of live births or newly born infants, who constitute the only members of the population at risk of mortality during infancy.

Table 2.10 presents the wealth quintiles by residence and province. Almost all of the urban population is represented in the fourth and highest quintiles (98 percent) while about six in ten households in rural areas are in the lowest and second wealth quintiles. Sixty-one percent of the population in urban areas is in the highest wealth quintile, in contrast to 1 percent in the rural areas. The wealth quintile distribution among provinces shows large variations. As expected, the two urban provinces, Bulawayo and Harare, have the largest proportions in the highest wealth quintile (67 and 63 percent, respectively). In contrast, Matabeleland North and Masvingo have the largest proportions in the lowest wealth quintile (56 and 32 percent, respectively).

Residence/ province	Wealth quintile					Total	Number
	Lowest	Second	Middle	Fourth	Highest		
Residence							
Urban	na	na	1.5	37.9	60.5	100.0	13,087
Rural	29.3	29.3	28.5	11.7	1.2	100.0	28,236
Province							
Manicaland	16.4	21.6	31.2	22.0	8.7	100.0	5,166
Mashonaland Central	23.4	32.7	25.8	13.2	4.9	100.0	4,329
Mashonaland East	9.8	22.4	34.6	23.2	9.9	100.0	3,772
Mashonaland West	21.7	23.4	18.5	21.8	14.7	100.0	4,140
Matabeleland North	55.6	24.0	8.1	7.7	4.6	100.0	3,043
Matabeleland South	20.2	24.9	32.2	12.7	10.0	100.0	2,205
Midlands	25.6	21.4	22.1	15.4	15.4	100.0	5,731
Masvingo	31.7	29.4	22.7	12.7	3.5	100.0	4,818
Harare	na	na	2.5	34.4	63.1	100.0	5,577
Bulawayo	na	na	na	33.5	66.5	100.0	2,540
Total	20.0	20.0	20.0	20.0	20.0	100.0	41,323
na = Not applicable							

2.6 BIRTH REGISTRATION

The registration of births is the inscription of the facts of each birth into an official log kept at the registrar's office. Information on the registration of births was collected in the household interview, where respondents were asked if their child under age five had a birth certificate. If they responded that the child did not have a birth certificate, an additional question was posed to ascertain if the child's birth had ever been registered with the municipal or local authorities. Table 2.11 shows the percentage of children less than five years of age whose births were officially registered, and the percentage who had a birth certificate at the time of the survey.

The total proportion of children whose births were registered was 74 percent. Thirty-eight percent had a birth certificate and 36 percent did not. There is little variation by age or sex. Urban residents are more likely to register the births of their children (83 percent) than rural residents (71 percent). Children in Midlands (83 percent), Masvingo (83 percent), Harare (82 percent), Bulawayo (81 percent), and Manicaland (81 percent) had the highest proportion of registered births. Children in Mashonaland East were least likely to have their births registered (58 percent). Households in the highest wealth quintile were most likely to register their children's births, and households in the lowest quintile were the least likely (85 percent compared with 67 percent).

Table 2.11 Birth registration of children under age five

Percentage of de jure children under five years of age whose births are registered with the civil authorities, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of children whose births are registered			Number of children
	Has a birth certificate	Did not have a birth certificate	Total registered	
Age				
<2	27.2	46.0	73.2	2,265
2-4	44.3	30.1	74.4	3,544
Sex				
Male	38.5	35.5	73.9	2,911
Female	36.8	37.1	74.0	2,898
Residence				
Urban	57.1	25.6	82.7	1,557
Rural	30.5	40.2	70.7	4,251
Province				
Manicaland	30.5	50.2	80.7	753
Mashonaland Central	40.0	23.6	63.7	664
Mashonaland East	40.3	17.9	58.1	483
Mashonaland West	32.7	29.7	62.4	604
Matabeleland North	40.2	29.0	69.1	432
Matabeleland South	40.1	23.9	64.0	307
Midlands	32.0	51.0	83.0	867
Masvingo	23.6	59.1	82.7	747
Harare	58.0	23.5	81.6	679
Bulawayo	56.9	24.0	80.9	272
Wealth quintile				
Lowest	20.5	46.3	66.8	1,383
Second	31.7	39.3	70.9	1,303
Middle	35.1	38.0	73.1	1,119
Fourth	46.1	32.1	78.2	1,097
Highest	65.2	19.8	85.0	907
Total	37.7	36.3	73.9	5,809

CHARACTERISTICS OF RESPONDENTS

This chapter presents information on demographic and socioeconomic characteristics of the survey respondents, such as age, education, place of residence, and marital, employment, and wealth status. These characteristics are for men age 15-54 years and women age 15-49 years. This information is useful for understanding the factors that affect reproductive and contraceptive use and other health behaviours, as they provide a context for the interpretation of the demographic and health indices.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Background characteristics of the 8,907 women and 7,175 men interviewed in the 2005-06 ZDHS are presented in Table 3.1. The distribution of the respondents according to age shows a similar pattern for men and women. The proportion of respondents in each age group declines with increasing age for both sexes. Forty-six percent of women and 47 percent of men are in the 15-24 years age group, and 30 percent of women and 27 percent of men are 25-34 years.

Fifty-six percent of women compared with 45 percent of men are currently married. Male respondents were much more likely than female respondents to have never married (48 percent for men and 27 percent for women). Eight percent of female respondents and 1 percent of male respondents stated that they were widowed. Men are also less likely to be divorced than women, as 8 percent of women reported that they were divorced, compared with 4 percent of men.

The proportion of men in urban areas (41 percent) does not vary much from that of women (39 percent). The largest proportion of both male and female respondents (18 percent and 17 percent, respectively) is in Harare. Following Harare is Midlands, which is where 13 percent of women and 14 percent of men reside. Matabeleland South has the smallest proportions of both male and female respondents (5 percent each).

Education is an important factor influencing an individual's attitude and outlook on various aspects of life. Generally, educational attainment in Zimbabwe is high; 71 percent of men and 63 percent of women attended secondary school or higher. Around one-quarter of men and one-third of women have attended only primary school. Two percent of men and 4 percent of women have no education.

The majority of the respondents (66 percent of men and 89 percent of women) are Christians. Men (25 percent) were more likely than women (8 percent) to report no religion. Men are also more likely to be traditionalist than women (8 percent compared with 2 percent).

Table 3.1 Background characteristics of respondents

Percent distribution of women and men by selected background characteristics, Zimbabwe 2005-2006

Background characteristic	Women			Men		
	Weighted percent	Weighted	Unweighted	Weighted percent	Weighted	Unweighted
Age						
15-19	24.2	2,152	2,130	26.5	1,899	1,978
20-24	21.9	1,952	1,945	20.3	1,459	1,435
25-29	16.5	1,466	1,439	15.1	1,082	1,035
30-34	13.6	1,216	1,212	12.3	882	878
35-39	9.4	834	843	9.2	663	645
40-44	7.8	699	719	6.5	469	451
45-49	6.6	589	619	5.7	409	427
50-54	0.0	0.0	0.0	4.3	312	326
Marital status						
Never married	27.0	2,404	2,452	47.5	3,406	3,455
Married	56.3	5,016	4,979	45.1	3,236	3,178
Living together	1.4	127	139	2.6	184	189
Divorced/separated	7.7	689	677	3.5	250	255
Widowed	7.5	671	660	1.4	100	98
Residence						
Urban	39.3	3,502	3,203	40.5	2,904	2,459
Rural	60.7	5,405	5,704	59.5	4,271	4,716
Province						
Manicaland	11.7	1,043	1,039	11.6	829	790
Mashonaland Central	9.3	825	751	9.8	702	721
Mashonaland East	8.0	714	696	8.3	598	578
Mashonaland West	9.3	829	777	10.1	726	668
Matabeleland North	6.0	536	672	6.1	434	547
Matabeleland South	4.9	439	630	4.5	325	464
Midlands	13.4	1,193	1,128	14.0	1,003	956
Masvingo	12.8	1,137	974	11.1	800	779
Harare	16.8	1,492	1,395	17.8	1,274	1,032
Bulawayo	7.8	697	845	6.7	483	640
Education						
No education	4.3	380	380	1.5	111	124
Primary	32.6	2,902	2,971	27.3	1,956	2,113
Secondary	60.1	5,355	5,297	65.3	4,687	4,541
More than secondary	3.0	270	259	5.9	422	397
Religion						
Traditional	2.1	186	205	7.5	535	579
Roman Catholic	10.2	913	920	10.4	749	744
Protestant	25.6	2,283	2,257	17.0	1,219	1,218
Pentecostal	17.8	1,581	1,535	13.0	932	913
Apostolic Sect	29.9	2,659	2,672	22.4	1,605	1,603
Other Christian	5.5	494	486	3.6	255	243
Muslim	0.7	62	59	1.1	76	61
None	8.0	713	758	25.0	1,792	1,802
Other	0.2	15	15	0.2	11	12
Wealth quintile						
Lowest	17.4	1,552	1,623	15.3	1,099	1,242
Second	16.8	1,500	1,614	16.6	1,193	1,359
Middle	17.4	1,546	1,618	17.2	1,235	1,312
Fourth	22.5	2,006	1,905	27.4	1,969	1,795
Highest	25.9	2,304	2,147	23.4	1,680	1,467
Total	100.0	8,907	8,907	100.0	7,175	7,175

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Overall, the level of education in Zimbabwe is high, and men are more educated than women. Presented in Tables 3.2.1 and 3.2.2 are the percent distributions of female and male respondents by highest level of education attained, according to age, urban-rural residence, and province. Younger people are more likely to be educated and to reach higher levels of education than older people. The proportion of women without education ranges from less than 1 percent for women age 15-19 years to 21 percent for women age 45-49. These proportions range from less than 1 percent for men age 15-19 years to 9 percent for men 45-49 years.

The majority of women age 45-49 (62 percent) attended primary school; on the other hand, the majority of women age 15-19 attended secondary school (71 percent). This pattern is similar for men: 53 percent of men age 45-49 attended primary school and 71 percent of men age 15-19 went to secondary school.

Rural people are less educated than their urban counterparts. About 6 percent of rural women do not have any education, compared with 1 percent of urban women. The corresponding figures are 2 percent and less than 1 percent for rural and urban men, respectively. Similarly, only 49 percent of rural women have a secondary education or higher, and 85 percent of urban women have a secondary or higher education. The improvement in levels of education reflects the significant expansion and improved accessibility to the educational system after independence in 1980.

The distribution of education is fairly similar across provinces with the exceptions of Harare and Bulawayo, which are urban centres. Mashonaland Central, Mashonaland West, Matabeleland North, and Masvingo have the highest proportions of women with no education (10 percent, 8 percent, 7 percent, and 5 percent, respectively). In all provinces, the majority of men have gone to secondary school.

Higher wealth status is associated with a greater level of educational attainment. Eleven percent of women in the lowest wealth quintile have no education compared with less than 1 percent of women in the highest wealth quintile. Among men, 4 percent in the lowest quintile have no education compared with less than 1 percent in the two highest quintiles.

Table 3.2.1 Educational attainment: women

Percent distribution of women 15-49 by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Highest level of schooling attended or completed						Total	Number of women	Median number of years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-19	0.4	22.5	5.7	70.0	1.1	0.3	100.0	2,152	7.7
20-24	0.6	19.6	4.5	70.2	2.4	2.7	100.0	1,952	9.0
25-29	0.8	24.9	6.0	63.1	0.4	4.7	100.0	1,466	8.2
30-34	3.4	26.6	4.8	59.8	0.7	4.7	100.0	1,216	7.8
35-39	5.7	28.8	4.4	55.7	0.9	4.5	100.0	834	7.6
40-44	19.5	43.4	6.6	25.7	0.3	4.6	100.0	699	6.1
45-49	21.2	54.8	7.0	14.5	0.2	2.4	100.0	589	4.7
Residence									
Urban	1.0	12.7	1.7	76.6	2.3	5.7	100.0	3,502	9.2
Rural	6.4	36.6	7.8	47.7	0.3	1.3	100.0	5,405	6.7
Province									
Manicaland	4.4	33.4	4.7	54.2	0.8	2.4	100.0	1,043	7.2
Mashonaland Central	9.8	32.3	8.9	46.7	0.3	1.9	100.0	825	6.7
Mashonaland East	3.0	28.4	5.4	60.0	0.4	2.7	100.0	714	7.7
Mashonaland West	7.5	30.1	6.5	52.8	0.4	2.8	100.0	829	7.0
Matabeleland North	6.8	40.2	5.8	44.4	0.6	2.1	100.0	536	6.7
Matabeleland South	3.6	34.3	4.7	51.5	1.1	4.9	100.0	439	7.1
Midlands	3.4	26.3	5.8	60.4	0.9	3.2	100.0	1,193	7.5
Masvingo	5.0	38.6	10.5	44.6	0.4	0.9	100.0	1,137	6.6
Harare	0.5	11.2	0.9	80.4	2.0	5.0	100.0	1,492	9.2
Bulawayo	1.7	9.8	1.7	78.7	3.8	4.3	100.0	697	9.2
Wealth quintile									
Lowest	10.5	48.6	10.7	30.1	0.0	0.0	100.0	1,552	6.2
Second	6.1	38.7	9.3	45.9	0.0	0.1	100.0	1,500	6.6
Middle	4.7	29.2	5.6	59.5	0.3	0.6	100.0	1,546	7.2
Fourth	1.9	21.5	3.4	69.9	0.7	2.6	100.0	2,006	8.3
Highest	0.7	8.8	0.9	77.3	3.3	9.0	100.0	2,304	9.3
Total	4.3	27.2	5.4	59.0	1.1	3.0	100.0	8,907	7.6

Note: In Zimbabwe, primary level is referred to as grades 1-7. Secondary level is referred to as forms 1-6. With the primary and secondary levels combined, there is a total of 13 years of schooling.

¹ Completed 7th grade at the primary level

² Completed 6th grade at the secondary level

Table 3.2.2 Educational attainment: men

Percent distribution of men 15-49 by highest level of schooling attended or completed, and median number of years of schooling, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Highest level of schooling attended or completed						Total	Number of men	Median number of years of schooling
	No education	Some primary	Completed primary ¹	Some secondary	Completed secondary ²	More than secondary			
Age									
15-19	0.3	22.5	6.3	68.9	1.6	0.4	100.0	1,899	7.4
20-24	0.3	16.2	4.7	65.2	7.5	6.1	100.0	1,459	9.2
25-29	0.8	19.5	3.3	64.9	3.7	7.8	100.0	1,082	9.2
30-34	0.6	16.4	4.2	67.2	2.9	8.9	100.0	882	9.2
35-39	1.0	14.5	2.0	71.0	1.6	10.0	100.0	663	9.3
40-44	4.5	32.5	4.9	45.7	0.6	11.8	100.0	469	7.4
45-49	9.0	43.9	9.3	31.8	0.2	5.8	100.0	409	6.5
Residence									
Urban	0.1	8.2	1.1	74.8	6.1	9.8	100.0	2,767	9.4
Rural	2.1	29.8	7.5	56.1	1.3	3.3	100.0	4,096	7.1
Province									
Manicaland	1.5	22.7	8.3	57.8	2.9	6.8	100.0	793	8.0
Mashonaland Central	1.8	28.2	9.0	55.7	1.9	3.4	100.0	681	7.3
Mashonaland East	1.3	17.1	3.0	72.9	1.6	4.1	100.0	570	8.9
Mashonaland West	1.3	23.2	5.4	64.8	2.4	2.9	100.0	691	8.3
Matabeleland North	3.6	40.6	7.0	43.5	0.3	4.9	100.0	416	6.8
Matabeleland South	1.5	30.2	5.7	52.9	3.5	6.2	100.0	306	7.5
Midlands	1.2	24.3	4.7	61.6	3.1	5.1	100.0	956	8.0
Masvingo	2.1	26.5	6.1	59.6	2.1	3.7	100.0	771	7.5
Harare	0.0	6.6	0.8	77.1	5.7	9.8	100.0	1,219	9.4
Bulawayo	0.1	8.7	1.1	73.3	6.7	10.2	100.0	460	9.3
Wealth quintile									
Lowest	3.6	45.3	10.7	39.8	0.5	0.1	100.0	1,042	6.5
Second	1.9	31.3	8.2	57.3	0.6	0.7	100.0	1,137	7.0
Middle	1.1	22.6	6.1	65.8	2.2	2.3	100.0	1,194	7.8
Fourth	0.8	14.7	2.5	72.2	2.9	6.9	100.0	1,892	9.1
Highest	0.1	4.5	0.6	72.1	7.8	14.9	100.0	1,599	9.5
Total 15-49	1.3	21.1	4.9	63.7	3.2	5.9	100.0	6,863	8.6
Total 15-54	1.5	22.3	5.0	62.2	3.1	5.9	100.0	7,175	8.4

Note: In Zimbabwe, primary level is referred to as grades 1-7. Secondary level is referred to as forms 1-6. With the primary and secondary levels combined, there is a total of 13 years of schooling.

¹ Completed 7th grade at the primary level

² Completed 6th grade at the secondary level

3.3 LITERACY ASSESSMENT

Literacy is widely acknowledged as benefiting individuals and society. It is also associated with a number of positive health outcomes. In the 2005-06 ZDHS, literacy status was determined based on the respondents' ability to read all or part of a sentence. Tables 3.3.1 and 3.3.2 show the percent distribution of women and men by level of schooling attended and by level of literacy, and percent literate, according to background characteristics. Literacy rates in Zimbabwe are very high. Overall, 91 percent of women and 95 percent of men are literate. Variations in literacy by age show that literacy decreases as age increases for both women and men. The percent literate is almost the same for both women and men ages 15-29, while men ages 30-49 have higher literacy rates than women. Women and men in urban areas have higher literacy rates (98 percent and 99 percent, respectively) than their rural counterparts (87 percent of women and 93 percent of men). Variations in literacy by province show that both Bulawayo and Harare have the highest literacy rate for women (98 percent) and men (99 percent). Mashonaland Central has the lowest literacy rate for women (83 percent), while Matabeleland North has the lowest literacy rates for men (90 percent). As with educational attainment, literacy is directly associated with wealth status.

Table 3.3.1 Literacy: women

Percent distribution of women 15-49 by level of schooling attended and by level of literacy, and percent literate, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Secondary school or higher	No schooling or primary school						Total	Number of women	Percent literate ¹
		Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired	Missing			
Age										
15-19	71.4	16.6	7.2	3.8	0.1	0.0	0.7	100.0	2,152	95.3
20-24	75.3	12.2	9.1	2.9	0.2	0.0	0.2	100.0	1,952	96.7
25-29	68.3	17.3	10.2	3.6	0.1	0.0	0.4	100.0	1,466	95.8
30-34	65.2	16.3	10.9	7.4	0.1	0.0	0.2	100.0	1,216	92.3
35-39	61.1	18.2	10.7	10.0	0.0	0.0	0.0	100.0	834	90.0
40-44	30.5	24.4	16.1	27.4	0.7	0.1	0.7	100.0	699	71.0
45-49	17.1	33.9	19.3	29.3	0.2	0.0	0.3	100.0	589	70.3
Residence										
Urban	84.6	8.7	4.3	1.9	0.1	0.0	0.4	100.0	3,502	97.6
Rural	49.3	23.4	14.4	12.3	0.2	0.0	0.4	100.0	5,405	87.1
Province										
Manicaland	57.5	18.8	15.2	8.0	0.0	0.0	0.6	100.0	1,043	91.5
Mashonaland Central	48.9	20.1	13.7	16.9	0.0	0.1	0.2	100.0	825	82.8
Mashonaland East	63.2	15.3	12.2	9.1	0.0	0.0	0.2	100.0	714	90.7
Mashonaland West	56.0	10.8	17.8	14.0	0.3	0.0	1.1	100.0	829	84.6
Matabeleland North	47.2	19.0	22.0	11.5	0.0	0.0	0.3	100.0	536	88.3
Matabeleland South	57.5	29.2	6.1	6.0	0.9	0.2	0.2	100.0	439	92.8
Midlands	64.5	21.9	7.1	5.5	0.5	0.0	0.5	100.0	1,193	93.6
Masvingo	45.9	30.9	10.7	12.2	0.0	0.0	0.3	100.0	1,137	87.5
Harare	87.4	7.6	2.9	1.6	0.2	0.0	0.3	100.0	1,492	97.9
Bulawayo	86.8	7.3	4.1	1.7	0.0	0.0	0.0	100.0	697	98.3
Wealth quintile										
Lowest	30.2	30.8	19.5	18.7	0.3	0.0	0.5	100.0	1,552	80.4
Second	46.0	25.4	14.7	13.5	0.1	0.1	0.2	100.0	1,500	86.1
Middle	60.5	19.6	10.8	8.5	0.2	0.0	0.5	100.0	1,546	90.9
Fourth	73.2	14.0	8.4	3.9	0.2	0.0	0.3	100.0	2,006	95.6
Highest	89.6	5.6	3.2	1.2	0.0	0.0	0.4	100.0	2,304	98.3
Total	63.1	17.6	10.5	8.2	0.2	0.0	0.4	100.0	8,907	91.2

¹ Refers to women who attended secondary school or higher and women who can read a whole sentence or part of a sentence

Table 3.3.2 Literacy: men

Percent distribution of men 15-49 by level of schooling attended and by level of literacy, and percent literate, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	No schooling or primary school							Total	Number of men	Percent literate ¹
	Secondary school or higher	Can read a whole sentence	Can read part of a sentence	Cannot read at all	No card with required language	Blind/visually impaired	Missing			
Age										
15-19	70.9	15.5	8.6	3.7	0.2	0.0	1.1	100.0	1,899	95.0
20-24	78.9	11.1	6.6	2.6	0.2	0.0	0.6	100.0	1,459	96.6
25-29	76.4	14.7	5.0	3.4	0.1	0.0	0.3	100.0	1,082	96.1
30-34	78.9	11.8	7.1	1.6	0.0	0.0	0.6	100.0	882	97.9
35-39	82.6	8.5	5.3	2.7	0.4	0.0	0.4	100.0	663	96.4
40-44	58.1	19.5	14.2	7.5	0.0	0.0	0.7	100.0	469	91.8
45-49	37.8	35.2	14.5	11.6	0.6	0.0	0.4	100.0	409	87.4
Residence										
Urban	90.7	5.7	2.6	0.5	0.1	0.0	0.4	100.0	2,767	99.0
Rural	60.7	20.9	11.4	6.0	0.2	0.0	0.8	100.0	4,096	92.9
Province										
Manicaland	67.5	18.9	6.7	5.0	0.8	0.0	1.1	100.0	793	93.1
Mashonaland Central	61.0	27.6	4.1	6.4	0.3	0.0	0.7	100.0	681	92.7
Mashonaland East	78.6	10.0	7.6	2.9	0.0	0.0	1.0	100.0	570	96.1
Mashonaland West	70.1	10.6	14.2	3.9	0.2	0.0	1.0	100.0	691	94.9
Matabeleland North	48.8	20.5	20.2	9.9	0.0	0.0	0.6	100.0	416	89.5
Matabeleland South	62.6	20.8	13.7	2.1	0.4	0.0	0.4	100.0	306	97.1
Midlands	69.9	16.8	8.2	4.6	0.0	0.0	0.6	100.0	956	94.8
Masvingo	65.4	19.5	9.7	4.5	0.0	0.0	0.9	100.0	771	94.6
Harare	92.6	5.4	1.4	0.3	0.1	0.0	0.2	100.0	1,219	99.4
Bulawayo	90.1	4.2	4.6	0.8	0.0	0.0	0.3	100.0	460	98.8
Wealth quintile										
Lowest	40.4	30.7	18.0	9.6	0.3	0.0	1.0	100.0	1,042	89.1
Second	58.7	21.8	12.9	5.8	0.1	0.0	0.8	100.0	1,137	93.3
Middle	70.3	16.0	8.1	4.0	0.4	0.0	1.3	100.0	1,194	94.3
Fourth	82.0	10.5	4.6	2.3	0.2	0.0	0.4	100.0	1,892	97.2
Highest	94.8	3.4	1.4	0.2	0.0	0.0	0.2	100.0	1,599	99.6
Total 15-49	72.8	14.7	7.9	3.8	0.2	0.0	0.7	100.0	6,863	95.4
Total 15-54	71.2	15.6	8.3	4.0	0.2	0.0	0.7	100.0	7,175	95.1

¹ Refers to men who attended secondary school or higher and men who can read a whole sentence or part of a sentence

3.4 EXPOSURE TO MASS MEDIA

Exposure to mass media provides the opportunity to experience new ideas and knowledge that is useful in various aspects of everyday life. It is also important to know which types of persons are more likely to be reached by the media for planning programmes intended to spread information about health and family planning. Tables 3.4.1 and 3.4.2 show the percentage of female and male respondents who were exposed to different types of mass media by age, urban-rural residence, province, level of education, and wealth quintile. Twenty-five percent of women and 40 percent of men read newspapers at least once a week, 36 percent of women and 44 percent of men watch television at least once a week, and 48 percent of women and 64 percent of men listen to the radio at least once a week.

Table 3.4.1 Exposure to mass media: women

Percentage of women 15-49 who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of women
Age						
15-19	28.4	38.2	50.6	18.2	40.0	2,152
20-24	27.5	40.2	52.3	18.7	38.6	1,952
25-29	24.6	34.7	49.7	16.2	42.8	1,466
30-34	22.8	35.8	45.6	16.1	46.6	1,216
35-39	23.1	36.9	46.8	14.5	44.7	834
40-44	17.1	33.0	41.2	12.5	50.6	699
45-49	13.5	23.8	34.5	8.6	61.2	589
Residence						
Urban	48.9	77.9	77.4	37.8	8.8	3,502
Rural	8.6	9.2	28.9	2.3	66.4	5,405
Province						
Manicaland	19.3	25.5	39.1	13.4	55.6	1,043
Mashonaland Central	8.4	15.4	39.1	3.7	56.9	825
Mashonaland East	14.3	23.7	38.1	8.7	57.2	714
Mashonaland West	14.7	33.3	45.6	8.6	45.3	829
Matabeleland North	19.7	12.1	18.8	4.1	66.8	536
Matabeleland South	22.9	24.8	39.7	7.2	45.5	439
Midlands	18.2	28.5	44.2	12.6	50.4	1,193
Masvingo	7.6	10.6	28.7	2.3	66.3	1,137
Harare	50.2	79.1	80.3	38.5	7.6	1,492
Bulawayo	60.9	82.7	81.3	48.6	5.0	697
Education						
No education	0.9	6.8	21.0	0.4	77.3	380
Primary	6.2	14.9	30.0	2.4	65.1	2,902
Secondary	33.5	47.7	58.4	23.0	31.7	5,355
More than secondary	73.0	81.1	73.6	53.1	5.2	270
Wealth quintile						
Lowest	4.8	1.3	13.7	0.3	83.1	1,552
Second	5.7	3.7	23.1	0.7	73.5	1,500
Middle	9.4	8.8	32.8	1.9	62.3	1,546
Fourth	28.4	44.6	63.6	15.3	23.9	2,006
Highest	56.6	92.1	83.8	47.7	2.6	2,304
Total	24.5	36.3	48.0	16.3	43.7	8,907

It is important to note that there are differentials by sex and residence in exposure to different forms of mass media. Generally, urban residents and men are more likely to be exposed to all forms of mass media than rural residents and women. Sixty-six percent of rural women, 9 percent of urban women, 42 percent of rural men, and 5 percent of urban men reported having no exposure to any form of mass media at least once a week. Men age 35-39 and women age 20-24 years, those who are better educated, and persons living in Harare and Bulawayo are more likely to read newspapers, watch television, and listen to the radio.

Table 3.4.2 Exposure to mass media: men

Percentage of men 15-49 who usually read a newspaper at least once a week, watch television at least once a week, and listen to the radio at least once a week, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	All three media at least once a week	No media at least once a week	Number of men
Age						
15-19	31.7	38.5	60.7	20.3	32.4	1,899
20-24	46.0	46.8	69.1	31.0	22.2	1,459
25-29	42.9	45.3	65.5	28.8	24.1	1,082
30-34	44.3	44.1	65.9	29.6	24.7	882
35-39	48.9	48.6	66.8	33.9	23.5	663
40-44	41.9	46.2	62.5	28.8	27.8	469
45-49	30.5	43.0	63.0	23.5	30.9	409
Residence						
Urban	71.9	81.0	83.8	56.2	4.5	2,767
Rural	19.2	18.7	51.9	7.6	41.6	4,096
Province						
Manicaland	37.2	37.6	64.2	21.8	27.3	793
Mashonaland Central	27.2	34.1	73.9	15.7	20.2	681
Mashonaland East	31.3	32.3	60.8	19.5	33.1	570
Mashonaland West	27.1	38.0	57.6	19.1	35.3	691
Matabeleland North	38.2	16.1	38.3	8.5	42.3	416
Matabeleland South	38.1	29.0	45.8	24.9	47.6	306
Midlands	28.0	33.9	61.9	19.0	33.6	956
Masvingo	17.4	23.9	50.5	9.9	43.1	771
Harare	73.8	82.4	85.3	59.3	4.1	1,219
Bulawayo	76.3	78.5	79.9	54.6	4.2	460
Education						
No education	3.9	7.5	31.5	3.9	67.1	88
Primary	12.3	18.6	49.1	4.9	45.9	1,782
Secondary	48.1	51.5	69.9	33.2	20.3	4,588
More than secondary	85.4	75.9	82.3	63.3	5.3	405
Wealth quintile						
Lowest	10.9	5.8	33.8	1.6	60.3	1,042
Second	15.6	12.6	50.3	3.9	43.8	1,137
Middle	20.4	20.4	54.3	7.8	38.5	1,194
Fourth	51.8	57.7	77.8	34.0	11.5	1,892
Highest	78.8	91.8	87.7	66.9	1.7	1,599
Total 15-49	40.4	43.8	64.8	27.2	26.7	6,863
Total 15-54	40.0	43.6	64.3	27.0	27.2	7,175

Media exposure among women and men is also affected by wealth status. More than half of women (57 percent) in the highest wealth quintile read a newspaper at least once a week, compared with 5 percent of women in the lowest wealth quintile. Seventy-nine percent of men in the highest wealth quintile read a newspaper at least once a week, compared with 11 percent of men in the lowest wealth quintile. The majority of women and men in the highest wealth quintile (92 percent of women and men) watch television at least once a week, in contrast to 1 percent of women and 6 percent of men in the lowest wealth quintile. Compared with reading a newspaper and watching television, the differentials between wealth quintiles are less when it comes to listening to the radio once a week. Eighty-four percent of women and 88 percent of men in the highest wealth quintile listen to the radio once a week, compared with 14 percent of women and 34 percent of men in the lowest wealth quintile.

3.5 EMPLOYMENT STATUS

The 2005-06 ZDHS collected information from women and men about their current employment status. Tables 3.5.1 and 3.5.2 present information on whether respondents were working in the seven days preceding the survey and, if not, whether they had worked in the 12 months before the survey. Overall, 56 percent of women and 30 percent of men reported that they were not employed in the 12 months preceding the survey.

Women and men in the age group 15-19 years are less likely to be employed than their counterparts in older age groups. Women who are divorced, separated, or widowed are more likely to be currently employed (50 percent) than other women. Men who are currently in union are more likely to be currently employed (83 percent) than men who have never been married or are divorced, separated, or widowed.

Women and men with no children are least likely to be employed. This may be due to their younger age.

Variations by place of residence show that a higher percentage of women and men in urban areas (40 percent and 65 percent, respectively) are employed compared with their rural counterparts (35 percent and 61 percent, respectively).

Substantial provincial variations exist in women's and men's employment characteristics. Women in Matabeleland North, Mashonaland East, and Bulawayo are much more likely than women in other provinces to report not having been employed in the past 12 months, while men in Matabeleland North, Matabeleland South, and Manicaland are much more likely than men in other provinces to report not having been employed in the past 12 months.

Women and men with more than secondary education accounted for the highest percentage of those currently employed (76 percent of women and 83 percent of men). For both women and men, unemployment decreases as the level of education increases.

Among women, the proportion who were not employed in the past 12 months also declined as the wealth quintile increased. Among men, a similar tendency is observed although the pattern is not uniform. At least half of women in each wealth quintile were not employed in the 12 months preceding the survey. For men in the same category, the range is from 24 percent in the fourth wealth quintile to 36 percent in the middle wealth quintile.

Table 3.5.1 Employment status: women

Percent distribution of women 15-49 by employment status, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of women
	Currently employed ¹	Not currently employed				
Age						
15-19	21.4	4.2	74.2	0.2	100.0	2,152
20-24	35.0	8.8	56.2	0.0	100.0	1,952
25-29	40.6	8.0	51.4	0.0	100.0	1,466
30-34	46.2	7.2	46.5	0.1	100.0	1,216
35-39	48.0	6.7	45.3	0.0	100.0	834
40-44	47.4	5.7	46.9	0.0	100.0	699
45-49	42.5	4.7	52.8	0.0	100.0	589
Marital status						
Never married	27.4	4.9	67.4	0.2	100.0	2,404
Married or living together	37.8	7.0	55.2	0.0	100.0	5,143
Divorced/separated/ widowed	49.9	8.5	41.6	0.0	100.0	1,360
Number of living children						
0	28.5	5.5	65.8	0.2	100.0	2,724
1-2	40.7	7.6	51.6	0.0	100.0	3,295
3-4	41.4	6.3	52.2	0.0	100.0	1,775
5+	38.5	6.9	54.6	0.0	100.0	1,113
Residence						
Urban	40.0	7.3	52.7	0.0	100.0	3,502
Rural	34.9	6.2	58.9	0.1	100.0	5,405
Province						
Manicaland	31.8	8.1	60.1	0.0	100.0	1,043
Mashonaland Central	36.3	10.0	53.7	0.0	100.0	825
Mashonaland East	25.1	2.5	72.4	0.0	100.0	714
Mashonaland West	42.7	4.3	53.0	0.0	100.0	829
Matabeleland North	16.0	2.5	81.6	0.0	100.0	536
Matabeleland South	27.4	8.7	63.9	0.0	100.0	439
Midlands	62.2	9.2	28.2	0.3	100.0	1,193
Masvingo	30.2	6.4	63.4	0.0	100.0	1,137
Harare	41.8	8.2	49.9	0.1	100.0	1,492
Bulawayo	29.1	1.9	68.9	0.0	100.0	697
Education						
No education	33.3	6.8	59.9	0.0	100.0	380
Primary	34.5	6.5	58.9	0.0	100.0	2,902
Secondary	36.4	6.6	56.9	0.1	100.0	5,355
More than secondary	75.8	8.3	15.9	0.0	100.0	270
Wealth quintile						
Lowest	29.8	6.0	64.2	0.0	100.0	1,552
Second	33.8	6.3	59.8	0.1	100.0	1,500
Middle	34.7	7.2	58.0	0.2	100.0	1,546
Fourth	38.4	7.9	53.6	0.0	100.0	2,006
Highest	43.7	5.8	50.4	0.0	100.0	2,304
Total	36.9	6.6	56.4	0.1	100.0	8,907

¹ Currently employed is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

Table 3.5.2 Employment status: men

Percent distribution of men 15-49 by employment status, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Missing/ don't know	Total	Number of men
	Currently employed ¹	Not currently employed				
Age						
15-19	28.3	3.9	66.8	0.9	100.0	1,899
20-24	64.0	9.4	26.6	0.0	100.0	1,459
25-29	78.8	7.9	13.3	0.0	100.0	1,082
30-34	82.3	7.8	10.0	0.0	100.0	882
35-39	80.0	8.3	11.7	0.0	100.0	663
40-44	84.3	5.0	10.7	0.0	100.0	469
45-49	78.2	8.4	13.3	0.0	100.0	409
Marital status						
Never married	43.3	6.1	50.1	0.5	100.0	3,404
Married or living together	82.6	7.5	9.9	0.0	100.0	3,132
Divorced/separated/ widowed	71.9	11.6	16.5	0.0	100.0	327
Number of living children						
0	45.8	6.5	47.2	0.5	100.0	3,685
1-2	82.6	7.6	9.8	0.0	100.0	1,675
3-4	83.4	6.8	9.8	0.0	100.0	944
5+	78.2	8.4	13.4	0.0	100.0	560
Residence						
Urban	65.4	7.0	27.3	0.3	100.0	2,767
Rural	60.7	6.9	32.1	0.3	100.0	4,096
Province						
Manicaland	44.5	11.2	44.1	0.1	100.0	793
Mashonaland Central	80.3	2.3	16.1	1.3	100.0	681
Mashonaland East	69.1	2.4	28.6	0.0	100.0	570
Mashonaland West	75.2	5.1	19.6	0.1	100.0	691
Matabeleland North	41.0	9.3	49.8	0.0	100.0	416
Matabeleland South	33.8	6.5	59.7	0.0	100.0	306
Midlands	67.9	7.0	24.8	0.3	100.0	956
Masvingo	61.9	7.3	30.8	0.0	100.0	771
Harare	65.5	9.2	25.0	0.2	100.0	1,219
Bulawayo	61.6	6.7	31.0	0.6	100.0	460
Education						
No education	55.8	9.3	34.9	0.0	100.0	88
Primary	62.6	9.1	28.4	0.0	100.0	1,782
Secondary	61.0	6.5	32.2	0.4	100.0	4,588
More than secondary	82.6	3.2	14.2	0.0	100.0	405
Wealth quintile						
Lowest	56.2	9.4	34.3	0.1	100.0	1,042
Second	60.3	8.2	31.1	0.4	100.0	1,137
Middle	58.0	6.0	35.7	0.2	100.0	1,194
Fourth	70.2	5.4	24.2	0.2	100.0	1,892
Highest	62.8	7.2	29.7	0.4	100.0	1,599
Total 15-49	62.6	7.0	30.2	0.3	100.0	6,863
Total 15-54	63.1	7.1	29.5	0.3	100.0	7,175

¹ Currently employed is defined as having done work in the past seven days. Includes persons who did not work in the past seven days but who are regularly employed and were absent from work for leave, illness, vacation, or any other such reason.

3.6 OCCUPATION

Respondents who were currently employed or had worked in the 12 months preceding the survey were further asked to specify their occupation. Information on current occupation of employed women and men is shown in Tables 3.6.1 and 3.6.2. Nationally, agriculture employs the largest percentage of Zimbabweans: 34 percent of both women and men. After agriculture, sales and services (31 percent of women) and skilled manual labour (22 percent of men) have the second highest percentage of all employed women and men, respectively.

Table 3.6.1 Occupation: women

Percent distribution of women 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Professional/technical/managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Missing	Total	Number of women
Age										
15-19	1.6	2.7	23.4	4.6	2.2	25.4	38.1	2.0	100.0	551
20-24	6.1	7.2	34.4	8.1	0.7	11.6	30.2	1.6	100.0	856
25-29	8.0	6.2	35.0	10.1	1.4	6.4	32.0	1.1	100.0	713
30-34	8.0	3.3	33.7	9.8	1.4	9.9	32.1	1.7	100.0	649
35-39	10.2	2.6	32.2	12.7	1.3	6.7	32.9	1.4	100.0	457
40-44	10.7	2.6	25.1	13.0	0.8	6.8	40.7	0.4	100.0	371
45-49	9.2	1.7	19.9	13.3	0.8	9.0	45.6	0.3	100.0	278
Marital status										
Never married	7.8	8.0	28.5	6.8	2.1	24.8	19.8	2.2	100.0	778
Married or living together	7.1	3.5	30.0	10.6	1.1	5.8	40.6	1.3	100.0	2,303
Divorced/separated/widowed	7.4	3.2	34.7	9.8	0.7	13.0	30.7	0.5	100.0	794
Number of living children										
0	7.2	7.1	28.0	8.1	1.9	22.1	23.8	1.7	100.0	928
1-2	8.9	5.2	35.4	9.3	0.8	8.5	30.4	1.4	100.0	1,593
3-4	6.8	1.8	29.5	12.2	1.0	6.5	41.0	1.2	100.0	848
5+	3.4	0.7	22.3	9.2	1.7	6.7	55.4	0.5	100.0	505
Residence										
Urban	11.1	8.6	45.6	12.0	0.5	13.7	6.2	2.2	100.0	1,656
Rural	4.4	1.2	19.5	7.9	1.8	9.1	55.5	0.7	100.0	2,218
Province										
Manicaland	7.2	3.5	29.6	13.4	2.5	10.3	32.2	1.2	100.0	416
Mashonaland Central	5.9	1.3	27.4	7.2	1.2	10.3	45.9	0.8	100.0	382
Mashonaland East	10.5	4.5	26.2	12.0	1.4	10.2	33.6	1.5	100.0	197
Mashonaland West	6.3	2.6	25.8	11.6	0.0	12.0	39.4	2.3	100.0	390
Matabeleland North	13.5	2.1	54.4	5.6	1.0	14.6	8.1	0.7	100.0	99
Matabeleland South	11.4	3.7	38.0	10.8	3.6	22.4	8.9	1.1	100.0	159
Midlands	3.8	3.1	14.8	4.1	0.4	7.5	65.0	1.3	100.0	853
Masvingo	4.8	0.3	26.1	5.8	3.5	10.9	48.0	0.6	100.0	416
Harare	9.3	9.0	48.7	14.7	0.7	12.2	3.7	1.7	100.0	747
Bulawayo	14.1	12.6	43.8	14.0	0.0	14.0	0.4	1.0	100.0	217
Education										
No education	0.6	0.0	17.4	5.7	0.5	8.5	66.4	1.0	100.0	152
Primary	1.3	0.5	22.6	8.6	1.4	14.1	50.9	0.6	100.0	1,192
Secondary	6.0	5.6	36.9	11.0	1.2	10.8	26.8	1.8	100.0	2,303
More than secondary	56.5	14.4	18.4	4.5	1.3	0.0	3.9	1.0	100.0	227
Wealth quintile										
Lowest	1.2	0.4	14.7	8.9	3.1	7.3	63.8	0.7	100.0	555
Second	1.2	0.5	19.5	7.3	1.9	9.2	60.0	0.5	100.0	602
Middle	2.7	1.3	22.7	6.7	1.6	8.5	56.0	0.6	100.0	646
Fourth	8.2	3.1	42.0	11.9	0.4	11.4	21.2	1.7	100.0	930
Highest	15.3	11.1	39.5	11.1	0.4	15.2	5.2	2.2	100.0	1,142
Total	7.3	4.4	30.6	9.6	1.2	11.1	34.4	1.3	100.0	3,874

Table 3.6.2 Occupation: men

Percent distribution of men 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agricul- ture	Missing	Total	Number of men
Age										
15-19	2.1	0.2	8.9	10.1	10.6	18.1	47.9	2.0	100.0	613
20-24	6.5	1.5	18.3	21.7	8.4	9.5	32.1	2.0	100.0	1,071
25-29	8.9	2.6	19.3	22.2	8.6	6.4	31.0	1.1	100.0	938
30-34	8.9	3.0	16.6	25.4	7.3	3.8	33.4	1.6	100.0	794
35-39	12.3	5.2	16.5	22.6	7.1	4.0	30.7	1.6	100.0	586
40-44	15.4	4.2	11.2	23.3	6.9	5.6	31.2	2.1	100.0	418
45-49	12.8	0.8	10.2	26.0	6.6	7.2	35.6	0.8	100.0	355
Marital status										
Never married	6.6	1.4	15.4	16.4	9.6	12.1	35.9	2.5	100.0	1,680
Married or living together	10.4	3.3	15.3	24.2	7.2	5.3	33.2	1.2	100.0	2,821
Divorced/separated/ widowed	5.6	0.6	19.1	24.8	8.3	8.4	33.1	0.2	100.0	273
Number of living children										
0	7.3	1.3	15.6	17.4	9.6	11.8	34.8	2.1	100.0	1,928
1-2	9.7	4.0	18.9	25.4	6.4	5.2	28.9	1.4	100.0	1,510
3-4	12.4	3.1	13.3	23.8	7.6	5.7	32.9	1.2	100.0	851
5+	5.4	1.2	8.5	21.5	8.3	4.2	49.8	1.1	100.0	484
Residence										
Urban	14.0	5.0	25.8	33.5	9.6	6.2	3.0	2.9	100.0	2,003
Rural	5.0	0.6	8.1	12.8	7.0	9.1	56.6	0.7	100.0	2,772
Province										
Manicaland	10.0	0.5	18.5	18.3	11.4	8.0	31.2	2.1	100.0	442
Mashonaland Central	3.4	1.2	7.6	13.3	10.4	11.4	51.7	1.0	100.0	562
Mashonaland East	6.3	0.9	16.2	12.9	5.9	8.6	48.7	0.3	100.0	408
Mashonaland West	5.7	2.1	11.3	21.4	6.0	6.5	45.3	1.8	100.0	555
Matabeleland North	9.9	1.1	17.6	25.6	7.4	15.1	22.2	1.1	100.0	209
Matabeleland South	14.5	3.5	8.7	32.8	8.8	12.8	16.2	2.8	100.0	123
Midlands	5.6	2.7	8.0	21.9	6.8	4.2	49.1	1.8	100.0	716
Masvingo	6.8	0.7	8.3	9.0	6.3	10.6	57.4	1.0	100.0	533
Harare	14.1	6.3	28.1	33.2	9.3	5.0	2.6	1.5	100.0	912
Bulawayo	17.5	1.9	26.5	30.9	8.8	8.4	1.5	4.5	100.0	315
Education										
No education	0.0	0.0	11.8	9.2	7.7	13.5	56.5	1.3	100.0	57
Primary	1.5	0.4	8.5	17.3	9.3	13.9	47.9	1.1	100.0	1,276
Secondary	7.0	3.0	18.9	23.8	8.2	6.1	31.3	1.7	100.0	3,094
More than secondary	52.8	5.5	12.2	18.3	2.5	0.6	5.4	2.7	100.0	347
Wealth quintile										
Lowest	0.2	0.1	3.8	15.3	9.1	5.7	65.1	0.7	100.0	683
Second	1.7	0.6	5.7	12.6	8.3	8.5	62.2	0.4	100.0	779
Middle	3.4	0.6	9.9	9.6	6.7	11.5	57.9	0.5	100.0	765
Fourth	9.7	2.5	23.3	29.1	8.9	9.7	15.2	1.6	100.0	1,430
Highest	21.4	6.4	23.5	29.9	7.2	4.0	3.7	3.9	100.0	1,118
Total 15-49	8.8	2.5	15.5	21.5	8.1	7.9	34.1	1.6	100.0	4,774
Total 15-54	8.9	2.4	15.3	21.6	7.8	7.8	34.5	1.7	100.0	5,038

Among urban men, the most common occupations are skilled manual labour (34 percent) and sales and services (26 percent). Urban women are most often employed in sales and services (46 percent). In rural areas, more than half of women (56 percent) and men (57 percent) are employed in agriculture. Variations by province show that Midlands has the highest percentage of both women and men in agricultural occupations (65 percent and 49 percent, respectively). Matabeleland North has the highest percentage of women in sales and services (54 percent), and Harare has the highest percentage of men in sales and services (28 percent). Harare and Matabeleland South have the highest percentage of men in

skilled manual labour occupations (33 percent each). Bulawayo has the highest percentage of both women and men in the professional, technical, and managerial occupations (14 percent of women and 18 percent of men).

Employment by level of education shows that 57 percent of women and 53 percent of men with more than a secondary education are in professional, technical, and managerial occupations. The majority of women and men with no education work in the agricultural sector (66 percent of women and 57 percent of men).

3.7 TYPE OF EMPLOYMENT

Table 3.7.1 shows the percent distribution of women employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural). Fifty-five percent of all the women employed in agricultural work are not paid for their work, while 84 percent of the women in nonagricultural work are given their earnings as cash only. Sixty-four percent of women employed in agricultural work and 50 percent of women in nonagricultural work are self-employed. Differentials by continuity of employment show that 76 percent of all women in agricultural work are seasonally employed, whereas 63 percent of women in nonagricultural work are employed all year.

Table 3.7.1 Type of employment: women			
Percent distribution of women 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Zimbabwe 2005-2006			
Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	26.9	84.1	64.0
Cash and in-kind	15.7	7.7	10.6
In-kind only	2.8	1.3	1.8
Not paid	54.7	6.8	23.5
Missing	0.0	0.2	0.2
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	20.2	8.7	12.7
Employed by non-family member	15.4	40.9	32.0
Self-employed	64.1	50.0	55.0
Missing	0.2	0.5	0.4
Total	100.0	100.0	100.0
Continuity of employment			
All year	18.8	62.6	47.5
Seasonal	76.0	19.2	38.8
Occasional	5.2	18.1	13.6
Missing	0.0	0.1	0.1
Total	100.0	100.0	100.0
Number of women	1,333	2,489	3,874

Note: Total includes women with missing information on type of employment who are not shown separately.

Table 3.7.2 shows the percent distribution of men employed in the 12 months preceding the survey by type of earnings, and whether employment is in the agricultural or nonagricultural sector. Overall, 66 percent of men were paid in cash only, 21 percent were not paid, 11 percent received cash and in-kind payment, and 2 percent received in-kind payment only.

Among men working in the agricultural sector, 53 percent were not paid, 27 percent were paid in cash only, 16 percent received cash and in-kind payment, and 4 percent received in-kind payment only. In contrast, among men working in the nonagricultural sector, 86 percent received cash only, 8 percent received a combination of cash and in-kind payment, 4 percent did not receive any payment, and less than 1 percent received in-kind payment only.

Table 3.7.2 Type of employment: men			
Percent distribution of men 15-49 employed in the 12 months preceding the survey by type of earnings, according to type of employment (agricultural or nonagricultural), Zimbabwe 2005-2006			
Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	26.5	86.4	65.5
Cash and in-kind	16.2	7.8	10.7
In-kind only	4.2	0.6	1.9
Not paid	53.0	4.4	21.4
Missing	0.0	0.8	0.5
Total	100.0	100.0	100.0
Number of men	1,740	3,212	5,038

Note: Total includes men with missing information on type of employment who are not shown separately.

3.8 HEALTH INSURANCE COVERAGE

The 2005-06 ZDHS collected data on women's health insurance coverage. The majority of women (91 percent) do not have health insurance. Among the 9 percent of women with health insurance, 4 percent have insurance through their employer, 3 percent are covered under a privately purchased commercial plan, and the remaining 2 percent are covered through some other mechanism. As expected, women who reside in urban areas and women in the highest wealth quintile are the most likely to have health insurance coverage. Education is strongly associated with health care coverage. Sixty percent of women with more than a secondary education have health insurance, compared with 1 percent of women with no education, 3 percent with only a primary education, and 10 percent with a secondary education.

Table 3.8 Health insurance coverage

Percent distribution of women by type of health insurance coverage, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Other employer-based insurance	Privately purchased commercial insurance	Other	None	Total	Number of women
Age						
15-19	1.7	2.1	1.4	94.7	100.0	2,152
20-24	3.0	2.5	2.3	92.2	100.0	1,952
25-29	4.1	3.0	2.5	90.4	100.0	1,466
30-34	5.6	3.3	3.1	88.1	100.0	1,216
35-39	5.5	3.2	3.6	87.7	100.0	834
40-44	7.6	2.9	2.6	86.8	100.0	699
45-49	4.1	1.9	2.4	91.6	100.0	589
Residence						
Urban	7.1	5.3	5.0	82.5	100.0	3,502
Rural	1.8	0.9	0.6	96.6	100.0	5,405
Province						
Manicaland	3.0	2.9	0.6	93.6	100.0	1,043
Mashonaland Central	1.6	1.3	1.0	96.1	100.0	825
Mashonaland East	3.4	1.0	2.8	92.7	100.0	714
Mashonaland West	1.1	3.4	3.1	92.4	100.0	829
Matabeleland North	3.5	1.2	0.4	94.9	100.0	536
Matabeleland South	4.2	1.5	1.4	92.9	100.0	439
Midlands	5.2	1.4	0.6	92.9	100.0	1,193
Masvingo	2.9	0.6	0.9	95.6	100.0	1,137
Harare	6.9	5.7	6.1	81.3	100.0	1,492
Bulawayo	5.2	5.6	4.8	84.4	100.0	697
Education						
No education	0.4	0.7	0.2	98.7	100.0	380
Primary	1.7	0.5	0.5	97.2	100.0	2,902
Secondary	4.2	3.4	2.7	89.8	100.0	5,355
More than secondary	26.6	14.1	19.3	40.0	100.0	270
Wealth quintile						
Lowest	0.7	0.3	0.1	98.9	100.0	1,552
Second	0.6	0.2	0.1	99.1	100.0	1,500
Middle	1.7	0.7	0.4	97.2	100.0	1,546
Fourth	4.1	2.3	2.1	91.5	100.0	2,006
Highest	9.5	7.5	7.0	76.0	100.0	2,304
Total	3.9	2.7	2.4	91.1	100.0	8,907

3.9 KNOWLEDGE AND ATTITUDES CONCERNING TUBERCULOSIS

The 2005-06 ZDHS collected data on women's and men's knowledge and attitudes concerning tuberculosis (TB). Tables 3.9.1 and 3.9.2 show the percentage of women and men who have heard of TB, and among those who have heard of TB, the percentage who know that TB is spread through air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep it a secret if a family member had TB, by background characteristics. Ninety-four percent of women and 96 percent of men reported that they have heard of TB. Women and men who live in urban areas, reside in Bulawayo province, and have more than a secondary education were more likely to have heard of TB than their counterparts in other categories.

Table 3.9.1 Knowledge and attitude concerning tuberculosis: women						
Percentage of women 15-49 who have heard of tuberculosis (TB), and among women who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Zimbabwe 2005-2006						
Background characteristic	Among all women		Among women who have heard of TB			Number of women
	Percentage who have heard of TB	Number	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	
Age						
15-19	91.3	2,152	67.1	82.7	56.8	1,964
20-24	93.6	1,952	70.7	89.0	67.8	1,828
25-29	95.8	1,466	72.6	91.6	70.2	1,404
30-34	95.2	1,216	73.6	92.4	69.1	1,157
35-39	96.4	834	73.8	93.3	70.4	804
40-44	93.4	699	69.5	92.2	64.2	653
45-49	94.8	589	68.2	89.3	61.1	558
Residence						
Urban	97.0	3,503	78.6	92.8	71.3	3,398
Rural	92.0	5,405	65.2	86.6	61.2	4,970
Province						
Manicaland	92.1	1,043	62.4	89.7	73.7	960
Mashonaland Central	87.9	825	65.1	87.1	67.7	725
Mashonaland East	91.6	714	59.0	83.7	72.6	654
Mashonaland West	90.6	829	67.0	88.6	75.6	751
Matabeleland North	98.4	536	66.3	85.4	15.8	528
Matabeleland South	85.7	439	52.7	89.3	27.7	377
Midlands	96.4	1,193	88.3	89.8	86.6	1,150
Masvingo	97.6	1,137	65.4	87.8	54.9	1,110
Harare	95.2	1,492	73.3	92.8	80.4	1,421
Bulawayo	99.3	697	88.9	92.1	41.8	693
Education						
No education	87.6	380	51.5	80.4	54.3	333
Primary	89.9	2,903	60.0	85.5	57.3	2,610
Secondary	96.3	5,355	76.0	91.0	69.7	5,155
More than secondary	100.0	270	92.9	98.0	73.7	270
Wealth quintile						
Lowest	90.0	1,552	61.6	84.1	50.8	1,397
Second	90.5	1,500	64.7	85.6	60.5	1,357
Middle	93.4	1,546	65.2	87.2	66.9	1,445
Fourth	95.9	2,006	73.4	91.9	69.4	1,923
Highest	97.5	2,304	80.8	93.2	72.7	2,247
Total	93.9	8,907	70.6	89.1	65.3	8,368

Among women and men who have heard of TB, 71 percent reported that TB is spread through the air by coughing. Women and men in the age groups 15-19 years and 45-49 years; respondents residing in rural areas; women in Matabeleland South; men in Matabeleland North; and those with a primary education or less had the lowest percentage of people who reported that TB is spread through coughing. Eighty-nine percent of all respondents who have heard of TB believe that TB can be cured. Among provinces, the percentage of people who believe that TB can be cured ranges from 84 percent of women in Mashonaland East and 81 percent of men in Mashonaland West to 93 percent of women in Harare and 95 percent of men in Bulawayo. Among those who have heard of TB, 65 percent of women and 70 percent of men indicated that they would want knowledge of a family member's TB to be kept secret.

Table 3.9.2 Knowledge and attitude concerning tuberculosis: men

Percentage of men 15-49 who have heard of tuberculosis (TB), and among men who have heard of TB, the percentage who know that TB is spread through the air by coughing, the percentage who believe that TB can be cured, and the percentage who would want to keep secret that a family member has TB, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Among men who have heard of TB					
	Among all men		Percentage who report that TB is spread through the air by coughing		Percentage who would want a family member's TB kept secret	
	Percentage who have heard of TB	Number	Percentage who report that TB is spread through the air by coughing	Percentage who believe that TB can be cured	Percentage who would want a family member's TB kept secret	Number
Age						
15-19	91.8	1,899	67.8	82.1	58.5	1,743
20-24	96.0	1,459	70.6	87.2	69.3	1,400
25-29	97.1	1,082	72.5	91.2	73.6	1,050
30-34	97.9	882	73.2	92.9	75.9	863
35-39	97.6	663	77.1	93.5	77.5	648
40-44	96.6	469	71.9	92.4	75.6	453
45-49	97.1	409	66.7	90.0	72.3	398
Residence						
Urban	97.8	2,767	80.0	93.2	72.9	2,706
Rural	94.0	4,096	64.6	85.0	67.0	3,848
Province						
Manicaland	91.3	793	59.6	86.7	69.7	724
Mashonaland Central	94.0	681	71.0	86.0	73.7	640
Mashonaland East	89.4	570	73.8	85.6	83.3	510
Mashonaland West	96.0	691	59.4	81.0	76.7	663
Matabeleland North	96.1	416	55.2	82.0	30.9	400
Matabeleland South	96.9	306	85.0	90.8	18.0	297
Midlands	97.4	956	79.0	89.3	81.3	931
Masvingo	96.9	771	62.4	90.1	71.8	747
Harare	97.5	1,219	79.5	93.4	88.5	1,189
Bulawayo	98.7	460	83.3	94.8	26.2	454
Education						
No education	90.3	88	59.8	74.3	48.9	79
Primary	91.0	1,782	57.4	80.2	59.7	1,621
Secondary	97.1	4,588	74.5	90.9	72.5	4,454
More than secondary	98.8	405	89.0	96.5	78.9	400
Wealth quintile						
Lowest	93.7	1,042	57.9	81.4	58.3	977
Second	93.5	1,137	66.9	83.7	68.2	1,062
Middle	93.9	1,194	65.4	86.3	68.3	1,121
Fourth	96.0	1,892	73.9	90.6	72.5	1,816
Highest	98.7	1,599	82.5	94.7	74.5	1,578
Total 15-49	95.5	6,863	71.0	88.4	69.4	6,554
Total 15-54	95.6	7,175	70.9	88.6	69.6	6,861

3.10 USE OF TOBACCO

The 2005-06 ZDHS collected information on women's and men's tobacco use. Tables 3.10.1 and 3.10.2 present the percent of women and men who smoke cigarettes, a pipe, or use other tobacco products, and the percent distribution of cigarette smokers by number of cigarettes smoked in the 24 hours before the interview, according to background characteristics. Table 3.10.1 also includes data on women's tobacco use by maternity status.

Table 3.10.1 Use of tobacco: women

Percentage of women 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics and maternity status, Zimbabwe 2005-2006

Background characteristic	Tobacco use				Number of women	Number of cigarettes in the past 24 hours ¹					Total	Number of cigarette smokers
	Cigarettes	Pipe	Other tobacco	Does not use tobacco		1-2	3-5	6-9	10+	Don't know/missing		
Age												
15-19	0.2	0.1	0.1	99.7	2,152	*	*	*	*	*	100.0	5
20-24	0.0	0.0	0.2	99.7	1,952	*	*	*	*	*	100.0	1
25-29	0.1	0.1	0.1	99.7	1,466	*	*	*	*	*	100.0	1
30-34	0.3	0.0	0.6	99.2	1,216	*	*	*	*	*	100.0	4
35-39	0.3	0.0	0.6	99.0	834	*	*	*	*	*	100.0	3
40-44	0.5	0.2	1.8	97.6	699	*	*	*	*	*	100.0	4
45-49	3.0	1.8	3.2	94.0	589	*	*	*	*	*	100.0	17
Residence												
Urban	0.4	0.1	0.3	99.2	3,503	*	*	*	*	*	100.0	15
Rural	0.3	0.2	0.7	98.9	5,405	*	*	*	*	*	100.0	18
Province												
Manicaland	0.2	0.1	0.3	99.3	1,043	*	*	*	*	*	100.0	2
Mashonaland Central	1.2	0.9	0.4	98.5	825	*	*	*	*	*	100.0	10
Mashonaland East	0.1	0.0	0.4	99.4	714	*	*	*	*	*	100.0	1
Mashonaland West	0.2	0.2	1.6	98.2	829	*	*	*	*	*	100.0	2
Matabeleland North	0.4	0.5	0.7	98.3	536	*	*	*	*	*	100.0	2
Matabeleland South	0.4	0.0	1.6	98.4	439	*	*	*	*	*	100.0	2
Midlands	0.4	0.1	0.5	99.3	1,193	*	*	*	*	*	100.0	5
Masvingo	0.0	0.0	0.4	99.6	1,137	*	*	*	*	*	100.0	0
Harare	0.6	0.0	0.4	98.9	1,492	*	*	*	*	*	100.0	9
Bulawayo	0.1	0.0	0.2	99.7	697	*	*	*	*	*	100.0	1
Education												
No education	3.6	3.0	2.8	93.8	380	*	*	*	*	*	100.0	14
Primary	0.2	0.0	1.1	98.7	2,903	*	*	*	*	*	100.0	7
Secondary	0.2	0.1	0.1	99.6	5,355	*	*	*	*	*	100.0	11
More than secondary	0.7	0.0	0.8	98.9	270	*	*	*	*	*	100.0	2
Maternity status												
Pregnant	0.0	0.4	0.1	99.4	589	*	*	*	*	*	100.0	0
Breastfeeding (not pregnant)	0.0	0.0	0.1	99.9	1,699	*	*	*	*	*	100.0	0
Neither	0.5	0.2	0.7	98.8	6,619	*	*	*	*	*	100.0	33
Wealth quintile												
Lowest	0.4	0.2	1.2	98.4	1,552	*	*	*	*	*	100.0	6
Second	0.2	0.0	0.6	99.3	1,500	*	*	*	*	*	100.0	2
Middle	0.7	0.6	0.4	98.8	1,546	*	*	*	*	*	100.0	11
Fourth	0.1	0.1	0.6	99.3	2,006	*	*	*	*	*	100.0	3
Highest	0.5	0.0	0.2	99.2	2,304	*	*	*	*	*	100.0	12
Total	0.4	0.2	0.6	99.0	8,907	(18.3)	(14.2)	(3.1)	(18.8)	(45.6)	100.0	33

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ All female smokers had smoked at least 1 cigarette in the past 24 hours.

The majority of women (99 percent) reported that they do not use tobacco. Only 33 women reported smoking cigarettes so that it is not possible to look at the pattern of cigarette use among women.

Thirty percent of men age 15-49 reported using cigarettes, a pipe, or other tobacco products. Most of the male respondents smoke cigarettes (21 percent). The largest number of cigarette smokers is in the 20-24 year age group (357 cigarette smokers). There is not much variance by urban-rural residence. Among men who smoke, 33 percent smoked three to five cigarettes within 24 hours prior to the interview and 27 percent smoked 10 or more cigarettes during the same time period.

Table 3.10.2 Use of tobacco: men

Percentage of men 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Tobacco use				Number of men	Number of cigarettes in the past 24 hours						Total	Number of cigarette smokers
	Cigarettes	Pipe	Other tobacco	Does not use tobacco		0	1-2	3-5	6-9	10+	Don't know/missing		
Age													
15-19	4.7	0.4	1.9	94.5	1,899	9.9	36.7	24.0	7.3	18.2	3.9	100.0	89
20-24	24.5	3.4	5.8	74.6	1,459	5.7	25.9	34.7	14.6	16.8	2.2	100.0	357
25-29	27.9	4.1	7.1	70.0	1,082	5.4	16.1	33.4	15.4	27.2	2.4	100.0	301
30-34	23.5	3.2	6.3	74.8	882	2.5	14.8	34.2	15.3	31.9	1.4	100.0	207
35-39	28.6	4.4	7.1	68.7	663	6.0	16.9	34.5	15.7	25.3	1.6	100.0	190
40-44	32.9	4.8	6.9	65.0	469	5.1	8.7	32.0	18.8	33.0	2.4	100.0	154
45-49	40.0	5.6	7.3	58.7	409	3.7	12.5	30.2	11.2	41.2	1.2	100.0	164
Residence													
Urban	19.5	1.7	4.7	78.9	2,767	3.8	19.0	30.3	14.9	29.2	2.8	100.0	541
Rural	22.5	3.9	5.6	76.1	4,096	6.0	18.1	34.4	14.5	25.3	1.6	100.0	921
Province													
Manicaland	21.8	2.5	4.9	77.4	793	4.0	15.5	39.2	16.9	23.5	0.9	100.0	173
Mashonaland Central	27.1	1.8	8.3	72.5	681	5.5	15.7	29.0	15.1	34.2	0.5	100.0	185
Mashonaland East	22.3	13.2	0.7	77.6	570	0.9	19.5	34.9	12.8	30.3	1.6	100.0	127
Mashonaland West	26.3	3.8	9.0	71.2	691	1.7	17.9	31.5	17.0	30.6	1.3	100.0	182
Matabeleland North	18.9	8.2	4.9	77.9	416	0.7	17.9	36.8	21.8	16.6	6.3	100.0	79
Matabeleland South	12.0	2.5	5.5	87.1	306	5.1	14.0	40.6	12.2	28.0	0.0	100.0	37
Midlands	18.8	1.3	4.8	79.1	956	12.7	24.1	35.1	7.8	18.7	1.5	100.0	179
Masvingo	19.3	0.1	3.3	79.5	771	13.1	15.4	30.9	15.0	22.8	2.7	100.0	149
Harare	23.1	1.0	5.3	74.9	1,219	3.2	18.4	30.6	16.0	28.0	3.8	100.0	281
Bulawayo	15.5	0.7	6.0	83.8	460	1.4	28.3	27.0	9.2	33.0	1.1	100.0	71
Education													
No education	52.8	13.5	7.4	45.6	88	6.5	(11.3)	(36.6)	(8.8)	(32.6)	(4.2)	100.0	46
Primary	25.4	4.5	7.1	72.4	1,782	5.7	15.9	31.6	18.2	26.7	1.7	100.0	452
Secondary	19.9	2.3	4.7	78.9	4,588	4.9	20.8	33.3	13.1	25.8	2.1	100.0	912
More than secondary	12.7	1.4	2.6	86.0	405	4.5	(6.7)	(34.0)	(15.7)	(37.5)	(1.6)	100.0	52
Wealth quintile													
Lowest	25.3	4.1	6.0	73.3	1,042	7.8	17.2	34.5	16.7	21.9	1.8	100.0	264
Second	22.7	4.0	6.9	75.4	1,137	6.5	17.1	30.9	14.3	30.6	0.5	100.0	259
Middle	22.6	3.9	5.6	76.2	1,194	4.6	22.7	34.8	14.6	20.7	2.6	100.0	270
Fourth	22.4	2.7	4.6	76.1	1,892	5.5	14.4	34.3	13.5	28.6	3.6	100.0	423
Highest	15.4	1.1	4.2	83.2	1,599	1.1	23.6	28.7	14.7	31.1	0.7	100.0	247
Total 15-49	21.3	3.0	5.3	77.2	6,863	5.2	18.5	32.9	14.6	26.7	2.1	100.0	1,462
Total men 15-54	22.1	3.1	5.5	76.3	7,175	5.1	17.9	32.6	15.2	27.3	2.0	100.0	1,587

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

FERTILITY

In the 2005-06 ZDHS, data were collected on current and completed fertility. Drawing from the birth histories of women interviewed in the survey, the chapter begins with a description of current fertility, followed by differentials in fertility. Attention is next focused on trends in fertility, including examination of age-specific fertility rates in time periods going back 15 to 20 years. The chapter concludes with a presentation of information on age of women at their first birth and patterns of adolescent childbearing.

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

4.1 CURRENT FERTILITY

Measures of current fertility presented in this chapter include age-specific fertility rates (ASFRs), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR). These rates are generally presented for the three-year period preceding the survey, a period covering portions of the calendar years 2002 through 2005. The three-year period was chosen for calculating these rates (rather than a longer or a shorter period) to provide the most current information, to reduce sampling error, and to avoid problems of the displacement of births.

Age-specific fertility rates are useful in understanding the age pattern of fertility. Numerators of ASFRs are calculated by identifying live births that occurred in the period 1-36 months prior to the survey (determined from the date of interview and date of birth of the child), and classifying them by the age (in five-year groups) of the mother at the time of the child's birth. The denominators of these rates are the number of woman-years lived in each of the specified five-year age groups in the period 1-36 months prior to the survey.

The total fertility rate is a common measure of current fertility and is defined as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the currently observed age-specific rates. The general fertility rate is the number of live births occurring during a specified period per 1,000 women age 15-44. The crude birth rate is the number of births per 1,000 population during a specified period.

Table 4.1 Current fertility

Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Zimbabwe 2005-2006

Age group	Residence		Total
	Urban	Rural	
15-19	70	120	99
20-24	147	248	205
25-29	130	198	172
30-34	112	164	144
35-39	51	111	86
40-44	6	59	42
45-49	0	17	13
TFR 15-49	2.6	4.6	3.8
TFR 15-44	2.6	4.5	3.7
GFR	98	163	137
CBR	28.5	32.0	31.0

Note: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation.

TFR: Total fertility rate for ages 15-49, expressed per woman

GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women

CBR: Crude birth rate, expressed per 1,000 population

Table 4.1 shows the age-specific and aggregate fertility measures calculated from the 2005-06 ZDHS data. The total fertility rate for Zimbabwe is 3.8 children per woman. Peak childbearing occurs during ages 20-24 and 25-29 years, dropping sharply after age 34. Fertility among urban women is substantially lower (2.6 children per woman) than among rural women (4.6 children per woman). This pattern of lower fertility in urban areas is evident in every age group.

4.2 FERTILITY BY BACKGROUND CHARACTERISTICS

Table 4.2 and Figure 4.1 show differentials in fertility by urban-rural residence, province, level of education, and wealth quintile. The TFR ranges from about two births per woman in the urban provinces of Harare (2.5) and Bulawayo (2.3) to 4.9 births per woman in Masvingo.

Educational attainment is closely linked to a woman's fertility; the TFR for women with no formal education and women with a primary education is four or more children per woman, while that for women with at least some secondary education is three or fewer children per woman.

Table 4.2 also allows for a general assessment of differential trends in fertility over time among population subgroups. The mean number of children ever born to women age 40-49 years is a measure of fertility in the past. The mean number of children ever born to older women who are nearing the end of their reproductive period is an indicator of average completed fertility of women who began childbearing during the three decades preceding the survey. If fertility remained constant over time and the reported data on both children ever born and births during the three years preceding the survey are reasonably accurate, the TFR and the mean number of children ever born for women 40-49 years would be similar. When fertility levels have been falling, the TFR will be substantially lower than the mean number of children ever born among women age 40-49. A comparison of current (total) fertility with past (completed) fertility shows that there have been substantial and roughly equivalent declines in both urban and rural areas and within all provincial and education categories. Overall, the comparison of past and present fertility indicators suggests a decline from 5.2 to 3.8 children per woman.

At the time of the survey, 7 percent of interviewed women reported that they were pregnant. This percentage is an underestimate of the true percent pregnant because many women at early durations of pregnancy will not yet know for sure that they are pregnant and some women may not want to declare that they are pregnant. Differentials in pregnancy status closely parallel differentials in current fertility.

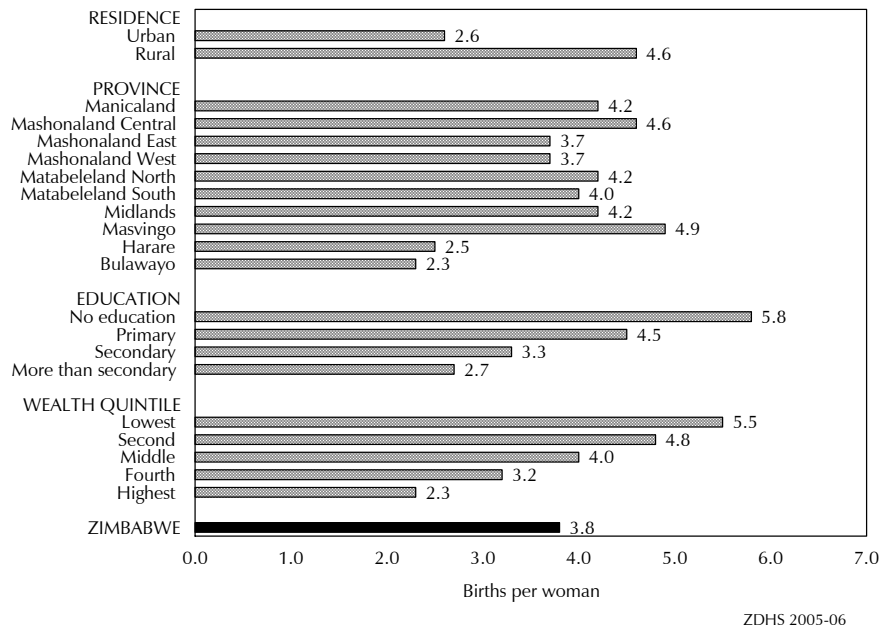
Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Total fertility rate	Percentage currently pregnant ¹	Mean number of children ever born to women age 40-49
Residence			
Urban	2.6	4.4	4.0
Rural	4.6	8.0	5.8
Province			
Manicaland	4.2	7.4	5.5
Mashonaland Central	4.6	8.6	5.1
Mashonaland East	3.7	7.7	5.1
Mashonaland West	3.7	6.7	5.3
Matabeleland North	4.2	6.1	5.9
Matabeleland South	4.0	5.3	5.0
Midlands	4.2	7.3	5.7
Masvingo	4.9	8.0	6.5
Harare	2.5	5.3	4.1
Bulawayo	2.3	2.4	3.6
Education			
No education	5.8	2.0	6.1
Primary	4.5	7.9	5.5
Secondary	3.3	6.3	4.0
More than secondary	2.7	5.0	2.9
Wealth quintile			
Lowest	5.5	8.0	6.4
Second	4.8	10.0	6.1
Middle	4.0	7.1	5.5
Fourth	3.2	6.3	4.5
Highest	2.3	3.5	3.8
Total	3.8	6.6	5.2

¹ Women age 15-49 years

Figure 4.1 Total Fertility Rate by Background Characteristics



4.3 FERTILITY TRENDS

The data in Table 4.3 provide further evidence of a substantial fertility decline in Zimbabwe. This table uses information from the retrospective birth histories obtained from ZDHS respondents to examine trends in age-specific fertility rates for successive five-year periods before the survey. To calculate these rates, births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because women age 50 and above were not interviewed in the survey, the rates are successively truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 35-39 for the period 15-19 years before the survey because these women would have been over the age of 50 at the time of the survey and were not interviewed.

Table 4.3 Trends in age-specific fertility rates

Age-specific fertility rates for five-year periods preceding the survey, by mother's age at the time of the birth, Zimbabwe 2005-2006

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	101	114	117	113
20-24	205	211	225	242
25-29	179	200	223	243
30-34	143	163	191	[224]
35-39	90	113	[152]	-
40-44	46	[65]	-	-
45-49	[12]	-	-	-

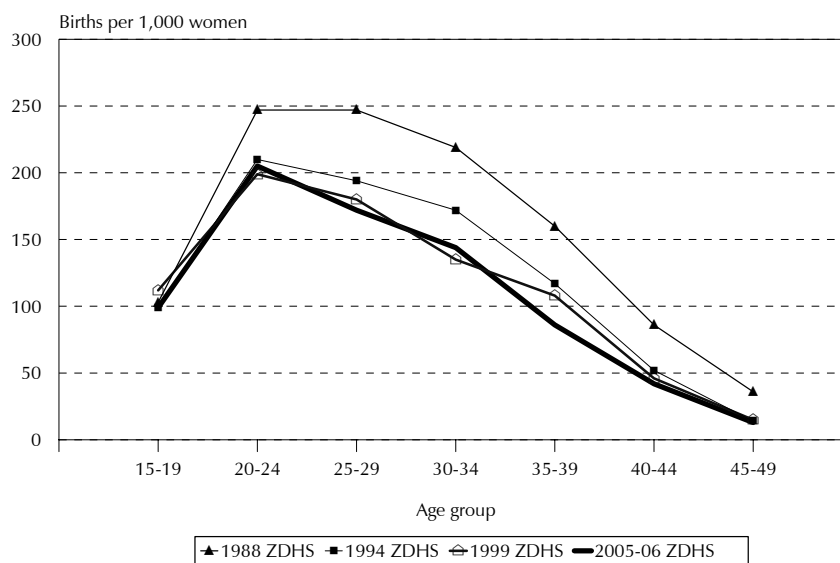
Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated.

Fertility has fallen among all age groups over the past two decades. Among women under age 35, substantial and sustained declines in age-specific fertility rates were observed from 15 to 19 years before the survey to 0 to 4 years before the survey. Fertility decline is steepest among women 25-34 years of age.

Table 4.4 and Figure 4.2 show trends in current fertility rates based on successive ZDHS surveys. Fertility declined by 1.7 births between the 1988 and 2005-06 surveys.

Age group	1988 ZDHS (1984-88)	1994 ZDHS (1991-94)	1999 ZDHS (1996-99)	2005-06 ZDHS (2004-05-2005-06)
15-19	103	99	112	99
20-24	247	210	199	205
25-29	247	194	180	172
30-34	219	172	135	144
35-39	160	117	108	86
40-44	86	52	46	42
45-49	36	14	15	13
TFR 15-49	5.5	4.3	4.0	3.8

Figure 4.2 Trends in Current Fertility Rates, Zimbabwe 1984-2006



4.4 CHILDREN EVER BORN AND LIVING

The distribution of women by the number of children ever born is presented in Table 4.5 for all women and for currently married women. The table also shows the mean number of children ever born to women in each five-year age group. These distributions reflect the accumulation of births among ZDHS respondents over the past 30 years and, therefore, their relevance to the current situation is limited. However, the information on children ever born is useful for observing how average family size varies across age groups, and for observing the level of primary infertility. On average, women in their early twenties have given birth to about one child, women in their early thirties have had three children, and women currently at the end of their childbearing years have had more than five children. Of the 5.7 children ever born to women age 45-49, 5.1 survived to the time of the survey.

Table 4.5 Children ever born and living

Percent distribution of all women and currently married women by number of children ever born, and mean number of children ever born and mean number of living children, according to age group, Zimbabwe 2005-2006

Age	Number of children ever born											Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+			
ALL WOMEN														
15-19	84.2	14.0	1.7	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2,152	0.2	0.2
20-24	30.9	39.7	21.8	6.2	1.2	0.1	0.0	0.0	0.0	0.0	0.0	1,952	1.1	1.0
25-29	8.7	20.7	36.7	22.1	7.7	3.5	0.4	0.2	0.0	0.0	0.0	1,466	2.1	2.0
30-34	2.5	10.4	25.9	26.0	17.4	11.2	5.2	0.8	0.6	0.1	0.0	1,216	3.1	2.9
35-39	2.8	8.3	16.7	19.4	23.0	13.6	7.8	5.2	2.2	0.4	0.6	834	3.7	3.5
40-44	2.4	5.2	7.2	12.0	20.5	16.1	12.8	10.8	5.9	4.5	2.5	699	4.9	4.5
45-49	2.6	4.0	5.7	9.0	9.9	15.1	15.7	12.5	12.6	5.0	7.9	589	5.7	5.1
Total	29.5	18.4	17.3	11.9	8.3	5.7	3.6	2.3	1.6	0.7	0.8	8,907	2.2	2.0
CURRENTLY MARRIED WOMEN														
15-19	46.2	46.3	7.1	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	448	0.6	0.6
20-24	12.0	47.4	30.2	8.5	1.8	0.2	0.0	0.0	0.0	0.0	0.0	1,200	1.4	1.3
25-29	3.3	17.9	39.8	25.2	8.6	4.3	0.5	0.2	0.0	0.0	0.0	1,125	2.3	2.2
30-34	1.2	6.6	24.2	27.8	19.5	12.6	6.0	1.1	0.7	0.1	0.1	933	3.3	3.1
35-39	2.2	5.3	15.0	18.7	22.0	17.0	9.1	6.5	3.1	0.5	0.7	556	4.0	3.7
40-44	1.7	3.3	6.7	9.8	21.2	14.5	14.3	13.2	6.5	5.4	3.4	485	5.2	4.8
45-49	1.4	3.5	3.8	6.9	9.4	13.8	16.0	16.1	14.6	5.1	9.2	396	6.1	5.5
Total	8.3	21.4	23.3	16.1	10.9	7.5	4.8	3.4	2.2	1.0	1.1	5,143	2.9	2.7

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

4.5 BIRTH INTERVALS

Information on the length of birth intervals provides insight into birth spacing patterns, which affect fertility as well as infant and child mortality. Research has shown that children born too soon after a previous birth are at increased risk of poor health, particularly when the interval is less than 24 months. Table 4.6 shows the distribution of births in the five years before the survey by the interval since the previous birth, according to various background and demographic characteristics.

Table 4.6 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Months since preceding birth							Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-54	55-59	60+			
Age										
15-19	(25.4)	(14.3)	(46.1)	(8.5)	(3.4)	(2.3)	(0.0)	100.0	38	29.0
20-29	4.2	7.4	32.1	26.1	10.6	5.5	14.2	100.0	1,817	38.2
30-39	2.8	5.2	20.6	21.9	11.2	5.6	32.7	100.0	1,390	47.8
40-49	2.4	7.4	21.5	20.3	6.3	5.2	36.8	100.0	323	47.0
Birth order										
2-3	3.6	5.8	27.7	23.7	10.9	5.3	23.0	100.0	2,198	41.5
4-6	3.4	7.3	25.1	22.3	10.4	6.6	24.9	100.0	1,086	42.6
7+	4.9	10.3	26.3	29.8	6.4	2.9	19.3	100.0	283	40.0
Sex of preceding birth										
Male	3.5	6.4	25.8	24.6	11.4	5.2	23.2	100.0	1,865	41.9
Female	3.8	6.9	28.0	22.8	9.3	5.8	23.4	100.0	1,702	41.2
Survival of preceding birth										
Living	2.0	5.8	26.6	24.6	10.8	5.9	24.5	100.0	3,290	42.6
Dead	23.9	16.7	29.5	13.6	5.9	0.9	9.4	100.0	277	27.5
Residence										
Urban	3.4	6.4	22.6	18.5	8.4	6.8	33.9	100.0	885	47.1
Rural	3.8	6.7	28.2	25.5	11.0	5.1	19.8	100.0	2,682	40.4
Province										
Manicaland	6.1	8.6	30.9	19.7	8.9	5.4	20.5	100.0	473	38.4
Mashonaland Central	2.7	2.8	24.2	28.0	14.1	6.9	21.3	100.0	437	44.5
Mashonaland East	2.1	6.2	21.7	22.0	13.1	6.7	28.2	100.0	247	46.2
Mashonaland West	3.2	6.1	27.4	25.8	7.8	4.7	24.9	100.0	361	41.0
Matabeleland North	3.3	5.2	35.0	24.5	8.1	3.4	20.5	100.0	233	38.5
Matabeleland South	2.6	7.2	31.4	24.6	7.3	3.2	23.7	100.0	185	38.8
Midlands	4.8	6.4	26.6	24.9	11.3	5.4	20.6	100.0	542	41.4
Masvingo	3.8	9.1	26.1	24.6	12.3	4.3	19.9	100.0	558	41.0
Harare	2.8	6.0	22.7	21.8	8.0	7.4	31.3	100.0	386	45.8
Bulawayo	2.3	8.1	24.5	17.0	9.0	7.5	31.7	100.0	146	45.8
Education										
No education	1.7	9.0	21.5	28.4	6.0	8.1	25.2	100.0	202	42.5
Primary	3.8	7.5	27.2	26.0	10.1	4.7	20.8	100.0	1,480	40.4
Secondary	3.8	5.6	27.2	21.9	11.3	5.8	24.4	100.0	1,806	42.7
More than secondary	2.7	9.2	24.6	11.2	5.5	5.6	41.2	100.0	80	48.7
Wealth quintile										
Lowest	3.2	7.7	32.4	25.1	11.2	5.1	15.2	100.0	982	38.2
Second	3.7	7.0	29.2	25.4	11.2	6.0	17.5	100.0	799	40.5
Middle	5.3	5.6	24.7	27.0	9.6	4.0	23.8	100.0	621	41.9
Fourth	2.5	6.6	23.3	20.6	10.7	6.4	30.0	100.0	658	45.6
Highest	4.0	5.1	19.2	18.7	8.1	5.9	38.9	100.0	507	51.0
Total	3.7	6.6	26.8	23.7	10.4	5.5	23.3	100.0	3,567	41.6

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth. Figures in parentheses are based on 25-49 unweighted cases.

The median birth interval in Zimbabwe is 41.6 months. About one in ten children are born after too short an interval (less than 24 months). The median interval length is shorter among births to women under age 30 than among births to older mothers. The median birth interval length is 27.5 months among children whose older sibling did not survive compared with 42.6 months among children whose older sibling is still alive.

The median birth interval in urban areas (47.1 months) is somewhat higher than in rural areas (40.4 months). Of all the provinces, the longest birth interval is observed in Mashonaland East (46.2 months) and the shortest in Manicaland (38.4 months). By education, those with more than secondary education have the longest birth interval (48.7 months).

4.6 AGE AT FIRST BIRTH

The age at which childbearing begins has an impact on the health and welfare of a mother and her children. In many countries, the postponement of first births has contributed to an overall fertility decline. Table 4.7 shows the distribution of women by age at first birth, according to their current age. The median age at first birth in Zimbabwe is around 20 for most age groups. Although this broad measure has not changed since the 1999 ZDHS, more detailed analysis of trends in age at first birth does reveal a decline in early childbearing. For example, whereas about 26 percent of women age 35-39 had a birth at age 18, only 21 percent of women currently age 20-24 had their first birth at age 18. This slow but steady trend reflects positively on efforts to keep girls and women in school through more advanced levels to improve their social and economic status.

Table 4.7 Age at first birth

Among all women, percentage who gave birth by exact ages, percentage who have never given birth, and median age at first birth, by current age, Zimbabwe 2005-2006

Current age	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
	15	18	20	22	25			
15-19	1.3	na	na	na	na	84.2	2,152	a
20-24	1.5	20.8	46.9	na	na	30.9	1,952	a
25-29	2.9	21.4	48.7	70.0	86.3	8.7	1,466	20.1
30-34	5.1	25.3	47.4	70.5	87.0	2.5	1,216	20.2
35-39	4.2	26.1	48.3	66.9	83.7	2.8	834	20.2
40-44	3.9	26.3	56.6	75.0	89.0	2.4	699	19.5
45-49	4.9	28.5	54.1	76.5	88.5	2.6	589	19.7

a = Omitted because less than 50 percent of women had a birth before reaching the beginning of the age group
na = Not applicable

4.7 MEDIAN AGE AT FIRST BIRTH BY BACKGROUND CHARACTERISTICS

Table 4.8 summarises the median age at first birth for different age cohorts across residential and educational subgroups. For all age groups, the median age at first birth is higher in urban areas than in rural areas. Similarly, age at first birth increases markedly with increasing level of education; for example, within the cohort age 25-29 years, women with only a primary education have their first birth at 18.9 years, compared with 24 years for women with more than secondary education. This is a difference of 5.1 years.

Table 4.8 Median age at first birth by background characteristics

Median age at first birth among women age 20-49 years, by current age and background characteristics, Zimbabwe 2005-2006

Background characteristic	Age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	22.3	21.1	21.2	20.4	19.9	19.8	21.0	20.7
Rural	19.5	19.6	19.6	20.0	19.2	19.7	19.6	19.6
Province								
Manicaland	a	20.4	19.7	20.0	18.7	20.9	20.0	20.0
Mashonaland Central	19.1	19.1	19.2	19.8	20.0	18.8	19.2	19.4
Mashonaland East	20.0	19.4	20.2	20.8	19.6	19.4	19.9	19.8
Mashonaland West	19.4	19.7	20.4	19.8	18.7	20.1	19.7	19.8
Matabeleland North	19.8	19.6	19.1	19.2	19.2	19.4	19.4	19.3
Matabeleland South	a	19.3	20.3	20.3	19.2	19.6	19.9	19.7
Midlands	19.9	19.9	20.1	20.5	20.1	19.3	20.0	20.0
Masvingo	a	19.9	19.4	19.9	19.3	19.7	19.8	19.7
Harare	a	21.3	21.3	20.5	20.3	19.6	a	20.8
Bulawayo	a	21.1	21.7	20.4	19.9	19.9	a	20.8
Education								
No education	*	*	(18.7)	(18.4)	18.8	19.0	18.8	18.8
Primary	18.5	18.9	18.7	18.6	19.1	19.9	18.9	19.0
Secondary	a	20.7	20.7	21.0	20.2	19.8	a	20.7
More than secondary	a	24.0	23.0	(25.1)	(22.7)	*	a	23.7
Wealth quintile								
Lowest	19.0	19.3	18.9	19.1	19.5	19.4	19.2	19.2
Second	19.2	19.1	19.2	20.4	18.9	19.9	19.3	19.4
Middle	a	20.1	20.4	20.3	18.8	19.6	a	19.9
Fourth	a	20.7	20.6	19.8	19.7	19.7	a	20.3
Highest	a	21.3	21.2	20.8	20.3	20.0	a	20.9
Total	a	20.1	20.2	20.2	19.5	19.7	a	20.0

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

a = Omitted because less than 50 percent of the women had a birth before reaching the beginning of the age group

4.8 TEENAGE PREGNANCY AND MOTHERHOOD

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

Table 4.9 shows the percent distribution of women age 15-19 years who have given birth or were pregnant with their first child at the time of the survey, according to selected background characteristics. Overall, 21 percent of women age 15-19 have begun childbearing. The proportion of adolescents already on the path to family formation rises rapidly with age, from 2 percent at age 15 to 41 percent at age 19. Rural adolescents and those with less education tend to start childbearing earlier.

Table 4.9 Teenage pregnancy and motherhood

Percentage of women age 15-19 who are mothers or pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who:			Number of women
	Have had a live birth	Are pregnant with first child	Percentage who have begun childbearing	
Age				
15	1.5	0.8	2.4	347
16	4.3	3.8	8.1	502
17	10.0	7.5	17.4	385
18	25.2	8.1	33.3	472
19	34.8	6.4	41.2	447
Residence				
Urban	10.2	3.2	13.4	849
Rural	19.4	7.0	26.4	1,303
Province				
Manicaland	16.5	7.2	23.7	230
Mashonaland Central	19.9	10.2	30.1	201
Mashonaland East	16.5	7.2	23.7	153
Mashonaland West	22.8	3.6	26.4	174
Matabeleland North	27.9	4.3	32.1	143
Matabeleland South	10.1	3.9	13.9	122
Midlands	12.4	6.1	18.5	280
Masvingo	19.1	6.2	25.3	315
Harare	11.5	3.8	15.3	350
Bulawayo	5.3	1.2	6.5	183
Education				
No education	*	*	*	8
Primary	25.1	9.0	34.1	607
Secondary	12.0	4.0	16.0	1,530
More than secondary	*	*	*	7
Wealth quintile				
Lowest	26.3	5.8	32.1	354
Second	19.6	11.6	31.1	357
Middle	17.3	5.8	23.1	406
Fourth	16.0	6.6	22.7	435
Highest	6.1	0.5	6.6	600
Total	15.8	5.5	21.2	2,152

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

This chapter focuses on women who are sexually active because these women have the greatest risk of exposure to pregnancy and need for regulating their fertility. However, the results of interviews with men are presented alongside those with women because men play an equally important role in the realisation of reproductive health and family planning decision behaviour.

Family planning methods are grouped into two broad categories, namely modern methods and traditional methods. Modern family planning methods are further categorised into three subgroups, that is, short-term methods (oral contraceptive pills, condoms, the lactational amenorrhoea method [LAM], and emergency contraception), long-term methods (injectables, implants, and intrauterine devices or IUDs), and permanent methods (female and male sterilisation). Traditional methods consist of periodic abstinence, withdrawal, and various folk methods such as strings and herbs.

5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Information on the knowledge of contraceptive methods was collected by asking respondents to name the various methods that a couple can use to delay or avoid a pregnancy. A respondent who could not name any method(s) spontaneously was prompted by the interviewer mentioning and describing each of the methods that had not been mentioned spontaneously and asking whether the respondent had ever heard about it.

Knowledge of family planning methods is almost universal in Zimbabwe, meaning that men and women in the country have information about the options available for regulating births and planning their families (Table 5.1). The level of knowledge of at least one modern method of family planning among all women age 15-49 years is also almost universal at 98 percent, and for currently married women it is 99 percent. Similarly, the level of knowledge of at least one modern method of family planning is very high among all men aged 15-49 years (99 percent). Virtually all currently married men know at least one method of family planning (100 percent). Virtually all sexually active women and 99 percent of sexually active men know of at least one method of family planning.

Women in Zimbabwe know an average of seven family planning methods, the same as in 1999. Oral contraceptives, injectables, and condoms are the family planning methods most widely known by women in Zimbabwe. For all women age 15-49 years, the proportion who know about the pill is 95 percent, 94 percent know about the male condom, and 89 percent know about injectables. Knowledge of the female condom among women increased by 12 percentage points from 57 percent in 1999 to 69 percent in 2006. However, knowledge of implants registered the highest increase of 19 percentage points from almost 25 percent in 1999 to 44 percent in 2006.

Table 5.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents, and sexually active unmarried respondents who know any contraceptive method, by specific method, Zimbabwe 2005-2006

Method	Women			Men		
	All women	Currently married women	Sexually active unmarried women ¹	All men	Currently married men	Sexually active unmarried men ¹
Any method	97.8	99.3	99.7	99.1	99.8	99.3
Any modern method	97.7	99.2	99.7	99.0	99.8	99.3
Female sterilisation	46.6	50.0	55.6	49.1	55.7	50.8
Male sterilisation	33.3	34.7	40.7	42.8	48.1	49.8
Pill	94.7	98.4	97.2	90.7	97.7	90.1
IUD	56.5	61.2	63.3	40.6	48.2	44.5
Injectables	89.1	94.6	94.9	77.6	89.4	78.2
Implants	43.6	47.9	54.5	26.4	32.4	30.9
Male condom	94.0	95.6	98.1	98.3	98.9	98.2
Female condom	69.4	70.5	81.1	75.9	78.7	76.9
Lactational amenorrhoea method (LAM)	24.5	28.9	24.0	13.7	18.0	10.3
Emergency contraception	15.1	15.8	21.7	25.3	27.2	19.1
Any traditional method	56.1	63.6	59.3	62.0	71.4	66.3
Periodic abstinence	26.7	27.7	33.2	39.2	45.0	43.8
Withdrawal	50.8	58.8	54.6	56.3	66.1	58.9
Folk method	6.8	8.3	9.1	4.1	5.5	4.4
Mean number of methods known	6.5	6.9	7.3	6.4	7.1	6.6
Number	8,907	5,143	191	6,863	3,132	185

¹ Had last sexual intercourse within 30 days preceding the survey

The most well-known methods of contraception among all men are the male condom and the pill (98 percent and 91 percent, respectively). Knowledge of other modern methods of contraception is high among men, particularly men who are married. For example, 89 percent of married men know about injectables, and 79 percent of married men also know about the female condom. The lactational amenorrhoea method (LAM) is the least-known modern contraceptive method among married men (18 percent), while emergency contraception is the least-known modern family planning method among married women (16 percent).

5.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY BACKGROUND CHARACTERISTICS

Knowledge of family planning methods among women is almost universal and there are no significant variations across subgroups (Table 5.2). For all age groups, at least 98 percent of currently married women know about a modern family planning method. For men in all age groups, the percentage who know at least one modern family planning method is or is nearly 100 percent.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and currently married men who know at least one contraceptive method and who know at least one modern method, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women			Men		
	Heard of any method	Heard of any modern method ¹	Number	Heard of any method	Heard of any modern method ¹	Number
Age						
15-19	97.9	97.6	448	*	*	8
20-24	98.9	98.8	1,200	100.0	100.0	311
25-29	99.7	99.7	1,125	99.9	99.9	692
30-34	99.8	99.7	933	99.7	99.6	755
35-39	100.0	99.7	556	99.7	99.5	581
40-44	99.0	98.8	485	99.9	99.9	414
45-49	99.6	98.9	396	99.8	99.8	369
Residence						
Urban	99.8	99.8	1,742	99.9	99.9	1,271
Rural	99.1	98.8	3,401	99.8	99.7	1,861
Province						
Manicaland	99.1	98.5	599	100.0	100.0	335
Mashonaland Central	99.2	99.1	572	100.0	99.8	342
Mashonaland East	99.5	99.2	442	99.5	99.5	259
Mashonaland West	99.2	99.0	514	99.7	99.7	348
Matabeleland North	99.8	99.8	323	99.7	99.7	194
Matabeleland South	97.8	97.6	208	98.3	98.3	99
Midlands	99.0	98.9	728	100.0	100.0	446
Masvingo	99.7	99.6	697	99.8	99.5	352
Harare	99.6	99.6	760	100.0	100.0	574
Bulawayo	99.7	99.7	301	100.0	100.0	183
Education						
No education	98.6	97.9	276	98.9	98.9	61
Primary	98.9	98.5	1,910	99.8	99.7	874
Secondary	99.7	99.7	2,788	99.9	99.8	1,941
More than secondary	100.0	100.0	169	99.6	99.6	255
Wealth quintile						
Lowest	98.6	98.3	1,034	99.2	98.9	526
Second	99.5	99.0	998	99.9	99.9	539
Middle	99.6	99.3	906	100.0	100.0	424
Fourth	99.3	99.3	1,183	100.0	100.0	948
Highest	99.8	99.8	1,023	99.8	99.8	695
Total 15-49	99.3	99.2	5,143	99.8	99.8	3,132
Total 15-54	na	na	na	99.8	99.7	3,419

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

na = Not applicable

¹ Female sterilisation, male sterilisation, pill, IUD, injectables, implants, male condom, female condom, diaphragm, foam or jelly, lactational amenorrhoea method (LAM), and emergency contraception

There is little variation in knowledge of modern methods of contraception among currently married women and men by age group, urban-rural residence, and province. Knowledge of family planning methods is at least 99 percent for both rural and urban areas. Similarly, knowledge of any modern family planning method for currently married women and men is almost universal across all education categories and wealth quintiles.

Surveys have documented a steady increase in the knowledge of family planning methods among all women in Zimbabwe since 1984 (Table 5.3). Knowledge of family planning methods became nearly universal in 1988, and the high level of knowledge of contraceptive methods has been maintained over the past 12 years. With respect to the trends in knowledge of specific methods, marked increases in levels of knowledge of family planning methods occurred between 1984 and 2006 for male condoms (from 48 percent to 94 percent), the pill (from 81 percent to 95 percent), and injectables (from 63 percent to 89 percent). Knowledge about implants increased from 14 percent in 1994 to 44 percent in 2006. It should be noted that the knowledge of some modern methods of contraception (IUD, male and female sterilisation) reached a peak in 1994 and started to decline thereafter.

Method	Knowledge of contraception				
	1984 ZDHS	1988 ZDHS	1994 ZDHS	1999 ZDHS	2005-06 ZDHS
Any method	82.8	96.3	97.8	96.9	97.8
Any modern method	u	95.4	97.5	96.7	97.7
Female sterilisation	40.0	49.7	69.7	58.1	46.6
Male sterilisation	10.8	16.4	42.5	38.8	33.3
Pill	80.5	93.6	96.0	94.3	94.7
IUD	40.2	51.6	67.6	63.8	56.5
Injectables	62.6	62.2	79.7	86.4	89.1
Implants	u	u	13.8	24.8	43.6
Male condom	48.3	76.7	93.7	92.2	94.0
Female condom	u	u	u	u	69.4
Lactational amenorrhoea method (LAM)	u	u	u	u	24.5
Emergency contraception	u	u	u	u	15.1
Diaphragm	u	14.0	u	20.2	na
Foam/jelly/foaming tablets	17.4 ^a	13.5	21.1 ^a	11.9	na
Any traditional method	u	75.3	67.8	58.8	56.1
Periodic abstinence	20.4	28.1	33.2	27.1	26.7
Withdrawal	56.1	63.4	56.8	51.7	50.8
Folk/other method	u	34.2	u	12.2	6.8
Number	2,123	2,643	6,128	5,907	8,907

u = Unknown (not available)
na = Not applicable
^a Includes diaphragm
Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989; CSO and MI, 1995; ZDHS 1988-2006

5.3 EVER USE OF CONTRACEPTION

All women and men interviewed in the 2005-06 ZDHS who knew at least one family planning method were asked whether they had ever used any method to regulate their fertility. Table 5.4.1 shows the percentage of women who have ever used a family planning method. The top panel presents the figures for all women, the second panel the figures for currently married women, and the third panel the figures for sexually active unmarried women. The results for men are shown in Table 5.4.2.

Table 5.4.1 Ever use of contraception: women

Percentage of all women, currently married women, and sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Zimbabwe 2005-2006

Age	Modern method												Traditional method			Number of women	
	Any method	Any modern method	Female sterilisation	Male sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	LAM	Emergency contraception	Any traditional method	Periodic abstinence	Withdrawal		Folk method
ALL WOMEN																	
15-19	16.9	16.5	0.0	0.0	10.7	0.0	1.6	0.2	8.6	0.7	0.7	0.2	1.9	0.4	1.5	0.2	2,152
20-24	67.8	66.6	0.0	0.0	56.3	0.3	17.1	1.2	21.7	2.2	2.6	1.4	10.4	2.4	8.5	0.8	1,952
25-29	89.7	89.1	0.3	0.1	79.9	1.0	34.1	2.4	26.9	3.2	4.5	2.6	15.7	2.4	13.9	0.8	1,466
30-34	93.2	91.5	1.0	0.1	83.8	1.9	35.7	2.8	29.7	2.9	5.5	1.8	17.6	2.6	14.6	1.8	1,216
35-39	90.5	89.0	2.4	0.2	81.0	2.4	36.6	1.9	25.7	3.7	5.6	1.9	17.3	2.6	15.0	1.2	834
40-44	88.0	84.7	5.5	0.5	76.8	3.2	36.2	2.4	19.7	1.7	6.4	1.6	22.2	3.2	18.4	5.2	699
45-49	79.3	73.4	9.4	0.3	63.5	2.3	31.5	0.6	12.7	1.9	8.0	2.2	25.7	2.9	21.6	4.4	589
Total	67.0	65.6	1.5	0.1	57.3	1.1	23.0	1.5	20.1	2.2	3.8	1.5	12.8	2.1	10.8	1.4	8,907
CURRENTLY MARRIED WOMEN																	
15-19	51.9	50.7	0.0	0.0	41.6	0.0	5.4	0.2	18.9	0.7	3.0	0.9	6.8	1.2	6.1	0.4	448
20-24	84.9	83.5	0.0	0.0	76.1	0.4	20.8	1.6	21.7	2.9	3.7	1.5	13.2	2.9	10.7	1.1	1,200
25-29	94.0	93.3	0.3	0.1	86.6	1.2	34.9	2.6	23.1	2.9	4.7	2.9	17.4	2.5	15.5	1.0	1,125
30-34	95.8	93.9	1.2	0.2	87.0	2.0	36.3	3.5	28.6	2.1	5.9	2.0	18.8	2.5	16.0	1.9	933
35-39	92.5	90.8	2.6	0.2	84.2	2.9	40.0	1.8	23.4	3.2	6.0	2.1	17.1	2.7	14.8	1.1	556
40-44	90.6	87.1	6.9	0.7	80.2	3.9	38.6	2.6	17.7	1.6	6.6	2.2	24.1	3.9	20.4	4.9	485
45-49	82.5	75.3	10.6	0.4	66.8	2.6	31.5	0.8	11.4	1.3	9.0	3.1	26.9	3.1	22.8	5.0	396
Total	87.2	85.2	2.0	0.2	77.9	1.6	29.9	2.1	22.0	2.4	5.2	2.1	17.1	2.7	14.6	1.8	5,143
SEXUALLY ACTIVE UNMARRIED WOMEN ¹																	
15-24	68.8	66.0	0.0	0.0	22.0	0.0	15.7	0.0	55.1	8.1	0.0	4.5	13.7	3.1	10.6	0.0	78
25-49	94.5	94.5	2.6	0.0	76.9	0.3	49.6	0.4	71.8	14.5	8.0	4.0	18.9	4.9	10.8	6.1	113
Total	84.0	82.9	1.5	0.0	54.5	0.2	35.8	0.3	65.0	11.9	4.7	4.2	16.8	4.1	10.7	3.6	191

LAM = Lactational amenorrhoea method

¹ Women who had sexual intercourse in the one month preceding the survey

Of currently married women, 87 percent reported having ever used a family planning method and 85 percent have used a modern method. Comparison with the 1999 ZDHS results shows that ever use of modern family planning methods among currently married women increased by six percentage points from 79 percent in 1999 to 85 percent in 2006.

Sixty-six percent of all women have used a modern method of contraception at some point. Pills are the most common form of contraception (57 percent), followed by injectables (23 percent) and male condoms (20 percent).

The pill is also the method most commonly ever used by most currently married women (78 percent), followed by injectables (30 percent) and male condoms (22 percent). Ever use of all other modern methods by married women is very low (5 percent or less).

More than eight in ten sexually active unmarried women have used a method of family planning at some time, with virtually all of them using a modern method. The male condom is the method most widely used (65 percent). Other popular methods are the pill (55 percent) and injectables (36 percent). Sexually active unmarried women are much more likely than their married counterparts to have ever used the male condom (65 percent compared with 22 percent) or the female condom (12 percent compared with 2 percent). However, currently married women are more likely to have ever used the pill than sexually active unmarried women (78 percent compared with 55 percent).

Table 5.4.2 Ever use of contraception: men									
Percentage of all men, currently married men, and sexually active unmarried men who have ever used any contraceptive method, by specific method and age, Zimbabwe 2005-2006									
Age	Any method	Any modern method	Modern method			Any traditional method	Traditional method		Number of men
			Male sterilisation	Male condom	Female condom		Periodic abstinence	Withdrawal	
ALL MEN									
15-19	17.2	16.6	0.2	16.3	1.0	2.3	0.8	1.8	1,899
20-24	61.1	58.7	0.0	58.7	3.7	15.8	7.7	10.7	1,459
25-29	73.2	68.5	0.0	68.1	5.0	23.6	10.0	18.8	1,082
30-34	76.0	69.4	0.2	69.2	6.2	26.8	13.5	20.3	882
35-39	74.1	66.9	0.4	66.7	5.6	29.8	14.1	23.7	663
40-44	72.2	64.3	0.6	63.7	5.8	30.0	11.8	24.8	469
45-49	65.1	52.5	0.3	51.6	4.8	32.7	13.4	26.2	409
Total 15-49	55.0	50.8	0.2	50.5	3.9	18.0	8.1	13.9	6,863
Total men 15-54	55.2	50.5	0.2	50.2	3.8	18.7	8.3	14.5	7,175
CURRENTLY MARRIED MEN									
15-19	75.9	75.9	0.0	75.9	7.9	*	*	*	8
20-24	70.6	65.1	0.0	65.1	5.9	27.2	17.0	16.3	311
25-29	73.5	66.7	0.0	66.5	4.4	27.0	11.2	21.3	692
30-34	75.2	67.6	0.2	67.4	6.5	28.8	14.5	22.0	755
35-39	74.7	66.7	0.5	66.5	5.9	31.7	14.8	25.4	581
40-44	71.6	62.6	0.7	62.0	6.2	30.8	11.7	26.2	414
45-49	66.2	52.9	0.4	51.8	5.3	34.2	13.8	27.7	369
Total 15-49	72.7	64.6	0.3	64.3	5.7	29.6	13.6	23.1	3,132
Total men 15-54	71.7	62.9	0.3	62.6	5.4	30.0	13.6	23.7	3,419
SEXUALLY ACTIVE UNMARRIED MEN ¹									
15-24	82.5	82.0	0.5	81.4	12.2	22.5	7.9	18.5	277
25-49	85.7	84.9	0.0	84.9	9.9	27.2	10.1	24.1	138
Total 15-49	83.6	83.0	0.3	82.6	11.4	24.1	8.6	20.3	415
Total men 15-54	83.7	83.1	0.3	82.7	11.3	23.9	8.5	20.2	417

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
¹ Men who had sexual intercourse in the one month preceding the survey

Fifty-one percent of all men age 15-49 have used a modern family planning method at some time. The same proportion of all men report that they have used a male condom and 4 percent have used a female condom at some time. Among currently married men, 65 percent have used a modern method of contraception, with 64 percent having used male condoms and 6 percent having used female condoms. Sexually active unmarried men are more likely to have ever used the male condom than currently married men (83 percent compared with 64 percent) and the female condom (11 percent compared with 6 percent).

5.4 CURRENT USE OF CONTRACEPTION

This section presents information on the prevalence of contraceptive use among women and men in Zimbabwe at the time of the survey. These results provide insight into one of the principal determinants of fertility that also serve to assess the success of family planning programmes.

Contraceptive use among all women and men, currently married women and men, and sexually active unmarried women and men, is presented in Table 5.5. The contraceptive prevalence rate (CPR), or the percentage of currently married women who are using a family planning method, in Zimbabwe is 60 percent, while the CPR for modern family planning methods in the country is 58 percent. Figure 5.1 shows the methods currently used by married women. The family planning method most commonly used is the pill (43 percent). The other modern methods that are used by currently married women are injectables (10 percent), female sterilisation (2 percent), male condoms (1 percent), implants (1 percent), and LAM (less than 1 percent).

The use of modern family planning methods among currently married women increases with age from 36 percent of women age 15-19 to 69 percent of women age 25-29, after which it falls to 34 percent of women age 45-49. An increase in the use of oral contraceptives is also evident in the younger age groups, from 32 percent of married women aged 15-19 years to a peak of 53 percent in the age group 25-29 years.

The pattern of distribution of current use of modern contraceptives is similar to that observed in 1999, except that in the 2005-06 ZDHS contraceptive use rates are higher. A comparison between the 1999 and the 2005-06 use rates shows that the highest gains in current use of modern family planning methods were realised in the age groups 20-24, 25-29, 30-34, and 35-39 years.

The overall level of use of modern family planning methods is slightly higher for sexually active unmarried women than for currently married women. The most striking differences are that, while 26 percent of sexually active unmarried women use condoms, only 1 percent of currently married women use them, and 21 percent of sexually active unmarried women use the pill versus 43 percent of currently married women. Differences in the use rates of other modern contraceptive methods between the two population subgroups are similar. The female condom is virtually unused by both sexually active unmarried women and married women. Compared with the 1999 ZDHS results, use of the male condom is higher among sexually active unmarried women.

Table 5.5 Current use of contraception by age

Percent distribution of all women, currently married women, sexually active unmarried women, and totals for men who are currently using a contraceptive method, by specific method and age, Zimbabwe 2005-2006

Age	Any method	Any modern method	Modern method									Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	Male sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	LAM		Periodic abstinence	Withdrawal	Folk method			
ALL WOMEN/MEN																		
15-19	9.7	9.5	0.0	0.0	7.2	0.0	0.8	0.1	1.3	0.0	0.1	0.2	0.0	0.2	0.0	90.3	100.0	2,152
20-24	43.8	43.1	0.0	0.0	33.3	0.0	7.0	0.6	1.9	0.0	0.3	0.7	0.1	0.5	0.2	56.2	100.0	1,952
25-29	62.0	61.1	0.3	0.0	44.8	0.2	12.0	1.6	1.6	0.0	0.5	0.9	0.0	0.7	0.2	38.0	100.0	1,466
30-34	58.5	57.1	1.0	0.0	39.5	0.4	10.3	1.9	3.2	0.1	0.8	1.4	0.1	0.9	0.3	41.5	100.0	1,216
35-39	49.7	47.7	2.4	0.1	29.9	0.5	10.8	0.6	2.6	0.0	0.6	2.0	0.4	1.4	0.1	50.3	100.0	834
40-44	43.1	40.3	5.5	0.1	20.4	0.4	9.4	1.2	3.2	0.0	0.0	2.8	0.5	1.3	1.0	56.9	100.0	699
45-49	29.8	27.7	9.4	0.2	10.8	0.5	4.9	0.2	1.2	0.4	0.1	2.1	0.0	0.9	1.2	70.2	100.0	589
Total women 15-49	40.1	39.1	1.5	0.0	26.9	0.2	7.2	0.8	2.0	0.1	0.4	1.1	0.1	0.7	0.3	59.9	100.0	8,907
Total men 15-49	40.6	39.4	0.4	0.2	24.8	0.2	3.7	0.5	9.5	0.0	0.1	1.2	0.3	0.7	0.3	59.4	100.0	6,849
Total men 15-54	41.2	39.8	0.6	0.2	25.1	0.2	3.8	0.5	9.4	0.0	0.1	1.4	0.3	0.8	0.4	58.8	100.0	7,175
CURRENTLY MARRIED WOMEN/MEN																		
15-19	36.7	35.7	0.0	0.0	31.7	0.0	2.9	0.2	0.3	0.0	0.6	1.0	0.0	1.0	0.0	63.3	100.0	448
20-24	61.6	60.4	0.0	0.0	50.1	0.0	8.3	0.8	0.8	0.1	0.4	1.1	0.1	0.7	0.3	38.4	100.0	1,200
25-29	70.3	69.1	0.3	0.0	53.1	0.3	12.0	1.8	1.0	0.0	0.6	1.2	0.1	1.0	0.2	29.7	100.0	1,125
30-34	68.1	66.4	1.2	0.0	47.8	0.5	11.2	2.2	2.3	0.1	1.0	1.8	0.1	1.2	0.4	31.9	100.0	933
35-39	64.1	61.3	2.6	0.2	40.6	0.6	13.4	0.7	2.5	0.0	0.8	2.8	0.6	2.1	0.1	35.9	100.0	556
40-44	54.9	51.3	6.9	0.2	28.1	0.6	11.6	1.3	2.5	0.0	0.0	3.7	0.7	1.9	1.1	45.1	100.0	485
45-49	36.6	33.9	10.6	0.2	15.3	0.4	5.9	0.3	1.0	0.0	0.2	2.7	0.0	1.4	1.4	63.4	100.0	396
Total women 15-49	60.2	58.4	2.0	0.1	43.0	0.3	9.9	1.2	1.4	0.0	0.5	1.8	0.2	1.2	0.4	39.8	100.0	5,143
Total men 15-49	71.3	69.1	0.9	0.3	53.8	0.5	8.1	1.0	4.3	0.0	0.2	2.2	0.5	1.3	0.4	28.7	100.0	3,067
Total men 15-54	69.9	67.6	1.1	0.3	52.0	0.5	8.0	0.9	4.5	0.0	0.2	2.4	0.4	1.5	0.5	30.1	100.0	3,367
SEXUALLY ACTIVE UNMARRIED WOMEN/MEN ¹																		
15-19	36.8	36.8	0.0	0.0	1.8	0.0	1.9	0.0	33.1	0.0	0.0	0.0	0.0	0.0	0.0	63.2	100.0	34
20-24	57.1	55.0	0.0	0.0	13.0	0.0	10.1	0.0	32.0	0.0	0.0	2.1	0.0	2.1	0.0	42.9	100.0	44
25-29	71.5	71.5	0.0	0.0	38.8	0.0	16.2	0.0	16.6	0.0	0.0	0.0	0.0	0.0	0.0	28.5	100.0	39
30-34	75.3	75.3	2.2	0.0	32.9	0.0	14.4	0.0	25.9	0.0	0.0	0.0	0.0	0.0	0.0	24.7	100.0	37
35-39	72.1	72.1	0.0	0.0	36.2	0.0	23.0	0.0	13.0	0.0	0.0	0.0	0.0	0.0	0.0	27.9	100.0	14
40-44	55.5	55.5	8.6	0.0	14.3	0.0	0.0	0.0	32.6	0.0	0.0	0.0	0.0	0.0	0.0	44.5	100.0	16
45-49	65.2	51.9	9.4	0.0	0.0	0.0	17.8	0.0	24.8	0.0	0.0	13.2	0.0	0.0	13.2	34.8	100.0	8
Total women 15-49	61.2	60.2	1.5	0.0	21.3	0.0	11.1	0.0	26.3	0.0	0.0	1.0	0.0	0.5	0.6	38.8	100.0	191
Total men 15-49	42.9	42.2	0.2	0.2	4.4	0.0	0.0	0.5	36.8	0.0	0.0	0.7	0.2	0.0	0.5	57.1	100.0	427
Total men 15-54	42.6	41.9	0.2	0.2	4.4	0.0	0.0	0.5	36.5	0.0	0.0	0.7	0.2	0.0	0.5	57.4	100.0	430

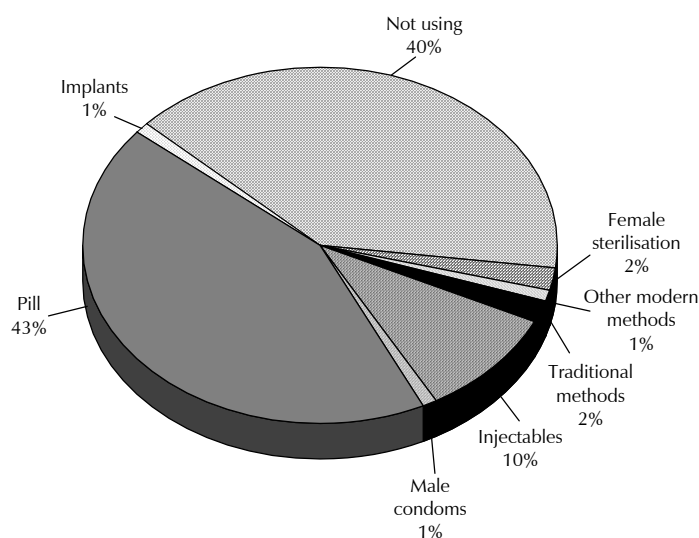
Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhoea method

¹ Women and men who have had sexual intercourse in the one month preceding the survey

Table 5.5 also presents totals for men age 15-49 and age 15-54 by all men, currently married men, and sexually active unmarried men. The patterns for men are similar to those of women. Forty-two percent of all men age 15-49 currently use some form of contraception, and 41 percent use a modern method with their partner. As with women, the majority of all men 15-49 reported that they and their partners use the pill (26 percent), 10 percent use the male condom, and 4 percent use injectables. Seventy percent of married men age 15-49 reported that they use a modern method of contraception with their partners. More than half of married men and their partners rely on the pill (54 percent), 8 percent use injectables, and 5 percent use the male condom. Among sexually active unmarried men age 15-49, 45 percent reported they use a modern method of contraception with their partners. As with unmarried sexually active women, the majority of men in this category rely on male condoms (38 percent).

Figure 5.1 Use of Specific Contraceptive Methods among Currently Married Women



ZDHS 2005-2006

Table 5.6 indicates that current use of contraceptive methods among married women has risen steadily since 1984. Overall, the contraceptive prevalence rate has increased from 38 percent in 1984 to 60 percent in 2005-06. The use of modern family planning methods among currently married women has more than doubled from 27 percent in 1984 to 58 percent in 2005-06. Use of male condoms, IUD, and female sterilisation showed small declines between 1999 and 2005-06. The use of traditional methods of contraception also declined from about 12 percent in 1984 to just below 2 percent in 2005-06.

Table 5.6 Trends in current use of contraceptive					
Percentage of currently married women who were using specific contraceptive methods at the time of the survey, Zimbabwe 1984-2006					
Method	Use of contraception				
	1984 ZDHS	1988 ZDHS	1994 ZDHS	1999 ZDHS	2005-06 ZDHS
Any method	38.4	43.1	48.1	53.5	60.2
Any modern method	26.6	36.1	42.2	50.4	58.4
Female sterilisation	1.6	2.3	2.3	2.6	2.0
Male sterilisation	0.1	0.2	0.2	0.1	0.1
Pill	26.6	36.1	42.2	50.4	43.0
IUD	0.7	1.1	1.0	0.9	0.3
Injectables	0.8	0.3	3.2	8.1	9.9
Implants	na	na	0.2	0.5	1.2
Male condom	0.7	1.2	2.3	1.8	1.4
LAM	na	na	na	na	0.5
Any traditional method	11.8	7.0	6.0	3.2	1.8
Periodic abstinence	2.1	na	na	0.2	0.2
Withdrawal	6.5	5.1	4.2	2.6	1.2
Folk/other method	2.6	1.5	1.7	0.4	0.4
Number	2,123	2,643	3,788	3,609	5,143

na = Not applicable
LAM = Lactational amenorrhoea method
Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989; CSO and MI, 1995; ZDHS 1988-2006

5.5 CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

Table 5.7.1 for women and Table 5.7.2 for men present analysis of current use of contraceptives by background characteristics. These results enable us to examine differences in the method mix among current users in the different subgroups. Table 5.7.1 shows that few married women who are childless use family planning methods (5 percent), but more than half of women with one or more children use contraception. Contraceptive use rises with an increase in the number of living children up to four and declines thereafter.

Currently married women in rural areas are less likely to use family planning methods than their counterparts in urban areas (55 percent compared with 70 percent). This trend is observed across all modern methods of contraception except LAM. Use of family planning methods is highest in the urban provinces of Harare (72 percent) and Bulawayo (67 percent). Matabeleland North has the lowest contraceptive prevalence rate among currently married women (46 percent).

Contraceptive use is positively associated with women's level of education. While 35 percent of currently married women with no education use contraceptives, more than double the proportion, 78 percent, of those with higher than secondary education use contraceptives.

Table 5.7.1 Current use of contraception by background characteristics: women

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Modern method											Traditional method			Not currently using	Total	Number of women		
	Any method	Any modern method	Fe-male sterilisation	Male sterilisation	Pill	IUD	Injectables	Im-plants	Male condom	Fe-male condom	LAM	Any traditional method	Periodic abstinence	With-drawal				Folk method	
Number of living children																			
0	4.5	3.9	0.0	0.0	2.5	0.0	0.7	0.0	0.7	0.0	0.0	0.6	0.0	0.4	0.2	95.5	100.0	463	
1-2	67.4	66.3	0.5	0.1	53.4	0.3	8.8	1.6	1.2	0.0	0.4	1.1	0.1	0.8	0.2	32.6	100.0	2,422	
3-4	69.8	67.7	3.4	0.1	46.6	0.6	13.2	1.3	1.6	0.1	0.9	2.1	0.4	1.2	0.5	30.2	100.0	1,363	
5+	55.1	51.2	5.1	0.0	30.2	0.1	12.2	0.8	2.0	0.0	0.8	3.9	0.1	2.7	1.1	44.9	100.0	896	
Residence																			
Urban	69.8	68.3	3.4	0.1	47.7	0.8	11.2	2.8	1.9	0.0	0.5	1.5	0.2	0.9	0.4	30.2	100.0	1,742	
Rural	55.3	53.4	1.3	0.0	40.6	0.0	9.2	0.4	1.2	0.0	0.6	2.0	0.2	1.3	0.4	44.7	100.0	3,401	
Province																			
Manicaland	52.4	51.0	1.3	0.0	37.7	0.4	10.2	0.3	1.0	0.0	0.1	1.4	0.1	1.1	0.2	47.6	100.0	599	
Mashonaland Central	61.4	59.8	1.1	0.0	48.8	0.0	7.1	0.7	1.8	0.0	0.3	1.6	0.4	0.6	0.6	38.6	100.0	572	
Mashonaland East	64.0	63.4	0.8	0.0	45.9	0.3	11.7	1.4	2.6	0.0	0.7	0.6	0.0	0.6	0.0	36.0	100.0	442	
Mashonaland West	62.0	60.6	1.1	0.0	48.5	0.0	9.4	0.7	0.5	0.1	0.2	1.4	0.1	0.9	0.4	38.0	100.0	514	
Matabeleland North	45.7	43.0	3.9	0.6	24.4	0.6	12.0	0.3	1.3	0.0	0.0	2.6	0.0	1.8	0.9	54.3	100.0	323	
Matabeleland South	47.2	42.6	3.1	0.0	21.1	0.0	13.3	1.4	2.6	0.0	1.1	4.6	0.0	3.1	1.5	52.8	100.0	208	
Midlands	63.4	61.1	2.7	0.0	44.9	0.2	10.1	0.8	0.9	0.0	1.5	2.3	0.6	1.4	0.3	36.6	100.0	728	
Masvingo	54.1	52.0	1.1	0.0	39.0	0.0	10.0	0.4	0.6	0.0	0.9	2.1	0.0	1.7	0.4	45.9	100.0	697	
Harare	71.9	70.2	1.8	0.0	53.8	0.8	8.6	2.9	2.2	0.0	0.2	1.7	0.3	1.0	0.4	28.1	100.0	760	
Bulawayo	67.0	66.0	6.9	0.3	40.8	0.9	10.2	4.2	2.2	0.3	0.3	1.0	0.0	0.5	0.5	33.0	100.0	301	
Education																			
No education	34.7	30.3	1.7	0.0	22.8	0.0	5.1	0.4	0.0	0.0	0.2	4.5	0.7	2.9	0.9	65.3	100.0	276	
Primary	53.9	52.0	2.1	0.0	37.9	0.0	9.7	0.3	1.3	0.0	0.7	1.9	0.1	1.1	0.7	46.1	100.0	1,910	
Secondary	66.0	64.6	1.5	0.1	48.7	0.4	10.4	1.6	1.3	0.0	0.5	1.4	0.2	1.1	0.2	34.0	100.0	2,788	
More than secondary	78.4	75.6	10.3	0.6	38.1	2.7	10.5	6.6	6.7	0.0	0.0	2.8	0.9	1.3	0.7	21.6	100.0	169	
Wealth quintile																			
Lowest	48.0	45.2	0.5	0.0	34.6	0.0	8.5	0.1	0.5	0.0	1.0	2.8	0.0	2.0	0.7	52.0	100.0	1,034	
Second	57.1	55.0	1.0	0.0	43.4	0.0	8.4	0.3	1.3	0.1	0.5	2.2	0.2	1.4	0.5	42.9	100.0	998	
Middle	56.1	54.4	1.6	0.0	42.1	0.0	9.1	0.5	0.8	0.0	0.3	1.7	0.4	0.9	0.4	43.9	100.0	906	
Fourth	66.5	65.5	2.2	0.1	49.3	0.2	10.3	0.7	1.9	0.0	0.8	1.0	0.2	0.6	0.1	33.5	100.0	1,183	
Highest	72.1	70.6	4.8	0.2	44.5	1.2	12.9	4.4	2.4	0.1	0.1	1.6	0.1	1.0	0.4	27.9	100.0	1,023	
Total	60.2	58.4	2.0	0.1	43.0	0.3	9.9	1.2	1.4	0.0	0.5	1.8	0.2	1.2	0.4	39.8	100.0	5,143	

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhoea method

Contraceptive use patterns among men are generally similar to those observed among women. Prevalence is higher among urban men; those living in Harare, Mashonaland West, and Masvingo; higher educated men; and men in the highest wealth quintile. It is interesting to note that 71 percent of married men with no living children, one to two children, and three to four children all reported that they were using a contraceptive method. Sixty-six percent of married men with five or more children reported that they were using a contraceptive method.

Table 5.7.2 Current use of contraception by background characteristics: men

Percent distribution of currently married men by contraceptive method currently used, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Any method	Any modern method	Modern method									Traditional method				Not currently using	Total	Number of men
			Fe-male sterilisation	Male sterilisation	Pill	IUD	Injectables	Implants	Male condom	Fe-male condom	LAM	Any traditional method	Periodic abstinence	Withdrawal	Folk method			
Number of living children																		
0	70.8	68.3	1.1	0.4	51.4	0.4	7.2	1.6	6.0	0.0	0.2	2.5	0.3	2.0	0.1	29.2	100.0	1,073
1-2	71.4	69.5	1.4	0.3	52.1	0.6	9.5	0.7	4.5	0.2	0.1	2.0	0.4	1.1	0.4	28.6	100.0	1,424
3-4	70.5	68.0	1.2	0.3	55.2	0.3	6.2	1.1	3.7	0.0	0.0	2.6	0.4	1.4	0.8	29.5	100.0	645
5+	65.5	63.0	1.0	0.6	52.0	0.0	5.8	0.0	3.3	0.0	0.4	2.6	0.3	1.3	1.0	34.5	100.0	2776
Residence																		
Urban	76.1	74.1	1.7	0.6	53.5	0.7	8.6	2.5	6.4	0.1	0.1	2.0	0.5	1.2	0.3	23.9	100.0	1,271
Rural	68.8	66.7	0.4	0.2	54.6	0.3	7.5	0.1	3.2	0.1	0.2	2.2	0.3	1.5	0.3	31.2	100.0	1,861
Province																		
Manicaland	70.5	66.0	1.4	1.1	49.0	0.1	9.5	0.3	4.2	0.0	0.4	4.5	0.9	3.0	0.7	29.5	100.0	335
Mashonaland Central	70.0	68.9	0.9	0.2	60.3	0.0	5.3	0.2	1.7	0.0	0.2	1.1	0.5	0.6	0.0	30.0	100.0	342
Mashonaland East	59.2	58.9	0.0	0.0	45.5	1.2	8.6	0.0	3.1	0.0	0.6	0.3	0.0	0.3	0.0	40.8	100.0	259
Mashonaland West	78.8	77.1	0.5	1.4	64.2	0.2	7.0	0.4	3.3	0.0	0.1	1.7	0.2	0.4	1.0	21.2	100.0	348
Matabeleland North	60.2	58.8	0.9	0.0	42.1	0.0	9.9	1.3	4.6	0.0	0.0	1.4	0.4	0.8	0.3	39.8	100.0	194
Matabeleland South	55.6	54.9	0.0	0.0	38.8	0.0	4.6	1.0	10.5	0.0	0.0	0.7	0.0	0.0	0.7	44.4	100.0	99
Midlands	67.9	65.9	0.7	0.0	52.8	0.3	7.2	1.5	3.4	0.0	0.0	2.0	0.2	1.5	0.3	32.1	100.0	446
Masvingo	79.5	75.6	1.3	0.3	61.1	0.0	8.3	0.2	3.7	0.4	0.2	3.9	0.3	3.2	0.3	20.5	100.0	352
Harare	81.3	79.6	0.5	0.1	61.1	1.1	9.6	1.8	5.1	0.1	0.0	1.7	0.5	1.2	0.0	18.7	100.0	574
Bulawayo	67.9	65.3	3.7	0.4	34.6	1.3	6.6	4.9	13.9	0.0	0.0	2.5	0.8	1.3	0.4	32.1	100.0	183
Education																		
No education	55.3	43.6	1.9	0.0	34.6	0.0	4.0	0.0	1.0	0.0	2.1	11.8	0.0	11.8	0.0	44.7	100.0	61
Primary	66.5	64.2	0.8	0.3	51.5	0.1	7.7	0.1	3.5	0.2	0.0	2.3	0.2	1.7	0.4	33.5	100.0	874
Secondary	74.1	72.5	0.6	0.4	56.6	0.6	8.1	1.3	4.8	0.0	0.2	1.6	0.5	0.9	0.3	25.9	100.0	1,941
More than secondary	76.0	73.3	3.4	0.9	49.6	0.6	8.7	3.2	6.6	0.3	0.0	2.7	0.5	1.9	0.3	24.0	100.0	255
Wealth quintile																		
Lowest	64.5	61.6	0.3	0.0	52.3	0.2	6.5	0.0	1.9	0.0	0.4	2.9	0.5	1.7	0.8	35.5	100.0	527
Second	69.9	68.4	0.2	0.1	57.3	0.2	7.2	0.2	3.2	0.1	0.0	1.5	0.3	1.0	0.2	30.1	100.0	539
Middle	69.7	68.4	0.5	0.0	54.5	0.3	8.8	0.0	3.7	0.2	0.3	1.2	0.2	1.1	0.0	30.3	100.0	424
Fourth	74.6	71.9	0.7	0.6	56.1	0.6	7.8	0.7	5.3	0.0	0.2	2.7	0.3	2.0	0.4	25.4	100.0	948
Highest	76.1	74.5	2.5	0.8	50.2	0.7	9.4	3.8	6.9	0.1	0.0	1.7	0.7	0.9	0.1	23.9	100.0	695
Total 15-49	71.8	69.7	0.9	0.4	54.2	0.4	8.0	1.1	4.5	0.1	0.2	2.1	0.4	1.4	0.3	28.2	100.0	3,132

Note: If more than one method is used, only the most effective method is considered in this tabulation.

LAM = Lactational amenorrhoea method

5.6 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

Couples use family planning methods to time births or to completely avoid pregnancy. An examination of first use of contraception among women interviewed in the 2005-06 ZDHS by the number of living children shows that younger women (15-34 years of age) initiated contraceptive use at lower parities than older women (Table 5.8). In general, the data show that few women began to use contraceptives before they had a child (5 percent).

Table 5.8 Number of children at first use of contraception

Percent distribution of women who have ever used contraception by number of living children at the time of first use of contraception, according to current age, Zimbabwe 2005-2006

Current age	Never used	Number of living children at time of first use of contraception						Total	Number of women
		0	1	2	3	4+	Missing		
15-19	83.1	6.0	10.4	0.3	0.0	0.0	0.2	100.0	2,152
20-24	32.2	8.9	53.9	4.0	0.7	0.0	0.2	100.0	1,952
25-29	10.3	5.6	74.3	7.8	1.6	0.2	0.2	100.0	1,466
30-34	6.8	4.3	75.2	9.6	2.6	1.4	0.1	100.0	1,216
35-39	9.5	2.1	63.4	13.8	6.2	4.6	0.4	100.0	834
40-44	12.0	2.9	52.1	14.5	8.5	9.1	0.8	100.0	699
45-49	20.7	1.5	40.2	11.3	9.1	16.7	0.6	100.0	589
Total	33.0	5.4	49.5	6.7	2.6	2.5	0.3	100.0	8,907

5.7 USE OF SOCIAL MARKETING BRAND PILLS

Women who were currently using oral contraceptives were asked for the brand name of the pills they last used. This information is useful in monitoring the success of social marketing programmes that promote a specific brand. Table 5.9 presents information on the percentage of pill users using social marketing brands by background characteristics. The public sector distributes Ovrette and LoFemenal, while Micronor, Marvellon, Duofem, and Excluton are marketed by the private sector.

The majority of the 2,362 women who knew the brand name of the pill they were using used oral contraceptive pills distributed by the public sector (90 percent). Among these women, 52 percent used LoFemenal and the remaining 38 percent used Ovrette. Almost all the remaining women (10 percent) used oral contraceptives marketed by the private sector. Of these women, 5 percent used Duofem, 3 percent used Marvellon, and 2 percent used Excluton.

Table 5.9 Use of social marketing brand pills

Percent distribution of pill users by brand of pill used, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Brand of pill used							Total	Number of pill users
	Ovrette	Lo-Femenal	Micronor	Marvellon	Duofem	Excluton	Other		
Age									
15-19	74.8	18.3	0.0	0.4	4.5	2.0	0.0	100.0	151
20-24	45.6	43.2	0.2	1.6	5.2	4.0	0.2	100.0	637
25-29	34.2	53.2	0.2	4.0	6.1	1.5	0.8	100.0	651
30-34	33.2	57.7	0.2	3.2	4.0	0.6	1.2	100.0	474
35-39	27.3	67.7	0.3	2.6	1.2	0.9	0.0	100.0	245
40-44	25.3	67.7	0.6	2.9	3.0	0.0	0.5	100.0	141
45-49	20.0	77.1	1.8	0.0	1.1	0.0	0.0	100.0	63
Residence									
Urban	28.6	52.0	0.0	6.0	9.3	3.6	0.5	100.0	910
Rural	44.0	52.3	0.4	0.5	1.5	0.7	0.6	100.0	1,452
Province									
Manicaland	38.8	53.8	0.0	1.4	4.5	1.0	0.5	100.0	232
Mashonaland Central	42.6	53.9	0.0	0.0	3.0	0.0	0.4	100.0	283
Mashonaland East	41.8	54.8	0.0	1.2	0.6	1.1	0.5	100.0	219
Mashonaland West	39.9	55.0	0.0	1.4	3.1	0.6	0.0	100.0	270
Matabeleland North	41.7	42.7	6.8	2.9	3.7	2.3	0.0	100.0	89
Matabeleland South	28.1	61.5	0.0	3.9	5.2	0.0	1.4	100.0	47
Midlands	36.8	56.5	0.0	2.5	2.6	0.9	0.8	100.0	350
Masvingo	50.4	47.8	0.0	0.0	0.4	0.6	0.8	100.0	289
Harare	30.4	47.6	0.0	6.6	10.4	4.6	0.4	100.0	443
Bulawayo	21.3	52.1	0.0	7.2	11.5	7.0	1.0	100.0	141
Education									
No education	33.3	62.4	1.3	1.4	0.0	0.0	1.8	100.0	65
Primary	44.5	51.4	0.3	0.4	2.5	0.4	0.5	100.0	770
Secondary	35.7	52.3	0.2	3.7	5.5	2.3	0.4	100.0	1,459
More than secondary	19.8	49.8	0.0	7.1	10.7	9.7	2.9	100.0	68
Wealth quintile									
Lowest	55.3	42.9	0.7	0.6	0.1	0.3	0.0	100.0	381
Second	43.6	53.7	0.5	0.0	1.5	0.2	0.5	100.0	452
Middle	42.2	52.2	0.3	1.3	2.3	1.1	0.6	100.0	398
Fourth	30.6	57.6	0.0	2.3	5.9	3.0	0.5	100.0	632
Highest	25.9	50.9	0.0	8.0	10.6	3.6	0.9	100.0	499
Total	38.0	52.2	0.3	2.6	4.5	1.8	0.5	100.0	2,362

Note: Table excludes pill users who do not know the brand name.

5.8 USE OF SOCIAL MARKETING BRAND CONDOMS

Women and men who were currently using condoms were asked for the brand name of the condoms they last used. Out of the 137 women interviewed in the 2005-06 ZDHS that knew the brand name of the condom that they were currently using, the majority (96 percent) were using the male condom (Table 5.10). Among women, Protector Plus is the most commonly used male condom brand (52 percent), followed by an unbranded condom distributed by the public sector that was used by 12 percent of the women. Of the women that were using female condoms (4 percent of all women reporting use of condoms), just over half reported that they were using the Care brand of the female condom.

Among the 499 men who knew the brand name of the condom, 83 percent reported using Protector Plus, and 12 percent used the unbranded condoms distributed by the public sector. Three percent of these men reported using Durex.

Table 5.10 Use of social marketing brand condoms

Percent distribution of condom users by brand of condom used with last sexual partner, according to urban-rural residence, Zimbabwe 2005-2006

Condom brand	Women			Men		
	Urban	Rural	Total	Urban	Rural	Total
Male condom						
Choice assorted	3.2	1.6	2.6	0.6	0.8	0.7
Durex	2.7	0.0	1.7	3.3	2.0	2.8
Ecstasy	0.0	0.0	0.0	0.8	0.0	0.5
Protector Plus	52.3	50.4	51.6	88.5	76.7	83.0
Rough Rider	0.8	4.9	2.3	0.5	0.0	0.3
Public sector distributed	14.4	8.5	12.2	5.1	19.4	11.8
Other male condom	1.0	0.0	0.6	0.5	0.0	0.2
Don't know brand	20.9	30.7	24.5	0.7	0.4	0.5
Female condom						
Care	2.8	1.9	2.4	0.0	0.2	0.1
Other	0.9	2.0	1.3	0.0	0.0	0.0
Don't know brand	1.1	0.0	0.7	0.0	0.4	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	86	51	137	267	215	499

Note: Total represents sexually active respondents who reported condoms as a current method of contraception and used a condom with the last sexual partner within 12 months preceding the survey. Condom use is based on respondents' reports.

5.9 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as withdrawal and condoms. Such knowledge is particularly critical in the use of periodic abstinence. The 2005-06 ZDHS included a question designed to obtain information on the respondent's understanding of when a woman is most likely to become pregnant during the menstrual cycle. Responses from female and male respondents to this inquiry show that few people correctly identified that a woman is most fertile halfway between two menstrual periods. Table 5.11 indicates that knowledge of the fertile period is minimal among women and men in Zimbabwe. Only 10 percent of the women and 6 percent of men were able to correctly identify the fertile period.

Table 5.11 Knowledge of fertile period

Percent distribution of women and men by knowledge of the fertile period during the ovulatory cycle, Zimbabwe 2005-2006

Perceived fertile period	All women	All men
Just before her period begins	12.1	24.3
During her period	1.9	3.5
Right after her period has ended	35.0	20.9
Halfway between two periods	10.1	5.7
Other	0.3	0.1
No specific time	19.6	20.9
Don't know	20.8	24.4
Missing	0.3	0.2
Total	100.0	100.0
Number of respondents	8,907	7,175

5.10 TIMING OF STERILISATION

Women who reported that they use female sterilisation as a contraceptive method were asked additional questions about how old they were when the procedure was performed. The results indicate that around two-thirds (66 percent) of women who adopted female sterilisation had the procedure done when they were in their thirties while 17 percent were under age 30 and 18 percent were age 40 or older at the time of the sterilisation (not shown in table). The median age at the time the sterilisation was done was 33.9 years.

5.11 SOURCE OF SUPPLY

To obtain information on sources of modern contraceptives, all women who reported using modern methods of contraception were asked to state where they obtained their current method(s) the last time. Detailed information on the source of the family planning methods by each method is complicated by the fact that some respondents do not know for sure the name of the source. The data on this indicator should therefore be used with some caution.

Table 5.12 shows that the majority of contraceptive users obtained contraceptives from the public sector (68 percent). Twenty-two percent obtained their contraceptives from the private medical sector. There has been continued increase in the participation of the private medical sector in family planning service delivery from 12 percent in 1994 to 22 percent in 2005-06.

The public sector supplies the majority of injectables (78 percent), female sterilisation (71 percent), and oral contraceptives (68 percent). The main source of supply for male condoms is retail outlets (49 percent).

Within the public sector, central hospitals are reported as the main source of female sterilisation (69 percent) and implants (30 percent). Also within the public sector, provincial hospitals are the major source for the pill (34 percent) and injectables (42 percent). The most common source of the male condom is the supermarket (36 percent).

Table 5.12 Source of modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by most recent source of method, according to method, Zimbabwe 2005-2006

Most recent source of method	Female sterilisation	Pill	Injectables	Implants	Male condom	Total
Public sector	70.6	68.3	78.4	59.2	29.7	67.8
Central hospital	69.4	15.3	17.9	29.8	5.8	17.7
Provincial hospital	0.0	33.6	42.0	11.6	12.9	32.1
District/rural hospital	0.0	9.6	15.5	1.3	2.9	9.8
ZNFPC clinic	0.6	1.2	1.1	15.0	1.0	1.5
MOH mobile clinic	0.0	1.5	0.9	0.0	4.6	1.5
ZNFPC CBD/depot holder	0.0	6.1	0.6	1.4	0.6	4.4
Other public	0.5	1.0	0.4	0.0	2.0	0.9
Mission facility	7.2	0.0	0.0	0.0	0.0	0.3
Private medical sector	21.5	23.5	15.2	35.3	13.3	21.8
Private hospital/clinic	19.0	2.2	4.1	5.0	0.6	3.2
Pharmacy	0.0	16.8	2.6	1.9	10.0	12.8
Private doctor	2.5	2.0	7.8	28.4	1.9	3.8
CBD	0.0	2.5	0.1	0.0	0.8	1.8
Other private medical	0.0	0.1	0.5	0.0	0.0	0.2
Retail outlet	0.0	5.7	6.1	5.6	49.2	7.8
General dealer	0.0	0.3	0.0	0.0	6.2	0.6
Supermarket	0.0	0.5	0.0	0.0	36.2	2.2
Truck stop	0.0	4.5	6.1	5.6	6.8	4.8
Service station	0.0	0.0	0.0	0.0	0.0	0.0
Other retail	0.0	0.3	0.0	0.0	0.0	0.2
Other private source	0.0	2.1	0.0	0.0	3.6	1.6
Friends/relatives	0.0	2.1	0.0	0.0	3.6	1.6
Other	0.7	0.4	0.3	0.0	1.4	0.4
Missing	0.0	0.1	0.1	0.0	2.8	0.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	130	2,398	639	76	177	3,446

Note: Total includes other modern methods but excludes lactational amenorrhoea method (LAM). Total includes 17 IUD users, 3 male sterilisation users, and 5 female condom users who are not shown separately.

CBD = Community-based distribution

5.12 INFORMED CHOICE

Women who are currently using a modern method and who started the last episode of use within five years of the survey were asked whether they were informed about the side effects or problems of the method, what to do if they experienced side effects, and other methods that they could use. This is a measure of the quality of family planning service provision. Table 5.13 shows the results from the 2005-06 ZDHS by method and the source of the current episode of use.

Half or more of contraceptive users were informed about side effects and what to do if they experienced them. At least 6 in 10 women were informed of other methods they could use. Of all the women who obtained their current family planning methods from the public and the private medical sector, the Zimbabwe National Family Planning Council (ZNFPC) has the highest proportion (76 percent) of women who were informed about side effects or method-related problems. Private doctors have the highest proportion of women who were informed about what to do if they experienced side effects (62 percent) and the highest proportion of women who were informed about other methods that they could use apart from the method that they are currently using (86 percent). Fifty-two percent of women who obtained their current methods from a ZNFPC community-based distribution (CBD) or depot holder were informed about other methods that they could use.

Table 5.13 Informed choice

Among current users of modern methods who started the last episode of use within the five years preceding the survey, percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method and source; and among sterilised women, the percentage who were informed that the method is permanent, by initial source of method, Zimbabwe 2005-2006

Method/ source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used ¹	Number of women
Method				
Female sterilisation	63.8	50.4	75.9	47
Pill	49.4	44.6	63.1	2,038
Injectables	53.1	45.8	59.2	553
Implants	62.8	50.4	66.8	72
Initial source of method^{1,2}				
Public sector				
Government hospital/clinic	48.8	43.3	60.7	2,048
Rural/municipal clinic	57.7	51.3	66.8	479
Rural health centre	44.4	38.8	59.5	1,050
ZNFPC clinic	51.7	48.3	59.5	297
ZNFPC clinic	(76.1)	(61.0)	(65.6)	44
MOH mobile clinic	(37.8)	(36.6)	(55.7)	37
ZNFPC CBD/depot holder	42.6	38.6	52.2	127
Other public	24.9	11.1	55.1	10
Mission facility	*	*	*	3
Private medical sector				
Private hospital/clinic	64.2	57.1	74.5	448
Private hospital/clinic	63.3	53.1	75.6	68
Pharmacy	62.2	56.7	70.7	285
Private doctor	72.3	62.1	85.8	89
Other private medical	*	*	*	6
Other private sector	34.8	33.3	41.2	59

Note: Table excludes users who obtained their method from friends/relatives. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

CBD = Community-based distribution

¹ Includes users of the IUD, female condom, diaphragm, and foam or jelly for whom informed choice information is not presented separately

² Source at start of current episode of use

5.13 REASONS FOR DISCONTINUING CONTRACEPTIVE METHODS

Couples can realise their reproductive goals only when they consistently use reliable methods of contraception. Of particular concern to family planning programmes is the rate at which users discontinue contraceptive methods and the reasons for such discontinuation. Table 5.14 shows the distribution of discontinuation among all ever users during the five years preceding the 2005-06 ZDHS.

Among 4,356 discontinuations that occurred within the five years preceding the survey, the most common reason for discontinuing use is the desire to become pregnant (40 percent). This applies to all methods except for the male condom and the female condom for which the users most often cited infrequent sex or husband away. The desire to become pregnant is expressed by 46 percent of pill users, while infrequent sex or husband away is cited by 30 percent of male condom users.

Table 5.14 Reasons for discontinuation

Among all discontinuations of methods in the five years preceding the survey the percent distribution by main reason for discontinuation, according to method, Zimbabwe 2005-2006

Reason	Pill	Injectable	Condom	LAM	With- drawal	All methods
Became pregnant while using	13.2	6.0	9.2	14.6	31.2	12.2
Wanted to become pregnant	46.2	28.0	20.4	28.9	23.6	40.0
Husband disapproved	1.5	1.8	6.9	0.0	2.7	2.0
Side effects	7.9	21.3	1.5	1.5	0.8	9.1
Health concerns	3.5	8.4	1.6	1.3	1.3	4.0
Access/availability	3.1	7.5	1.6	0.0	0.0	3.4
Wanted a more effective method	3.0	2.2	8.3	15.6	2.7	3.6
Inconvenient to use	4.5	7.2	3.2	4.9	6.6	5.0
Infrequent sex/husband away	5.6	5.9	29.9	1.8	4.9	7.7
Costs too much	0.5	1.6	0.3	0.0	0.0	0.6
Fatalistic	1.6	1.0	1.5	0.7	2.5	1.5
Difficult to get pregnant/ menopausal	0.4	0.6	0.1	1.1	3.2	0.5
Marital dissolution/separation	5.1	3.7	3.8	2.6	0.7	4.5
Other	0.6	1.3	1.9	5.3	3.6	1.1
Don't know	0.2	0.4	2.5	0.0	1.7	0.5
Missing	3.2	3.1	7.3	21.8	14.5	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	2,994	685	358	86	124	4,356

Note: The total includes the number of users that are not shown: 1 male sterilisation, 19 implant, 14 IUD, 16 female condom, 3 diaphragm, and 17 periodic abstinence. Figures in parentheses are based on 25-49 unweighted cases.
LAM = Lactational amenorrhoea method

Across all family planning methods, a significant proportion of women discontinued use because of method failure (12 percent) or method-related side effects and health concerns (a combined percentage of 13 percent). It is noteworthy that nearly three in ten women who discontinued use of injectables stopped because of either side effects (21 percent) or health concerns (8 percent). Withdrawal has the highest failure rate with 31 percent of users who became pregnant while using the method. Other modern methods also have relatively high discontinuation rates attributable to method failure, notably LAM (15 percent), the pill (13 percent), and the condom (9 percent).

5.14 FUTURE USE OF CONTRACEPTION

An important indicator of the changing demand for family planning is the extent to which nonusers plan to use family planning methods in the future, as this is a forecast of potential demand for services.

Currently married women who were not using contraceptives at the time of the survey were asked about their intention to use family planning in the future. Table 5.15 shows that 69 percent of the currently married nonusers indicated that they intend to use family planning methods in the future, while 28 percent said they do not intend to use a method. The proportion of women who intend to use a method is highest among women with none to three children and lowest among those with at least four children.

Table 5.15 Future use of contraception

Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Zimbabwe 2005-2006

Intention	Number of living children ¹					Total
	0	1	2	3	4+	
Intends to use	78.8	80.0	75.7	75.0	51.1	69.4
Unsure	2.7	2.7	1.1	2.5	2.7	2.4
Does not intend to use	18.5	16.2	22.0	22.5	46.1	27.7
Missing	0.0	1.0	1.2	0.0	0.1	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	256	480	414	262	633	2,045

¹ Includes current pregnancy

5.15 REASONS FOR NOT INTENDING TO USE CONTRACEPTION IN THE FUTURE

Table 5.16 presents the main reasons why some currently married women who are not using a method do not intend to use one in the future. The results show that most of the women (54 percent) do not intend to use a method in the future due to fertility-related reasons. The second largest category is that of women who do not intend to use because of method-related reasons (24 percent), and the third category comprises women who are not willing to use due to opposition to use (16 percent). Almost 7 percent of the women did not intend to use because they wanted as many children as possible.

5.16 PREFERRED METHOD OF CONTRACEPTION FOR FUTURE USE

Future demand for specific methods of family planning can be assessed by asking nonusers which method they intend to use. Table 5.17 presents information on method preference for married women who are not using contraceptives, but say that they intend to use them in the future. A majority of these women (63 percent) intend to use the pill, 22 percent intend to use injectables, and 4 percent intend to use implants.

Compared with the 1999 ZDHS, there is a slight decrease in the proportion of women that intend to use injectables, and an increase in those intending to use the pill and implants.

Table 5.16 Reason for not intending to use contraception in the future

Percent distribution of currently married women who are not using a contraceptive method and who do not intend to use in the future, by main reason for not intending to use, Zimbabwe 2005-2006

Reason	Percent
Fertility-related reasons	54.2
Infrequent sex/no sex	11.2
Menopausal/had hysterectomy	18.5
Subfecund/infecund	17.8
Wants as many children as possible	6.7
Opposition to use	15.6
Respondent opposed	1.5
Husband/partner opposed	2.6
Others opposed	0.2
Religious prohibition	11.3
Lack of knowledge	1.4
Knows no method	0.8
Knows no source	0.6
Method-related reasons	23.8
Health concerns	6.0
Fear of side effects	9.1
Lack of access/too far	0.1
Costs too much	0.8
Inconvenient to use	4.2
Interferes with body's normal processes	3.5
Other	3.3
Don't know	1.8
Total	100.0
Number of women	567

Table 5.17 Preferred method of contraception for future use

Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future, by preferred method, according to age, Zimbabwe 2005-2006

Method	Percent
Female sterilisation	2.3
Male sterilisation	0.0
Pill	63.2
IUD	1.4
Injectables	22.4
Implants	4.0
Condom	1.9
Female condom	0.6
Diaphragm	0.1
Lactational amenorrhoea method	0.2
Periodic abstinence	0.1
Withdrawal	0.7
Other	0.7
Unsure	2.4
Total	100.0
Number of women	1,420

5.17 EXPOSURE TO FAMILY PLANNING MESSAGES IN THE MEDIA

Radio, television, and newspapers and/or magazines are the major sources of information about family planning in the media in Zimbabwe. Information on the level of public exposure to a particular type of media allows policymakers to ensure the use of the most effective media for the various target groups. To assess the effectiveness of such media on the dissemination of family planning information, all female and male respondents in the 2005-06 ZDHS were asked whether they had heard messages about family planning on the radio or seen them on television or in newspapers and magazines during the few months preceding the survey (Table 5.18).

Overall, 26 percent of women reported that they had recently heard a family planning message on the radio, 19 percent had seen a message on television, and 15 percent saw messages in newspapers and magazines. These proportions do not vary significantly by the woman's age. However, sharp contrasts in access to media messages are observed between women in urban areas and those in rural areas. Women in urban areas are about three times as likely as those in rural areas to have access to family planning messages on the radio, six times as likely as those in rural areas to have access to family planning messages broadcast on television, and five times more likely to have access to family planning messages through newspapers and magazines.

The proportion of women who were exposed to family planning messages on the radio varies among provinces from 14 percent in Matabeleland North and Matabeleland South to 58 percent in Bulawayo. Similarly, the proportion exposed to family planning information through television ranges from 7 percent in Masvingo to 54 percent in Bulawayo, and through newspapers and magazines, from 6 percent in Masvingo and Mashonaland Central to 46 percent in Bulawayo. Exposure to family planning messages increases as the respondent's education level and wealth status increases.

Table 5.18 Exposure to family planning messages

Percentage of women and men who heard or saw a family planning message on the radio or television or in a newspaper/magazine in the past few months, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Women					Men				
	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of women	Radio	Television	Newspaper/ magazine	None of these three media sources	Number of men
Age										
15-19	22.1	16.6	13.6	72.0	2,152	25.5	18.3	18.2	66.6	1,899
20-24	25.3	20.2	17.1	67.8	1,952	36.8	25.8	29.2	54.6	1,459
25-29	31.5	21.6	17.1	63.9	1,466	39.8	26.9	30.3	51.3	1,082
30-34	29.6	21.5	16.0	65.1	1,216	42.5	30.3	33.5	47.7	882
35-39	26.6	20.6	15.2	67.5	834	41.8	29.9	36.2	48.9	663
40-44	25.7	18.2	11.2	70.8	699	42.6	31.8	36.1	50.4	469
45-49	20.6	14.3	9.2	76.3	589	40.7	25.5	25.8	52.9	409
Residence										
Urban	42.1	39.2	29.5	47.0	3,502	51.4	48.2	49.3	34.3	2,767
Rural	15.5	6.3	5.5	82.6	5,405	25.6	9.8	13.3	70.0	4,096
Province										
Manicaland	24.0	15.9	13.2	72.3	1,043	32.7	23.0	27.2	56.8	793
Mashonaland Central	19.8	10.2	5.9	78.6	825	29.9	14.7	16.3	64.5	681
Mashonaland East	25.7	14.7	13.3	71.0	714	36.3	19.4	25.7	58.1	570
Mashonaland West	19.9	16.3	10.2	75.6	829	25.4	16.6	18.2	70.3	691
Matabeleland North	13.6	8.1	8.2	81.8	536	24.8	11.0	17.9	69.0	416
Matabeleland South	14.4	11.5	10.5	79.7	439	29.7	21.6	21.6	67.0	306
Midlands	22.7	13.5	6.5	75.2	1,193	31.4	18.8	16.7	66.0	956
Masvingo	16.6	7.1	5.5	80.4	1,137	33.8	16.5	17.9	58.3	771
Harare	37.1	34.3	27.7	50.0	1,492	49.6	45.6	50.2	34.1	1,219
Bulawayo	57.8	53.9	46.0	32.4	697	57.3	54.3	56.8	26.1	460
Education										
No education	7.1	3.9	1.4	92.0	380	21.9	4.0	1.1	76.9	88
Primary	15.5	6.9	4.0	82.7	2,902	21.0	8.0	7.9	76.3	1,782
Secondary	31.9	25.2	20.1	61.0	5,355	40.3	29.4	32.7	49.8	4,588
More than secondary	47.5	56.4	48.5	34.8	270	56.4	58.9	66.1	24.7	405
Wealth quintile										
Lowest	6.7	1.6	1.6	92.7	1,552	16.6	3.2	7.3	80.3	1,042
Second	12.9	3.5	3.3	85.9	1,500	23.4	5.7	8.0	73.3	1,137
Middle	17.2	7.2	7.3	80.3	1,546	26.0	10.4	14.7	69.4	1,194
Fourth	34.3	23.1	17.3	59.7	2,006	46.0	32.9	34.7	44.4	1,892
Highest	46.1	46.2	34.6	40.9	2,304	53.1	55.7	57.1	29.8	1,599
Total 15-49	26.0	19.2	14.9	68.6	8,907	36.0	25.3	27.8	55.6	6,863
Total 15-54	na	na	na	na	na	36.4	25.6	27.9	55.4	7,175

In general, men seem to have had more exposure to family planning messages through the media than their female counterparts. Like women, however, exposure to family planning messages on the radio, television, and newspapers and magazines varies among provinces. Men in Harare and Bulawayo have the highest level of exposure to family planning messages in all three media. Exposure to family planning messages varies with men's education; men with at least a secondary school level of education are more exposed to family planning messages through the media than those with a primary school level of education or no education at all. Men's exposure to family planning messages through the media also increases with wealth.

5.18 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Given the importance of family planning services to the improvement of women's and children's health, it is critical to make use of opportunities to inform potential users. There are also missed opportunities to inform nonusers. Information on missed opportunities was gathered by asking female nonusers if they had visited a health facility in the 12 months preceding the survey. Nonusers were also asked whether anyone at the health facility had discussed family planning with them during their visit. Community-based distribution (CBD) workers, who are largely based in rural areas, are expected to visit women and men of reproductive age who are nonusers of modern family planning methods to discuss options and, when indicated, motivate them to adopt a method of family planning. To obtain an indication of the frequency of such visits, women were asked whether a CBD worker visited them within the past 12 months. Women who visited a health facility in the past 12 months for personal care or care of their children were also asked whether health providers at the facility spoke to them about family planning methods.

The data in Table 5.19 show that family planning workers visited 3 percent of nonusers to discuss family planning. Overall, 92 percent of nonusers did not discuss family planning with a CBD worker or a service provider at a health facility in the 12 months before the survey. This represents a large pool of potential users of family planning who could be targeted for family planning counselling. A more vigorous outreach programme will be needed to reach these women.

Eighteen percent of nonusers visited a health facility in the past 12 months but did not discuss family planning with a service provider at the health facility. This is a significant fraction of nonusers and represents missed opportunities to motivate them to adopt family planning.

Table 5.19 Contact of nonusers with family planning providers

Percentage of women who are not using contraception who were visited by a fieldworker who discussed family planning, who visited a health facility and discussed family planning, and who visited a health facility but did not discuss family planning, in the 12 months preceding the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women who were visited by fieldworker who discussed family planning	Women who visited health facility and discussed family planning	Women who visited health facility, did not discuss family planning	Women who did not discuss family planning with fieldworker or at a health facility	Number of women
Age					
15-19	2.4	1.7	13.2	95.9	1,942
20-24	2.1	6.6	19.9	91.4	1,096
25-29	4.2	9.3	23.7	87.7	557
30-34	4.3	9.6	22.3	87.5	505
35-39	3.2	9.6	18.3	88.3	420
40-44	3.8	4.9	19.8	92.1	398
45-49	2.7	4.8	17.3	93.5	413
Residence					
Urban	1.8	4.7	15.2	93.8	2,034
Rural	3.6	5.7	19.4	91.3	3,297
Province					
Manicaland	1.7	2.6	7.4	95.8	699
Mashonaland Central	4.5	11.5	31.0	85.6	448
Mashonaland East	3.7	2.8	10.9	93.8	400
Mashonaland West	1.7	7.5	9.2	91.2	457
Matabeleland North	3.8	8.4	43.8	88.3	367
Matabeleland South	4.1	6.8	46.4	89.4	306
Midlands	2.2	4.6	21.8	93.8	680
Masvingo	5.1	5.1	8.2	90.6	702
Harare	1.4	4.7	11.3	94.1	839
Bulawayo	2.6	2.8	15.4	95.0	432
Education					
No education	2.6	5.8	13.1	92.4	269
Primary	3.3	4.7	18.7	92.6	1,733
Secondary	2.8	5.6	17.6	92.0	3,215
More than secondary	1.2	7.2	19.6	91.6	114
Wealth quintile					
Lowest	4.0	6.6	19.6	90.4	996
Second	3.2	5.4	20.9	92.2	872
Middle	3.2	5.6	19.6	91.7	973
Fourth	3.3	5.4	15.8	91.8	1,081
Highest	1.5	4.3	14.7	94.3	1,410
Total	2.9	5.3	17.8	92.2	5,331

5.19 HUSBAND OR PARTNER'S KNOWLEDGE OF WOMAN'S USE OF CONTRACEPTION

Table 5.20 shows that almost all of the currently married women who were interviewed in the 2005-06 ZDHS who were using a contraceptive method reported that their husbands or partners knew that they were using a family planning method (97 percent). There were only minor variations in this proportion across population subgroups.

Table 5.20 Husband/partner's knowledge of woman's use of contraception

Among currently married women who are using a method, percent distribution by whether they report that their husbands/partners know about their use, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Knows ¹	Does not know	Unsure whether knows/missing	Total	Number of women
Age					
15-19	97.4	1.7	0.9	100.0	164
20-24	96.2	2.8	1.0	100.0	739
25-29	97.6	1.8	0.6	100.0	791
30-34	97.3	2.3	0.4	100.0	636
35-39	96.4	3.0	0.6	100.0	357
40-44	95.0	4.5	0.6	100.0	267
45-49	93.9	4.7	1.4	100.0	145
Residence					
Urban	96.9	2.3	0.8	100.0	1,216
Rural	96.5	2.9	0.6	100.0	1,882
Province					
Manicaland	96.8	2.1	1.1	100.0	314
Mashonaland Central	98.6	1.4	0.0	100.0	351
Mashonaland East	95.5	3.5	1.1	100.0	283
Mashonaland West	96.9	2.5	0.6	100.0	319
Matabeleland North	94.7	5.3	0.0	100.0	147
Matabeleland South	91.5	6.6	2.0	100.0	98
Midlands	96.8	2.7	0.4	100.0	461
Masvingo	97.5	2.2	0.3	100.0	377
Harare	96.9	1.9	1.2	100.0	546
Bulawayo	95.3	3.5	1.2	100.0	202
Education					
No education	93.9	6.1	0.0	100.0	96
Primary	96.0	3.3	0.8	100.0	1,030
Secondary	97.0	2.3	0.7	100.0	1,840
More than secondary	99.1	0.0	0.9	100.0	133
Wealth quintile					
Lowest	96.6	3.0	0.4	100.0	496
Second	97.0	2.5	0.5	100.0	570
Middle	94.2	4.7	1.1	100.0	508
Fourth	97.7	1.6	0.8	100.0	786
Highest	97.0	2.3	0.8	100.0	738
Total	96.6	2.6	0.7	100.0	3,098

¹ Includes women who report use of male sterilisation or male condoms

This chapter addresses the principal factors other than contraception that affect a woman's risk of becoming pregnant: nuptiality and sexual intercourse, postpartum amenorrhoea and abstinence from sexual relations, and menopause.

Marriage is a primary indication of the exposure of women to the risk of pregnancy and therefore is important for the understanding of fertility. Populations in which age at marriage is low tend to have high fertility and initiate childbearing at an early age. For this reason, there is an interest in age at marriage.

This chapter also includes information on more direct measures of the beginning of exposure to pregnancy and the level of exposure: age at first intercourse and the frequency of intercourse.

Finally, measures of several other proximate determinants of fertility that, like marriage and sexual intercourse, influence exposure to the risk of pregnancy are presented: duration of postpartum amenorrhoea, postpartum abstinence, and menopause.

6.1 MARITAL STATUS

Table 6.1 presents the percent distribution of women and men by current marital status. The proportion of never-married women declines sharply from 76 percent in the 15-19 year age group to 1 percent among women 45-49 years of age. Marriage is thus nearly universal in Zimbabwe. Fifty-six percent of women 15-49 and 43 percent of men 15-49 are currently married. These figures have remained fairly constant over the last decade.

Twenty-seven percent of women and 50 percent of men have never been married. One percent of women reported that they live with their partner, while 5 percent are divorced, 3 percent are separated, and 8 percent are widowed. Men reported that 2 percent live with their partner, while 2 percent are divorced, 2 percent are separated, and 1 percent are widowed.

Table 6.1 Current marital status								
Percent distribution of women and men by current marital status, according to age, Zimbabwe 2005-2006								
Age	Marital status						Total	Number
	Never married	Married	Living together	Divorced	Separated	Widowed		
WOMEN								
15-19	76.2	20.2	0.6	1.5	1.3	0.2	100.0	2,152
20-24	28.4	59.5	1.9	5.0	3.5	1.6	100.0	1,952
25-29	9.0	74.7	2.0	5.6	4.1	4.6	100.0	1,466
30-34	3.5	75.3	1.5	6.7	3.7	9.4	100.0	1,216
35-39	3.0	65.1	1.6	5.1	4.2	21.0	100.0	834
40-44	0.6	68.0	1.4	5.0	4.7	20.3	100.0	699
45-49	0.9	66.4	0.9	6.0	2.7	23.1	100.0	589
Total women 15-49	27.0	56.3	1.4	4.5	3.2	7.5	100.0	8,907
MEN								
15-19	99.3	0.3	0.1	0.1	0.1	0.0	100.0	1,899
20-24	75.5	19.7	1.6	1.1	2.1	0.0	100.0	1,459
25-29	29.0	60.3	3.8	3.3	2.9	0.8	100.0	1,082
30-34	6.6	81.1	4.5	3.7	2.7	1.4	100.0	882
35-39	4.5	83.8	3.8	2.6	2.0	3.2	100.0	663
40-44	2.0	84.3	4.1	1.2	2.9	5.4	100.0	469
45-49	1.3	86.1	4.1	1.6	2.1	4.9	100.0	409
Total men 15-49	49.6	43.2	2.4	1.7	1.8	1.3	100.0	6,863
Total men 15-54	47.5	45.1	2.6	1.7	1.8	1.4	100.0	7,175

6.2 POLYGyny

Polygyny (the practice of having more than one wife) has implications for the frequency of exposure to sexual activity and therefore fertility. The extent of polygyny in Zimbabwe was measured by asking all currently married female respondents the question: “Besides yourself, how many other wives does your husband have?” For currently married men, the question was: “How many wives do you have?”

Number of Co-Wives and Wives

Table 6.2 shows the distribution of currently married women by the number of co-wives according to selected background characteristics. The majority of married women are in monogamous unions (84 percent), while 11 percent are in polygynous unions.

The proportion of women in polygynous unions increases with age, and rural women are almost three times as likely as urban women to be in a polygynous relationship (15 percent compared with 5 percent, respectively). There is substantial variation by province. Women in Mashonaland Central reported the highest prevalence of polygynous relationships (18 percent), while the lowest prevalence was reported in Bulawayo (2 percent).

Table 6.2 Number of co-wives and wives

Percent distribution of currently married women by number of co-wives, and percent distribution of currently married men by number of wives, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Women: number of co-wives				Total	Number of women	Men: number of wives			Total	Number of men
	0	1	2+	Missing			1	2+	Missing		
Age											
15-19	90.9	4.7	2.1	2.3	100.0	448	*	*	*	100.0	8
20-24	85.9	5.9	3.1	5.1	100.0	1,200	97.5	2.2	0.3	100.0	311
25-29	85.6	6.3	3.6	4.5	100.0	1,125	97.2	2.6	0.2	100.0	692
30-34	82.5	7.9	5.8	3.8	100.0	933	95.5	4.3	0.2	100.0	755
35-39	82.9	7.4	3.4	6.3	100.0	556	94.6	5.3	0.2	100.0	581
40-44	78.9	10.7	5.5	4.9	100.0	485	94.3	5.2	0.5	100.0	414
45-49	76.5	11.0	7.3	5.2	100.0	396	91.7	8.3	0.0	100.0	369
Residence											
Urban	89.0	3.7	1.4	6.0	100.0	1,742	97.0	2.8	0.2	100.0	1,271
Rural	81.4	9.1	5.7	3.9	100.0	3,401	94.1	5.6	0.2	100.0	1,861
Province											
Manicaland	83.1	7.3	7.0	2.6	100.0	599	93.6	6.4	0.0	100.0	335
Mashonaland Central	81.7	13.2	4.8	0.3	100.0	572	91.8	8.2	0.0	100.0	342
Mashonaland East	83.4	6.1	2.6	8.0	100.0	442	96.6	1.8	1.6	100.0	259
Mashonaland West	83.2	8.1	5.8	2.9	100.0	514	96.4	3.6	0.0	100.0	348
Matabeleland North	90.6	6.0	2.2	1.1	100.0	323	95.1	4.8	0.1	100.0	194
Matabeleland South	60.4	7.5	2.1	30.0	100.0	208	97.1	1.9	1.1	100.0	99
Midlands	83.1	10.8	3.9	2.3	100.0	728	93.7	6.3	0.0	100.0	446
Masvingo	83.1	6.6	7.7	2.6	100.0	697	96.5	3.2	0.4	100.0	352
Harare	90.4	2.6	1.5	5.5	100.0	760	96.3	3.7	0.0	100.0	574
Bulawayo	88.9	1.9	0.3	8.9	100.0	301	99.2	0.8	0.0	100.0	183
Education											
No education	67.7	19.2	9.1	4.0	100.0	276	83.3	16.7	0.0	100.0	61
Primary	81.4	8.6	6.1	4.0	100.0	1,910	92.7	7.3	0.0	100.0	874
Secondary	86.9	5.5	2.7	4.9	100.0	2,788	96.4	3.3	0.4	100.0	1,941
More than secondary	90.2	1.5	0.0	8.3	100.0	169	99.0	1.0	0.0	100.0	255
Wealth quintile											
Lowest	77.3	12.5	7.5	2.6	100.0	1,034	91.9	8.1	0.0	100.0	526
Second	83.5	8.0	4.7	3.9	100.0	998	92.7	6.9	0.4	100.0	539
Middle	82.0	7.6	5.7	4.7	100.0	906	96.4	3.3	0.2	100.0	424
Fourth	88.3	4.4	2.0	5.3	100.0	1,183	96.2	3.5	0.3	100.0	948
Highest	87.7	4.2	1.8	6.3	100.0	1,023	97.9	1.9	0.2	100.0	695
Total	83.9	7.2	4.2	4.6	100.0	5,143	94.9	4.9	0.2	100.0	3,419

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

There is an inverse relationship between education and polygyny. A higher proportion of women with no education reported being in unions with co-wives (28 percent) compared with women who are educated. The difference is especially pronounced when compared with women with more than secondary education (2 percent). As expected, there is also an inverse relationship between wealth and polygyny. Women in the lowest wealth quintile are more likely to be in polygynous unions than women in the highest wealth quintile (20 percent compared with 6 percent, respectively).

The data for currently married men in Table 6.2 show that the majority of men age 15-49 reported they were in monogamous unions (95 percent), 5 percent of men are in polygynous unions. As with women, the proportion of men who reported that they were in polygynous unions increases with age.

There are substantial provincial variations in the distribution of men who are in polygynous unions, ranging from less than 1 percent in Bulawayo to 8 percent in Mashonaland Central. The differentials by province follow the same trends observed for women. Likewise, there is an inverse relationship between polygyny and education and wealth.

6.3 AGE AT FIRST MARRIAGE

For most societies, marriage marks the point in a woman's life when childbearing first becomes socially acceptable. Women who marry early will, on average, have longer exposure to pregnancy and a greater number of lifetime births. Information on age at first marriage was obtained by asking all ever-married respondents the month and year they started living together with their first spouse.

Table 6.3 presents the percentages of both women and men who have ever married by selected exact ages and the median age at first marriage, according to current age. The median age at first marriage in Zimbabwe has risen slowly from 18.8 years among women age 45-49 to 19.5 years among women age 20-24 years (representing recent marital patterns). The proportion of women married by age 15 years declined from 10 percent among those age 45-49 years to 3 percent among women age 15-19 years. Overall, 58 percent of women in Zimbabwe currently age 25-49 years were married by age 20 years, and the median age of marriage for women in the same age group was 19.3 years. The same pattern was observed in the 1999 ZDHS.

Table 6.3 Age at first marriage								
Percentage of women and men who were first married by specific exact ages and median age at first marriage, according to current age, Zimbabwe 2005-2006								
Current age	Percentage first married by exact age:					Percentage never married	Number	Median age at first marriage
	15	18	20	22	25			
WOMEN								
15-19	2.6	na	na	na	na	76.2	2,152	a
20-24	4.6	33.6	56.0	na	na	28.4	1,952	19.5
25-29	5.4	29.4	54.1	73.1	86.6	9.0	1,466	19.6
30-34	9.0	33.3	56.8	74.3	87.5	3.5	1,216	19.4
35-39	8.0	31.9	52.7	71.5	84.6	3.0	834	19.7
40-44	9.3	43.2	67.4	81.6	91.3	0.6	699	18.5
45-49	10.4	38.0	64.3	80.1	91.5	0.9	589	18.8
20-49	7.0	33.8	57.2	na	na	11.3	6,755	19.4
25-49	7.9	33.9	57.7	75.2	87.7	4.3	4,803	19.3
MEN								
15-19	na	na	na	na	na	99.3	1,899	a
20-24	0.2	2.4	8.1	na	na	75.5	1,459	a
25-29	0.3	3.6	12.7	29.8	57.1	29.0	1,082	24.2
30-34	0.3	3.3	10.3	27.0	55.8	6.6	882	24.4
35-39	1.5	7.4	12.3	29.7	53.1	4.5	663	24.6
40-44	0.2	5.2	14.7	27.9	51.3	2.0	469	24.9
45-49	1.1	5.6	18.1	32.5	63.0	1.3	409	23.4
20-49	0.5	4.0	11.5	25.7	46.7	30.6	4,964	25.5
25-49	0.6	4.7	12.9	29.1	55.9	11.9	3,505	24.3
20-54	0.4	4.1	11.5	na	na	28.8	5,276	a
25-54	0.5	4.7	12.8	29.1	55.9	10.9	3,817	24.3

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.
na = Not applicable due to censoring
a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

Men tend to enter into marriage at a much later age than women. The median age at first marriage for men 25-49 years of age is 24.3 years, five years older than women in the same age group. Only 13 percent of men age 25-49 are married by the age of 20, compared with 58 percent of women in the same age group.

6.4 MEDIAN AGE AT FIRST MARRIAGE

Tables 6.4.1 and 6.4.2 examine the median age at first marriage for women and men age 20-49 years, by background characteristics. The overall median age at first marriage observed for women age 25-49 is 19.3 years. Women in urban areas marry about one year later than those in rural areas. For women age 25-49, Mashonaland Central has the lowest median age at first marriage (18.4 years), while Bulawayo has the highest (20.9 years).

Background characteristic	Age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	a	20.5	20.4	20.3	19.2	19.2	a	20.1
Rural	18.5	18.9	18.7	19.3	18.2	18.7	18.7	18.8
Province								
Manicaland	19.1	19.2	19.3	19.5	17.9	19.4	19.1	19.1
Mashonaland Central	17.8	18.6	18.1	18.3	18.8	17.8	18.2	18.4
Mashonaland East	19.2	18.8	19.3	20.0	18.3	18.1	19.0	19.0
Mashonaland West	18.0	19.1	18.9	19.3	17.3	18.3	18.5	18.6
Matabeleland North	a	20.0	19.0	20.0	19.5	19.0	19.7	19.6
Matabeleland South	a	20.4	20.4	21.4	19.9	19.6	a	20.3
Midlands	19.0	19.6	19.3	19.7	18.4	18.5	19.2	19.2
Masvingo	18.6	19.1	18.4	18.3	18.1	18.9	18.6	18.6
Harare	a	20.7	20.3	19.9	19.4	18.6	a	20.1
Bulawayo	a	21.1	21.4	21.1	20.5	20.5	a	20.9
Education								
No education	17.6	17.5	17.3	17.3	17.6	18.0	17.7	17.7
Primary	17.3	18.1	17.8	17.9	18.1	18.9	18.0	18.2
Secondary	a	20.1	20.0	20.7	19.8	19.8	a	20.2
More than secondary	a	23.1	21.9	24.8	21.6	23.3	a	22.7
Wealth quintile								
Lowest	17.7	18.6	18.2	18.5	18.4	18.6	18.2	18.5
Second	18.2	18.5	18.1	19.6	18.0	18.9	18.5	18.6
Middle	19.4	19.4	19.3	19.6	17.9	18.5	19.1	18.9
Fourth	19.7	20.1	19.8	19.6	18.6	18.8	19.6	19.6
Highest	a	20.8	20.6	20.9	19.5	19.4	a	20.5
Total	19.5	19.6	19.4	19.7	18.5	18.8	19.4	19.3

Note: The age at first marriage is defined as the age at which the respondent began living with her first spouse/partner. Figures in parentheses are based on 25-49 unweighted cases.
a = Omitted because less than 50 percent of the women married for the first time before reaching the beginning of the age group

Among women, there is a marked relationship between education and the median age at first marriage. The median age at first marriage for women age 25-49 years with no formal education is 17.7 years, compared with 22.7 years for those with more than a secondary education. Within education groups, age at first marriage has remained virtually constant since the 1999 ZDHS, with the exception of women with more than a secondary education, where the median age has decreased by almost one year. There is a positive correlation between age at first marriage and wealth. Women age 25-49 years in the lowest quintile marry two years earlier than women in the highest wealth quintile (18.5 years compared with 20.5 years, respectively).

The median age at first marriage for men 25-49 years is 24.3 years of age, which is five years later than women marry. Differences in the median age at first marriage among men by background characteristics are similar to those observed among women, as shown in Table 6.4.2.

Background characteristic	Age					Men age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	a	25.2	25.5	25.0	23.8	a
Rural	23.3	23.7	24.0	24.7	23.1	23.7
Province						
Manicaland	24.5	25.0	25.1	25.8	22.6	24.8
Mashonaland Central	22.5	23.3	22.7	23.7	22.9	22.8
Mashonaland East	24.3	23.6	26.0	22.9	23.9	24.1
Mashonaland West	22.9	24.4	24.2	23.5	21.7	23.4
Matabeleland North	24.0	23.6	24.8	25.0	24.5	24.2
Matabeleland South	(4.9)	25.8	24.6	25.4	24.9	a
Midlands	23.5	24.0	23.7	24.8	24.1	24.0
Masvingo	23.5	23.4	24.9	25.5	22.5	23.7
Harare	25.0	25.3	25.0	24.0	24.4	24.9
Bulawayo	a	25.2	27.9	25.8	24.3	a
Education						
No education	a	23.6	29.1	24.9	22.7	23.9
Primary	22.5	23.2	22.3	23.4	23.2	22.9
Secondary	24.3	24.7	24.9	25.2	23.9	24.6
More than secondary	a	25.2	26.3	26.5	23.9	a
Wealth quintile						
Lowest	22.2	23.1	23.3	23.4	22.2	22.7
Second	23.1	23.8	23.6	24.8	23.7	23.7
Middle	24.6	25.1	24.6	25.4	23.8	24.7
Fourth	24.4	24.8	24.6	24.9	23.1	24.5
Highest	a	25.0	26.4	25.2	24.1	a
Total	24.2	24.4	24.6	24.9	23.4	24.3

Note: The age at first marriage is defined as the age at which the respondent began living with his first spouse/partner. Figures in parentheses are based on 25-49 unweighted cases.
a = Omitted because less than 50 percent of the men married for the first time before reaching the beginning of the age group

6.5 AGE AT FIRST SEXUAL INTERCOURSE

Age at first marriage is generally used as a proxy for the beginning of exposure to the risk of pregnancy. However, the two events may not occur at the same time. Given the fact that some women are sexually active before marriage, the age at which women initiate sexual intercourse more precisely marks the beginning of their exposure to reproductive risks.

The percentage of women and men who had sexual intercourse by specific exact ages is presented in Table 6.5. The median age at first intercourse for women is 18 years for those currently age 40-49 years and 19 years for women age 20-39 years. Among women age 25-49, 9 percent had sexual intercourse by age 15 and 42 percent by age 18. By age 20 more than six in ten Zimbabwean women have had sexual intercourse (66 percent).

Zimbabwean men begin having sexual intercourse at a later age than women. Among men age 25-49, the median age at first intercourse is 20.2 years. In the same age group, 3 percent of men have had sexual intercourse by age 15 and 23 percent by age 18. By age 20 less than half of men have initiated sexual intercourse (47 percent).

Table 6.5 Age at first sexual intercourse								
Percentage of respondents who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first intercourse, according to current age, Zimbabwe 2005-2006								
Current age	Percentage who had first sexual intercourse by exact age:					Percentage who never had intercourse	Number	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
15-19	4.9	na	na	na	na	67.9	2,152	a
20-24	5.8	37.0	65.7	na	na	16.5	1,952	18.8
25-29	6.8	38.2	61.6	78.3	89.3	3.4	1,466	18.9
30-34	8.5	38.4	62.8	79.1	87.2	0.6	1,216	18.9
35-39	10.3	42.4	65.4	80.8	88.9	0.6	834	18.6
40-44	9.9	51.3	78.1	88.6	93.9	0.1	699	17.9
45-49	12.3	49.6	72.6	85.5	91.2	0.2	589	18.0
20-49	8.0	40.8	66.1	na	na	5.7	6,755	18.7
25-49	9.0	42.3	66.3	81.3	89.6	1.3	4,803	18.6
MEN								
15-19	5.2	na	na	na	na	72.5	1,899	a
20-24	3.6	26.2	54.4	na	na	23.6	1,459	19.7
25-29	3.6	25.5	50.2	70.4	87.4	5.2	1,082	20.0
30-34	2.4	22.2	45.2	67.1	83.8	0.6	882	20.3
35-39	2.8	20.9	46.8	67.2	81.8	0.9	663	20.2
40-44	3.1	19.1	42.2	65.5	79.5	0.4	469	20.5
45-49	3.1	21.1	44.7	71.0	85.2	0.3	409	20.3
20-49	3.2	23.5	48.9	na	na	8.4	4,964	a
25-49	3.0	22.5	46.6	68.4	84.1	2.0	3,505	20.2
20-54	3.2	23.4	48.9	na	na	7.9	5,276	a
25-54	3.0	22.4	46.8	68.5	84.1	1.9	3,817	20.2

na = Not applicable due to censoring
a = Omitted because less than 50 percent of women (men) had sexual intercourse for the first time before reaching the beginning of the age group

6.6 MEDIAN AGE AT FIRST SEXUAL INTERCOURSE

Tables 6.6.1 and 6.6.2 present differentials in the median age at first sexual intercourse by background characteristics for women and men. Urban women age 25-49 have their first sexual intercourse about one year later than rural women. There is virtually no difference in when urban men and rural men in the same age group initiate sexual intercourse.

There are few differences by province among women and men. However, higher education is associated with delayed initiation of sexual intercourse among women age 25-49. Among women with no education, the median age for the initiation of sexual intercourse is much lower (16.8 years) than among women who have more than a secondary education (21.8 years). In contrast to women, educational attainment is not as strong of a factor for men. For men in all educational categories, the mean age at first sexual intercourse is about 20 years, with the exception of men who have more than a secondary education who delay first sexual intercourse by almost one year (20.9 years). As with education, wealth is more of a factor in delaying first sexual intercourse for women than it is for men.

Background characteristic	Age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	19.9	19.7	19.8	18.9	18.5	18.6	19.5	19.3
Rural	18.1	18.4	18.3	18.3	17.5	17.8	18.1	18.1
Province								
Manicaland	19.0	18.6	18.9	18.6	17.1	18.3	18.5	18.4
Mashonaland Central	17.4	18.2	18.1	18.2	17.2	17.6	17.8	17.9
Mashonaland East	18.8	18.5	19.4	19.5	18.2	17.3	18.7	18.7
Mashonaland West	18.0	19.0	18.7	18.3	17.3	17.9	18.2	18.3
Matabeleland North	18.0	18.1	17.2	17.8	17.2	17.0	17.7	17.6
Matabeleland South	17.9	17.8	18.1	18.8	17.7	17.2	17.9	17.9
Midlands	18.6	18.6	18.8	18.3	18.2	17.3	18.5	18.4
Masvingo	18.5	19.2	18.9	18.4	18.0	18.7	18.6	18.7
Harare	a	20.5	20.3	19.2	19.2	18.8	19.9	19.8
Bulawayo	a	19.3	19.3	18.5	18.8	18.2	19.3	18.9
Education								
No education	17.2	17.5	16.3	16.6	16.7	17.2	16.9	16.8
Primary	17.1	17.5	17.6	17.2	17.6	17.9	17.5	17.6
Secondary	19.3	19.5	19.5	19.4	18.8	19.0	19.4	19.4
More than secondary	a	22.6	20.7	23.0	21.1	21.3	a	21.8
Wealth quintile								
Lowest	17.5	18.0	18.0	17.5	16.9	17.5	17.6	17.7
Second	17.9	18.1	17.9	18.4	17.2	18.1	17.9	18.0
Middle	19.0	18.8	18.7	18.5	17.7	17.6	18.5	18.3
Fourth	18.8	19.1	19.1	18.4	18.2	18.3	18.8	18.7
Highest	a	20.1	20.0	19.6	18.9	18.8	19.9	19.7
Total	18.8	18.9	18.9	18.6	17.9	18.0	18.7	18.6

a = Omitted because less than 50 percent of the women had intercourse for the first time before reaching the beginning of the age group

Table 6.6.2 Median age at first intercourse: men

Median age at first sexual intercourse among men age 20(25)-49, by current age, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Age						Men age 20-49	Men age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	19.9	19.9	20.4	20.3	20.3	20.6	a	20.3
Rural	19.5	20.1	20.2	20.2	20.6	20.1	a	20.2
Province								
Manicaland	a	20.5	20.7	20.0	21.9	20.2	a	20.6
Mashonaland Central	19.0	19.4	19.7	20.4	21.2	20.1	19.5	20.1
Mashonaland East	a	20.1	20.2	20.6	20.0	19.6	a	20.1
Mashonaland West	19.1	19.7	20.8	20.2	20.9	18.3	19.8	20.2
Matabeleland North	18.5	18.8	18.9	18.9	18.4	19.3	18.8	18.9
Matabeleland South	19.7	21.6	20.7	19.9	21.6	20.7	a	20.9
Midlands	19.8	20.1	20.8	20.6	20.3	20.7	a	20.5
Masvingo	a	20.0	20.3	21.0	20.6	20.4	a	20.4
Harare	a	20.1	20.2	20.1	20.5	20.5	a	20.2
Bulawayo	19.5	19.8	19.8	19.6	19.8	20.4	19.7	19.9
Education								
No education	17.0	20.6	19.4	19.3	20.2	20.7	a	20.4
Primary	18.9	19.7	20.0	19.2	20.3	20.2	19.7	20.0
Secondary	19.8	20.0	20.4	20.2	20.7	20.1	a	20.2
More than secondary	a	22.2	20.3	21.5	20.6	20.7	a	20.9
Wealth quintile								
Lowest	19.2	19.5	19.9	20.0	20.0	19.1	19.6	19.7
Second	19.3	20.3	20.2	20.4	20.8	20.2	a	20.3
Middle	19.6	20.2	20.4	19.9	21.5	19.9	a	20.3
Fourth	19.5	20.0	20.3	20.2	20.5	20.9	a	20.4
Highest	a	19.9	20.5	20.7	20.1	20.2	a	20.3
Total	19.7	20.0	20.3	20.2	20.5	20.3	a	20.2

a = Omitted because less than 50 percent of the men had intercourse for the first time before reaching the beginning of the age group

6.7 RECENT SEXUAL ACTIVITY

In the absence of effective contraception, the probability of becoming pregnant is highly dependent upon the frequency of intercourse. Information on sexual activity, therefore, can be used to refine measures of exposure to pregnancy. Men and women who have had sex were asked how long ago their last sexual activity occurred. Tables 6.7.1 and 6.7.2 show the distribution of women and men by recent sexual activity according to background characteristics.

Although eight in ten women age 15-49 years have ever had sexual intercourse (Table 6.5), not all those who have sex are currently sexually active. About half (48 percent) of all women age 15-49 were sexually active in the four weeks preceding the survey. Eighteen percent of women had been sexually active within the 12-month period prior to the survey, but not in the month prior to the interview, and 12 percent had not been sexually active for one or more years. Twenty-one percent of women had never had sexual intercourse. Recent sexual activity is higher among women between the ages of 25 and 34 years. Women in union are more likely to report recent sexual activity than women who are divorced, separated, widowed, or have never married. Women in rural areas and women with more than a secondary education are also more likely to report having sexual intercourse within the four weeks preceding the interview when compared with other subgroups. Among those who had sex within the four weeks preceding the survey there are variations by province, ranging from 36 percent among women in Bulawayo to 57 percent in Mashonaland Central.

Table 6.7.1 Recent sexual activity: women

Percent distribution of women by timing of last sexual intercourse, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the past 4 weeks	Within 1 year ¹	One or more years	Missing			
Age							
15-19	17.0	11.3	2.6	1.3	67.9	100.0	2,152
20-24	49.6	23.3	7.8	2.8	16.5	100.0	1,952
25-29	65.9	19.1	9.6	2.0	3.4	100.0	1,466
30-34	64.4	20.2	13.1	1.7	0.6	100.0	1,216
35-39	54.2	20.4	22.5	2.2	0.6	100.0	834
40-44	56.1	18.0	24.5	1.4	0.1	100.0	699
45-49	51.1	16.7	30.1	1.8	0.2	100.0	589
Marital status							
Never married	3.7	11.3	7.4	0.9	76.7	100.0	2,404
Married or living together	78.5	18.2	1.7	1.6	0.0	100.0	5,143
Divorced/separated/widowed	7.5	30.2	57.3	4.9	0.0	100.0	1,360
Marital duration, married only once²							
0-4 years	75.8	20.9	0.6	2.4	0.2	100.0	1,348
5-9 years	80.7	16.9	0.8	1.5	0.0	100.0	1,151
10-14 years	81.0	15.6	1.5	1.9	0.0	100.0	677
15-19 years	77.6	18.4	2.6	1.4	0.0	100.0	514
20-24 years	80.8	15.1	3.4	0.7	0.0	100.0	322
25+ years	70.9	23.3	5.3	0.4	0.0	100.0	438
Married more than once	81.8	15.4	1.6	1.2	0.0	100.0	693
Residence							
Urban	46.1	13.7	12.4	1.4	26.3	100.0	3,502
Rural	48.4	21.1	11.3	2.2	17.1	100.0	5,405
Province							
Manicaland	42.0	20.9	14.8	3.1	19.2	100.0	1,043
Mashonaland Central	57.3	17.5	9.0	1.7	14.5	100.0	825
Mashonaland East	49.7	15.9	15.2	2.6	16.6	100.0	714
Mashonaland West	51.6	18.3	13.0	1.3	15.8	100.0	829
Matabeleland North	45.0	27.8	8.8	2.2	16.1	100.0	536
Matabeleland South	37.9	25.8	13.0	1.4	21.9	100.0	439
Midlands	53.5	14.6	9.8	1.3	20.9	100.0	1,193
Masvingo	45.8	21.9	10.0	2.5	19.9	100.0	1,137
Harare	48.1	11.0	12.0	1.5	27.5	100.0	1,492
Bulawayo	36.1	20.4	12.1	1.5	29.9	100.0	697
Education							
No education	48.3	25.5	23.0	2.3	0.9	100.0	380
Primary	51.2	21.1	13.6	2.3	11.8	100.0	2,902
Secondary	44.8	16.3	9.8	1.7	27.4	100.0	5,355
More than secondary	60.3	12.2	12.8	1.3	13.5	100.0	270
Wealth quintile							
Lowest	49.0	23.0	11.2	3.4	13.4	100.0	1,552
Second	50.9	20.8	10.5	2.0	15.8	100.0	1,500
Middle	44.5	21.7	12.3	1.8	19.7	100.0	1,546
Fourth	53.6	14.3	12.3	1.3	18.5	100.0	2,006
Highest	40.9	14.1	11.9	1.5	31.6	100.0	2,304
Total	47.5	18.2	11.7	1.9	20.7	100.0	8,907

¹ Excludes women who had sexual intercourse within the last 4 weeks² Excludes women who are not currently married

Table 6.7.2 Recent sexual activity: men

Percent distribution of men by timing of last sexual intercourse, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the past 4 weeks	Within 1 year ¹	One or more years	Missing			
Age							
15-19	5.6	12.4	9.5	0.0	72.5	100.0	1,899
20-24	30.0	28.5	17.8	0.0	23.6	100.0	1,459
25-29	63.5	20.9	10.4	0.0	5.2	100.0	1,082
30-34	77.9	17.0	4.4	0.0	0.6	100.0	882
35-39	76.8	16.4	5.7	0.2	0.9	100.0	663
40-44	78.6	13.9	7.1	0.0	0.4	100.0	469
45-49	75.8	17.8	6.0	0.0	0.3	100.0	409
Marital status							
Never married	9.8	21.2	16.3	0.0	52.7	100.0	3,404
Married or living together	86.0	13.1	1.0	0.0	0.0	100.0	3,132
Divorced/separated/widowed	24.4	44.1	31.2	0.4	0.0	100.0	327
Marital duration, married only once²							
0-4 years	85.6	13.3	1.1	0.0	0.0	100.0	761
5-9 years	86.8	12.7	0.5	0.0	0.0	100.0	718
10-14 years	89.0	9.9	1.1	0.0	0.0	100.0	458
15-19 years	85.6	14.2	0.2	0.0	0.0	100.0	338
20-24 years	85.7	12.9	1.5	0.0	0.0	100.0	218
25+ years	81.5	15.8	2.7	0.0	0.0	100.0	132
Married more than once	84.1	14.8	1.1	0.0	0.0	100.0	507
Residence							
Urban	45.1	19.9	11.3	0.0	23.8	100.0	2,767
Rural	45.4	17.7	9.2	0.0	27.7	100.0	4,096
Province							
Manicaland	41.9	16.0	8.4	0.0	33.7	100.0	793
Mashonaland Central	49.5	18.2	11.0	0.2	21.1	100.0	681
Mashonaland East	41.5	16.7	10.8	0.0	30.9	100.0	570
Mashonaland West	47.5	20.0	11.0	0.0	21.5	100.0	691
Matabeleland North	50.1	23.1	5.8	0.0	20.9	100.0	416
Matabeleland South	38.8	14.6	9.7	0.0	36.8	100.0	306
Midlands	46.6	16.1	9.6	0.0	27.7	100.0	956
Masvingo	45.0	19.5	7.4	0.0	28.1	100.0	771
Harare	45.7	18.1	13.4	0.1	22.8	100.0	1,219
Bulawayo	42.4	27.2	9.0	0.0	21.3	100.0	460
Education							
No education	61.1	17.0	12.2	0.0	9.6	100.0	88
Primary	48.4	18.2	9.4	0.0	24.1	100.0	1,782
Secondary	42.3	19.0	10.2	0.0	28.5	100.0	4,588
More than secondary	61.7	16.3	10.1	0.3	11.5	100.0	405
Wealth quintile							
Lowest	52.4	16.2	8.8	0.0	22.6	100.0	1,042
Second	46.0	17.4	10.0	0.0	26.6	100.0	1,137
Middle	36.5	19.4	9.3	0.0	34.8	100.0	1,194
Fourth	48.3	19.7	10.2	0.0	21.7	100.0	1,892
Highest	43.0	19.0	11.1	0.1	26.8	100.0	1,599
Total 15-49	45.3	18.6	10.0	0.0	26.1	100.0	6,863
Total 15-54	46.7	18.4	9.9	0.0	25.0	100.0	7,175

¹ Excludes men who had sexual intercourse within the last 4 weeks

² Excludes men who are not currently married

Among men age 15-49, 45 percent had sex within the four weeks preceding the interview. Nineteen percent of men had been sexually active within the 12-month period prior to the survey, but not in the month prior to the interview, and 10 percent had not been sexually active for one or more years. Twenty-six percent of men had never had sexual intercourse. Recent sexual activity is high among men between 30 and 49 years of age. Provincial variations show that men in Matabeleland South reported the lowest percentage of recent sexual activity (39 percent), while men in Matabeleland North and Mashonaland Central reported the highest percentage of sexual activity (50 percent for both). More than six in ten men with no education (61 percent) and more than a secondary education (62 percent) reported recent sexual activity. Men in the lowest wealth quintile had a higher percentage of recent sexual activity (52 percent) compared with men in the highest wealth quintile (43 percent).

6.8 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is greatly reduced. The duration of this protection from conception until after childbirth depends on the duration and intensity of breastfeeding and the length of time before the resumption of sexual intercourse. Women who gave birth during the three years prior to the survey were asked about their breastfeeding practices, the duration of amenorrhoea, and sexual abstinence. Women are considered insusceptible if they are not exposed to the risk of pregnancy, either because they are amenorrhoeic or are still abstaining from sex after birth. The results are shown in Table 6.8.

The period of postpartum amenorrhoea is considerably longer than the period of postpartum abstinence and is therefore the principal determinant of the length of postpartum insusceptibility (to the risk of pregnancy) in Zimbabwe. The median duration of amenorrhoea is 14.3 months, women abstain for a median of 2.3 months, and are insusceptible to pregnancy for a median of 15.6 months. All women are virtually insusceptible to pregnancy during the first two months after a birth, and both amenorrhoea and abstinence are important factors in their insusceptibility. However, starting from the second month after birth, the contribution of abstinence to the period of insusceptibility is greatly reduced as more women resume sexual relations. At 12-13 months after birth, more than six in ten (61 percent) are still amenorrhoeic, while only about one in 10 (12 percent) are still abstaining. The proportion of amenorrhoeic women drops sharply from 29 percent at 18-19 months postpartum to 8 percent at 24-25 months postpartum.

Table 6.8 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Zimbabwe 2005-2006

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible	
< 2	87.9	81.8	97.6	138
2-3	68.2	45.5	80.7	195
4-5	72.8	22.5	77.8	196
6-7	70.6	21.4	73.4	202
8-9	64.2	17.9	67.9	178
10-11	64.3	14.2	68.1	167
12-13	61.0	12.0	65.2	200
14-15	45.5	12.0	54.1	225
16-17	41.0	13.2	44.8	170
18-19	28.5	7.6	34.2	164
20-21	10.6	9.3	19.2	177
22-23	13.5	11.0	19.2	157
24-25	7.8	6.4	14.2	169
26-27	1.8	8.5	10.3	178
28-29	2.6	7.0	8.5	159
30-31	6.0	2.3	8.3	143
32-33	3.6	2.5	6.1	183
34-35	2.0	4.1	6.1	174
Total	37.2	16.3	43.0	3,174
Median	14.3	2.3	15.6	na
Mean	13.3	6.3	15.4	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable

6.9 MEDIAN DURATION OF POSTPARTUM INSUSCEPTIBILITY BY BACKGROUND CHARACTERISTICS

In the absence of contraception, variations in postpartum amenorrhoea and abstinence are the most important determinants of the interval between births and ultimately the completion of fertility.

Table 6.9 shows the median durations of postpartum amenorrhoea, abstinence and insusceptibility by selected background characteristics. Although the median number of months of postpartum amenorrhoea for women age 30-49 is four months longer than that for women age 15-29 (16.4 months compared with 12.4 months, respectively), postpartum abstinence does not vary much by age (2.2 and 2.4 months, respectively). Postpartum insusceptibility is about two months longer for older women compared with younger women (16.6 and 14.9 months, respectively). Women in rural areas have longer periods of amenorrhoea, sexual abstinence, and insusceptibility than women in urban areas. By province, Bulawayo and Matabeleland South have the shortest duration of postpartum amenorrhoea (8.3 and 8.8 months, respectively), while Mashonaland Central and Mashonaland West have the longest periods (16.4 and 16.7 months, respectively). Postpartum abstinence is shortest in Harare (less than one month) compared with other provinces, which range from 1.8 to 5.5 months. Overall, women in Harare have the shortest insusceptibility (13.2 months), while those in Mashonaland West have the longest (17.6 months).

Table 6.9 Median duration of amenorrhoea, postpartum abstinence, and postpartum insusceptibility				
Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Zimbabwe 2005-2006				
Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility	Number of births
Age				
15-29	12.4	2.4	14.9	2,237
30-49	16.4	2.2	16.6	937
Residence				
Urban	11.1	1.7	12.3	909
Rural	15.4	2.5	16.6	2,265
Province				
Manicaland	12.0	2.9	14.6	399
Mashonaland Central	16.4	1.8	16.8	349
Mashonaland East	14.3	2.2	14.8	260
Mashonaland West	16.7	2.3	17.6	306
Matabeleland North	12.7	5.5	15.6	204
Matabeleland South	8.8	3.1	15.3	146
Midlands	15.5	2.3	16.6	468
Masvingo	15.5	2.1	15.8	503
Harare	12.8	0.7	13.2	384
Bulawayo	8.3	2.3	16.6	155
Education				
No education	17.3	2.8	17.9	124
Primary	15.2	2.4	16.1	1,137
Secondary	13.4	2.3	15.1	1,834
More than secondary	3.4	0.5	3.4	80
Wealth quintile				
Lowest	15.3	2.6	16.2	784
Second	16.2	2.6	16.9	669
Middle	15.2	2.4	17.4	555
Fourth	13.1	2.0	15.0	675
Highest	10.6	1.4	11.2	491
Total	14.3	2.3	15.6	3,174

Note: Medians are based on current status.

Postpartum amenorrhoea, abstinence, and insusceptibility are inversely related to the mother's education. Postpartum amenorrhoea varies from 17.3 months for women with no education to 15.2 and 13.4 months, respectively, for those with only primary and secondary education, and 3.4 months for women with an educational level higher than secondary school. Similarly, the period of abstinence is 2.8 months for women with no education and 2.4 months each for those with a primary, and 2.3 months for those with secondary education, respectively. In contrast, it is less than one month (0.5 months) for women with more than secondary education. Women with no education have a median period of insusceptibility of 17.9 months, compared with 16.1 and 15.1 months for those with primary and secondary education, respectively, and 3.4 months for those with more than secondary education.

Women in the highest wealth quintile have shorter periods of postpartum amenorrhoea, abstinence, and insusceptibility compared with women in the lower wealth quintiles.

6.10 MENOPAUSE

The risk of pregnancy declines as age increases. The term infecundity denotes a process rather than a well-defined event; the risk of pregnancy declines with age as increasing proportions of women become infecund. Although the onset of infecundity is difficult to determine for an individual woman, there are ways of estimating it for a population. Table 6.10 presents data on menopause, an indicator of decreasing exposure to the risk of pregnancy for women age 30 years and over.

The percentage of women who have reached menopause refers to the population of women who are neither pregnant nor postpartum amenorrhoeic and have not had a menstrual period in the six months preceding the survey, or who report being menopausal. Table 6.10 shows that the proportion of menopausal women increases slightly with age from 4 percent among women age 30-34 to 38 percent among women age 48-49. Overall, 10 percent of women age 30-49 are menopausal.

Age	Percentage menopausal ¹	Number of women
30-34	4.0	1,216
35-39	5.9	834
40-41	10.1	280
42-43	10.0	311
44-45	16.9	246
46-47	26.7	255
48-49	37.6	195
Total	10.2	3,337

¹ Percentage of all women who are not pregnant and not postpartum amenorrhoeic whose last menstrual period occurred six or more months preceding the survey

Information on fertility preferences is of considerable importance to family planning programme planners because it allows an assessment of the need for contraception, whether for spacing or limiting births, and the extent of unwanted and mistimed pregnancies. Data on fertility preferences can also be useful as an indicator of the direction that future fertility may take.

The 2005-2006 ZDHS respondents were asked about whether they wanted more children and, if so, how long they would prefer to wait before the next child, and if they could start afresh, how many children they would want.

Interpretation of data on fertility preferences has always been the subject of some controversy. Critics consider it misleading because information gathered from women does not take into account the effect of social pressures or attitudes of other family members, particularly the husband, who may exert a major influence on reproductive decisions. Although this argument is valid in principle, its importance is doubtful in practice because evidence from surveys in which both husbands and wives are interviewed suggests that there is no radical difference between the views of the two sexes.

7.1 FERTILITY PREFERENCES BY NUMBER OF LIVING CHILDREN

Table 7.1 presents fertility desires among currently married women and men by number of living children. The table takes the timing desired for the next birth into account in classifying women according to their fertility desires. Approximately half (49 percent) of married women in Zimbabwe would like to have another child. Among those women, 16 percent want a child within two years and 32 percent would prefer to wait two or more years before having their next birth. Forty-four percent of married women want no more children or have been sterilised. Thus, the majority of women (77 percent) want either to space their next birth or end childbearing altogether.

As expected, the desire for more children declines noticeably as the number of living children increases. Seventy-seven percent of married women with no children want to have a child soon (within two years), whereas only 2 percent of women with six or more children want to have another soon. Among women with three or more children, the desire to limit childbearing predominates with the proportion saying that they do not want another child increasing from 50 percent among women with three children to 77 percent among women with six or more children. Men's fertility preferences are similar to those of women.

Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women and currently married men by desire for children, according to number of living children, Zimbabwe 2005-2006

Desire for children	Number of living children ¹							Total 15-49 women/men	Total men 15-54
	0	1	2	3	4	5	6+		
WOMEN									
Have another soon ²	77.1	19.0	14.1	10.6	6.5	8.6	2.4	15.6	na
Have another later ³	7.8	58.5	38.5	28.0	14.6	14.0	7.3	32.1	na
Have another, undecided when	1.9	1.6	1.7	0.6	1.0	0.4	0.3	1.2	na
Undecided	5.3	4.3	6.1	6.4	4.4	3.6	4.2	5.1	na
Want no more	1.0	15.3	37.8	50.1	68.2	68.2	77.0	42.3	na
Sterilised ⁴	0.0	0.1	1.0	2.8	4.1	4.2	5.5	2.1	na
Declared infecund	6.9	1.3	0.7	1.2	1.0	0.8	2.9	1.5	na
Missing	0.0	0.1	0.2	0.4	0.3	0.2	0.2	0.2	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	na
Number of women	276	1,228	1,299	825	585	398	532	5,143	na
MEN ⁵									
Have another soon ²	69.3	19.8	15.9	12.6	10.7	6.9	7.0	16.2	15.2
Have another later ³	14.4	65.9	43.0	38.5	25.6	24.9	21.0	40.5	38.0
Have another, undecided when	4.9	1.5	1.3	1.4	0.6	5.0	1.5	1.8	1.6
Undecided	1.9	1.8	5.4	4.3	5.1	2.5	5.5	4.0	3.9
Want no more	4.5	10.0	32.3	42.5	56.9	60.0	64.0	36.3	39.7
Declared infecund	1.1	0.0	0.3	0.2	0.7	0.3	0.4	0.3	0.6
Missing	3.9	0.9	1.7	0.4	0.5	0.3	0.6	1.0	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	130	717	768	583	353	260	322	3,132	3,419

na = Not applicable

¹ Includes current pregnancy for women

² Wants next birth within 2 years

³ Wants to delay next birth for 2 or more years

⁴ Includes both female and male sterilisation

⁵ Includes one additional child if any of the respondent's wives are currently pregnant

7.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Tables 7.2.1 and 7.2.2 present the percentage of currently married women and men who want no more children by number of living children and selected background characteristics. Table 7.2.1 shows a larger proportion of urban women (51 percent) than rural women (41 percent) want to stop childbearing. This is observed for all women with different numbers of living children. For example, 76 percent of urban women with three children say they do not want another child, compared with 42 percent of rural women with three children. The results suggest that urban women are more likely to begin to want to limit their family size at lower parities than rural women.

Differentials by province indicate that Bulawayo has the highest proportion of women who want no more children (63 percent), while Masvingo has the lowest (32 percent). It is interesting to note that women in Harare, an urban centre, did not show a strong preference for limiting childbearing; less than half of currently married women in Harare (48 percent) did not want another child, which is lower than some predominantly rural provinces.

Table 7.2.1 Desire to limit childbearing: women

Percentage of currently married women who want no more children, by number of living children and background characteristics, Zimbabwe 2005-2006

Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	1.7	19.1	54.1	75.6	90.9	92.2	88.6	51.1
Rural	0.7	12.8	27.5	41.8	65.5	67.3	81.6	41.0
Province								
Manicaland	0.0	11.4	22.5	45.7	60.5	70.4	85.6	39.8
Mashonaland Central	0.0	13.4	31.0	48.2	71.4	63.4	88.0	40.5
Mashonaland East	0.0	21.0	41.6	60.9	75.2	83.5	90.7	49.6
Mashonaland West	0.0	12.1	42.8	47.0	73.8	83.3	75.7	44.0
Matabeleland North	4.2	21.7	39.4	49.3	81.3	83.2	81.8	50.8
Matabeleland South	0.0	15.2	41.1	60.9	79.9	77.4	85.2	54.8
Midlands	1.1	12.8	36.2	50.0	62.4	73.8	82.8	43.6
Masvingo	0.0	6.7	19.0	28.3	61.4	44.1	74.3	31.8
Harare	0.0	17.6	49.5	74.3	91.3	86.6	95.9	47.6
Bulawayo	10.0	29.7	72.0	81.5	93.2	91.5	87.5	62.9
Education								
No education	0.0	43.1	30.9	22.7	52.5	66.7	67.3	54.8
Primary	1.5	8.4	27.8	39.8	68.4	66.9	86.7	45.7
Secondary	0.8	17.7	42.0	60.5	77.8	85.9	88.4	41.9
More than secondary	0.0	7.4	63.4	89.3	94.3	100.0	100.0	54.3
Wealth quintile								
Lowest	1.9	12.1	20.7	30.2	56.1	57.3	77.2	38.2
Second	0.0	8.1	28.3	39.4	60.9	64.2	77.9	38.4
Middle	0.7	17.8	27.3	45.6	72.1	79.5	89.0	42.6
Fourth	0.0	17.4	44.9	68.6	82.8	91.8	91.2	46.8
Highest	3.6	18.7	58.1	77.3	92.5	92.0	87.7	55.3
Total	1.0	15.4	38.8	53.0	72.4	72.4	82.6	44.4

Note: Women who have been sterilised are considered to want no more children.
¹ Includes current pregnancy

The percentage of women wanting no more children is positively associated with women's educational levels. More than six in ten women with more than a secondary education want to begin to limit childbearing when they have two children (63 percent), while the majority of women who never attended school do not express a desire to limit until they have four children (53 percent).

Fifty-eight percent of women in the highest wealth quintile want to begin to limit childbearing when they have two children, while a similar proportion in the lowest wealth quintile want to begin to limit childbearing when they have four children (56 percent).

Table 7.2.2 shows that 44 percent of men residing in urban areas want to limit their children, compared with 31 percent in rural areas. By province, Matabeleland South has the highest proportion of men who want no more children (54 percent), while Mashonaland Central has the lowest percentage (27 percent).

Table 7.2.2 Desire to limit childbearing: men

Percentage of currently married men who want no more children, by number of living children and background characteristics, Zimbabwe 2005-2006

Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	8.8	15.7	42.4	54.2	69.1	72.7	87.9	43.7
Rural	0.0	5.8	22.4	34.3	49.2	55.1	57.0	31.2
Province								
Manicaland	15.8	8.1	21.2	34.9	57.1	69.6	66.7	35.4
Mashonaland Central	0.0	4.3	19.3	31.1	61.1	59.8	53.4	27.4
Mashonaland East	0.0	1.7	32.8	51.8	53.3	78.8	75.8	39.9
Mashonaland West	0.0	6.0	29.3	39.4	58.2	64.6	52.6	32.1
Matabeleland North	0.0	11.0	33.5	40.1	44.3	50.5	43.8	32.9
Matabeleland South	0.0	50.4	41.1	48.7	58.0	87.3	76.7	54.4
Midlands	0.0	14.5	40.1	43.3	46.8	56.6	60.1	38.7
Masvingo	0.0	5.6	20.2	31.5	46.8	45.0	61.3	30.2
Harare	5.5	14.4	39.4	50.4	80.9	60.2	95.1	40.8
Bulawayo	15.4	10.6	43.8	59.6	53.6	49.3	85.3	42.2
Education								
No education	0.0	61.7	71.2	58.9	31.2	34.4	68.3	56.4
Primary	10.7	6.1	24.3	24.5	51.0	58.9	61.3	36.1
Secondary	1.8	10.4	33.9	42.8	59.5	61.8	64.3	34.2
More than secondary	5.4	15.2	36.4	80.8	67.1	74.7	100.0	47.7
Wealth quintile								
Lowest	0.0	2.7	13.8	23.6	27.7	34.2	50.5	24.2
Second	0.0	7.3	16.4	33.9	48.5	62.7	44.2	28.5
Middle	0.0	4.6	28.0	29.9	55.5	63.4	65.5	31.9
Fourth	1.8	12.6	34.4	57.0	69.6	73.4	87.8	41.6
Highest	13.5	16.9	48.3	51.5	70.6	69.6	87.3	46.8
Total men 15-49	4.5	10.0	32.3	42.5	56.9	60.0	64.0	36.3
Total men 15-54	5.1	10.1	33.0	43.9	59.8	63.0	67.2	39.7

Note: Men who have been sterilised or who state in response to the question about desire for children that their wife has been sterilised are considered to want no more children.
¹ Includes one additional child if any of the respondent's wives are currently pregnant

Overall, more than half of men with no education would like to limit their children (56 percent). For men, as with women, the desire to limit childbearing is positively associated with wealth. Almost half of men in the highest wealth quintile want to limit childbearing after having two children (48 percent) compared with one in seven (14 percent) in the lowest quintile.

7.3 NEED AND DEMAND FOR FAMILY PLANNING

The proportion of women who want to stop childbearing or who want to space their next birth is a crude measure of the extent of the need for family planning, given that not all of these women are exposed to the risk of pregnancy and some of them may already be using contraception. This section discusses the extent of need and the potential demand for family planning services. Women who want to postpone their next birth for two or more years or who want to stop childbearing all together but are not using a contraceptive method are said to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted. Similarly, amenorrhoeic women are categorized as having unmet need if their last birth was mistimed or unwanted. Women who are currently using a family planning method are said to have a met need for family planning. The total demand for family planning services comprises those who fall in the met need and unmet need categories.

Tables 7.3.1 and 7.3.2 present data on unmet need, met need, and total demand for family planning for currently married women, all women, and women who are not currently married. These indicators help to evaluate the extent to which the family planning program in Zimbabwe is meeting the demand for services. The definitions of met need, unmet need, and total demand for family planning are further explained in Tables 7.3.1 and 7.3.2.

Table 7.3.1 Need and demand for family planning among currently married women

Percentage of currently married women with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of demand for contraception that is satisfied, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Age											
15-19	16.9	1.8	18.7	30.4	6.3	36.7	47.3	8.1	55.4	66.3	448
20-24	10.6	2.1	12.7	49.1	12.5	61.6	60.7	14.7	75.5	83.2	1,200
25-29	6.8	3.1	9.9	44.0	26.3	70.3	51.3	29.4	80.8	87.7	1,125
30-34	5.6	6.3	11.9	29.4	38.7	68.1	35.4	45.3	80.8	85.2	933
35-39	4.4	7.6	11.9	15.8	48.3	64.1	20.5	55.9	76.4	84.4	556
40-44	5.2	10.8	16.0	3.7	51.2	54.9	9.0	62.2	71.2	77.5	485
45-49	3.0	11.0	13.9	0.8	35.8	36.6	3.8	47.2	51.0	72.7	396
Residence											
Urban	4.4	3.8	8.2	31.3	38.5	69.8	36.1	42.6	78.7	89.6	1,742
Rural	9.3	5.8	15.2	31.1	24.2	55.3	40.9	30.2	71.1	78.7	3,401
Province											
Manicaland	12.4	6.2	18.6	30.2	22.2	52.4	43.5	28.3	71.8	74.1	599
Mashonaland Central	8.3	3.7	12.0	33.9	27.5	61.4	42.2	31.4	73.6	83.7	572
Mashonaland East	5.8	5.4	11.2	31.1	32.9	64.0	37.5	38.3	75.8	85.2	442
Mashonaland West	6.4	4.1	10.5	32.1	29.9	62.0	39.3	34.0	73.3	85.6	514
Matabeleland North	7.7	13.0	20.7	19.1	26.6	45.7	27.3	39.9	67.2	69.2	323
Matabeleland South	9.8	10.7	20.5	18.0	29.2	47.2	28.9	39.8	68.8	70.3	208
Midlands	6.0	3.8	9.9	32.2	31.2	63.4	38.6	35.3	73.9	86.6	728
Masvingo	11.9	3.4	15.3	35.6	18.5	54.1	47.5	22.1	69.7	78.0	697
Harare	3.8	3.2	6.9	36.7	35.1	71.9	40.9	38.7	79.5	91.3	760
Bulawayo	4.2	7.0	11.2	21.7	45.3	67.0	26.7	52.3	79.0	85.8	301
Education											
No education	10.8	12.0	22.8	13.9	20.8	34.7	25.2	33.3	58.5	60.9	276
Primary	8.9	6.0	14.9	27.5	26.4	53.9	36.8	32.6	69.4	78.5	1,910
Secondary	6.8	4.1	10.9	35.3	30.6	66.0	42.6	34.9	77.5	86.0	2,788
More than secondary	3.1	1.3	4.4	32.2	46.2	78.4	36.0	47.5	83.5	94.7	169
Wealth quintile											
Lowest	13.6	6.6	20.2	29.4	18.6	48.0	43.9	25.5	69.4	71.0	1,034
Second	8.8	6.1	14.8	33.8	23.3	57.1	42.9	29.4	72.3	79.5	998
Middle	6.2	6.3	12.5	31.0	25.1	56.1	37.5	31.4	68.9	81.8	906
Fourth	5.8	3.6	9.4	32.7	33.7	66.5	38.7	37.7	76.4	87.7	1,183
Highest	4.0	3.6	7.6	28.8	43.3	72.1	33.3	47.0	80.2	90.5	1,023
Total	7.7	5.1	12.8	31.2	29.1	60.2	39.3	34.4	73.7	82.6	5,143

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

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

³ Nonusers who are pregnant or amenorrhoeic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

Table 7.3.1 shows that 13 percent of currently married women have an unmet need for family planning services (8 percent for spacing and 5 percent for limiting births). Combined with 60 percent of married women who are currently using a contraceptive method, the total demand for family planning comprises almost three-quarters of married women in Zimbabwe. At present, about four-fifths of the potential demand for family planning is being met. Thus, if all married women who said they want to space or limit their children were to use family planning methods, the contraceptive prevalence rate could be increased from 60 percent to 74 percent.

Table 7.3.2 Need and demand for family planning for all women and for women who are not currently married

Percentage of all women and not currently married women with unmet need for family planning, percentage with met need for family planning, and the total demand for family planning, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
ALL WOMEN											
Age											
15-19	4.3	0.4	4.7	8.2	1.6	9.7	12.5	1.9	14.4	67.6	2,152
20-24	7.1	1.3	8.4	34.1	9.7	43.8	41.9	11.1	53.0	84.1	1,952
25-29	5.4	2.6	8.0	37.4	24.6	62.0	43.5	27.2	70.7	88.7	1,466
30-34	4.3	5.4	9.8	24.5	34.0	58.5	29.1	39.7	68.8	85.8	1,216
35-39	2.9	5.3	8.2	11.0	38.7	49.7	14.0	44.1	58.1	85.9	834
40-44	3.8	8.2	12.0	2.8	40.2	43.1	6.7	48.5	55.2	78.3	699
45-49	2.0	7.7	9.7	0.7	29.1	29.8	2.7	37.1	39.8	75.7	589
Residence											
Urban	2.5	2.3	4.9	18.8	23.2	41.9	21.6	25.6	47.2	89.7	3,502
Rural	6.2	3.8	10.0	21.2	17.8	39.0	27.8	21.6	49.4	79.8	5,405
Province											
Manicaland	7.4	4.0	11.4	17.7	15.3	32.9	25.6	19.2	44.8	74.6	1,043
Mashonaland Central	6.0	2.6	8.6	25.0	20.8	45.7	31.0	23.5	54.5	84.2	825
Mashonaland East	3.9	3.4	7.2	21.8	22.2	44.0	26.0	25.5	51.6	86.0	714
Mashonaland West	4.0	3.2	7.2	22.3	22.5	44.9	26.8	25.7	52.5	86.3	829
Matabeleland North	5.8	8.3	14.1	13.9	17.6	31.5	20.2	26.1	46.3	69.6	536
Matabeleland South	5.0	5.5	10.5	12.2	18.1	30.3	17.8	23.5	41.3	74.6	439
Midlands	4.2	2.4	6.6	21.5	21.6	43.1	26.0	24.2	50.2	86.8	1,193
Masvingo	7.4	2.2	9.6	23.7	14.5	38.3	31.3	16.8	48.1	80.2	1,137
Harare	2.2	1.8	4.0	21.6	22.2	43.8	24.0	24.2	48.2	91.6	1,492
Bulawayo	2.4	3.3	5.6	13.9	24.1	38.0	16.6	27.3	43.9	87.2	697
Education											
No education	7.9	8.9	16.8	10.1	19.2	29.3	18.3	28.5	46.8	64.0	380
Primary	6.1	4.1	10.2	19.6	20.7	40.3	26.1	24.9	51.0	79.9	2,902
Secondary	3.9	2.4	6.3	21.1	18.8	39.9	25.4	21.3	46.6	86.4	5,355
More than secondary	2.4	0.8	3.2	24.0	33.7	57.7	26.8	34.5	61.3	94.7	270
Wealth quintile											
Lowest	9.5	4.5	14.0	21.5	14.3	35.8	31.7	19.1	50.8	72.5	1,552
Second	6.1	4.1	10.2	24.1	17.7	41.9	30.5	21.8	52.3	80.5	1,500
Middle	4.0	3.8	7.8	19.3	17.7	37.1	23.5	21.5	45.1	82.6	1,546
Fourth	3.8	2.7	6.4	22.0	24.1	46.1	26.0	27.0	53.1	87.9	2,006
Highest	2.1	1.8	3.9	16.0	22.8	38.8	18.3	24.6	42.9	90.9	2,304
Total	4.8	3.2	8.0	20.3	19.9	40.1	25.3	23.2	48.5	83.6	8,907

Continued...

Table 7.3.2—Continued

Percentage of all women and not currently married women with unmet need for family planning, percentage with met need for family planning, and the total demand for family planning, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
WOMEN NOT CURRENTLY MARRIED											
Age											
15-19	1.0	0.0	1.0	2.3	0.3	2.7	3.3	0.3	3.6	73.0	1,704
20-24	1.4	0.1	1.5	10.3	5.2	15.6	11.8	5.3	17.1	91.0	752
25-29	0.7	1.1	1.8	15.7	18.9	34.6	17.5	19.9	37.5	95.3	341
30-34	0.0	2.5	2.5	8.1	18.4	26.5	8.4	20.9	29.3	91.4	283
35-39	0.0	0.7	0.7	1.2	19.5	20.7	1.2	20.2	21.4	96.6	278
40-44	0.5	2.2	2.8	0.9	15.2	16.1	1.4	17.4	18.8	85.4	214
45-49	0.0	0.9	0.9	0.6	15.4	15.9	0.6	16.3	16.8	94.7	193
Residence											
Urban	0.7	0.9	1.6	6.3	8.0	14.3	7.2	8.9	16.0	90.3	1,760
Rural	0.9	0.3	1.2	4.4	6.8	11.2	5.4	7.1	12.5	90.6	2,004
Province											
Manicaland	0.6	1.0	1.7	0.8	5.9	6.7	1.4	7.0	8.4	80.1	444
Mashonaland Central	1.0	0.0	1.0	4.7	5.7	10.4	5.6	5.7	11.3	91.6	253
Mashonaland East	0.7	0.0	0.7	6.7	4.7	11.4	7.4	4.7	12.1	94.4	272
Mashonaland West	0.0	1.7	1.7	6.4	10.6	16.9	6.4	12.3	18.6	90.9	315
Matabeleland North	2.9	1.1	4.1	6.1	4.1	10.2	9.5	5.2	14.7	72.4	214
Matabeleland South	0.8	0.8	1.6	7.0	8.1	15.1	7.8	8.9	16.7	90.5	232
Midlands	1.4	0.2	1.6	4.6	6.6	11.3	6.3	6.8	13.2	88.1	465
Masvingo	0.2	0.2	0.4	4.9	8.3	13.1	5.6	8.5	14.0	97.1	440
Harare	0.6	0.4	1.0	5.8	8.8	14.6	6.5	9.1	15.6	93.6	732
Bulawayo	1.0	0.4	1.4	8.0	8.0	15.9	9.0	8.4	17.3	92.0	396
Education											
No education	0.0	0.8	0.8	0.0	14.8	14.8	0.0	15.6	15.6	94.9	104
Primary	0.7	0.5	1.3	4.4	9.7	14.0	5.4	10.2	15.6	91.9	993
Secondary	0.9	0.6	1.4	5.7	6.0	11.7	6.6	6.5	13.2	89.2	2,566
More than secondary	1.3	0.0	1.3	10.1	12.8	22.9	11.4	12.8	24.2	94.8	101
Wealth quintile											
Lowest	1.4	0.3	1.7	5.7	5.9	11.6	7.3	6.2	13.5	87.7	518
Second	0.8	0.1	0.9	4.9	6.6	11.5	5.7	6.7	12.4	92.6	501
Middle	0.9	0.3	1.2	2.8	7.3	10.2	3.8	7.6	11.4	89.3	640
Fourth	0.8	1.4	2.2	6.5	10.3	16.8	7.7	11.7	19.5	88.4	823
Highest	0.6	0.3	0.9	5.8	6.4	12.2	6.4	6.8	13.1	93.0	1,281
Total	0.8	0.5	1.4	5.3	7.4	12.7	6.3	7.9	14.2	90.4	3,764

¹ Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrhoeic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children. Excluded from the unmet need category are pregnant and amenorrhoeic women who became pregnant while using a method (these women are in need of a better method of contraception). Also excluded from the unmet need category for the all women panel are unmarried women who did not have sexual intercourse in the four weeks preceding the survey.

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

³ Nonusers who are pregnant or amenorrhoeic and women whose pregnancy was the result of a contraceptive failure are not included in the category of unmet need, but are included in total demand for contraception (since they would have been using had their method not failed).

As expected, unmet need for spacing is higher among younger women, while unmet need for limiting childbearing is higher among older women, as shown in Table 7.3.1. There is a striking difference in unmet need between rural and urban areas, with urban areas at 8 percent and rural areas at 15 percent. Among the provinces, Matabeleland North and Matabeleland South have the highest unmet need (21 percent for both) and Harare has the lowest (7 percent). Unmet need in other provinces ranges between 10 percent and 19 percent. Unmet need is negatively associated with a woman's education; it is lower among women with at least some secondary schooling (11 percent or less) than among those with primary education (15 percent) or uneducated women (23 percent). Unmet need is also inversely associated with a woman's wealth status. Among women in the lowest wealth quintile, unmet need is 20 percent, while it is 8 percent among their counterparts in the highest wealth quintile.

The level of wealth is usually positively associated with the use of family planning services. Married women in the highest wealth quintile use family planning services more than those in the lowest wealth quintile (72 and 48 percent, respectively).

The need for family planning services for all women and women not currently married are presented in Table 7.3.2. The section on all women follows the trends of currently married women. The total family planning demand for all women is high, between 84 and 89 percent for each age group between 20 and 39 years. These age groups constitute women of childbearing age. The low level of unmet need among unmarried women is due to the fact that many are younger women who have not yet started their families.

7.4 IDEAL NUMBER OF CHILDREN

This section focuses on the respondent's ideal number of children, implicitly taking into account the number of children that the respondent already has. The women, regardless of marital status, were asked about the number of children they would choose to have if they could start afresh. Only currently married men were asked the same question. Respondents who had no children were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" For respondents who had children the question was rephrased as follows: "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?" Responses to these questions are summarized in Table 7.4 for both women and men age 15-49.

The data in the top portion of Table 7.4 indicate that the majority of women were able to give a numeric answer to this hypothetical question. Only 1 percent gave a non-numeric answer such as, "it is up to God," "any number," or "I do not know." Table 7.4 shows that the total mean ideal number of children is 3.8 among all women. In general, men want slightly larger families than women. Among married women, the mean ideal number of children is 4.1, compared with 4.5 for married men. Seventy-three percent of all women in Zimbabwe would like to have four or fewer children, while 26 percent would like to have five or more children. For married men, 62 percent would like to have four or fewer children, while 35 percent would like to have five or more children.

In interpreting the findings in Table 7.4 it is important to remember that the actual and ideal number of children tend to be related. There are several reasons for this. First, to the extent that women are able to implement their fertility desires, women who want large families would achieve large families. Second, because women with large families are, on average, older women, they may prefer a greater number of children because of the attitudes towards childbearing to which they were exposed during the early stages of their reproductive lives. Last, some women may have difficulty admitting that they would prefer fewer children than they currently have if they could begin childbearing again. Such women are likely to report their actual number as their preferred number. Indeed, women who have fewer children do

report a smaller ideal number of children than women with more children. The mean ideal family size is 3.2 for all women with one child, compared with 6.4 among all women with six or more children.

The relationship between the actual and ideal number of children is also presented for men in Table 7.4. Men who have fewer children report a smaller ideal number of children than men with more children. For example, the average ideal family size is 3.6 for married men with one child, compared with 7.6 for men with six or more children. Interestingly, men in polygynous marriages want a much larger family than men in monogamous marriages (6.5 children and 4.3 children, respectively).

Table 7.4 Ideal number of children								
Percent distribution of all women 15-49 and all currently married men 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to number of living children, Zimbabwe 2005-2006								
Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
ALL WOMEN²								
0	1.8	0.8	0.8	0.7	0.6	1.7	0.5	1.1
1	3.8	6.5	2.4	1.5	1.3	0.7	0.7	3.2
2	36.0	28.9	23.1	11.2	10.7	6.5	5.3	23.2
3	24.4	27.0	18.2	17.1	4.7	8.1	3.2	18.7
4	20.1	22.4	37.7	34.6	36.4	18.2	17.9	26.6
5	8.4	8.7	9.7	18.7	16.1	20.3	10.9	11.5
6+	4.2	4.9	7.8	15.3	29.0	43.0	57.6	14.5
Non-numeric responses	1.4	0.8	0.4	0.9	1.3	1.5	3.9	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	2,507	1,799	1,624	1,064	763	502	648	8,907
Mean ideal number of children for³:								
All women	3.0	3.2	3.6	4.1	4.6	5.3	6.4	3.8
Number	2,473	1,785	1,618	1,054	754	494	623	8,800
Currently married women	3.5	3.2	3.6	4.2	4.6	5.4	6.3	4.1
Number	266	1,218	1,292	819	577	391	511	5,074
CURRENTLY MARRIED MEN^{2,4}								
0	2.4	0.5	0.7	0.7	0.2	0.3	0.3	0.6
1	3.1	3.5	1.2	0.5	0.4	0.6	0.6	1.5
2	20.8	17.7	18.2	7.9	9.2	5.4	3.0	12.6
3	27.6	30.8	19.0	18.6	7.9	5.8	4.8	18.2
4	19.9	26.8	32.7	35.0	32.7	21.2	18.3	28.8
5	8.8	12.4	16.8	19.9	15.9	19.7	6.2	15.1
6+	10.1	6.3	8.7	15.4	30.2	43.9	60.5	20.1
Non-numeric responses	7.4	2.0	2.7	1.9	3.6	3.1	6.3	3.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	130	717	768	583	353	260	322	3,132
Mean ideal number of children for³:								
Currently married men	3.6	3.5	3.9	4.4	4.9	5.9	7.6	4.5
Number	120	702	747	571	341	252	301	3,035
Monogamous men	3.5	3.5	3.9	4.3	4.9	5.8	6.9	4.3
Number	116	677	703	527	306	210	219	2,759
Polygynous men	6.3	3.7	4.7	4.9	5.0	6.7	9.7	6.5
Number	4	25	43	44	34	42	82	275
¹ Includes current pregnancy for women								
² All women were asked questions about their ideal number of children; however, only married men were asked questions about their ideal number of children.								
³ Means are calculated excluding the women and men giving non-numeric responses.								
⁴ The number of living children includes one additional child if any of the respondent's wives are currently pregnant.								

7.5 MEAN IDEAL NUMBER OF CHILDREN BY BACKGROUND CHARACTERISTICS

Table 7.5 shows the ideal number of children by age and background characteristics of all women and currently married men. Data in the table show that younger, better educated, and urban women are more likely to have fertility goals with fewer numbers of children. The mean ideal number of children increases with age from 3.1 among women age 15-19 to 5.7 among women 45-49. Women in rural areas have higher family size norms than those in urban areas (4.2 and 3.1 children, respectively). This is further reflected in the fact that women in Harare and Bulawayo have the smallest ideal family size norms (3.1 each). The ideal number of children for women in the remaining provinces is between 3.7 and 4.6 children.

Differentials in the ideal number of children among currently married men are also presented in Table 7.5. As with women, younger, better-educated, and urban men are more likely to have fertility goals that include fewer numbers of children. Men in Masvingo, Mashonaland Central, and Manicaland tend to want larger families (4.8 or more children), while those in Harare, Bulawayo, and Matabeleland South want 4.0 or fewer children.

Women and men in the highest wealth quintile prefer to have fewer numbers of children (3.1 and 3.6, respectively), while those in the lowest wealth quintile prefer to have more children (4.8 and 6.0, respectively).

7.6 FERTILITY PLANNING STATUS

The issue of unplanned and unwanted fertility was further investigated in the 2005-06 ZDHS by asking women who had births during the five years before the survey whether the births were wanted at the time (planned), wanted at a later time (mistimed), or not wanted at all (unwanted). The responses to those questions provide a measure of the degree to which Zimbabwean couples have been successful in controlling childbearing. In addition, the information can be used to estimate the effect on period fertility if unwanted pregnancies had been prevented.

Table 7.5 Mean ideal number of children¹

Mean ideal number of children for all women and currently married men age 15-49, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women		Men	
	Mean	Number of all women ¹	Mean	Number of currently married men ¹
Age				
15-19	3.1	2,133	*	6
20-24	3.2	1,936	3.8	302
25-29	3.6	1,458	4.1	676
30-34	4.0	1,204	4.3	740
35-39	4.4	818	4.5	567
40-44	5.2	684	5.3	396
45-49	5.7	569	5.7	347
Residence				
Urban	3.1	3,467	3.7	1,230
Rural	4.2	5,334	5.1	1,804
Province				
Manicaland	4.2	1,017	4.8	322
Mashonaland Central	4.0	815	5.3	340
Mashonaland East	3.7	712	4.2	253
Mashonaland West	3.8	817	4.3	328
Matabeleland North	3.9	534	4.6	182
Matabeleland South	3.7	422	4.0	94
Midlands	3.8	1,187	4.7	434
Masvingo	4.6	1,127	5.5	347
Harare	3.1	1,482	3.9	556
Bulawayo	3.1	688	3.8	178
Education				
No education	6.1	368	7.0	57
Primary	4.6	2,844	5.6	840
Secondary	3.3	5,322	4.1	1,891
More than secondary	2.8	268	3.6	246
Wealth quintile				
Lowest	4.8	1,521	6.0	506
Second	4.2	1,482	5.2	526
Middle	4.0	1,532	4.6	414
Fourth	3.4	1,991	4.1	917
Highest	3.1	2,273	3.6	670
Total	3.8	8,800	4.5	3,035

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

¹ Table is based on women and men with numeric responses.

The questions on the planning status of recent births required the female respondent to recall accurately her wishes at one or more points in the past five years and report them honestly. These questions are subject to recall and accuracy bias in remembering how she felt about a particular pregnancy. She also may not be willing to admit that she had not wanted a child at its conception. Conversely, if the child has become an economic or health burden, she may now claim that it was unwanted. Despite these potential problems of comprehension, recall, and truthfulness, results from previous surveys have yielded plausible responses, with the most probable effect of biases in the answers being net underestimation of the level of unwanted fertility.

Table 7.6 shows the distribution of births in the five years before the survey by whether a birth was wanted then, wanted later, or not wanted. Overall, 67 percent of all births were wanted at the time of conception, 20 percent were reported as mistimed (wanted later), and 13 percent were unwanted. The proportion of unwanted births is greater for births that are fourth order or more (22 percent) than that of first births (10 percent). Similarly, a much larger proportion of births to older women are unwanted than are those to younger women. Whereas about 8 percent of births to women age 20-24 years are unwanted, 39 percent of births to women 40-49 years are unwanted.

Table 7.6 Fertility planning status						
Percent distribution of births in the five years preceding the survey (including current pregnancies), by fertility planning status, according to birth order and mother's age at birth, Zimbabwe 2005-2006						
Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Wanted no more	Missing		
Birth order						
1	72.1	17.2	10.4	0.3	100.0	1,860
2	70.0	21.6	8.2	0.2	100.0	1,481
3	68.3	20.3	11.2	0.3	100.0	968
4+	55.1	22.8	21.8	0.3	100.0	1,511
Age at birth						
<20	65.0	21.4	13.3	0.3	100.0	1,205
20-24	69.4	22.2	8.2	0.2	100.0	1,937
25-29	69.5	19.2	11.1	0.3	100.0	1,319
30-34	64.5	18.3	17.0	0.1	100.0	809
35-39	61.5	16.9	21.6	0.0	100.0	368
40-44	43.7	16.2	39.0	1.2	100.0	164
45-49	38.2	17.9	39.4	4.6	100.0	19
Total	66.5	20.3	12.9	0.3	100.0	5,820

7.7 WANTED FERTILITY RATES

Using information on whether births occurring in the five years before the survey were wanted or not, a total “wanted” fertility rate has been calculated. This measure is calculated in the same manner as the conventional total fertility rate, except that unwanted births are excluded from the numerator. A birth is considered as wanted if the number of living children at the time of conception was less than the current ideal number of children as reported by the respondent. Wanted fertility rates express the level of fertility that theoretically would result if all unwanted births were prevented. Comparison of the actual fertility rate with the wanted rate indicates the potential demographic impact of eliminating unwanted births.

Table 7.7 shows that the wanted fertility rate among women for the three years preceding the survey was 3.3 children, compared with the actual average of 3.8 children. In other words, Zimbabwean women are currently having an average of 0.5 children more than they actually want. The table also shows that regardless of place of residence, level of education, and wealth quintile, the wanted fertility rate is lower than the total fertility rate.

Women in Matabeleland South have the largest gap of slightly more than one child. Women in this province would have an average of just under three rather than four children if unwanted births were prevented. Women with higher levels of education as well as those in the highest wealth quintile seem to be the most successful in achieving their fertility goal.

Table 7.7 Wanted fertility rates		
Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Zimbabwe 2005-2006		
Background characteristic	Total wanted fertility rates	Total fertility rate
Residence		
Urban	2.3	2.6
Rural	3.9	4.6
Province		
Manicaland	3.7	4.2
Mashonaland Central	4.1	4.6
Mashonaland East	3.2	3.7
Mashonaland West	3.3	3.7
Matabeleland North	3.3	4.2
Matabeleland South	2.9	4.0
Midlands	3.7	4.2
Masvingo	4.3	4.9
Harare	2.2	2.5
Bulawayo	1.8	2.3
Education		
No education	5.2	5.8
Primary	3.8	4.5
Secondary	2.9	3.3
More than secondary	2.6	2.7
Wealth quintile		
Lowest	4.8	5.5
Second	3.9	4.8
Middle	3.5	4.0
Fourth	2.8	3.2
Highest	2.0	2.3
Total	3.3	3.8

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 4.2.

EARLY CHILDHOOD MORTALITY

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

8.1 BACKGROUND AND ASSESSMENT OF DATA QUALITY

The rates of childhood mortality presented in this chapter are defined as follows:

- **Neonatal mortality:** the probability of dying within the first month of life
- **Postneonatal mortality:** the arithmetic difference between infant and neonatal mortality
- **Infant mortality:** the probability of dying between birth and the first birthday
- **Child mortality:** the probability of dying between the exact age one and the fifth birthday
- **Under-five mortality:** the probability of dying between birth and the fifth birthday.

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

Information drawn from the questions asked in the birth history section of the Women's Questionnaire is used to calculate the mortality rates presented in this chapter. First, the respondents were asked a series of questions about their childbearing experience. In particular, they were asked to report the number of sons and daughters who live with them, the number who live elsewhere, and the number who died. In the birth history, for each live birth, information was collected on sex, month, and year of birth; survivorship status and current age; and age at death if the child died.

The quality of mortality estimates calculated from retrospective birth histories depends on the mother's ability to recall all of the children she had given birth to, as well as their birth dates and age at death. The most potentially serious data quality problem is the selective omission from the birth histories of births that did not survive. If the problem of omission is serious, it can result in an overall underestimation of the level of childhood mortality. When selective omission of childhood deaths occurs, it is usually more severe for deaths occurring early in infancy. Generally, if there is substantial underreporting of deaths, the result is an abnormally low ratio of early neonatal deaths (deaths within the first week of life) to all neonatal deaths, and an abnormally low ratio of neonatal deaths to infant deaths.

Appendix Table C.4 shows that the proportion of all neonatal deaths that took place within the first seven days of birth was 74 percent for the five-year period prior to the 2005-06 ZDHS. This proportion is within the expected range and similar to the proportions recorded for the five-year periods prior to the 1994 ZDHS (71 percent) and the 1999 ZDHS (76 percent). However, it is somewhat lower than proportions of early neonatal deaths recorded in the 2005-06 ZDHS for the periods 5-19 years before the survey, which ranged between 83 percent and 87 percent. Looking at the ratio of neonatal deaths to all deaths, Appendix Table C.5 shows that the proportion was 41 percent for the five-year period prior to the

2005-06 survey. This is somewhat lower than the proportions recorded for the five-year periods prior to the 1994 ZDHS (49 percent) and the 1999 survey (47 percent), and it is also somewhat lower than the proportions reported in the 2005-06 ZDHS for the periods 5-19 years before the survey, which ranged between 47 percent and 52 percent.

Another potential data quality problem involves the displacement of birth dates, which may cause a distortion of mortality trends. This can occur if an interviewer knowingly records a death as occurring in a different year, which would happen if an interviewer is trying to cut down on their overall work, because births occurring during the five years preceding the interview are the subject of a lengthy set of additional questions. In the 2005-06 ZDHS questionnaire, the cutoff year for these questions was 2000. Appendix Table C.6 shows little evidence of severe transference of deceased children from 2000 to earlier years.

A third factor that affects childhood mortality estimates is the quality of reporting of age at death. Misreporting of the child's age at death may distort the age pattern of mortality, especially if the net effect of the age misreporting is a transference of deaths from one age bracket to another. For example, a net transfer of deaths from under one month to a higher age will affect the estimates of neonatal and postneonatal mortality. To minimise errors in reporting of age at death, ZDHS interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age two, and in years if the child was at least two years of age. They also were asked to probe for deaths reported at one year to determine a more precise age at death in terms of months.

Despite the emphasis during interviewer training and fieldwork monitoring on probing for accurate age at death, Appendix Table C.5 shows that, for the five years preceding the survey, the number of reported deaths at age 12 months or one year of age is more than twice the number of deaths reported at 11 months and many times the number reported at 13 months. It is likely that some of these deaths actually occurred before one year of age but are not included in the infant mortality rate, thus distorting the age pattern of mortality. This problem is not, however, more severe in the 2005-06 survey than in the earlier rounds of the ZDHS.

Finally, it is important to note that any method of measuring childhood mortality that relies on the mothers' reports (e.g., birth histories) rests on the assumption that female adult mortality is not high, or if it is high, that there is little or no correlation between the mortality risks of the mothers and that of their children. In countries like Zimbabwe with high rates of female adult mortality, primarily due to the AIDS epidemic (see Chapter 15), these assumptions may not hold and the resulting childhood mortality rates will be understated to some degree.

8.2 INFANT AND CHILD MORTALITY LEVELS AND TRENDS

Table 8.1 presents childhood mortality rates for the three five-year periods before the 2005-06 ZDHS. The data show that, for the five-year period immediately prior to the survey, the under-five mortality was 82 per 1,000 live births, that is, around one out of every 12 Zimbabwean children died before reaching their fifth birthday during the five-year period. The infant mortality rate was 60 deaths per 1,000 live births, and the neonatal mortality rate was 24 per 1,000 births. Thus, around three-quarters of the childhood deaths occurred during infancy, with more than one-quarter taking place during the first month of life.

Table 8.1 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Zimbabwe 2005-2006

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$) ¹	Under-five mortality (${}_5q_0$)
0-4	24	36	60	24	82
5-9	18	19	37	17	54
10-14	20	21	40	18	58

¹ Computed as the difference between the infant and neonatal mortality rates

An examination of the mortality levels across the three successive five-year periods shown in Table 8.1 suggests that under-five mortality rose from a level of 58 deaths per 1,000 births during the early 1990s (circa 1991-92 to 1995-96) to 82 deaths per 1,000 births during the first half of this decade (circa 2001-02 to 2005-06). Most of the rise in mortality occurred outside of the neonatal period.

Trends in mortality in early childhood can also be explored by examining the mortality results from successive rounds of DHS surveys in Zimbabwe. Table 8.2 shows the infant and under-five mortality rates for two successive five-year periods preceding the 1988, 1994, 1999, and 2005-06 ZDHS surveys. The overall pattern suggests that mortality levels declined during the first half of the 1980s, remained relatively stable for the next 10 years, and then began rising in the latter half of the 1990s.

Table 8.2 Trends in early childhood mortality

Trends in neonatal, infant, and under-five mortality from various selected surveys, Zimbabwe 1979-2006

Reference period	Approximate midpoint	Survey	Infant mortality	Under-five mortality
2001-02-2005-06	2003	2005-06 ZDHS	60	82
1994-95-2000-01	1998	2005-06 ZDHS	37	54
1995-1999	1997	1999 ZDHS	65	102
1990-1994	1992	1999 ZDHS	54	77
1990-1994	1992	1994 ZDHS	53	77
1985-1989	1987	1994 ZDHS	50	75
1984-1988	1986	1988 ZDHS	53	75
1979-1983	1981	1988 ZDHS	64	104

The direction of the trend in mortality during the first half of the current decade is, however, less certain. A comparison of the under-five mortality for the five-year period prior to the 2005-06 ZDHS with the rate for the five-year period prior to the 1999 ZDHS suggests that mortality has fallen, from the level of 102 deaths per 1,000 births at the time of the 1999 survey to 82 deaths at the time of 2005-06 ZDHS. Most of the difference in under-five mortality between the two most recent ZDHS surveys would appear to be the result of a decline in child mortality because the infant mortality rate at the time of the 2005-06 ZDHS was 60 deaths per 1,000 births, only slightly lower than the rate observed in the 1999 ZDHS (65 deaths per 1,000).

Further examination of the rates from the two most recent ZDHS surveys, however, raises questions about the comparability of the mortality results from the two surveys. For example, the 5-9 year rates from the 2005-2006 ZDHS (an infant mortality rate of 37 and under-five mortality rate of 54) and the 0-4 year rates from the 1999 survey (an infant mortality rate of 54 and an under-five mortality rate

of 77) are not comparable although they refer to approximately the same time frame (i.e., circa 1997-1998). Additional analysis is, therefore, needed to investigate the recent pattern of early childhood mortality in Zimbabwe before a conclusion is reached that mortality has declined over the period between the 1999 and 2005-06 ZDHS surveys. As discussed above, possible factors that may be affecting the mortality estimates include reporting errors during the surveys and excess mortality among mothers. Sampling variability also should be considered.

8.3 SOCIOECONOMIC DIFFERENTIALS IN EARLY CHILDHOOD MORTALITY

Table 8.3 shows differentials in infant and child mortality by residence, mother's level of education, and type of antenatal care and delivery assistance. The mortality estimates are calculated for the 10-year period before the survey so that the rates are based on a sufficient number of cases in each category to ensure statistically reliable estimates.

Table 8.3 Early childhood mortality rates by socioeconomic characteristics					
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Zimbabwe 2005-2006					
Background characteristic	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Residence					
Urban	20	26	47	18	64
Rural	22	29	51	22	72
Province					
Manicaland	38	33	71	32	100
Mashonaland Central	15	30	45	29	73
Mashonaland East	27	20	47	25	71
Mashonaland West	17	39	56	23	77
Matabeleland North	11	35	46	22	67
Matabeleland South	12	20	32	14	45
Midlands	28	25	53	13	65
Masvingo	15	27	42	17	58
Harare	24	22	46	20	65
Bulawayo	5	29	34	11	45
Education					
No education	17	24	40	30	69
Primary	22	30	52	20	71
Secondary	22	27	49	20	68
More than secondary	17	27	44	13	57
Wealth quintile					
Lowest	17	31	48	25	72
Second	25	34	59	15	73
Middle	24	25	48	29	76
Fourth	24	22	46	23	68
Highest	16	28	45	12	57

¹ Computed as the difference between the infant and neonatal mortality rates

Child survival rates are higher in urban than in rural areas. For example, the under-five mortality rate is 64 deaths per 1,000 births in the urban areas, compared with 72 deaths per 1,000 births in rural areas. There is also substantial variation in the mortality level across provinces. Under-five mortality is highest in Manicaland (100 deaths per 1,000 births) and lowest in Matabeleland South and Bulawayo (45 deaths per 1,000 births).

Children whose mothers have more than a secondary education have somewhat lower mortality than children whose mothers have less education.

8.4 BIODEMOGRAPHIC DIFFERENTIALS IN EARLY CHILDHOOD MORTALITY

The relationship between early childhood mortality and various demographic variables is examined in Table 8.4. Although the pattern is not uniform at all ages, male children experience higher mortality than their female counterparts. Infant mortality for males and females is 51 and 48 deaths per 1,000 births, respectively, while under-five mortality rates for males and females are 71 and 68 deaths per 1,000 births, respectively.

The relationship between childhood mortality and mother's age at birth does not show the expected U-shape pattern, except for the postneonatal period. The childhood mortality rates generally rise with the child's birth order although not uniformly.

Table 8.4 Early childhood mortality rates by demographic characteristics					
Neonatal, postneonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Zimbabwe 2005-2006					
Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
Child's sex					
Male	23	28	51	21	71
Female	19	29	48	21	68
Mother's age at birth					
<20	18	30	48	23	70
20-29	20	28	48	21	68
30-39	24	27	51	22	72
40-49	42	30	73	5	77
Birth order					
1	21	26	47	20	66
2-3	17	29	46	23	68
4-6	25	31	55	20	74
7+	39	25	65	16	80
Previous birth interval²					
<2 years	58	60	118	27	142
2 years	16	28	44	24	66
3 years	17	24	40	16	56
4+ years	18	22	40	22	60
Birth size³					
Small/very small	42	41	83	na	na
Average or larger	19	36	55	na	na
Don't know/missing	93	56	149	na	na

na = Not applicable
¹ Computed as the difference between the infant and neonatal mortality rates
² Excludes first-order births
³ Rates for the five-year period before the survey

Studies have shown that a longer birth interval seems to increase a child's chance of survival. Data from the 2005-06 ZDHS support this observation. For example, children born less than two years after a preceding sibling are more than twice as likely to die in infancy as those born two to three years after a preceding sibling (118 compared with 44 per 1,000). This link between the pace of childbearing and child survival rates is observed in all age groups. These findings point out the potential for mortality reduction that could result from successful efforts to promote birth spacing in Zimbabwe.

A child's size at birth is an indicator of the risk of dying during infancy, particularly during the first months of life. In the 2005-06 ZDHS, in addition to recording the actual birth weight, interviewers asked mothers whether the reference child was very small, small, average size, large, or very large at birth. This type of subjective assessment has been shown to correlate closely with actual birth weight. Newborns perceived by their mothers to be very small or small were 50 percent more likely to die in their first year than those perceived as average or larger in size. As expected, the differential is especially large during the neonatal period.

8.5 PERINATAL MORTALITY

Pregnancy losses occurring after seven completed months of gestation (stillbirths) plus deaths of live births within the first seven days of life (early neonatal deaths) constitute perinatal deaths. The distinction between a stillbirth and an early neonatal death (deaths in the first week after birth) is recognized as a fine one, often depending on observing and then remembering sometimes faint signs of life after delivery. Furthermore, the causes of stillbirths and early neonatal deaths are closely linked, and examining just one or the other can understate the true level of mortality around delivery. For this reason, deaths around delivery are combined into the perinatal mortality rate. Information on stillbirths is available for the five years preceding the survey and was collected using the calendar at the end of the Women's Questionnaire.

Table 8.5 indicates that the perinatal mortality for the country as a whole is 25 deaths per 1,000 pregnancies. Differentials in perinatal mortality across selected background characteristics of the mothers are generally similar to those observed for neonatal mortality. A particularly marked decline in perinatal mortality is associated with increased education of women.

Table 8.5 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	12	18	28	1,082
20-29	14	50	22	2,953
30-39	12	15	25	1,069
40-49	2	6	47	166
Previous pregnancy interval in months				
First pregnancy	12	28	25	1,598
<15	4	1	27	203
15-26	1	19	36	573
27-38	4	11	14	994
39+	19	30	26	1,902
Residence				
Urban	15	28	28	1,528
Rural	25	61	23	3,743
Region				
Manicaland	7	18	36	687
Mashonaland Central	4	6	17	589
Mashonaland East	4	6	25	391
Mashonaland West	0	8	16	519
Matabeleland North	5	2	20	345
Matabeleland South	5	2	28	247
Midlands	5	19	31	779
Masvingo	1	12	17	791
Harare	8	14	32	674
Bulawayo	1	2	12	249
Education				
No education	3	4	30	215
Primary	17	30	24	1,939
Secondary	20	55	25	2,992
More than secondary	0	1	12	124
Wealth quintile				
Lowest	6	15	16	1,302
Second	13	18	28	1,106
Middle	3	20	26	914
Fourth	6	24	27	1,097
Highest	12	13	29	851
Total	40	89	25	5,271

¹ Stillbirths are foetal deaths in pregnancies lasting seven or more months.

² Early neonatal deaths are deaths at age 0-6 days among live-born children.

³ The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration

8.6 HIGH-RISK FERTILITY BEHAVIOUR

Typically, infants and young children have a higher risk of dying if they are born to very young mothers or older mothers, if they are born after a short interval, or if their mothers have already had many children. In the following analysis, mothers are classified as too young if they are less than 18 years old at the time of birth of the child and too old if they are age 35 years or more at the time of the birth. A short birth interval is defined as less than 24 months, and a high-order birth is defined as occurring after four or more previous births (i.e., birth order 5 or higher). A birth may be at an elevated risk of dying owing to a combination of characteristics.

The first column of Table 8.6 shows the percentage of births in the five years before the survey classified by various risk categories. Overall, 38 percent of births are in at least one high-risk category; 27 percent are in a single high-risk category and 11 percent have multiple high-risk characteristics.

The second column in Table 8.6 presents risk ratios, which represent the increased risk of mortality among births in various high-risk categories relative to births not having any high-risk characteristics. The primary factor leading to heightened mortality risk in Zimbabwe is short birth interval (2.20), followed by mother's age greater than 34 (1.55). The largest percentage of high-risk births in Zimbabwe are of high birth order (birth order >3) and have a comparatively modest increased risk of mortality (1.13). This acts to reduce the risk ratios in the overall single high-risk category (1.4) and in the overall multiple high-risk category (1.9).

The third column of Table 8.6 shows the distribution of currently married women by the risk category into which a birth conceived at the time of the survey would fall. The data in the table shows that 30 percent of women are not in any elevated mortality risk category and 6 percent have only given birth once, which is an unavoidable risk. Among those who are in an elevated mortality risk category (64 percent of women), 32 percent have a single high risk and 32 percent have multiple risks.

Table 8.6 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Zimbabwe 2005-2006

Risk category	Births in the 5 years preceding the survey		Percentage of currently married women ¹
	Percentage of births	Risk ratio	
Not in any high-risk category	36.9	1.00	30.1 ^a
Unavoidable risk category			
First order births between ages 18 and 34 years	25.1	1.02	6.4
Single high-risk category			
Mother's age <18	6.8	1.47	1.4
Mother's age >34	1.1	1.55	4.4
Birth interval <24 months	3.7	2.20	12.0
Birth order >3	15.5	1.13	14.0
Subtotal	27.2	1.38	31.7
Multiple high-risk category			
Age <18 and birth interval <24 months ²	0.2	7.64	0.3
Age >34 and birth interval <24 months	0.0	na	0.1
Age >34 and birth order >3	7.6	1.01	20.8
Age >34 and birth interval <24 months and birth order >3	0.7	3.71	2.9
Birth interval <24 months and birth order >3	2.4	3.46	7.5
Subtotal	10.9	1.85	31.7
In any avoidable high-risk category	38.1	1.51	63.5
Total	100.0	na	100.0
Number of births	5,233	na	5,143

Note: Risk ratio is the ratio of the proportion dead among births in a specific high-risk category to the proportion dead among births *not in any high-risk category*.

na = Not applicable

¹ Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.

² Includes the category age <18 and birth order >3

^a Includes sterilised women

The health care that a mother receives during pregnancy, at the time of delivery, and soon after delivery is important for the survival and well-being of both the mother and her child. This chapter presents findings on several areas of importance to maternal health: antenatal, delivery, and postnatal care, and problems in accessing health care. These findings are important to policymakers and programme implementers in formulating programmes and policies, and in designing appropriate strategies and interventions to improve maternal and child health care services.

Information on antenatal care (ANC) is of great value in identifying subgroups of women who do not utilise such services and is useful in planning improvements in the services. The data on ANC from the 2005-06 ZDHS provide details on the type of service provider, the number of ANC visits made, the stage of pregnancy at the time of the first and last visits, and the services and information provided during ANC including whether tetanus toxoid was received.

9.1 ANTENATAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. Antenatal care from a trained provider is important in order to monitor the pregnancy and reduce the risks for the mother and child during pregnancy and at delivery. In the 2005-06 ZDHS, women who had given birth in the five years preceding the survey were asked a number of questions about maternal care. For the last live birth in that period, the mothers were asked whether they had obtained antenatal care during the pregnancy. For women with two or more live births during the five-year period, data refer to the most recent birth.

Table 9.1 shows the percent distribution of mothers in the five years preceding the survey by source of antenatal care received during pregnancy, according to selected characteristics. Women were asked to report on all providers seen for antenatal care for their last birth. If a woman was seen by more than one provider, the provider with the highest qualification was recorded.

Ninety-four percent of women who gave birth in the five years preceding the survey received antenatal care from a trained health professional (doctor or nurse/midwife) at least once. The majority (84 percent) of women received antenatal care from a nurse or midwife, while 10 percent of women received antenatal care from a doctor. Less than 1 percent of women received antenatal care from a traditional birth attendant (trained or untrained).

The child's birth order is inversely associated with the use of antenatal care. Children of higher birth order are less likely to receive care from a trained professional. Table 9.1 indicates that 96 percent of women with one child received antenatal care from a doctor, nurse, or midwife, while 87 percent of women with six or more children received antenatal care from a trained health professional.

Table 9.1 Antenatal care

Percent distribution of women who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Doctor	Nurse/ midwife	Trained traditional birth attendant	Untrained traditional birth attendant	Other	No one	Missing	Total	Number of women
Age at birth									
<20	9.2	83.8	0.3	0.3	0.4	5.8	0.2	100.0	766
20-34	10.3	84.6	0.2	0.2	0.1	4.6	0.0	100.0	2,905
35-49	9.5	82.2	0.3	0.2	0.8	6.8	0.2	100.0	428
Birth order									
1	11.8	83.9	0.1	0.3	0.2	3.7	0.1	100.0	1,236
2-3	11.2	84.0	0.2	0.1	0.2	4.3	0.0	100.0	1,764
4-5	5.9	87.5	0.3	0.0	0.1	6.1	0.0	100.0	715
6+	6.8	80.0	0.6	0.6	0.8	11.0	0.2	100.0	384
Residence									
Urban	20.5	75.6	0.1	0.1	0.2	3.4	0.1	100.0	1,284
Rural	5.2	88.2	0.3	0.2	0.2	5.8	0.1	100.0	2,815
Province									
Manicaland	8.3	80.0	0.6	0.8	0.5	9.8	0.0	100.0	497
Mashonaland Central	5.1	89.8	0.0	0.0	0.1	5.0	0.0	100.0	457
Mashonaland East	4.2	92.5	0.2	0.0	0.0	3.1	0.0	100.0	319
Mashonaland West	10.6	83.9	0.0	0.6	0.2	4.4	0.3	100.0	413
Matabeleland North	10.1	82.8	0.3	0.0	0.0	6.9	0.0	100.0	263
Matabeleland South	11.7	83.4	0.0	0.0	0.2	4.3	0.3	100.0	184
Midlands	5.3	88.9	0.0	0.1	0.2	5.6	0.0	100.0	584
Masvingo	2.9	92.8	0.5	0.2	0.2	3.4	0.0	100.0	609
Harare	20.0	76.0	0.0	0.0	0.3	3.5	0.1	100.0	566
Bulawayo	38.6	56.7	0.7	0.0	0.4	3.6	0.0	100.0	207
Education									
No education	6.1	87.9	0.0	0.0	0.0	5.9	0.0	100.0	166
Primary	4.9	86.3	0.5	0.2	0.5	7.6	0.1	100.0	1,443
Secondary	11.7	84.3	0.0	0.2	0.1	3.6	0.1	100.0	2,383
More than secondary	48.2	49.0	1.4	0.0	0.0	1.4	0.0	100.0	106
Wealth quintile									
Lowest	4.5	88.3	0.3	0.5	0.3	6.1	0.0	100.0	934
Second	4.1	88.0	0.3	0.1	0.4	7.1	0.1	100.0	823
Middle	7.1	87.4	0.2	0.1	0.0	5.1	0.0	100.0	714
Fourth	9.3	86.0	0.1	0.2	0.0	4.3	0.1	100.0	901
Highest	27.6	69.5	0.2	0.0	0.4	2.2	0.1	100.0	727
Total	10.0	84.2	0.2	0.2	0.2	5.0	0.1	100.0	4,099

Note: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation.

Coverage of antenatal care from a provider who is a doctor, nurse, or midwife is slightly higher in urban areas than in rural areas (96 percent and 93 percent, respectively). Antenatal care coverage is lowest in Manicaland with 88 percent of women receiving ANC from a doctor, nurse, or midwife and 10 percent of women receiving no ANC at all. In all other provinces, ANC from a doctor, nurse, or midwife ranges between 93 and 97 percent of women.

Antenatal care does not vary much by education; however, ANC from a doctor, nurse, or midwife is more common among higher-educated women and is almost universal (at least 96 percent) for women with a secondary or higher education. What is most pronounced is that women with higher than a secondary education are much more likely to have received ANC from a doctor (48 percent), when compared with their counterparts with less education. As observed with higher levels of education, women in the highest wealth quintile (28 percent) are the most likely to have received antenatal care from a doctor.

9.2 NUMBER AND TIMING OF ANTENATAL VISITS

Antenatal care is more beneficial in preventing adverse pregnancy outcomes when it is sought early in the pregnancy and is continued through to delivery. Health professionals recommend that the first antenatal visit should occur within the first three months of pregnancy and continue on a monthly basis through the 28th week of pregnancy and every two weeks up to the 36th week (or until birth). Under normal circumstances, WHO recommends that a woman without complications have at least four ANC visits to provide sufficient care.

The ZDHS respondents were asked how many antenatal visits they made during the pregnancy preceding the last live birth in the five years before the survey and how many months pregnant they were at the time of the first visit. Information about this number and timing of visits made by pregnant women is presented in Table 9.2.

In the 2005-06 ZDHS, 94 percent of women who had a live birth in the five years preceding the survey had at least one antenatal care visit. Seventy-one percent of mothers had four or more antenatal care visits and 21 percent of mothers had two to three visits. Women in urban areas were more likely to have four or more visits than women living in rural areas (76 and 69 percent, respectively).

Table 9.2 also shows that 70 percent of women had their first ANC visit before their sixth month of pregnancy. Twenty-two percent had their first visit in the sixth or seventh month of pregnancy, and 3 percent had their first visit at eight months of pregnancy. Five percent of women received no antenatal care at all. The median duration of pregnancy at the first antenatal care visit was five months, which is identical to the timing of the first visit observed in the 1999 ZDHS.

9.3 COMPONENTS OF ANTENATAL CARE

Observing the content of antenatal care is essential for assessing the quality of antenatal care services. Pregnancy complications are a primary source of maternal and child morbidity and mortality. Therefore, ensuring that pregnant women receive information on the signs of complications and testing them for complications should be routinely included in all antenatal care visits. To help assess ANC

Table 9.2 Number of antenatal care visits and timing of first visit

Percent distribution of women who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Zimbabwe 2005-2006

Number and timing of ANC visits	Residence		Total
	Urban	Rural	
Number of ANC visits			
None	3.4	5.8	5.0
1	1.8	2.2	2.1
2-3	16.9	22.4	20.7
4+	75.8	68.9	71.1
Don't know/missing	2.1	0.7	1.1
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	3.4	5.8	5.0
<4	28.6	26.6	27.2
4-5	40.2	43.7	42.6
6-7	24.3	21.2	22.2
8+	3.0	2.4	2.6
Don't know/missing	0.5	0.2	0.3
Total	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	5.0	4.9	5.0
Number of women	1,284	2,815	4,099

services, respondents were asked about whether they had been advised of complications or received certain screening tests during at least one of the antenatal visits. Table 9.3 presents information on the percentage of women who took iron tablets or syrup, were informed of the signs of pregnancy complications, and received routine selected services during antenatal care visits for their most recent birth in the last five years.

Among women with a live birth in the five years preceding the survey, 43 percent took iron tablets or syrup during their pregnancy. There are few variations by age, birth order, residence, and wealth quintile; however, there are differentials by province and education. Women in Harare were least likely to take iron supplements (29 percent) and women in Masvingo were the most likely to take iron tablets (56 percent). Women with more than a secondary education were most likely to take iron supplements during pregnancy (54 percent).

Half of the women who received antenatal care were informed of the signs of pregnancy complications. Women over the age of 20 are more likely to receive information on pregnancy complications than younger women. Birth order is not strongly associated with receiving information on signs of pregnancy complications. However, women in urban areas were more likely to receive information than those in the rural areas (65 percent compared with 43 percent). More than half of women in Harare, Midlands, and Bulawayo were informed of pregnancy complications (68, 59, and 57 percent, respectively), contrasted to only one in four women who live in Matabeleland North and Matabeleland South (22 and 26 percent, respectively). Around half of the women in the remaining provinces were informed of pregnancy complications, with the exception of Masvingo (41 percent).

Education and wealth quintile have a marked positive association with receiving information of the signs of pregnancy complications. More than 6 in 10 women with higher than a secondary education or who are in the highest wealth quintile were informed of pregnancy complications, contrasted to about 4 in 10 women with no education or a primary education and who are in the second and lowest wealth quintiles.

Table 9.3 also indicates that 95 percent of women who received antenatal care for their most recent birth were weighed and 93 percent had their blood pressure measured. Few variations are observed among the background characteristics. With the exception of women who live in Masvingo and women in the lowest wealth quintile, more than nine in ten women among all background characteristics were weighed and had their blood pressure measured.

A urine sample was taken for 69 percent of women who received antenatal care, and 68 percent of women had a blood sample taken. The 2005-06 ZDHS indicates that there are greater differentials by background characteristics than what was observed in the 1999 ZDHS. Women residing in rural areas were less likely to have a urine sample taken (60 percent) than women in urban areas (86 percent). The same pattern by residence is also observed with respect to whether blood samples were taken (58 percent for rural women and 89 percent for urban women). Women who never attended school (49 percent) and women in the lowest wealth quintile (51 percent) are almost half as likely to have had a urine sample taken as women with more than a secondary education (90 percent) and those in the highest wealth quintile (91 percent). Likewise, a similar trend is observed with regards to whether a blood sample was taken. Fifty percent of women with no education had a blood sample taken, compared with 88 percent of women with more than secondary education. Fifty percent of women in the lowest wealth quintile had a blood sample taken, compared with 91 percent of women in the highest wealth quintile.

Table 9.3 Components of antenatal care

Among women with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Among women with a live birth in the last five years, the percentage who during the pregnancy of their last birth:		Among women who received antenatal care for their most recent birth in the past five years, the percentage with selected services:					
	Took iron tablets or syrup	Number of women	Informed of signs of pregnancy complications	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	Number of women
Age at birth								
<20	43.0	766	43.6	89.5	88.8	59.0	64.7	720
20-34	42.7	2,905	50.2	96.2	94.3	70.8	68.5	2,772
35-49	44.2	428	56.1	94.6	87.5	71.0	69.3	398
Birth order								
1	44.7	1,236	47.6	92.6	92.8	67.1	71.4	1,189
2-3	42.0	1,764	50.6	95.6	92.6	68.6	67.4	1,688
4-5	43.2	715	50.0	97.3	96.0	72.2	65.6	671
6+	40.5	384	50.7	93.4	85.0	66.9	62.2	341
Residence								
Urban	41.4	1,284	64.6	97.9	97.8	86.1	89.2	1,240
Rural	43.6	2,815	42.5	93.4	90.1	60.4	57.8	2,650
Province								
Manicaland	39.2	497	47.9	96.3	93.0	64.7	61.5	448
Mashonaland Central	40.1	457	46.8	95.8	92.3	59.9	56.4	434
Mashonaland East	31.5	319	49.7	97.4	94.0	64.1	55.1	309
Mashonaland West	44.0	413	51.5	92.9	94.0	69.2	74.5	394
Matabeleland North	51.0	263	21.8	95.4	91.2	74.7	67.9	245
Matabeleland South	53.4	184	25.9	97.8	92.5	76.7	79.1	176
Midlands	43.0	584	59.0	95.2	93.6	66.6	59.2	552
Masvingo	56.0	609	41.4	87.4	84.4	51.2	57.8	588
Harare	28.5	566	68.4	97.6	96.4	87.4	90.0	545
Bulawayo	54.5	207	57.1	98.7	99.5	92.8	96.4	200
Education								
No education	47.1	166	39.8	91.6	75.2	48.8	49.8	156
Primary	41.8	1,443	40.5	91.4	88.6	59.0	59.0	1,333
Secondary	42.8	2,383	54.8	96.8	95.7	74.6	73.3	2,296
More than secondary	54.1	106	64.9	98.2	99.2	89.7	87.7	105
Wealth quintile								
Lowest	45.6	934	32.9	88.4	84.9	51.4	49.9	877
Second	42.8	823	42.8	96.5	92.0	61.2	57.4	764
Middle	40.0	714	49.2	95.3	92.4	65.3	61.8	677
Fourth	42.0	901	57.4	96.8	96.5	77.3	80.9	861
Highest	43.5	727	68.4	98.0	98.1	90.5	91.2	710
Total	42.9	4,099	49.6	94.8	92.6	68.6	67.8	3,890

9.4 TETANUS TOXOID

Tetanus toxoid (TT) injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many developing countries that is often due to poor observance of hygienic procedures during delivery. For full protection, a pregnant woman should receive at least two doses during each pregnancy. If a woman has been vaccinated during a previous pregnancy, however, she may only require one dose for the current pregnancy. Five doses are considered to provide lifetime protection. Table 9.4 presents the percent distribution of women who had a live birth in the five years preceding the survey by whether the last birth was protected against neonatal tetanus.

Fifty-eight percent of women had the number of tetanus toxoid injections needed to ensure that their last-born child was protected against neonatal tetanus. Most of these women (55 percent) received two or more tetanus toxoid injections while pregnant with the last birth. The remaining 3 percent of women either had one TT injection during last pregnancy plus one additional TT injection in the 10 years prior to the last pregnancy, or they did not have a TT injection during the last pregnancy but had at least five lifetime TT injections. Births to women who are first-time mothers, those who reside in urban areas, and women who have a secondary education are slightly more protected than women with more children, those residing in rural areas, and mothers with less education.

9.5 PLACE OF DELIVERY

Increasing the number of babies that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infections that can cause morbidity and mortality to either the mother or the baby. Table 9.5 presents the percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics.

Table 9.4 Tetanus toxoid injections

Among mothers with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage of last births protected against neonatal tetanus	Number of women
Age at birth			
<20	54.4	57.4	766
20-34	55.5	58.6	2,905
35-49	48.2	51.7	428
Birth order			
1	59.0	61.4	1,236
2-3	54.7	58.0	1,764
4-5	51.8	55.3	715
6+	44.3	48.5	384
Residence			
Urban	58.1	61.6	1,284
Rural	52.9	55.9	2,815
Province			
Manicaland	51.6	55.0	497
Mashonaland Central	58.2	61.2	457
Mashonaland East	69.4	70.5	319
Mashonaland West	56.6	59.3	413
Matabeleland North	45.7	48.0	263
Matabeleland South	48.2	56.7	184
Midlands	61.0	64.3	584
Masvingo	45.5	47.9	609
Harare	52.7	56.3	566
Bulawayo	56.3	59.6	207
Education			
No education	39.9	42.5	166
Primary	47.3	49.8	1,443
Secondary	60.4	63.7	2,383
More than secondary	45.4	51.8	106
Wealth quintile			
Lowest	46.5	49.4	934
Second	53.1	56.4	823
Middle	57.7	60.5	714
Fourth	57.2	60.3	901
Highest	60.1	63.6	727
Total	54.5	57.6	4,099

Table 9.5 shows that 68 percent of births occurred in health facilities. This figure is slightly lower than that recorded in the 1999 ZDHS (72 percent) and the 1994 ZDHS (69 percent). In the 2005-06 ZDHS, 55 percent of births occurred in public health facilities and 13 percent occurred in private health facilities. Thirty-one percent of births occurred at home in the 2005-06 ZDHS, compared with 23 percent in the 1999 ZDHS. Younger mothers are more likely to deliver in a health institution than older mothers (68 percent for women under 20 years old, compared with 56 percent for women 35 years and older). Higher-order births are associated with a greater likelihood of being delivered at home: 55 percent of mothers with six or more children had their last birth at home, compared with 21 percent of mothers with one child.

Background characteristic	Health facility		Home	Other	Missing	Total	Number of births
	Public sector	Private sector					
Mother's age at birth							
<20	56.9	11.2	31.4	0.5	0.0	100.0	1,070
20-34	56.7	12.8	29.4	1.0	0.2	100.0	3,668
35-49	42.6	13.4	43.1	0.5	0.4	100.0	492
Birth order							
1	65.7	12.6	21.2	0.4	0.1	100.0	1,654
2-3	56.1	13.7	29.0	1.1	0.2	100.0	2,207
4-5	45.7	11.2	41.9	1.0	0.2	100.0	886
6+	34.6	9.4	54.6	0.9	0.4	100.0	484
Antenatal care visits¹							
None	24.1	4.3	70.2	0.9	0.5	100.0	206
1-3	52.1	9.4	37.4	1.0	0.1	100.0	932
4+	60.1	14.7	24.3	0.8	0.0	100.0	2,914
Don't know/missing	69.4	7.5	15.6	2.0	5.5	100.0	46
Residence							
Urban	80.0	12.7	6.3	0.6	0.4	100.0	1,513
Rural	45.3	12.4	41.2	0.9	0.1	100.0	3,718
Province							
Manicaland	49.6	10.4	38.0	1.9	0.0	100.0	679
Mashonaland Central	43.1	17.6	38.7	0.6	0.0	100.0	585
Mashonaland East	61.6	5.4	31.9	0.8	0.3	100.0	387
Mashonaland West	53.5	6.8	38.4	0.9	0.4	100.0	519
Matabeleland North	45.8	11.7	42.4	0.2	0.0	100.0	340
Matabeleland South	55.3	8.6	34.9	0.7	0.5	100.0	243
Midlands	43.5	20.4	35.9	0.2	0.0	100.0	774
Masvingo	53.3	13.4	31.6	1.5	0.1	100.0	790
Harare	79.5	12.1	7.5	0.3	0.6	100.0	666
Bulawayo	86.3	8.0	5.0	0.7	0.0	100.0	248
Mother's education							
No education	27.5	6.7	65.5	0.3	0.0	100.0	213
Primary	40.7	11.0	47.4	0.9	0.1	100.0	1,922
Secondary	67.0	12.5	19.4	0.9	0.2	100.0	2,972
More than secondary	52.0	45.9	0.8	0.6	0.8	100.0	124
Wealth quintile							
Lowest	35.0	10.6	53.5	0.8	0.1	100.0	1,296
Second	45.3	10.5	43.0	1.1	0.1	100.0	1,093
Middle	56.4	13.7	29.0	0.9	0.1	100.0	911
Fourth	73.8	10.7	14.5	0.9	0.1	100.0	1,091
Highest	75.0	18.9	4.8	0.4	0.8	100.0	839
Total ¹	55.4	12.5	31.1	0.8	0.2	100.0	5,231

¹ Includes only the most recent birth in the five years preceding the survey

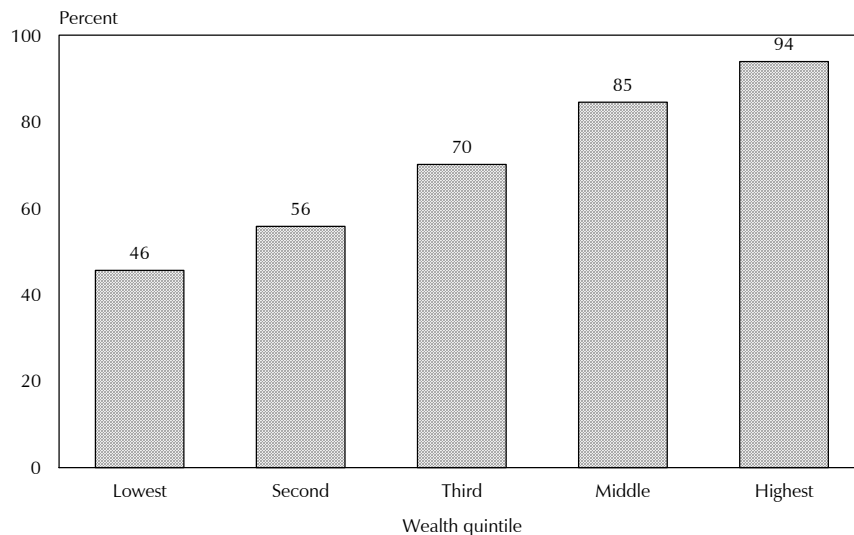
Place of delivery varies by urban-rural residence, with 93 percent of births in urban areas and 58 percent of births in rural areas occurring in a health facility. The urban-rural differential recorded in the 2005-06 ZDHS is greater than that recorded in the 1999 ZDHS when 89 percent of urban births and 64 percent of rural births occurred in health facilities.

Ninety-four percent of births occurred in health facilities in Bulawayo and 92 percent of births occurred in health facilities in Harare. In all other provinces, this coverage ranges from 58 percent to 67 percent. Home deliveries are most prevalent in Matabeleland North (42 percent) and least prevalent in Bulawayo (5 percent) and Harare (8 percent).

Mothers with more than a secondary education are almost three times more likely to deliver in a health facility than mothers with no education (98 percent compared with 34 percent). While the percentage of births to mothers with more than secondary education that were delivered in a health facility has remained the same as in 1999, the proportion of births to mothers with less education occurring in a health facility over the same period has decreased. In the 2005-06 ZDHS, 34 percent of births to mothers with no education occurred in a health facility, compared with 43 percent of birth in the 1999 ZDHS. Likewise, a higher percentage of births to women with less education occurred at home in the latest ZDHS. Sixty-six percent of women with no education gave birth at home in the 2005-06 ZDHS, compared with 46 percent in the 1999 ZDHS. The percentage of women with more than a secondary education who gave birth at home remained constant between surveys (1 percent).

There is a marked association between the mother's wealth quintile and place of delivery. Figure 9.1 shows that the likelihood of births occurring in health facilities increases with each wealth quintile. Mothers in the highest wealth quintile are twice as likely to give birth in a health facility as mothers in the lowest wealth quintile (94 percent compared with 46 percent, respectively).

Figure 9.1 Delivery in Health Facility by Wealth Quintile



ZDHS 2005-06

9.6 ASSISTANCE DURING DELIVERY

Obstetric care from a trained provider during delivery is recognized as a critical element for the reduction of maternal and neonatal mortality. Births delivered at home are usually more likely to be delivered without assistance from a health professional, whereas births delivered at a health facility are more likely to be delivered by a trained health professional. Table 9.6 shows the type of assistance during delivery by selected background characteristics.

Table 9.6 shows that 9 percent of births were assisted by a doctor, 60 percent by a nurse or midwife, 11 percent by a trained traditional birth attendant, 16 percent by an untrained traditional birth attendant, 2 percent by a relative, and 2 percent of births had no assistance at all. Overall, more births were attended by traditional birth attendants in the 2005-06 ZDHS than in 1999 (27 percent compared with 18 percent). Maternal age and child's birth order are associated with the type of assistance at delivery. Younger women and women with fewer children are more likely to receive assistance at delivery than their older counterparts or women with more children.

Of the births that took place in a health facility, 86 percent were assisted by a nurse or midwife, and 13 percent were assisted by a doctor. Ninety-four percent of births in urban areas were delivered by a doctor, nurse, or midwife. Eighty-five percent of births occurring outside of a health facility were assisted by a traditional birth attendant.

In urban areas, 94 percent of births were assisted by a health professional (doctor, nurse, or midwife) compared with 58 percent in rural areas. Doctors assisted 20 percent of births in urban areas, compared with 5 percent in rural areas.

More than nine in ten deliveries in Harare (94 percent) and Bulawayo (95 percent) were assisted by a health professional. In other provinces, the coverage ranges from 58 percent in Matabeleland North to 67 percent in Masvingo. Approximately 6 percent of births in Manicaland, Mashonaland Central, Mashonaland East, and Masvingo were assisted by a relative or were unattended.

Maternal education is strongly related to health professional assistance during delivery. Women with secondary and higher education are more likely to seek assistance from a health professional during delivery. A doctor, nurse, or midwife assisted 99 percent of births to women with higher than a secondary education, compared with only 35 percent of births to mothers with no education. Approximately half of women with a primary or no education had their births attended by a traditional birth attendant compared with 1 percent among women with more than a secondary education.

As with education, wealth quintile is strongly associated with professional assistance during delivery. Women in the highest wealth quintile were twice as likely as women in the lowest wealth quintile to have assistance from a health professional (95 percent compared with 46 percent). Furthermore, women in the highest wealth quintile were nine times more likely than women in the lowest wealth quintile to have their births attended by a doctor (26 percent compared to 3 percent).

Respondents were asked whether the delivery was by caesarean section (C-section). According to the 2005-06 ZDHS, 5 percent of babies were delivered by C-section. This figure is slightly less than what was recorded in the 1999 ZDHS (7 percent). Caesarean sections are most common among first births (6 percent), urban births (9 percent), births to women in urban provinces (9 percent for Bulawayo and 7 percent for Harare), births to higher-educated mothers (14 percent), and births to mothers in higher wealth quintiles (10 percent). The sharpest difference in C-section coverage is reflected in the mother's education. Women with higher than secondary education are 14 times more likely to have a C-section than women with no education, seven times more likely than women with a primary education, and more than twice as likely as women with a secondary education.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, and percentage delivered by caesarean section (C-section), according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Doctor	Nurse/ midwife	Trained traditional birth attendant	Untrained traditional birth attendant	Relative/ other	No one	Don't know/ missing	Total	Percentage delivered by C-section	Number of births
Mother's age at birth										
<20	8.2	60.5	11.5	16.5	2.2	0.9	0.3	100.0	3.2	1,070
20-34	9.0	60.9	10.9	15.6	1.3	2.0	0.2	100.0	5.1	3,668
35-49	10.6	46.6	12.9	20.2	4.0	5.9	0.0	100.0	6.1	492
Birth order										
1	11.0	67.8	7.4	11.7	1.3	0.5	0.2	100.0	5.6	1,654
2-3	9.9	60.3	12.2	14.6	1.2	1.4	0.3	100.0	5.2	2,207
4-5	5.3	52.3	13.2	22.5	1.5	5.1	0.2	100.0	3.4	886
6+	4.6	40.7	15.6	27.7	5.7	5.7	0.0	100.0	2.3	484
Place of delivery										
Health facility	13.1	86.3	0.2	0.1	0.1	0.1	0.1	100.0	7.0	3,551
Elsewhere	0.3	2.7	34.6	50.6	5.0	6.5	0.3	100.0	0.0	1,671
Missing	*	*	*	*	*	*	*	*	*	10
Residence										
Urban	20.1	73.7	2.4	2.4	0.8	0.6	0.1	100.0	8.7	1,513
Rural	4.5	53.7	14.7	21.9	2.1	2.8	0.3	100.0	3.2	3,718
Province										
Manicaland	4.5	56.9	11.8	20.1	3.8	2.6	0.4	100.0	4.0	679
Mashonaland Central	5.2	55.2	20.1	13.8	1.4	4.4	0.0	100.0	2.8	585
Mashonaland East	6.2	62.4	11.3	14.0	3.8	1.8	0.6	100.0	4.5	387
Mashonaland West	7.7	52.7	15.1	21.0	1.9	1.5	0.1	100.0	5.9	519
Matabeleland North	8.9	49.4	13.7	24.4	0.4	3.3	0.0	100.0	3.6	340
Matabeleland South	9.6	53.7	14.7	19.4	0.3	1.9	0.5	100.0	3.1	243
Midlands	4.8	59.1	12.5	22.1	0.5	1.0	0.0	100.0	5.0	774
Masvingo	3.7	63.1	8.2	18.8	2.1	3.4	0.7	100.0	3.7	790
Harare	20.4	73.3	2.6	2.1	1.2	0.3	0.0	100.0	7.4	666
Bulawayo	36.6	58.4	1.3	2.0	0.6	1.1	0.0	100.0	8.7	248
Mother's education										
No education	1.8	32.8	17.9	36.5	3.9	7.1	0.0	100.0	1.2	213
Primary	3.9	48.4	17.0	24.9	2.4	3.2	0.2	100.0	2.4	1,922
Secondary	11.3	68.8	7.4	9.8	1.1	1.2	0.3	100.0	6.2	2,972
More than secondary	45.3	53.3	0.0	0.8	0.6	0.0	0.0	100.0	13.7	124
Wealth quintile										
Lowest	3.3	42.8	18.3	29.9	2.4	3.1	0.3	100.0	1.9	1,296
Second	3.7	52.4	15.9	22.3	2.7	2.6	0.5	100.0	3.1	1,093
Middle	4.3	66.2	11.2	14.6	1.7	2.0	0.0	100.0	4.0	911
Fourth	12.1	73.3	5.5	6.7	0.6	1.7	0.1	100.0	6.6	1,091
Highest	25.8	69.4	1.4	1.4	0.9	1.0	0.1	100.0	9.9	839
Total	9.0	59.5	11.2	16.2	1.7	2.2	0.2	100.0	4.8	5,231

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

9.7 POSTNATAL CARE

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, postnatal care is important for both the mother and the child to treat complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. Safe motherhood programmes recommend that all women receive a check on their health within two days of delivery. To assess the extent of postnatal care utilization, respondents were asked for the last birth in the five years preceding the survey whether they had received a health check after the delivery, the timing of the first checkup, and the type of health provider performing the postnatal checkup. This information is presented according to background characteristics in Tables 9.7 and 9.8.

Overall, 54 percent of mothers received a postnatal checkup for the most recent birth in the five years preceding the survey. Thirty percent of mothers received a postnatal checkup within the first 48 hours after delivery. Thirteen percent of mothers received a checkup less than four hours after delivery, 16 percent between four and 23 hours, and 24 percent had a postnatal checkup between three and 40 days after delivery. Forty-five percent of mothers had no postnatal checkup.

Women under 20 years old were less likely to have had a postnatal checkup within two days of delivery than their older counterparts. Women who are in the highest parity category were also less likely to have a postnatal checkup within two days after delivery than women with fewer children.

Urban residence and higher education and wealth quintiles are highly associated with obtaining a postnatal checkup within two days of delivery. Forty-eight percent of women living in urban areas had a postnatal checkup within two days, compared with 23 percent of women living in rural areas. Likewise, mothers living in Bulawayo (74 percent) and Harare (43 percent) were most likely to have a postnatal checkup within two days of delivery. Women living in Manicaland and Mashonaland East were least likely to have a postnatal checkup within the same period of time (16 and 17 percent, respectively). The percentage of postnatal checkups within two days of delivery for the remaining provinces ranges from 22 to 38 percent.

Mothers with more than a secondary education are three times as likely as mothers with no education to have had a postnatal checkup within two days of delivery (57 percent and 18 percent, respectively). Mothers in the highest wealth quintile are also three times as likely as mothers in the lowest quintile to have had a checkup within two days of delivery (52 percent and 16 percent, respectively).

Table 9.7 Timing of first postnatal checkup

Among women giving birth in the five years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Timing after delivery of mother's first postnatal checkup						Total	Number of women
	Less than 4 hours	4-23 hours	2 days	3-41 days	Don't know/missing	No checkup		
Age at birth								
<20	11.7	13.7	1.6	21.7	1.0	50.4	100.0	766
20-34	13.8	16.1	1.1	24.4	1.0	43.6	100.0	2,905
35-49	13.7	15.8	2.3	25.6	0.5	42.1	100.0	428
Birth order								
1	12.7	16.9	1.7	23.0	1.4	44.4	100.0	1,236
2-3	14.8	15.6	0.8	24.4	0.9	43.5	100.0	1,764
4-5	14.0	14.8	1.4	24.4	0.5	44.9	100.0	715
6+	8.2	13.1	2.4	24.4	0.6	51.3	100.0	384
Residence								
Urban	22.2	24.0	1.3	25.9	1.6	25.0	100.0	1,284
Rural	9.4	11.8	1.3	23.1	0.7	53.7	100.0	2,815
Province								
Manicaland	5.5	10.2	0.7	22.5	1.8	59.4	100.0	497
Mashonaland Central	7.2	20.0	0.8	32.4	0.6	39.0	100.0	457
Mashonaland East	8.5	7.3	0.8	25.9	0.2	57.3	100.0	319
Mashonaland West	9.8	10.5	1.6	27.4	1.4	49.3	100.0	413
Matabeleland North	14.6	15.2	1.9	21.1	0.5	46.7	100.0	263
Matabeleland South	20.1	15.6	2.3	19.7	2.4	39.9	100.0	184
Midlands	20.8	11.7	1.2	17.7	0.2	48.4	100.0	584
Masvingo	8.5	13.6	1.9	23.7	0.0	52.3	100.0	609
Harare	20.5	21.1	1.0	30.3	1.2	26.1	100.0	566
Bulawayo	27.4	44.9	2.0	8.2	3.6	14.0	100.0	207
Education								
No education	7.5	9.6	0.7	25.4	0.5	56.3	100.0	166
Primary	8.7	9.4	1.8	21.2	0.5	58.5	100.0	1,443
Secondary	16.2	19.0	1.0	25.4	1.3	37.0	100.0	2,383
More than secondary	23.5	32.4	1.5	28.5	0.0	14.1	100.0	106
Wealth quintile								
Lowest	6.7	8.7	1.0	20.2	0.5	62.9	100.0	934
Second	9.1	11.9	0.8	23.3	0.8	54.1	100.0	823
Middle	12.4	15.4	2.3	23.1	1.0	45.7	100.0	714
Fourth	15.5	18.5	1.2	26.9	1.2	36.7	100.0	901
Highest	25.3	25.2	1.4	26.9	1.4	19.8	100.0	727
Total	13.4	15.6	1.3	24.0	1.0	44.7	100.0	4,099

9.8 POSTNATAL CARE PROVIDERS

Table 9.8 shows that 55 percent of women received their first postnatal checkup from a doctor, nurse, or midwife for the last live birth. Findings according to background characteristics for this indicator are consistent with findings observed for women who received a postnatal checkup within two days after delivery.

Background characteristic	Type of health provider of mother's first postnatal checkup					Total	Number of women
	Doctor/nurse/midwife	Trained traditional birth attendant	Untrained traditional birth attendant	Other	No checkup		
Age at birth							
<20	48.9	0.2	0.3	0.1	50.4	100.0	766
20-34	55.8	0.3	0.0	0.2	43.6	100.0	2,905
35-49	56.8	0.7	0.0	0.4	42.1	100.0	428
Birth order							
1	55.3	0.2	0.1	0.1	44.4	100.0	1,236
2-3	55.8	0.3	0.1	0.2	43.5	100.0	1,764
4-5	54.3	0.6	0.0	0.1	44.9	100.0	715
6+	47.5	0.8	0.0	0.5	51.3	100.0	384
Residence							
Urban	74.7	0.1	0.1	0.1	25.0	100.0	1,284
Rural	45.4	0.5	0.0	0.2	53.7	100.0	2,815
Province							
Manicaland	40.3	0.1	0.0	0.2	59.4	100.0	497
Mashonaland Central	60.3	0.3	0.0	0.3	39.0	100.0	457
Mashonaland East	42.7	0.0	0.0	0.0	57.3	100.0	319
Mashonaland West	49.4	0.1	0.5	0.4	49.3	100.0	413
Matabeleland North	50.8	2.2	0.3	0.0	46.7	100.0	263
Matabeleland South	57.1	2.1	0.0	0.9	39.9	100.0	184
Midlands	51.3	0.3	0.0	0.0	48.4	100.0	584
Masvingo	47.5	0.0	0.0	0.2	52.3	100.0	609
Harare	73.9	0.0	0.0	0.0	26.1	100.0	566
Bulawayo	85.0	0.4	0.0	0.7	14.0	100.0	207
Education							
No education	42.8	0.4	0.0	0.5	56.3	100.0	166
Primary	40.6	0.7	0.0	0.2	58.5	100.0	1,443
Secondary	62.5	0.2	0.1	0.2	37.0	100.0	2,383
More than secondary	85.9	0.0	0.0	0.0	14.1	100.0	106
Wealth quintile							
Lowest	36.2	0.7	0.1	0.1	62.9	100.0	934
Second	44.6	0.6	0.1	0.5	54.1	100.0	823
Middle	54.0	0.2	0.0	0.1	45.7	100.0	714
Fourth	62.7	0.2	0.2	0.2	36.7	100.0	901
Highest	80.2	0.0	0.0	0.0	19.8	100.0	727
Total	54.6	0.4	0.1	0.2	44.7	100.0	4,099

9.9 PROBLEMS IN ACCESSING HEALTH CARE

Many factors can prevent women from getting medical advice or treatment for themselves when they are sick. Information on such factors is particularly important in understanding and addressing the barriers women may face in seeking care during pregnancy and at the time of delivery.

In the 2005-06 ZDHS, women were asked whether each of the following factors would be a big problem or not a big problem in seeking medical care: getting permission to go for treatment, getting money for treatment, distance to a health facility, having to take transportation, not wanting to go alone, concern that there may not be a female health provider, concern that there may not be a health provider, and concern that there may be no drugs available. Table 9.9 shows that 79 percent of women reported at least one of these concerns was a big problem when it came to accessing health care.

The most important concern impeding women from accessing health care for themselves is not having money for treatment; 58 percent of women shared this concern. The majority of women reporting this concern were either of high parity (73 percent); divorced, separated, or widowed (72 percent); resided in rural areas (67 percent); had no education (84 percent); or were in the lowest wealth quintile (75 percent). Approximately half (48 percent) of women also reported that they were concerned that no drugs would be available at the health facility. About four in ten women reported that transportation (42 percent) and distance to the health facility (41 percent) were a big problem.

Table 9.9 Problems in accessing health care

Percentage of women who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Problems in accessing health care									Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Having to take trans- portation	Not wanting to go alone	Concern no female provider available	Concern no provider available	Concern no drug available	At least one problem accessing health care	
Age										
15-19	8.6	53.2	38.3	40.1	24.6	12.1	24.5	44.2	78.0	2,152
20-34	6.1	56.0	40.6	41.2	21.9	8.7	21.5	47.4	78.1	4,634
35-49	5.5	66.3	45.7	46.0	22.8	9.9	23.2	51.2	83.3	2,121
Number of living children										
0	7.6	50.5	34.5	36.7	23.3	11.4	24.7	43.9	75.6	2,724
1-2	6.4	54.6	39.4	40.2	20.7	7.9	20.5	46.6	76.8	3,295
3-4	4.7	65.1	45.9	45.6	22.7	8.9	21.1	51.6	83.9	1,775
5+	7.3	73.2	56.2	55.5	28.0	12.9	26.5	52.6	88.8	1,113
Marital status										
Never married	6.5	50.5	33.5	36.1	23.0	11.8	26.3	46.2	75.7	2,404
Married or living together	7.0	57.5	44.5	43.9	23.1	9.3	21.6	48.1	79.6	5,143
Divorced/separated/ widowed	5.0	71.6	43.0	45.7	21.1	8.0	20.0	47.6	84.7	1,360
Employment										
Not employed	6.4	60.8	43.6	43.5	23.4	10.9	24.8	49.7	80.9	5,033
Employed for cash	5.9	52.4	34.9	37.1	19.9	6.7	16.3	43.1	75.6	2,888
Employed not for cash	9.2	58.0	48.1	49.6	27.9	13.4	30.2	49.5	82.6	981
Missing	*	*	*	*	*	*	*	*	*	6
Residence										
Urban	4.3	42.9	15.8	18.8	13.9	7.6	20.4	39.7	65.0	3,502
Rural	8.0	67.4	57.8	57.2	28.6	11.2	24.1	52.6	88.7	5,405
Province										
Manicaland	8.5	67.9	53.7	50.4	23.4	4.6	6.1	33.8	82.5	1,043
Mashonaland Central	10.1	70.1	61.7	57.2	26.1	6.6	20.4	53.2	90.1	825
Mashonaland East	3.6	64.3	43.5	43.6	15.0	7.8	11.6	61.6	81.7	714
Mashonaland West	7.0	59.8	50.7	51.5	21.4	11.7	24.8	50.5	83.3	829
Matabeleland North	8.0	66.5	56.7	57.2	39.0	25.1	38.0	46.8	84.9	536
Matabeleland South	6.4	46.8	46.5	46.6	31.3	16.2	56.9	73.7	87.2	439
Midlands	6.4	52.4	40.0	37.5	22.0	9.7	21.2	51.7	78.2	1,193
Masvingo	6.0	64.7	47.0	53.5	27.8	8.7	21.7	43.1	84.3	1,137
Harare	6.2	42.0	14.7	17.8	13.9	5.6	8.6	27.8	61.1	1,492
Bulawayo	2.8	50.8	20.1	26.0	21.9	16.0	59.3	69.8	78.7	697
Education										
No education	6.1	83.6	64.9	66.9	34.9	16.0	30.6	54.9	92.8	380
Primary	8.5	69.8	53.5	55.2	27.6	12.0	24.3	51.0	88.0	2,902
Secondary	5.7	51.3	34.5	34.6	20.0	8.3	21.4	45.7	75.2	5,355
More than secondary	1.7	19.5	12.6	13.7	7.9	7.3	17.3	35.5	49.6	270
Wealth quintile										
Lowest	8.9	74.5	62.5	64.8	34.3	16.2	29.6	55.7	92.7	1,552
Second	8.8	72.6	61.3	59.8	30.4	11.8	27.4	53.8	91.8	1,500
Middle	8.1	66.5	58.0	54.0	26.1	8.5	19.4	50.9	87.9	1,546
Fourth	5.5	53.6	29.6	32.4	16.8	6.4	19.7	46.0	76.9	2,006
Highest	3.3	34.6	12.9	15.7	13.0	8.0	19.6	37.0	58.7	2,304
Total	6.6	57.8	41.3	42.1	22.8	9.8	22.6	47.5	79.4	8,907

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

This chapter presents findings from several areas relating to child health and survival including characteristics of the neonate (birth weight and size at birth), the vaccination status of young children, and treatment practices—particularly contact with health services—among children suffering from three childhood illnesses: acute respiratory infection, fever, and diarrhoea. Because appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease, information is also provided on the manner of disposal of children’s faecal matter. These results from the 2005-06 ZDHS are expected to assist policymakers and program managers in the health sector to formulate appropriate strategies and interventions to improve the health situation of children in Zimbabwe. In particular, the results will be useful to assess coverage of current strategies such as Integrated Management of Childhood Illness (IMCI), which seeks to prevent deaths from pneumonia, malaria, and diarrhoea, and plan for improvements in these initiatives.

Studies have shown that low birth weight, defined as a weight at birth of less than 2.5 kilogrammes, is associated with high rates of mortality. For births in the five years preceding the survey, birth weight was recorded in the ZDHS questionnaire if available from either a written record or the mother’s recall. Because birth weight may not be known for many babies, the mother’s estimate of the baby’s size at birth was also obtained from all mothers.

10.1 CHILD’S WEIGHT AND SIZE AT BIRTH

Table 10.1 shows that birth weight information was available for 74 percent of the births in the five-year period before the survey. Among the babies for whom birth weight information was obtained in the survey, 10 percent had a low birth weight (less than 2.5 kg). Mothers reported that 4 percent of babies were very small at birth, 11 percent smaller than average, and 84 percent average or larger size at birth.

In general, the proportions of women with low birth weight babies or babies they considered very small or smaller than average do not vary markedly across subgroups. Mothers under age 20 at the time of a birth are more likely than older mothers to report having a baby who weighed less than 2.5 kilograms or was very small or smaller than average. Low birth weight was somewhat more common among first births and births of order six or higher than among other babies. Mothers in urban areas are slightly more likely to have low birth weight babies than rural mothers. Bulawayo (14 percent), Harare (11 percent), and Midlands (11 percent) recorded the highest prevalence of low birth weight babies, and Matabeleland South the lowest (6 percent). Low birth weight is related to the mother’s education status, with more low birth weight babies reported among women with no education or of lower educational status than among those who have more than a secondary education.

Table 10.1 Child's weight and size at birth

Percent distribution of live births in the five years preceding the survey with a reported birth weight, by birth weight; and percent distribution of all live births in the five years preceding the survey by mother's estimate of baby's size at birth, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percent distribution of births with a reported birth weight ¹			Total	Number of births	Percentage of all births with a reported birth weight	Percent distribution of all live births by size of child at birth				Total	Number of births
	Less than 2.5 kg	2.5 kg or more	Don't know/missing				Very small	Smaller than average	Average or larger	Don't know/missing		
Mother's age at birth												
<20	11.7	86.6	1.8	100.0	789	73.7	4.4	13.3	81.0	1.3	100.0	1,070
20-34	9.0	88.3	2.7	100.0	2,761	75.3	3.4	10.5	85.0	1.2	100.0	3,668
35-49	9.4	87.5	3.1	100.0	295	59.8	4.5	8.1	85.5	1.9	100.0	492
Birth order												
1	11.0	87.3	1.7	100.0	1,374	83.1	4.4	13.7	81.1	0.8	100.0	1,654
2-3	8.2	89.6	2.2	100.0	1,649	74.7	3.5	9.7	85.4	1.3	100.0	2,207
4-5	8.9	86.2	4.9	100.0	575	65.0	2.9	9.7	86.3	1.2	100.0	886
6+	12.1	84.2	3.7	100.0	247	51.0	3.9	7.9	85.5	2.7	100.0	484
Residence												
Urban	10.4	87.7	1.9	100.0	1,460	96.5	4.0	10.7	84.6	0.7	100.0	1,513
Rural	9.0	88.1	2.9	100.0	2,385	64.2	3.6	10.8	84.1	1.5	100.0	3,718
Region												
Manicaland	9.0	88.9	2.1	100.0	449	66.1	2.1	9.7	86.8	1.4	100.0	679
Mashonaland Central	10.3	88.3	1.5	100.0	387	66.0	4.0	8.2	87.4	0.4	100.0	585
Mashonaland East	6.5	90.7	2.8	100.0	301	77.7	7.3	8.1	84.3	0.3	100.0	387
Mashonaland West	7.9	88.2	4.0	100.0	343	66.0	4.1	12.1	83.6	0.3	100.0	519
Matabeleland North	9.5	89.2	1.3	100.0	229	67.4	2.9	19.1	75.8	2.2	100.0	340
Matabeleland South	5.8	89.2	5.0	100.0	183	75.6	2.4	7.0	77.2	13.4	100.0	243
Midlands	10.8	88.3	0.9	100.0	515	66.6	3.4	9.7	86.6	0.3	100.0	774
Masvingo	8.2	86.9	4.9	100.0	550	69.6	2.3	13.3	83.7	0.7	100.0	790
Harare	11.3	86.6	2.0	100.0	645	96.9	4.7	10.7	84.0	0.6	100.0	666
Bulawayo	14.2	84.4	1.4	100.0	243	98.0	6.0	9.7	83.9	0.4	100.0	248
Mother's education												
No education	9.7	72.2	18.1	100.0	82	38.3	4.8	10.0	84.4	0.8	100.0	213
Primary	9.8	86.7	3.5	100.0	1,124	58.5	3.1	11.8	83.1	2.0	100.0	1,922
Secondary	9.5	88.9	1.6	100.0	2,516	84.7	4.1	10.4	84.6	0.9	100.0	2,972
More than secondary	7.5	89.7	2.8	100.0	123	98.8	2.0	6.2	91.2	0.6	100.0	124
Wealth quintile												
Lowest	9.7	86.1	4.2	100.0	663	51.1	3.4	12.3	82.3	2.0	100.0	1,296
Second	8.2	88.9	2.9	100.0	694	63.5	3.3	11.5	83.7	1.5	100.0	1,093
Middle	9.6	88.6	1.8	100.0	697	76.5	5.1	8.6	85.0	1.3	100.0	911
Fourth	10.2	88.2	1.7	100.0	973	89.2	3.3	11.0	85.2	0.4	100.0	1,091
Highest	9.8	87.7	2.5	100.0	818	97.5	3.7	9.8	85.6	1.0	100.0	839
Total	9.6	87.9	2.5	100.0	3,845	73.5	3.7	10.8	84.2	1.3	100.0	5,231

¹ Based on either a written record or the mother's recall

10.2 VACCINATION OF CHILDREN

The induction of an immune response through vaccination is a widely accepted public health strategy for the prevention of vaccine-preventable infectious diseases. To enable evaluation of Expanded Programme of Immunization (EPI), the 2005-06 ZDHS collected information on vaccine coverage for all children born since January 2000. To be fully vaccinated a child should have received one dose of BCG vaccine, three doses each of DPT and polio vaccines, and one dose of measles vaccine. Zimbabwe has defined a schedule for the administration of these vaccines. BCG protects against tuberculosis, and DPT protects against diphtheria, pertussis, and tetanus. BCG should be given shortly after birth. DPT and polio require three vaccinations that should be given at approximately three, four, and five months of age, and measles should be given at or soon after reaching nine months of age.

Sources of Information

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

Vaccination Coverage

Table 10.2 provides information on the percentage of children age 12-23 months who had received specific vaccinations at the time of the survey according to the source of information. For 72 percent of the children the mother produced a vaccination card, and for 28 percent the information was based on the mother's recall.

Source of information	BCG	DPT			Polio			Measles	All basic vaccinations ¹	No vaccinations	Number of children
		1	2	3	1	2	3				
Vaccinated at any time before survey											
Vaccination card	69.6	70.4	67.0	58.7	71.0	68.0	61.5	60.6	49.8	0.4	737
Mother's report	6.1	6.5	4.9	3.3	6.0	5.5	4.3	5.1	2.8	20.6	282
Either source	75.7	76.9	71.8	62.0	77.0	73.5	65.7	65.6	52.6	21.0	1,019
Vaccinated by 12 months of age²											
	74.9	75.3	69.9	55.0	76.0	71.8	59.1	55.9	41.0	22.0	1,019

¹ BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

² For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Fifty-three percent of children 12-23 months old had received all vaccinations: 50 percent according to information recorded on the child health card and 3 percent according to information provided by the mother. Forty-one percent of the children had been fully vaccinated by the time they turned one year old. With respect to specific vaccines, children were least likely to have received DPT 3, followed by measles and polio 3. The coverage of the first dose of DPT and polio is relatively high (77 percent each). However, only 62 percent of children received the third dose of DPT and 66 percent received the third dose of polio. This represents a dropout between the first and third dose of 19 percent for DPT and 15 percent for polio.

Table 10.3 presents differentials in the proportion of children 12-23 months who had received each vaccine by the time of the survey. Female children were more likely to be fully immunized than male children (54 percent and 51 percent, respectively). Twenty-three percent of male children had not received any vaccination, compared with 19 percent of female children.

Background characteristic	BCG	DPT			Polio			Measles	All basic vaccinations ¹	No vaccinations	Percent-age with a vaccination card seen	Number of children
		1	2	3	1	2	3					
Sex												
Male	72.6	75.2	70.4	62.0	74.7	71.6	65.6	63.3	51.4	22.9	69.3	532
Female	79.2	78.7	73.4	62.0	79.6	75.7	65.9	68.2	53.8	18.9	75.5	487
Birth order												
1	78.8	79.5	74.0	63.3	80.4	76.2	69.0	72.8	57.5	18.4	73.7	330
2-3	78.5	79.1	75.9	65.8	80.0	77.4	68.6	67.3	54.7	18.9	74.9	443
4-5	69.0	68.8	66.1	57.6	69.5	66.8	60.1	61.3	49.5	28.4	68.3	157
6+	62.1	70.5	53.5	46.0	63.1	56.2	49.3	38.5	29.2	27.5	61.2	89
Residence												
Urban	79.0	78.6	75.0	67.2	80.4	78.0	73.3	71.6	58.0	18.8	74.6	309
Rural	74.3	76.1	70.5	59.8	75.6	71.6	62.5	63.1	50.2	21.9	71.3	710
Region												
Manicaland	61.4	60.7	58.5	50.2	63.6	61.6	55.1	54.5	41.2	35.7	64.3	137
Mashonaland Central	81.3	78.6	68.4	60.8	80.8	71.4	64.6	72.0	56.6	17.8	78.4	111
Mashonaland East	94.6	93.8	91.0	84.5	94.6	91.7	84.5	87.3	79.6	5.4	68.7	77
Mashonaland West	70.5	70.5	68.9	63.7	70.5	69.8	65.8	64.9	56.3	27.0	71.0	90
Matabeleland North	84.9	90.2	86.7	68.2	90.2	86.7	71.9	70.1	49.9	9.8	81.8	54
Matabeleland South	75.0	77.8	72.9	59.2	77.8	75.5	64.2	63.2	49.5	21.0	79.0	46
Midlands	74.7	73.4	68.9	56.3	73.8	69.0	57.6	55.9	42.6	22.4	74.2	155
Masvingo	72.4	80.9	73.1	61.6	76.6	74.8	66.5	63.6	50.2	18.0	71.9	170
Harare	77.3	77.1	70.3	60.1	78.2	73.9	67.3	68.5	51.3	21.8	67.2	123
Bulawayo	83.1	83.1	81.9	77.2	83.1	81.9	80.5	76.5	71.8	16.9	79.0	56
Mother's education												
No education	54.6	73.1	52.5	43.6	54.6	54.6	44.7	30.3	21.0	26.9	50.5	41
Primary	76.1	74.9	70.6	59.9	76.1	71.4	62.8	59.8	49.9	21.7	71.9	348
Secondary	76.3	77.6	73.2	63.5	78.5	75.3	68.1	70.8	55.3	20.6	73.7	604
More than secondary	(90.2)	(90.2)	(87.1)	(82.8)	(90.2)	(90.2)	(82.8)	(80.1)	(72.8)	(9.8)	(78.8)	27
Wealth quintile												
Lowest	73.2	72.9	68.7	56.3	73.1	69.9	60.8	54.2	42.9	25.1	70.2	240
Second	72.0	76.6	67.3	58.0	74.3	68.3	60.0	66.1	52.3	21.1	69.8	228
Middle	76.9	79.2	76.6	61.5	79.2	77.0	63.7	67.1	50.9	19.9	72.8	159
Fourth	78.5	77.9	74.1	67.5	80.0	77.4	72.4	70.4	56.5	18.3	75.0	243
Highest	79.5	79.3	75.0	69.1	80.4	77.5	73.8	74.0	63.8	19.6	74.5	149
Total	75.7	76.9	71.8	62.0	77.0	73.5	65.7	65.6	52.6	21.0	72.3	1,019

Birth order is negatively associated with vaccination coverage; whereas 58 percent of first-order births had received all vaccinations, the percentage of children of the sixth or higher birth order fully vaccinated was 29 percent. Similarly, higher-order children were also more likely not to have received any vaccinations than first-born children (28 percent and 18 percent, respectively). There were also differences in the availability of vaccination cards according to birth order, 74 percent of first-born children had a card, compared with 61 percent of children of birth order six and above.

Children in urban areas have better vaccination coverage than those in rural areas. The ZDHS found that 58 percent of urban children were fully vaccinated compared with 50 percent of rural children, and children in urban areas were less likely than those in rural areas to have received no vaccinations (19 percent and 22 percent, respectively). Children in urban areas were more likely to have a health card than children in rural areas (75 percent and 71 percent, respectively).

Substantial differentials in vaccination coverage are observed by province. Mashonaland East (80 percent) had the highest overall coverage, followed by Bulawayo (72 percent). The lowest coverage was recorded in Manicaland (41 percent) and Midlands (43 percent). In the remaining provinces, vaccination coverage ranged from 50 percent in Matabeleland South, Matabeleland North, and Masvingo, to 57 percent in Mashonaland Central. The highest percentage of children who have not been vaccinated at all was found in Manicaland province (36 percent). The percentage of such children in the remaining provinces ranges from 5 percent in Mashonaland East to 27 percent in Mashonaland West. Notably, more than one-fifth of the children in Harare (22 percent) have never received any vaccinations. The highest percentage of children with vaccination cards seen by the ZDHS interviewers was registered in Matabeleland North (82 percent) and the lowest in Manicaland (64 percent).

The mother's level of education relates to her children's vaccination status. More than half of children of mothers with a secondary or higher education have received all of the recommended vaccinations compared with one-fifth of children whose mothers have no education. Conversely, children whose mothers have no education are more likely to have received none of the recommended vaccinations than children whose mothers had secondary education (27 percent and 21 percent, respectively). Children of mothers with a secondary education are more likely to have a vaccination card than mothers of children who have no education (74 percent and 51 percent, respectively).

The proportion receiving all vaccinations rose from 43 percent among children in the lowest wealth quintile to 64 percent among those in the highest wealth quintile. As the wealth quintile rises, the proportion of children who have never been vaccinated declines; nevertheless, 20 percent of children in the highest wealth quintile have never been vaccinated.

Trends in Vaccination Coverage

Table 10.4 shows trends in vaccination coverage among children age 12-23 months between the 1994 and 2005-2006 ZDHS surveys. Comparison of the 2005-2006 results with those of the earlier surveys shows there has been a sharp decline in vaccination coverage in Zimbabwe. Whereas in 1994 the coverage for all vaccines was 80 percent, it had dropped to 53 percent at the time of the 2005-06 ZDHS. The percentage of children age 12-23 months who had not received any vaccinations was more than five times higher in 2005-2006 than in 1994 (4 percent and 21 percent, respectively). The coverage of vaccination cards improved from 69 percent in the 1999 ZDHS to 72 percent in the 2005-2006 ZDHS, but was still considerably below the level achieved in 1994 (79 percent).

Table 10.4 Trends in vaccination coverage

Percentage of children age 12-23 months who received specific vaccines at any time prior to the survey, and percentage with a vaccination card, Zimbabwe 1994-2006

Source	BCG	DPT			Polio			Measles	All basic vaccinations ¹	No vaccinations	Percentage with a vaccination card seen	Number of children
		1	2	3	1	2	3					
1994 ZDHS	95.7	94.2	91.5	85.2	94.5	91.9	85.4	86.3	80.1	4.1	79.1	691
1999 ZDHS	88.1	87.5	85.0	80.9	87.7	85.1	80.7	79.1	74.8	11.6	68.6	699
2005-2006 ZDHS	75.7	76.9	71.8	62.0	77.0	73.5	65.7	65.6	52.6	21.0	72.3	1,019

¹ BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

10.3 PREVALENCE AND TREATMENT OF ACUTE RESPIRATORY INFECTION

Acute respiratory infections (ARI), primarily pneumonia, are a common cause of illness and death in infancy and childhood. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths from pneumonia. Thus, emphasis is placed on recognition of these signs of impending severity, both among mothers and primary health workers, so that help can be sought.

In the 2005-06 ZDHS, the prevalence of ARI was determined based on the mother's perception of the illness and was not validated by medical personnel. Mothers were asked whether their children under the age of five had been ill with a cough accompanied by short, rapid breathing that was chest-related in two weeks preceding the survey. Mothers who reported that their children had had ARI symptoms were asked about the actions they had taken to treat the illness. Previous DHS surveys in Zimbabwe did not include a probe as to whether or not cough and breathing problems were chest-related; consequently, the 2005-2006 ZDHS results relating to ARI prevalence and treatment are not directly comparable to the ARI findings in earlier ZDHS surveys.

Table 10.5 shows that the 6 percent of children experienced symptoms of an ARI during the two weeks prior to the ZDHS. A medical provider or health facility was consulted in the case of 25 percent of the children suffering from ARI symptoms, and 8 percent of the children were reported to have been given antibiotics.

Table 10.5 also shows differentials in the prevalence and treatment of ARI symptoms. Because the number of children experiencing ARI symptoms is small in many subgroups, caution should be used in interpreting the treatment differentials. Both the likelihood that treatment was sought and antibiotics were administered rises with a child's age, peaking among children age 36-47 months. Treatment was sought more often for girls than boys, while boys and girls were equally likely to receive antibiotics. One-third of urban children ill with ARI symptoms were taken to a health provider or facility compared with one-quarter of rural children, and urban children were nearly five times as likely as rural children to receive antibiotics.

Table 10.5 Prevalence and treatment of symptoms of acute respiratory infection

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey, and among children with symptoms of ARI, the percentage who received specific treatments, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Children under age five		Children under age five with symptoms of ARI		
	Percentage with symptoms of ARI ¹	Number of children	Percentage for whom treatment was sought from a health facility or provider ²	Percentage who received antibiotics	Number of children
Age in months					
<6	4.6	520	(19.7)	(0.0)	24
6-11	7.0	526	(22.3)	(2.9)	37
12-23	5.1	1,019	19.4	8.1	52
24-35	5.6	936	21.8	12.1	52
36-47	6.3	914	39.5	13.1	57
48-59	5.6	956	21.6	4.8	54
Sex					
Male	5.9	2,484	19.8	7.9	145
Female	5.5	2,387	30.6	7.8	130
Cooking fuel					
Solid fuels	6.8	3,559	22.8	4.6	241
Other fuels ³	2.6	1,311	(39.9)	(30.4)	34
Residence					
Urban	2.8	1,417	(32.7)	(24.6)	40
Rural	6.8	3,454	23.6	5.0	236
Region					
Manicaland	3.3	610	(32.4)	(11.0)	20
Mashonaland Central	3.5	548	*	*	19
Mashonaland East	5.3	367	*	*	19
Mashonaland West	6.3	481	(14.8)	(1.8)	30
Matabeleland North	6.5	320	(24.9)	(5.1)	21
Matabeleland South	3.2	232	*	*	7
Midlands	13.6	722	18.0	4.3	98
Masvingo	5.1	738	(46.0)	(14.0)	38
Harare	3.1	620	*	*	19
Bulawayo	1.3	234	*	*	3
Mother's education					
No education	10.2	199	*	*	20
Primary	6.7	1,789	21.1	3.8	120
Secondary	4.8	2,764	26.4	11.9	132
More than secondary	2.6	119	*	*	3
Wealth quintile					
Lowest	7.2	1,205	9.0	1.0	87
Second	8.1	1,009	33.5	7.9	81
Middle	6.7	845	31.0	6.8	57
Fourth	3.3	1,024	(22.7)	(4.3)	34
Highest	2.0	787	*	*	16
Total	5.7	4,871	24.9	7.9	276

Note: Total includes 1 case for which information on type of cooking fuel is missing. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Symptoms of ARI (cough accompanied by short, rapid breathing which was chest-related) is considered a proxy for pneumonia.

² Excludes pharmacy, shop, and traditional practitioner

³ Includes straw, shrubs, grass, and animal dung

10.4 PREVALENCE AND TREATMENT OF FEVER

Fever is a manifestation of malaria, but it also frequently accompanies various other illnesses including pneumonia, common colds, and influenza. Because malaria is an important contributory cause of death in infancy and childhood in many developing countries, presumptive treatment of fever with antimalarial drugs is advocated in many countries where malaria is endemic.

Information was obtained from mothers in the 2005-06 ZDHS on the prevalence of fever among children under age five in the two weeks before the survey. For children with fever, mothers were also asked about the actions that were taken to treat fever, including whether or not the child had been given any drugs to treat the fever, and, if so, what type of drug the child was given, i.e., antimalarials, antibiotics, etc.

Table 10.6 provides basic information on the prevalence of fever and treatment practices. Additional information on the use of antimalarials for the treatment of fever is included in Chapter 12.

Overall, 8 percent of children under age five were reported to have had a fever during the two weeks prior to the survey. Treatment was sought from a health provider or facility for 27 percent of the children with fever. Children with fever were more than twice as likely to have received an antibiotic as an antimalarial (13 percent and 5 percent, respectively). The relatively small number of children with fever limits interpretation of the differentials in the treatment patterns associated with many of the characteristics in Table 10.6. Particularly noteworthy, however, are the differences in the way fever is managed between urban and rural areas. Rural children experiencing a fever were almost as likely to receive an antimalarial as an antibiotic, while virtually all urban children who were given any drug to treat their fever received an antibiotic.

Table 10.6 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey; and among children with fever, the percentage of children with fever for whom treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who took antibiotic drugs, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Children under age five		Children under age five with fever			Number of children
	Percentage with fever	Number of children	Percentage for whom treatment was sought from a health facility or provider ¹	Percentage who took antimalarial drugs	Percentage who took antibiotic drugs	
Age in months						
<6	6.4	520	(29.1)	(0.0)	(8.6)	33
6-11	7.0	526	(21.6)	(2.4)	(9.6)	37
12-23	8.7	1,019	30.3	4.9	16.1	89
24-35	7.4	936	30.9	8.0	17.0	69
36-47	8.9	914	22.0	3.8	9.4	82
48-59	5.9	956	24.8	6.1	9.7	57
Sex						
Male	7.3	2,484	26.1	2.8	12.9	181
Female	7.8	2,387	27.4	6.6	12.1	186
Residence						
Urban	7.3	1,417	25.7	0.7	26.6	103
Rural	7.6	3,454	27.2	6.3	7.0	263
Region						
Manicaland	8.9	610	22.5	0.9	7.9	54
Mashonaland Central	9.2	548	25.0	12.5	10.0	51
Mashonaland East	8.5	367	16.3	(2.8)	(6.2)	31
Mashonaland West	11.5	481	38.0	5.3	9.8	55
Matabeleland North	3.9	320	40.5	*	*	13
Matabeleland South	7.5	232	41.1	(0.0)	(0.0)	17
Midlands	6.6	722	20.8	0.0	1.8	48
Masvingo	3.8	738	33.3	(7.6)	(21.6)	28
Harare	9.8	620	22.4	(0.0)	(30.7)	61
Bulawayo	3.5	234	23.1	*	*	8
Mother's education						
No education	10.8	199	36.2	(7.1)	(0.0)	21
Primary	8.4	1,789	25.9	7.0	10.3	149
Secondary	6.9	2,764	26.6	2.8	16.0	191
More than secondary	4.2	119	19.5	*	*	5
Wealth quintile						
Lowest	7.6	1,205	21.6	6.7	5.7	92
Second	7.7	1,009	29.6	6.2	4.3	78
Middle	9.3	845	28.6	5.0	8.4	79
Fourth	6.2	1,024	27.2	2.6	15.5	63
Highest	7.0	787	28.3	(1.4)	(37.8)	55
Total	7.5	4,871	26.8	4.7	12.5	367

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes pharmacy, shop, and traditional practitioner

10.5 PREVALENCE AND TREATMENT OF DIARRHOEA

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children. A simple and effective response to dehydration is a prompt increase in fluid intake, i.e., oral rehydration therapy (ORT). In Zimbabwe, the use of a sugar-salt-water solution to combat dehydration from diarrhoea is the particular method of ORT promoted by the Control of Diarrhoeal Disease Programme in the Ministry of Health.

The 2005-06 ZDHS obtained information on the prevalence of diarrhoea among young children by asking mothers whether their children under age five had had diarrhoea during the two-week period prior to the survey. If a child had had diarrhoea, the mother was asked about whether there had been any blood in the child's stools. Diarrhoea with blood in the stools is indicative of cholera or other diseases that need to be treated differently than diarrhoea in which there is no blood in the stool. Mothers of children who were ill with any form of diarrhoea during the two-week period before the survey were asked about what actions they had taken to treat the diarrhoea and about feeding practices during the diarrhoeal episode.

Table 10.7 shows that 12 percent of children under age five were ill with some form of diarrhoea in the two weeks preceding the ZDHS interview, and 2 percent of the children had diarrhoea with bloody stools. Diarrhoeal episodes peaked among children age 6-35 months. Diarrhoea was somewhat less prevalent among children living in households with improved toilet and drinking water facilities. Rural children were more likely to have had diarrhoea than urban children, and the prevalence of diarrhoea was highest in Masvingo (16 percent) and lowest in Bulawayo (6 percent). Diarrhoeal prevalence generally declined with both the mother's education and the wealth quintile.

Table 10.7 Prevalence of diarrhoea

Percentage of children under five years with diarrhoea in the two weeks preceding the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Diarrhoea in the two weeks preceding the survey		
	All diarrhoea	Diarrhoea with blood	Number of children
Age in months			
<6	6.5	1.3	520
6-11	21.9	3.4	526
12-23	19.5	2.2	1,019
24-35	13.4	2.7	936
36-47	8.6	2.2	914
48-59	5.6	0.8	956
Sex			
Male	13.1	2.2	2,484
Female	11.8	2.0	2,387
Source of drinking water¹			
Improved	11.2	1.7	3,506
Not improved	15.5	3.1	1,365
Toilet facility²			
Improved, not shared	10.3	1.3	1,700
Non-improved	13.5	2.5	3,159
Residence			
Urban	9.1	1.1	1,417
Rural	13.8	2.5	3,454
Region			
Manicaland	14.9	2.0	610
Mashonaland Central	10.8	1.2	548
Mashonaland East	12.6	1.3	367
Mashonaland West	14.1	3.2	481
Matabeleland North	9.7	3.0	320
Matabeleland South	14.6	2.6	232
Midlands	12.8	2.3	722
Masvingo	15.5	3.1	738
Harare	8.9	0.7	620
Bulawayo	6.1	1.2	234
Mother's education			
No education	14.6	3.0	199
Primary	14.0	3.2	1,789
Secondary	11.4	1.4	2,764
More than secondary	8.7	0.8	119
Wealth quintile			
Lowest	14.8	3.4	1,205
Second	13.4	1.8	1,009
Middle	14.5	2.3	845
Fourth	10.4	1.6	1,024
Highest	8.1	0.7	787
Total	12.4	2.1	4,871

Note: Total includes 12 cases for which information on type of toilet facility is missing.

¹ See Table 2.6 for definition of categories.

² See Table 2.7 for definition of categories.

Table 10.8 shows that treatment was sought from a health facility/provider for 32 percent of the children suffering from diarrhoea. Some form of ORT was used to treat the diarrhoea in the majority of children (70 percent), with 61 percent given home fluids, 32 percent receiving increased amounts of other fluids, and 6 percent getting a solution made from an oral rehydration salts (ORS) packet or a prepackaged ORS solution. Home remedies were used in treating a considerable proportion of children (18 percent), while 6 percent were given an antibiotic and an insignificant proportion were treated with intravenous solutions. One in four children with diarrhoea did not receive any treatment.

Table 10.8 Diarrhoea treatment

Among children under age five who had diarrhoea in the two weeks preceding the survey, the percentage who were taken for treatment to a health provider, the percentage who received oral rehydration therapy (ORT), and the percentage who were given other treatments, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of children with diarrhoea taken to a health provider ¹	Oral rehydration therapy (ORT)					Other treatments					Number of children
		ORS packets or pre-packaged liquid	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	Any ORT	Anti-biotic drugs	Intra-venous solution	Home remedy/ other	Missing	No treatment	
Age in months												
<6	(12.4)	(3.1)	(43.0)	(43.0)	(22.1)	(48.7)	(3.8)	(0.0)	(7.4)	(1.9)	(42.1)	34
6-11	36.0	5.0	49.1	49.9	22.9	59.5	5.6	0.0	24.3	0.0	35.4	115
12-23	35.6	6.3	65.8	67.0	33.5	75.1	6.1	0.0	13.9	0.3	20.9	199
24-35	30.2	5.8	60.6	61.8	39.5	72.9	7.4	0.6	17.5	0.6	22.4	125
36-47	40.8	4.2	68.7	68.7	25.1	71.6	8.4	0.0	30.3	0.8	21.7	78
48-59	14.0	8.0	66.5	68.1	48.6	78.2	4.8	0.0	14.0	1.2	20.6	54
Sex												
Male	32.0	5.4	63.7	64.6	31.3	71.3	6.5	0.3	18.0	0.8	23.1	324
Female	32.1	5.9	57.2	58.2	33.6	68.5	6.1	0.0	18.8	0.2	27.7	281
Type of diarrhoea												
Non bloody	30.4	6.0	59.8	61.0	33.6	70.4	5.6	0.2	18.5	0.3	25.2	504
Bloody	40.0	3.7	65.4	65.4	26.0	68.4	9.9	0.0	17.6	1.3	25.7	101
Residence												
Urban	39.1	10.2	70.5	71.8	46.7	80.6	14.7	0.6	18.8	0.0	16.5	129
Rural	30.1	4.4	58.0	58.9	28.4	67.1	4.0	0.0	18.2	0.7	27.6	476
Region												
Manicaland	24.2	14.7	66.3	67.3	31.6	70.7	2.6	0.0	10.8	0.0	28.0	91
Mashonaland Central	29.8	0.0	52.4	52.4	55.8	71.8	6.5	0.0	23.9	0.0	22.3	59
Mashonaland East	(21.9)	(5.4)	(54.6)	(58.4)	(43.4)	(74.8)	(5.2)	(0.0)	(14.5)	(1.3)	(22.2)	46
Mashonaland West	39.5	3.2	59.7	60.5	38.3	66.6	8.4	0.0	25.4	1.9	22.9	68
Matabeleland North	(43.8)	(0.0)	(48.2)	(48.2)	(21.3)	(56.6)	(3.7)	(0.0)	(13.2)	(0.0)	(34.9)	31
Matabeleland South	37.4	9.6	56.2	58.2	24.6	63.9	15.1	0.0	26.3	0.0	27.5	34
Midlands	27.9	2.2	60.4	60.4	15.6	66.6	0.9	0.0	15.6	0.7	30.3	93
Masvingo	36.4	2.5	63.7	63.7	24.0	72.5	5.1	0.0	25.3	0.7	23.4	115
Harare	30.7	9.9	68.0	69.1	49.9	75.1	13.5	0.0	4.1	0.0	20.2	55
Bulawayo	*	*	*	*	*	*	*	*	*	*	*	14
Mother's education												
No education	(22.0)	(0.0)	(40.4)	(40.4)	(48.6)	(61.4)	(3.0)	(0.0)	(21.6)	(0.0)	(36.0)	29
Primary	29.0	3.9	59.0	59.7	29.0	67.2	5.1	0.0	15.8	0.8	26.6	250
Secondary	34.4	6.5	63.8	64.4	32.5	72.3	6.9	0.0	20.1	0.4	23.6	316
More than secondary	*	*	*	*	*	*	*	*	*	*	*	10
Wealth quintile												
Lowest	37.2	3.2	55.6	56.0	21.4	65.4	2.4	0.0	25.2	0.0	29.7	178
Second	18.4	5.0	57.0	58.2	33.0	67.2	2.4	0.0	12.7	0.9	27.5	135
Middle	33.6	5.1	64.1	64.8	34.3	71.4	8.1	0.0	13.0	0.6	23.8	122
Fourth	27.8	6.0	67.9	68.5	37.7	74.2	7.8	0.0	20.6	1.2	22.7	107
Highest	50.4	14.2	64.1	67.2	48.9	79.1	19.7	1.3	17.8	0.0	15.1	64
Total	32.0	5.6	60.7	61.6	32.3	70.0	6.3	0.1	18.4	0.5	25.2	606

Note: ORT includes solution prepared from oral rehydration salt (ORS) packets, recommended home fluids (RHF), or increased fluids. Total includes 1 case for which information on type of diarrhoea is missing. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Excludes pharmacy, shop, and traditional practitioner

Older children were more likely to receive some type of treatment than children under age one. The child's sex had little impact on the kind of treatment a child received. Children in urban areas were more likely to get some treatment than their rural counterparts, and the likelihood that a child with diarrhoea would receive some form of treatment generally increased with the mother's education.

Finally, it is recommended that a child with diarrhoea should be given more liquids to drink, and food should not be reduced. Table 10.9 shows that 32 percent of children with diarrhoea were given more fluids during the illness, 35 percent were given the same amount as usual, and 30 percent were given less to drink. More than half of those given less to drink—16 percent of all children with diarrhoea—were given much less to drink. With respect to food intake during diarrhoeal episodes, 9 percent of children were given more food and 34 percent maintained their food intake. One in four children was given less food than usual, and 6 percent were not given any food. Food and liquid intake were more likely to be curtailed if the child had bloody than non-bloody diarrhoea. Rural children appear to be more likely to be given less food and liquids during a diarrhoeal episode than urban children.

Table 10.9 Feeding practices during diarrhoea

Percent distribution of children under five years who had diarrhoea in the two weeks preceding the survey, by amount of liquids and food offered compared with normal practice, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Amount of liquids offered							Amount of food offered							Number of children with diarrhoea	
	More	Same as usual	Some-what less	Much less	None	Don't know/missing	Total	More	Same as usual	Some-what less	Much less	None	Never gave food ¹	Don't know/missing		Total
Age in months																
<6	(22.1)	(32.7)	(1.9)	(28.1)	(15.3)	(0.0)	100.0	(3.1)	(40.3)	(21.5)	(12.6)	(0.0)	(22.5)	(0.0)	100.0	34
6-11	22.9	30.3	24.6	18.1	4.2	0.0	100.0	12.2	28.5	24.1	25.5	4.7	5.0	0.0	100.0	115
12-23	33.5	35.8	13.8	15.2	1.7	0.0	100.0	5.5	28.5	28.7	28.1	7.3	2.0	0.0	100.0	199
24-35	39.5	33.8	12.8	13.9	0.0	0.0	100.0	14.6	36.3	20.1	18.6	10.4	0.0	0.0	100.0	125
36-47	25.1	46.8	10.9	15.1	1.3	0.8	100.0	5.6	45.0	19.9	23.9	4.7	0.0	0.8	100.0	78
48-59	48.6	28.0	2.2	16.2	5.0	0.0	100.0	13.3	36.5	18.8	31.4	0.0	0.0	0.0	100.0	54
Sex																
Male	31.3	35.6	16.3	12.8	3.8	0.2	100.0	8.3	33.6	26.2	22.2	7.1	2.3	0.2	100.0	324
Female	33.6	34.0	10.4	20.3	1.7	0.0	100.0	10.3	33.6	20.6	27.1	4.8	3.5	0.0	100.0	281
Type of diarrhoea																
Non bloody	33.6	35.8	13.3	14.4	2.8	0.0	100.0	10.5	34.7	24.2	23.1	5.0	2.5	0.0	100.0	504
Bloody	26.0	30.5	14.9	25.7	2.9	0.0	100.0	3.1	28.4	21.0	31.9	11.0	4.6	0.0	100.0	101
Residence																
Urban	46.7	38.4	6.0	7.9	1.0	0.0	100.0	12.3	40.1	20.0	26.1	1.0	0.5	0.0	100.0	129
Rural	28.4	34.0	15.6	18.6	3.3	0.1	100.0	8.4	31.9	24.6	24.1	7.4	3.5	0.1	100.0	476
Region																
Manicaland	31.6	35.9	7.2	23.4	1.9	0.0	100.0	11.0	28.3	25.6	31.8	0.5	2.9	0.0	100.0	91
Mashonaland Central	55.8	19.9	6.2	18.1	0.0	0.0	100.0	12.5	25.0	29.4	14.3	12.7	6.1	0.0	100.0	59
Mashonaland East	(43.4)	(26.3)	(8.6)	(15.0)	(6.7)	(0.0)	100.0	(17.7)	(29.1)	(22.3)	(27.5)	(3.3)	(0.0)	(0.0)	100.0	46
Mashonaland West	38.3	32.5	8.3	18.8	2.2	0.0	100.0	11.3	42.5	10.9	28.9	4.7	1.7	0.0	100.0	68
Matabeleland North	(21.3)	(55.8)	(19.6)	(3.2)	(0.0)	(0.0)	100.0	(9.0)	(46.4)	(35.0)	(9.7)	(0.0)	(0.0)	(0.0)	100.0	31
Matabeleland South	24.6	51.3	21.6	2.4	0.0	0.0	100.0	9.5	45.9	31.2	9.7	0.0	3.7	0.0	100.0	34
Midlands	15.6	25.4	14.9	37.7	5.7	0.7	100.0	2.6	28.5	19.8	34.8	11.5	2.1	0.7	100.0	93
Masvingo	24.0	39.9	26.5	4.8	4.8	0.0	100.0	6.3	34.8	25.1	17.1	11.5	5.2	0.0	100.0	115
Harare	49.9	36.0	5.5	8.6	0.0	0.0	100.0	12.9	37.8	23.2	26.1	0.0	0.0	0.0	100.0	55
Bulawayo	25.2	63.5	11.3	0.0	0.0	0.0	100.0	0.0	26.7	24.5	44.2	0.0	4.6	0.0	100.0	14
Mother's education																
No education	(48.6)	(15.9)	(5.0)	(30.5)	(0.0)	(0.0)	100.0	(15.1)	(29.5)	(23.5)	(17.5)	(11.2)	(3.3)	(0.0)	100.0	29
Primary	29.0	37.5	13.7	16.0	3.7	0.0	100.0	6.1	33.7	24.4	23.8	8.8	3.3	0.0	100.0	250
Secondary	32.5	34.7	14.3	15.7	2.5	0.2	100.0	11.0	34.1	23.1	25.5	3.6	2.6	0.2	100.0	316
More than secondary	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	10
Wealth quintile																
Lowest	21.4	33.4	16.5	24.8	3.9	0.0	100.0	4.5	28.9	26.8	26.0	10.7	3.0	0.0	100.0	178
Second	33.0	34.5	15.8	13.9	2.9	0.0	100.0	8.9	37.8	23.0	18.8	7.2	4.3	0.0	100.0	135
Middle	34.3	32.7	12.9	17.3	2.8	0.0	100.0	14.0	28.3	26.6	24.3	3.6	3.1	0.0	100.0	122
Fourth	37.7	37.3	9.7	12.2	2.4	0.6	100.0	9.4	37.9	17.8	29.6	3.0	1.6	0.6	100.0	107
Highest	48.9	40.1	8.5	2.5	0.0	0.0	100.0	13.7	40.9	20.1	24.3	0.0	1.0	0.0	100.0	64
Total	32.3	34.9	13.6	16.3	2.8	0.1	100.0	9.2	33.6	23.6	24.5	6.0	2.9	0.1	100.0	606

Note: Total includes 1 case for which information on type of diarrhoea is missing. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ The category "never gave food" refers to children who were only breastfed or otherwise at a stage where solid foods had not yet been introduced into their diets.

10.6 DISPOSAL OF CHILDREN'S STOOLS

The proper disposal of children's faeces is important in preventing the spread of disease. If faeces are left uncontained, disease may be spread by direct contact or through animal contact. The safe disposal of children's faeces is of particular importance because children's faeces are more likely to be the cause of faecal contamination to the household environment than other causes as they are often not disposed of properly and may be mistakenly considered less harmful than adult faeces. Table 10.10 presents information on the disposal of young children's most recent stools; children's stools are considered to be appropriately contained if the child used a toilet or latrine, the child's stool was put or rinsed into a toilet or latrine, or the stool was buried.

Background characteristic	Children's stools contained			Children's stools uncontained			Other	Missing	Total	Number of mothers
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open				
Age in months										
<6	5.7	51.2	9.8	13.7	12.8	5.4	1.2	0.2	100.0	513
6-11	5.5	53.0	14.2	9.8	7.1	7.3	3.0	0.1	100.0	509
12-23	10.5	47.9	16.6	5.7	4.4	10.1	4.5	0.4	100.0	975
24-35	37.9	28.3	12.0	0.6	2.5	15.2	2.8	0.6	100.0	726
36-47	49.4	15.4	8.5	1.1	2.8	15.3	6.8	0.7	100.0	548
48-59	61.1	11.4	11.8	0.7	1.1	9.9	3.1	1.0	100.0	438
Toilet facility										
Improved, not shared ¹	39.2	52.3	2.2	2.4	1.4	1.5	0.4	0.6	100.0	1,334
Non-improved	18.9	27.0	18.6	6.6	7.0	16.0	5.5	0.4	100.0	2,364
Residence										
Urban	46.2	50.9	0.3	1.3	0.3	0.0	0.1	0.8	100.0	1,109
Rural	17.7	29.8	17.9	6.7	7.0	15.4	5.2	0.3	100.0	2,599
Region										
Manicaland	24.1	49.2	7.6	5.6	4.4	5.9	2.6	0.6	100.0	454
Mashonaland Central	23.8	36.5	12.1	4.2	4.6	18.0	0.3	0.5	100.0	426
Mashonaland East	20.3	50.6	13.8	4.6	7.7	2.3	0.4	0.4	100.0	293
Mashonaland West	33.3	26.8	10.0	3.1	8.2	12.4	6.3	0.0	100.0	377
Matabeleland North	18.6	19.3	33.7	9.6	4.1	9.1	5.5	0.0	100.0	247
Matabeleland South	21.9	34.7	14.0	1.4	9.6	16.5	1.1	0.8	100.0	166
Midlands	21.9	30.5	14.0	9.1	4.9	18.7	0.6	0.4	100.0	528
Masvingo	13.0	18.2	22.2	7.4	7.0	17.4	14.2	0.6	100.0	548
Harare	49.5	47.9	0.4	1.2	0.0	0.0	0.3	0.7	100.0	487
Bulawayo	36.8	61.3	0.0	0.0	0.5	0.0	0.0	1.3	100.0	181
Education										
No education	19.8	14.8	20.7	4.9	6.2	18.7	14.5	0.4	100.0	158
Primary	17.0	27.0	18.0	6.6	7.6	17.5	5.9	0.4	100.0	1,320
Secondary	31.8	42.8	9.2	4.3	3.4	6.6	1.6	0.4	100.0	2,140
More than secondary	41.1	47.2	1.3	2.3	2.4	0.0	1.7	3.9	100.0	90
Wealth quintile										
Lowest	9.5	12.2	26.0	7.4	9.5	24.6	10.5	0.3	100.0	868
Second	15.6	26.3	21.7	7.8	8.3	15.6	4.4	0.3	100.0	766
Middle	26.0	45.4	9.3	5.2	4.5	8.0	1.2	0.4	100.0	663
Fourth	36.4	56.0	1.6	2.9	0.8	1.8	0.2	0.3	100.0	789
Highest	50.0	46.5	0.2	1.4	0.3	0.0	0.2	1.3	100.0	622
Total	26.2	36.1	12.6	5.1	5.0	10.8	3.7	0.5	100.0	3,708

Note: Total includes 10 cases for which information on the type of toilet facility is missing.
¹ Non-shared facilities that are of the types flush or pour flush into a piped sewer system/septic tank/pit latrine, ventilated improved pit (VIP) latrine, pit latrine with a slab, and a composting toilet.

The table shows that, in the case of 75 percent of children, faecal matter was contained in one way or the other. Access to a toilet or latrine is clearly a factor in determining whether or not faecal matter was contained. For example, urban mothers were more likely to report that children's stools were contained than rural mothers. The proportion of mothers reporting that stools were disposed of in a contained manner also rose with mother's education and the wealth quintile.

This chapter focuses on the nutritional status of children and women. The chapter first considers information from the ZDHS on infant and young child feeding practices. Results are also presented for both women and children on the diversity of foods consumed during the 24-hour period before the survey, anaemia prevalence, micronutrient intake and supplementation, and on the anthropometric assessment of nutritional status. In addition to the findings for women and children, the chapter also presents information on anaemia prevalence among men.

11.1 BREASTFEEDING

ZDHS data can be used to evaluate infant feeding practices, including breastfeeding duration, introduction of complementary weaning foods, and use of feeding bottles. The pattern of infant feeding has important influences on both the child and the mother. Feeding practices are the principal determinants of a child's nutritional status. Poor nutritional status in young children exposes them to greater risks of morbidity. Biologically, breastfeeding also suppresses the mother's return to the fertile status and has an effect on both the length of the birth interval and the level of fertility. These effects are influenced by both the duration and frequency of breastfeeding and by the age at which the child receives foods and liquids to complement breast milk.

11.1.1 Breastfeeding Initiation

Early breastfeeding practices determine the successful establishment and duration of breastfeeding. Moreover, during the first three days after delivery, colostrum, an important source of nutrition and protection to the newborn, is produced and should be given to the newborn while awaiting the letdown of regular breast milk. Thus, it is recommended that children be put to the breast immediately or within one hour after birth and that prelacteal feeding, i.e., feeding newborns anything other than breast milk before breast milk is regularly given, be discouraged.

The Ministry of Health and Child Welfare promotes rooming-in of all new babies in maternity hospitals and breastfeeding within the first hour of birth to foster bonding and protect children from harsh external environments. Table 11.1 shows that 98 percent of children under five years of age were breastfed at some point in their life. Virtually all babies initiate breastfeeding within one day of birth (93 percent), and 69 percent of babies are breastfed during the initial hour after birth. The proportions breastfed within one hour of birth are higher among babies delivered in health facilities than those born at home. The likelihood that a baby will be breastfed within one hour of birth is greater in urban than rural areas and varies markedly by province, ranging from 56 percent in Mashonaland Central to 89 percent in Mashonaland East. The proportion of babies who begin breastfeeding within one hour of birth also increases with the wealth quintile.

The practice of giving prelacteal feeds limits the frequency of suckling by the infant and exposes the baby to the risk of infection. Table 11.1 shows that most infants are not given prelacteal feeds. Overall, around one in ten newborns receive prelacteal feeds, with the practice being most common in Matabeland South and Mashonaland Central (16 percent each).

Table 11.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and among children ever breastfed, percentage who started breastfeeding within one hour and within one day of birth and percentage who received a prelacteal feed, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Among children under five:		Among last-born children ever breastfed:			
	Percentage ever breastfed	Number of children	Percentage who started breastfeeding within 1 hour of birth	Percentage who started breastfeeding within 1 day of birth ¹	Percentage who received a prelacteal feed ²	Number of children
Sex						
Male	98.2	2,668	70.3	93.6	9.3	2,074
Female	98.1	2,563	68.1	93.2	9.9	1,967
Assistance at delivery						
Health professional ³	98.1	3,583	73.2	94.3	8.3	2,827
Traditional birth attendant	98.2	1,434	60.7	92.5	13.2	1,056
Other	100.0	90	62.1	84.0	7.4	67
No one	97.2	113	46.0	81.4	11.9	85
Place of delivery						
Health facility	98.1	3,551	73.2	94.3	8.2	2,804
At home	98.2	1,627	61.4	91.6	12.9	1,198
Other	(96.8)	44	(25.8)	(90.5)	(10.7)	34
Residence						
Urban	97.6	1,513	74.7	94.7	7.0	1,258
Rural	98.3	3,718	66.7	92.8	10.8	2,783
Province						
Manicaland	98.2	679	65.2	91.6	12.5	492
Mashonaland Central	99.1	585	55.6	92.2	15.9	453
Mashonaland East	98.4	387	88.5	98.7	6.9	315
Mashonaland West	97.7	519	66.2	95.1	9.8	407
Matabeleland North	98.4	340	72.5	92.6	12.3	260
Matabeleland South	99.0	243	61.1	92.0	16.4	183
Midlands	97.9	774	61.5	88.4	10.1	577
Masvingo	98.4	790	75.2	96.0	5.0	602
Harare	97.3	666	73.8	94.5	5.9	550
Bulawayo	96.8	248	80.7	94.8	5.2	202
Mother's education						
No education	96.4	213	67.5	95.4	12.8	163
Primary	98.4	1,922	67.0	92.5	10.1	1,430
Secondary	98.0	2,972	70.8	93.9	9.2	2,342
More than secondary	99.4	124	68.2	93.0	7.7	105
Wealth quintile						
Lowest	98.5	1,296	63.7	91.4	10.9	925
Second	98.6	1,093	67.3	93.6	10.9	816
Middle	97.9	911	67.2	94.3	10.8	701
Fourth	97.2	1,091	72.3	93.2	7.6	886
Highest	98.2	839	76.9	95.3	7.8	713
Total	98.1	5,231	69.2	93.4	9.6	4,041

Note: Table is based on all births whether the children are living or dead at the time of interview. Total includes 5 cases for which information is missing on assistance at delivery and place of delivery. Figures in parentheses are based on 25-49 unweighted cases.

¹ Includes children who started breastfeeding within one hour of birth

² Children given something other than breast milk during the first three days of life before the mother started breastfeeding regularly

³ Doctor and nurse/midwife

11.1.2 Breastfeeding Status by the Child's Age

Breast milk contains all the nutrients needed by children in the first six months of life and is an uncontaminated nutritional source. Complementing breast milk before six months of age is unnecessary and is indeed discouraged because the likelihood of contamination and resulting risk of diarrhoeal disease are high. Early initiation of complementary feeding also reduces breast milk output because the production and release of breast milk is modulated by the frequency and intensity of suckling.

Table 11.2 shows breastfeeding practices by the child's age. A minority of babies are exclusively breastfed throughout the first six months of life, and, even among babies under age 2 months, the majority (58 percent) are given other liquids or foods in addition to breast milk. More than three-quarters of children age 6-9 months are receiving complementary foods, and 60 percent of children age 18-23 months have been weaned. Bottle feeding is not very common; 3 percent of babies under six months of age are fed with a bottle, and the proportion bottle-fed peaks at 10 percent among children 12-17 months.

Table 11.2 Breastfeeding status by age

Percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Zimbabwe 2005-2006

Age in months	Percent distribution of youngest child under age three living with the mother by breastfeeding status						Total	Number of children	Percentage using a bottle with a nipple ¹	Number of children
	Not breast-feeding	Exclusively breastfed	Breastfeeding and consuming:							
			Plain water only	Nonmilk liquids/juice	Other milk	Complementary foods				
<2	1.9	40.6	20.4	3.0	20.7	13.4	100.0	134	1.0	137
2-3	0.8	17.0	19.3	1.5	36.7	24.7	100.0	189	3.5	189
4-5	3.2	14.3	8.2	0.0	29.2	45.1	100.0	190	4.1	194
6-8	0.8	0.8	6.3	0.0	15.5	76.6	100.0	279	7.6	289
9-11	3.8	0.4	1.5	0.0	6.7	87.5	100.0	230	6.3	237
12-17	13.1	0.8	3.9	0.1	2.9	79.3	100.0	547	10.2	564
18-23	60.4	0.0	0.2	0.5	0.7	38.3	100.0	428	4.1	455
24-35	95.3	0.0	0.0	0.0	0.0	4.7	100.0	726	1.8	936
<4	1.7	24.1	17.7	1.7	29.2	25.6	100.0	403	2.8	407
<6	2.0	22.2	15.5	1.4	29.7	29.3	100.0	513	3.1	520
6-9	1.0	0.9	5.2	0.0	14.2	78.7	100.0	350	7.2	361
12-23	33.9	0.4	2.2	0.2	1.9	61.3	100.0	975	7.5	1,019

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfed, and breastfeeding and consuming plain water, water-based liquids/juice, other milk, or complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹ Based on all children under three years

11.1.3 Median Duration and Frequency of Breastfeeding

Table 11.3 shows that the median breastfeeding duration, i.e., the length of time for which half of children are breastfed, is 18.8 months. Babies are breastfed two and a half months longer on average in rural than in urban areas. The median breastfeeding duration is shortest in Harare (16.9 months) and longest in Masvingo (21.1 months). Breastfeeding durations are substantially shorter for children whose

mothers have more than a secondary education and children in the highest wealth quintile than for other children.

On average, babies are exclusively breastfed for less than one month, with the highest durations of exclusive breastfeeding observed among babies in Harare (1.8 months). The median duration of predominant breastfeeding, i.e., the period in which a baby receives only water or other nonmilk liquids in addition to breast milk, is 1.6 months.

Table 11.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, percentage of breastfeeding children under six months living with the mother who were breastfed six or more times in the 24 hours preceding the survey, and mean number of feeds (day/night), by background characteristics, Zimbabwe 2005-2006

Background characteristic	Median duration (months) of breastfeeding among last-born children in the past three years ¹				Frequency of breastfeeding among children under six months ²			
	Any breastfeeding	Exclusive breastfeeding	Predominant breastfeeding ³	Number of children	Percentage breastfed 6+ times in past 24 hours	Mean number of day feeds	Mean number of night feeds	Number of children
Sex								
Male	18.7	0.6	1.5	1,644	95.1	7.0	5.2	254
Female	18.9	0.7	1.6	1,577	94.9	6.4	5.1	242
Residence								
Urban	16.9	0.9	1.8	920	95.3	6.7	5.5	118
Rural	19.4	0.6	1.5	2,300	94.9	6.7	5.1	377
Province								
Manicaland	18.6	0.5	0.9	407	93.1	5.0	5.1	53
Mashonaland Central	20.0	0.5	2.0	355	100.0	6.8	5.0	47
Mashonaland East	17.2	0.5	1.6	265	94.2	(8.1)	(6.3)	44
Mashonaland West	18.6	0.6	0.6	310	97.2	7.6	6.0	61
Matabeleland North	17.6	0.6	2.8	207	98.9	7.0	3.8	47
Matabeleland South	18.1	1.4	1.8	147	86.8	(6.8)	(5.6)	25
Midlands	19.3	0.6	1.1	480	93.1	6.6	4.9	65
Masvingo	21.1	0.6	1.4	506	94.5	6.3	4.7	80
Harare	16.9	1.8	2.3	387	92.0	6.4	5.7	54
Bulawayo	18.3	0.6	1.9	156	100.0	(6.7)	(4.8)	20
Mother's education								
No education	20.3	0.4	0.7	125	100.0	*	*	13
Primary	19.4	0.6	1.5	1,152	95.0	6.8	5.2	189
Secondary	18.4	0.6	1.7	1,862	94.6	6.6	5.2	283
More than secondary	12.5	0.7	2.6	81	100.0	*	*	11
Wealth quintile								
Lowest	19.7	0.5	1.5	794	95.1	6.8	4.7	130
Second	19.1	0.6	1.5	679	92.7	6.7	5.3	116
Middle	19.8	0.5	0.7	563	95.3	6.7	5.4	93
Fourth	18.4	0.7	2.1	688	98.6	6.6	5.4	91
Highest	15.5	1.1	1.8	496	93.4	6.6	5.4	65
Total	18.8	0.6	1.6	3,220	95.0	6.7	5.2	496
Mean for all children	18.7	2.1	3.5	na	na	na	na	na

Note: Median and mean durations are based on current status. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

¹ It is assumed that non-last-born children or last-born child not living with the mother are not currently breastfeeding.
² Excludes children who do not have a valid answer on the number of times breastfed
³ Either exclusively breastfed or received breast milk and plain water, water-based liquids, and/or juice only (excludes other milk)

Except in Matabeleland South, more than nine in ten babies under six months of age were breastfed six or more times in the 24 hours preceding the survey interview. The mean number of day feeds was 6.7 and the mean number of night feeds was 5.2.

11.2 DIETARY DIVERSITY AMONG YOUNG CHILDREN AND WOMEN

In the 2005-06 ZDHS, women who had at least one child under the age of three living with them were asked questions about the types of foods and liquids they and their youngest child had consumed during a 24-hour period prior to the survey. Mothers were also asked about the number of times the child had eaten solid or semi-solid food during the period.

The results of these questions are subject to a number of limitations. First, the results do not apply to the full universe of young children and women. Approximately 10 percent of all children under age three were excluded from consideration because they were not the youngest child under age three or because they were not living with the mother. Women who have at least one child under age three living with them represent 31 percent of all women age 15-49. The dietary data for both women and children also are subject to recall errors on the mother's part. In addition, the mother may not be able to report fully on the child's intake of food and liquids if the child was fed by other individuals during the period. Despite these problems, the information collected in the 2005-06 ZDHS on the types of foods and liquids mothers and young children are consuming is useful in assessing the diversity of children's and women's diets.

11.2.1 Foods and Liquids Consumed by Infants and Young Children

Appropriate nutrition includes feeding children a variety of foods to ensure that nutrient requirements are met. Vitamin-A rich fruits and vegetables should be consumed daily. Although eating a range of fruits and vegetables, especially those rich in vitamin A, is important, studies have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients (WHO/UNICEF, 1998). Therefore, it has been advised that meat, poultry, fish, or eggs should be eaten daily, or as often as possible. Fat also is important in the diets of infants and young children because it provides essential fatty acids, facilitates absorption of fat-soluble vitamins (such as vitamin A), and enhances dietary energy density and palatability. Tea and coffee contain compounds that inhibit iron absorption and are not recommended for children. Sugary drinks and excessive juice consumption should be avoided because, other than energy, they contribute little to the diet and as a result decrease the child's appetite for more nutritious foods (PAHO/WHO, 2003).

Table 11.4 is based on information from women about the foods and liquids consumed by their youngest child during the 24-hour period prior to the survey. As expected, the proportions of children who consumed foods or liquids included in the various food groups generally rise with the age of the child. Children who are still breastfed also are less likely to consume the various types of foods than children who are not being breastfed. For example, 68 percent of nonbreastfeeding children age 6-23 months consumed foods made from roots or tubers in the 24-hour period prior to the survey, compared with 49 percent of breastfeeding children in that age group. Of particular concern is the fact that substantial proportions of children age 6-23 months, whether breastfeeding or not, did not consume any vitamin-A rich food during the 24-hour period before the survey. Substantial proportions of children in the age group also did not consume meat, poultry, or fish; fats; or cheese, yogurt; and other milk products.

Table 11.4 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under three years of age living with the mother who consumed specific food groups in the day or night preceding the interview, by breastfeeding status and age, Zimbabwe 2005-2006

Age in months	Liquids			Solid or semi-solid foods										Number of children	
	Infant formula	Other milk ¹	Other liquids ²	Fortified baby foods	Food made from grains ³	Fruits and vegetables rich in vitamin A ⁴	Other fruits and vegetables	Food made from roots/tubers	Food made from legumes and nuts	Meat/fish/poultry/eggs	Cheese, yogurt, other milk products	Any other solid or semi-solid food	Food made with oil/fat/butter		Sugary foods
BREASTFEEDING CHILDREN															
<2	15.0	8.7	8.4	1.9	7.7	1.8	0.0	3.0	0.7	1.3	0.4	2.6	0.5	0.0	132
2-3	44.1	13.5	7.9	2.6	12.9	3.4	0.0	2.4	0.9	2.0	3.6	5.6	4.1	1.3	187
4-5	53.9	9.4	12.6	2.6	24.9	10.4	1.9	10.1	7.0	4.5	9.9	12.5	9.8	2.3	183
6-8	68.0	17.3	28.1	12.4	30.1	24.3	4.9	27.3	7.0	18.2	21.4	30.1	25.7	5.6	276
9-11	65.6	25.6	40.2	28.5	32.1	31.4	9.1	50.5	12.8	34.7	32.2	31.2	30.2	6.3	221
12-17	59.4	22.2	38.6	23.7	26.1	43.8	11.9	58.0	10.8	39.4	37.9	40.2	37.3	9.3	475
18-23	64.0	13.4	49.3	27.5	18.7	48.4	10.3	60.1	14.0	37.1	36.2	45.1	43.7	9.1	169
24-35	(43.9)	(22.6)	(59.3)	(34.4)	(21.6)	(63.2)	(16.9)	(77.5)	(14.3)	(38.5)	(26.8)	(46.0)	(30.2)	(11.7)	34
6-23	63.4	20.3	37.9	22.5	27.1	37.4	9.4	49.4	10.7	33.0	32.6	36.8	34.1	7.8	1,142
Total	56.0	17.5	29.9	16.7	23.7	28.4	7.0	36.8	8.5	24.1	24.2	28.1	25.4	5.9	1,678
NONBREASTFEEDING CHILDREN															
12-17	69.1	30.1	53.5	49.2	36.1	56.8	26.2	70.2	32.5	63.7	47.2	59.6	48.9	36.7	72
18-23	58.7	25.0	54.8	38.2	34.9	57.4	15.6	69.4	21.6	51.6	42.0	44.5	40.4	18.2	259
24-35	52.1	26.1	60.9	38.6	26.5	53.7	14.5	71.3	15.5	49.1	38.1	42.0	40.7	14.8	692
6-23	59.7	26.6	53.2	39.6	34.7	56.9	17.5	68.2	23.5	54.0	42.6	47.6	42.2	21.7	342
Total	54.5	26.4	58.1	38.5	29.3	54.2	15.3	69.6	18.0	50.3	39.2	43.5	40.8	17.0	1,044

Note: Breastfeeding status and food consumed refer to a 24-hour period (yesterday and last night). Figures for nonbreastfeeding children are not shown separately for age groups under 12 months due to the small numbers of nonbreastfeeding children in those age groups. Figures in parentheses are based on 25-49 unweighted cases.

¹ Other milk includes fresh, tinned, and powdered cow or other animal milk.

² Does not include plain water

³ Includes fortified baby food and porridge or gruel

⁴ Includes pumpkin; carrots; yellow or orange yams, squash, or sweet potatoes; dark green leafy vegetables; mangoes; and papayas

11.2.2 Appropriate Infant and Young Child Feeding

Appropriate infant and young child feeding (IYCF) practices include timely initiation of feeding solid/semi-solid foods from age six months and increasing the amount of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding. Guidelines have been established with respect to appropriate IYCF practices for children age 6-23 months (PAHO/WHO, 2003; and WHO, 2005).

Table 11.5 and Figure 11.1 present a summary indicator of appropriate feeding practices that describes the quality of infant and young child feeding practices. The indicator takes into account the percentages of children age 6-23 months for whom feeding practices met minimum standards with respect to both food diversity (i.e., the number of food groups consumed) and feeding frequency (i.e., the number of times the child was fed) as well the consumption of breast milk, milk, and milk products. Breastfed children are considered as being fed appropriately if they consume at least three food groups and receive food or liquids other than breast milk at least twice per day in the case of infants 6-8 months and at least three times per day in the case of children 9-23 months. Non-breastfed children are considered to be fed appropriately if they consumed four food groups, including milk and milk products, and are fed at least four times per day.

Table 11.5 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with the mother who are fed according to three IYCF practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Among breastfed children 6-23 months, percentage fed:				Among nonbreastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
	3+ food groups ¹	Minimum times or more ²	Both 3+ food groups and minimum times or more	Number of children	Milk or milk products ³	4+ food groups	4+ times or more	With 3 IYCF practices ⁴	Number of children	Breast milk, milk, or milk products ³	3+ or 4+ food groups ⁵	Minimum times or more ⁶	With 3 IYCF practices	Number of children
Age in months														
6-8	44.7	72.0	38.6	276	*	*	*	*	2	99.7	44.6	71.4	38.3	279
9-11	62.6	39.4	32.3	221	*	*	*	*	9	98.2	61.8	38.2	31.4	230
12-17	69.0	54.0	44.5	475	84.1	71.0	39.5	38.1	72	97.9	69.2	52.1	43.7	547
18-23	76.5	51.8	44.5	169	79.0	64.9	29.1	23.8	259	87.3	69.5	38.1	32.0	428
Sex														
Male	62.6	55.6	40.9	592	78.5	62.6	34.9	30.3	173	95.1	62.6	51.0	38.5	765
Female	63.4	54.7	40.5	549	80.1	68.1	26.1	22.2	169	95.3	64.5	48.0	36.2	718
Residence														
Urban	82.4	60.4	54.3	287	82.5	79.2	39.6	35.6	136	94.4	81.4	53.7	48.3	424
Rural	56.5	53.4	36.2	855	77.1	56.1	24.5	20.0	205	95.6	56.4	47.9	33.0	1,060
Province														
Manicaland	47.0	56.1	32.1	152	(82.7)	(54.7)	(21.4)	(17.6)	48	95.8	48.9	47.7	28.6	200
Mashonaland Central	54.2	44.9	26.8	137	(88.4)	(85.0)	(7.6)	(7.6)	28	98.0	59.5	38.5	23.5	165
Mashonaland East	88.0	71.4	70.0	88	(87.9)	(56.9)	(41.8)	(34.4)	25	97.3	81.1	64.8	62.0	113
Mashonaland West	70.8	42.2	39.2	91	(52.0)	(43.2)	(5.3)	(3.3)	32	87.4	63.6	32.6	29.8	124
Matabeleland North	47.6	64.2	34.2	68	(54.9)	(34.8)	(13.7)	(8.0)	21	89.3	44.6	52.2	28.0	89
Matabeleland South	61.5	55.2	29.9	52	(45.3)	(49.3)	(19.1)	(11.7)	18	85.7	58.3	45.7	25.1	70
Midlands	69.4	63.5	53.3	180	(89.0)	(70.6)	(43.5)	(43.5)	41	98.0	69.6	59.8	51.5	221
Masvingo	49.3	50.4	30.9	204	(94.4)	(59.7)	(36.0)	(28.4)	46	99.0	51.2	47.7	30.4	250
Harare	82.1	51.2	46.0	117	92.9	86.3	49.8	49.8	57	97.7	83.5	50.7	47.2	174
Bulawayo	86.2	62.0	57.3	54	(58.2)	(93.6)	(43.6)	(26.1)	24	87.2	88.4	56.4	47.8	78
Mother's education														
No education	(32.3)	(15.8)	(11.4)	44	*	*	*	*	11	(94.7)	(26.6)	(12.5)	(9.1)	56
Primary	57.6	51.1	37.0	432	73.1	47.1	26.7	22.4	101	94.9	55.6	46.5	34.3	533
Secondary	68.0	60.0	44.4	646	82.8	76.4	35.2	30.3	214	95.7	70.1	53.8	40.9	860
More than secondary	*	*	*	20	*	*	*	*	15	(89.3)	(81.6)	(48.2)	(43.1)	36
Wealth quintile														
Lowest	48.3	47.3	27.8	310	74.6	47.0	26.7	21.7	66	95.5	48.1	43.7	26.7	376
Second	56.4	47.8	32.1	237	77.3	54.7	21.8	15.2	76	94.5	56.0	41.5	28.0	313
Middle	62.3	64.8	44.7	221	(79.1)	(72.9)	(28.8)	(25.8)	31	97.5	63.6	60.4	42.4	252
Fourth	76.9	59.7	53.5	241	78.1	67.5	27.7	23.1	87	94.2	74.4	51.1	45.4	328
Highest	84.7	62.7	56.5	132	86.2	85.1	45.5	43.8	81	94.7	84.9	56.1	51.7	214
Total	63.0	55.2	40.7	1,142	79.3	65.3	30.5	26.3	342	95.2	63.5	49.5	37.4	1,483

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Food groups: a) infant formula, milk other than breast milk, cheese or yogurt or other milk products; b) foods made from grains, roots, and tubers, including porridge, gruel, and fortified baby food from grains; c) vitamin A-rich fruits and vegetables; d) other fruits and vegetables; e) eggs; f) meat, poultry, fish, and shellfish (and organ meats); g) legumes and nuts; h) foods made with oil, fat, butter

² At least twice a day for infants 6-8 months and at least three times a day for children 9-23 months

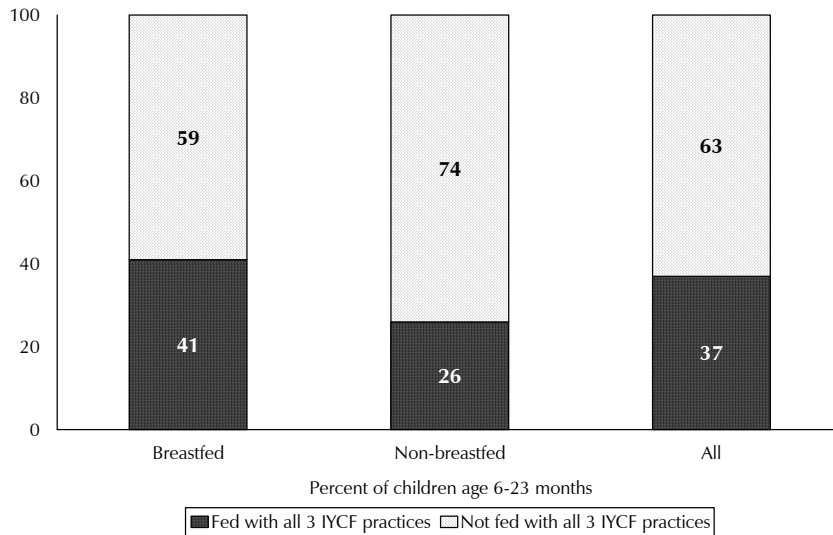
³ Includes commercial infant formula; fresh, tinned, and powdered animal milk; and cheese, yogurt, and other milk products

⁴ Nonbreastfed children ages 6-23 months are considered to be fed with three appropriate feeding practices if they receive appropriate breast milk substitutes and are fed at least the minimum number of times per day with at least the minimum number of food groups.

⁵ 3+ food groups for breastfed children and 4+ food groups for nonbreastfed children

⁶ Fed solid or semi-solid food at least twice a day for infants 6-8 months, 3+ times for other breastfed children, and 4+ times for nonbreastfed children

Figure 11.1 Infants and Young Child Feeding (IYCF) Practices



ZDHS 2005-2006

According to the results presented in Table 11.5, 95 percent of the youngest children age 6-23 months living with the mother received breast milk, milk, or milk products during the 24-hour period prior to the survey, 64 percent had an adequately diverse diet (i.e., they had been fed foods from the appropriate number of food groups depending on their age and breastfeeding status), and 50 percent had been fed the minimum standard number of times appropriate for their age and breastfeeding status. Feeding practices for just over one-third of children age 6-23 months met the minimum standard with respect to all three of these feeding practices.

Breastfed children were more likely to be fed appropriately than nonbreastfed children. Compliance with IYCF practices is greater among urban children than rural children. Looking at provincial differences, children in Mashonaland East were the most likely and children in Mashonaland Central the least likely to be fed according to the IYCF guidelines. The likelihood that a child is fed appropriately rises with the mother's education and the wealth quintile.

11.2.3 Foods and Liquids Consumed by Mothers

Adequate maternal nutrition is important for the health and reproductive outcomes of women and for child survival and development. Table 11.6 shows that foods made from roots or tubers are the staple for the majority of women. Seven in ten mothers consumed foods made from roots or tubers during the 24-hour period prior to the survey and one in four mothers consumed foods made from grains. Table 11.6 also shows that sources of important micronutrients are missing from many women's diets. More than half of women did not eat meat, fish (including shellfish), poultry, or eggs during the 24-hour period prior to the survey. The consumption of meat, fish, poultry, and eggs is important because these foods are principal sources of protein and iron. A large majority of mothers also did not consume milk or milk products, which are important sources of calcium; nearly four-fifths of mothers of young children did not drink any milk and more than three-fifths did not consume milk products like cheese or yogurt. Half of mothers did not consume vitamin A-rich fruits and vegetables during the 24-hour period prior to the survey interview.

There are substantial variations in the proportions of women consuming the various food groups. For example, 72 percent of urban women report consumption of meat, fish (including shellfish), poultry, or eggs, compared with 32 percent of rural residents. Urban residents also are much more likely to consume vitamin A-rich foods and milk or milk products than rural residents. Consumption of these food groups increases with the woman's education level and the wealth quintile.

Table 11.6 Foods consumed by mothers in the day or night preceding the interview

Among mothers age 15-49 of children under three years of age, the percentage who consumed specific types of foods in the day or night preceding the interview, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Foods made from grains	Foods made from roots/tubers	Foods made from legumes	Meat/fish/shellfish/poultry/eggs	Cheese/yogurt	Vitamin A-rich fruits/vegetables ¹	Other fruits/vegetables	Foods made with oil/fat/butter	Any other solid or semi-solid food	Sugary foods	Milk	Tea/coffee	Other liquids	Number of women
Age														
15-19	26.5	67.3	9.6	39.5	32.8	51.5	13.3	32.6	46.9	10.5	14.1	48.7	94.3	286
20-29	24.2	70.3	9.7	45.9	39.7	50.2	12.5	40.0	48.8	12.8	18.6	56.0	94.1	1,615
30-39	23.0	69.4	7.7	41.7	35.6	54.9	15.5	42.1	48.4	8.3	23.4	53.7	94.6	705
40-49	17.4	59.4	12.5	29.9	19.3	32.5	8.3	39.6	44.8	4.4	15.1	33.8	91.8	116
Residence														
Urban	40.1	68.1	12.1	71.8	51.5	61.3	23.8	46.7	67.4	23.6	27.8	78.9	93.7	771
Rural	17.4	69.8	8.2	32.3	31.3	46.7	9.0	37.0	40.8	6.1	15.8	43.7	94.3	1,951
Province														
Manicaland	10.3	83.7	8.6	26.8	27.7	41.2	9.3	27.5	19.6	7.4	15.9	58.9	90.7	334
Mashonaland Central	7.3	75.9	4.2	30.9	36.6	42.6	2.4	65.5	30.0	2.2	8.7	39.4	95.3	314
Mashonaland East	13.4	86.0	9.2	36.3	52.1	53.8	10.9	17.7	26.6	7.0	17.3	56.9	95.9	226
Mashonaland West	15.8	66.8	5.9	42.5	39.9	48.7	7.3	37.6	66.6	13.4	20.4	42.6	90.5	260
Matabeleland North	77.2	26.1	8.0	37.5	5.2	49.3	20.2	1.6	21.7	6.6	19.9	44.2	93.8	177
Matabeleland South	88.6	20.4	10.3	41.8	4.7	69.8	13.7	9.1	23.0	10.6	24.2	63.3	94.9	131
Midlands	8.8	71.4	11.9	50.5	40.5	53.5	16.4	54.1	60.2	8.3	31.8	47.8	94.6	399
Masvingo	1.9	78.9	5.9	31.4	34.3	42.9	5.6	46.9	63.8	10.1	11.2	39.7	96.6	429
Harare	32.0	82.1	15.1	73.1	72.3	55.2	23.9	52.8	73.6	25.8	23.0	81.1	93.6	319
Bulawayo	90.2	31.6	19.5	85.3	18.9	82.9	42.5	34.6	78.3	25.6	25.9	90.4	95.8	135
Education														
No education	10.6	59.1	8.9	19.1	16.6	31.8	5.4	49.1	41.5	0.9	4.5	12.2	94.6	102
Primary	17.4	67.7	7.3	33.0	27.9	43.0	8.9	35.8	43.9	5.9	15.1	35.2	93.9	969
Secondary	27.5	71.2	10.4	50.1	43.3	56.6	15.4	41.0	50.7	14.0	21.9	66.5	94.2	1,584
More than secondary	49.8	62.7	12.7	76.5	52.1	56.0	34.1	50.8	67.0	30.7	36.7	81.0	95.9	67
Wealth quintile														
Lowest	18.3	61.8	5.8	26.7	24.6	44.5	7.7	37.2	46.6	4.4	11.1	26.1	95.0	658
Second	16.7	71.8	7.8	32.3	31.0	45.5	7.4	36.4	36.5	3.3	16.8	43.9	94.4	595
Middle	15.9	75.3	9.9	32.3	36.9	49.5	9.7	36.1	37.1	8.6	17.8	58.5	92.9	481
Fourth	29.5	71.5	10.6	60.1	45.0	55.0	16.7	43.5	54.8	16.7	22.2	71.1	93.5	574
Highest	44.2	67.4	14.5	76.3	54.8	64.0	29.4	47.5	71.9	27.9	32.9	82.1	94.6	414
Total	23.8	69.3	9.3	43.5	37.0	50.8	13.2	39.7	48.3	11.1	19.2	53.7	94.1	2,722

Note: Foods were consumed in the past "24-hour" period (yesterday and last night).

¹ Includes pumpkin; carrots; yellow or orange yams, squash, or sweet potatoes; dark green leafy vegetables; mangoes; and papayas

11.3 ANAEMIA PREVALENCE

Anaemia is a condition that is marked by low levels of haemoglobin in the blood. Iron is a main component of haemoglobin, and iron deficiency is estimated to be responsible for half of all anaemia globally. Other causes of anaemia include malaria, hookworm and other helminths, other nutritional deficiencies, chronic infections, and genetic conditions depending on the region. Anaemia is a serious concern for children because it can impair cognitive development, stunt growth, and increase morbidity from infectious diseases.

The 2005-06 ZDHS included direct measurement of haemoglobin levels using the HemoCue system. This system consists of a battery-operated photometer and a disposable microcuvette¹ coated with a dried reagent that serves as the blood-collection device. For the test, a drop of capillary blood taken from a person's fingertip or heel was drawn into a microcuvette. The blood in the microcuvette was analyzed using the photometer, which displayed the haemoglobin concentration.

Haemoglobin testing was carried out for three groups: children age 6-59 months, women age 15-49, and men age 15-54. In the case of young children or youth age 15-17, the consent of an adult or other caretaker was obtained for the test. Information was obtained on haemoglobin levels for 85 percent of the children, 86 percent of the women age 15-49, and 79 percent of the men age 15-54 who were eligible for testing.

During the fieldwork, each respondent or parent/caretaker was given the results of the test immediately. In cases in which the haemoglobin reading was below 9.0 g/dl (grams per decilitre), the respondent or parent/caretaker was referred to MOH&CW facilities for follow-up.

Anaemia is classified as mild, moderate, or severe based on the concentrations of haemoglobin in the blood. The cutoff values used in defining each of these levels vary according to age and, for women, pregnancy status. The following summarises the cutoffs used in the analysis of the anaemia data:

	Mild (g/dl)	Moderate (g/dl)	Severe (g/dl)	Any (g/dl)
<u>Children age 6-59 months</u>	10.0-10.9	7.0-9.9	< 7.0	<11.0
<u>Women age 15-49</u>				
Not pregnant	10.0-11.9	7.0-9.9	<7.0	<12.0
Pregnant	10.0-10.9	7.0-9.9	< 7.0	<11.0
<u>Men age 15-54</u>	10.0-11.9	7.0-9.9	<7.0	<12.0

Table 11.7 presents anaemia levels for children 6-59 months at the time of the 2005-06 ZDHS by selected background characteristics. Overall, 58 percent of these children suffered from some degree of anaemia. A small proportion (1 percent) was classified as having severe anaemia, while three in ten children were moderately anaemic. Looking at the differentials in Table 11.7, anaemia was more prevalent among children under age 18 months than among older children, with a peak rate of 84 percent observed among children 9-11 months. Severe anaemia peaks at 3 percent among children age 12-17 months. Boys are slightly more likely to be anaemic than girls. Anaemia prevalence varies by province from 55 percent in Manicaland to 63 percent in Mashonaland East.

¹ A microcuvette is a small, transparent laboratory vessel.

Table 11.7 Prevalence of anaemia in children					
Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Zimbabwe 2005-2006					
Background characteristic	Anaemia status by haemoglobin level				Number of children
	Mild (10.0-10.9 g/dl)	Moderate (7.0-9.9 g/dl)	Severe (<7.0 g/dl)	Any anaemia (<11.0 g/dl)	
Age in months					
6-8	20.4	54.0	2.6	77.0	223
9-11	28.5	54.0	1.5	84.0	220
12-17	27.3	44.0	3.3	74.7	512
18-23	29.1	37.4	1.3	67.8	439
24-35	27.6	30.0	0.7	58.4	952
36-47	28.2	20.2	0.4	48.8	977
48-59	28.1	16.7	0.7	45.6	1,032
Sex					
Male	29.0	30.1	1.1	60.2	2,186
Female	26.3	28.9	1.2	56.4	2,168
Mother's status					
Interviewed	28.2	30.7	1.3	60.1	3,395
Not interviewed but in household	25.8	27.7	1.7	55.1	228
Not interviewed, and not in the household ¹	25.9	24.6	0.6	51.1	731
Residence					
Urban	25.8	30.0	2.2	58.0	1,025
Rural	28.2	29.3	0.9	58.4	3,329
Province					
Manicaland	29.0	25.5	0.8	55.4	568
Mashonaland Central	33.6	24.7	0.7	59.0	474
Mashonaland East	28.4	33.2	1.5	63.1	412
Mashonaland West	24.2	32.9	2.0	59.1	387
Matabeleland North	26.2	32.3	0.0	58.5	333
Matabeleland South	28.7	30.7	1.9	61.2	246
Midlands	28.6	27.8	1.3	57.7	753
Masvingo	26.3	31.5	0.7	58.5	570
Harare	25.2	29.7	1.3	56.3	421
Bulawayo	21.2	32.0	2.8	55.9	189
Mother's education²					
No education	22.7	34.0	1.4	58.1	159
Primary	28.3	30.5	0.8	59.6	1,320
Secondary	28.4	30.3	1.6	60.3	2,072
More than secondary	23.9	27.5	0.0	51.4	71
Wealth quintile					
Lowest	29.0	30.5	0.7	60.2	1,080
Second	29.3	27.0	0.7	56.9	999
Middle	27.2	28.5	1.4	57.1	895
Fourth	26.0	32.5	1.8	60.3	812
Highest	25.4	29.3	1.6	56.3	567
Total	27.7	29.5	1.2	58.3	4,354

Note: Table is based on children who stayed in the household the night before the interview and were tested for anaemia. Prevalence is adjusted for altitude using formulas by CDC (1998). Haemoglobin in g/dl = grams per decilitre. Total includes 1 case for which information on the mother's education is missing.

¹ Includes children whose mothers are deceased

² For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule

Table 11.8 shows anaemia levels among women age 15-49. More than one-third of women (38 percent) were anaemic, with the majority (27 percent) classified as mildly anaemic. Nine percent of the women were moderately anaemic and one percent were found to be severely anaemic. Women who were pregnant were more likely to be anaemic than either breastfeeding mothers or other women (47 percent, 36 percent, and 37 percent, respectively). Anaemia levels also varied by province. Manicaland had the lowest level of anaemia (31 percent). Rates were highest in Masvingo (48 percent) and in Matabeleland South (45 percent).

Table 11.8 Prevalence of anaemia in women

Percentage of women age 15-49 with anaemia, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Anaemia status by haemoglobin level				Number of women	
	Not pregnant	Mild anaemia	Moderate anaemia	Severe anaemia		Any anaemia
	Pregnant	10.0-11.9 g/dl	7.0-9.9 g/dl	<7.0 g/dl		<12.0 g/dl
		10.0-10.9 g/dl	7.0-9.9 g/dl	<7.0 g/dl	<11.0 g/dl	
Age¹						
15-19		26.2	7.9	0.3	34.5	1,840
20-29		25.6	8.7	0.8	35.1	2,909
30-39		29.8	10.3	1.3	41.4	1,771
40-49		29.8	12.0	2.5	44.3	1,114
Children ever born²						
None		26.0	9.4	0.7	36.1	2,200
1		26.2	8.6	1.1	36.0	1,382
2-3		28.5	9.2	1.0	38.6	2,244
4-5		25.7	10.3	2.0	38.0	1,091
6+		32.4	10.0	0.6	43.1	718
Maternity status²						
Pregnant		27.4	18.1	1.5	47.0	525
Breastfeeding		28.0	8.2	0.2	36.3	1,491
Neither		27.1	8.9	1.2	37.3	5,618
Smoking status²						
Smokes cigarettes/tobacco		28.5	6.3	1.6	36.4	69
Does not smoke		27.3	9.4	1.0	37.7	7,562
Residence						
Urban		27.7	9.9	1.2	38.9	2,762
Rural		27.1	9.1	0.9	37.1	4,872
Province						
Manicaland		23.8	5.8	1.1	30.7	877
Mashonaland Central		29.6	5.8	1.6	37.1	652
Mashonaland East		23.8	9.0	0.8	33.6	657
Mashonaland West		25.2	11.2	1.4	37.8	696
Matabeleland North		27.2	7.5	0.9	35.7	470
Matabeleland South		32.9	10.0	2.1	45.0	367
Midlands		27.0	9.7	1.0	37.7	1,127
Masvingo		32.2	15.2	0.1	47.5	1,046
Harare		26.2	8.5	0.9	35.6	1,175
Bulawayo		27.3	9.2	1.4	38.0	567
Education						
No education		29.5	9.2	3.4	42.1	342
Primary		28.3	9.7	1.3	39.3	2,546
Secondary		26.7	9.1	0.7	36.5	4,540
More than secondary		25.8	11.2	2.4	39.4	206
Wealth quintile						
Lowest		29.4	9.5	1.4	40.2	1,412
Second		24.0	9.7	0.4	34.1	1,347
Middle		27.2	8.2	0.9	36.3	1,398
Fourth		28.6	10.2	1.2	40.1	1,666
Highest		27.1	9.2	1.2	37.5	1,812
Total		27.3	9.4	1.0	37.8	7,634

Note: Table is based on women who were interviewed in the survey and consented to the anaemia test. Prevalence is adjusted for altitude using formulas by CDC (1998). The total includes 4 cases for which information on smoking status is missing.

¹ For women who were not interviewed, information is taken from the Household Questionnaire.

² Excludes women who were not interviewed.

In contrast to the levels among young children and women, anaemia rates among men are quite moderate. Table 11.9 shows that 11 percent of men were anaemic, with 2 percent classified as moderately anaemic and less than 1 percent considered to be severely anaemic. Anaemia levels were lowest among men age 20-29 (5 percent) and men living in Bulawayo and Matabeleland North (7 percent each). Anaemia rates were highest among men in Masvingo (16 percent) and Mashonaland West (14 percent). Anaemia levels generally decline as the man's educational level and the wealth quintile increase.

Table 11.9 Prevalence of anaemia in men

Percentage of men age 15-54 with anaemia, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Anaemia status by haemoglobin level				Number of men
	Mild anaemia (10.0-11.9 g/dl)	Moderate anaemia (7.0-9.9 g/dl)	Severe anaemia (<7.0 g/dl)	Any anaemia (<12.0 g/dl)	
Age¹					
15-19	10.8	2.5	0.2	13.5	1,580
20-29	4.2	1.0	0.2	5.4	1,985
30-39	9.3	2.7	0.5	12.5	1,172
40-49	10.7	2.4	0.1	13.2	697
50-54	9.9	3.4	0.5	13.8	241
Smoking status²					
Smokes cigarettes/tobacco	7.9	1.8	0.3	9.9	1,373
Does not smoke	8.2	2.1	0.3	10.6	4,298
Residence					
Urban	6.9	1.8	0.4	9.0	2,072
Rural	8.9	2.2	0.2	11.3	3,603
Province					
Manicaland	7.1	1.1	0.0	8.2	682
Mashonaland Central	6.6	1.9	0.0	8.4	507
Mashonaland East	6.2	1.7	0.3	8.1	524
Mashonaland West	9.9	3.8	0.7	14.3	599
Matabeleland North	5.8	1.6	0.0	7.4	333
Matabeleland South	8.8	1.9	0.6	11.3	222
Midlands	7.9	2.7	0.6	11.2	920
Masvingo	13.8	2.0	0.0	15.8	635
Harare	7.7	1.8	0.2	9.8	915
Bulawayo	5.6	1.0	0.2	6.9	338
Education					
No education	9.5	2.1	1.6	13.2	82
Primary	9.7	2.6	0.2	12.6	1,622
Secondary	7.6	1.8	0.3	9.7	3,687
More than secondary	5.5	2.0	0.2	7.8	284
Wealth quintile					
Lowest	10.4	1.9	0.6	12.9	934
Second	8.0	2.7	0.1	10.7	1,013
Middle	8.0	2.1	0.0	10.0	1,045
Fourth	8.9	2.2	0.3	11.3	1,505
Highest	5.7	1.4	0.4	7.5	1,178
Total	8.1	2.0	0.3	10.5	5,675

Note: Table is based on men who were interviewed in the survey and consented to the anaemia test. Prevalence is adjusted for altitude using formulas by CDC (1998). The total includes 4 men for whom information on smoking status is missing.

¹ For women who were not interviewed, information is taken from the Household Questionnaire.

² Excludes women who were not interviewed

11.4 MICRONUTRIENT INTAKE AND SUPPLEMENTATION

Micronutrient deficiency is a serious contributor to childhood morbidity and mortality. Micronutrients are available in foods and can also be provided through direct supplementation. Breastfeeding children benefit from supplements given to the mother.

Iron deficiency is one of the primary causes of anaemia, which has serious health consequences for both women and children. Vitamin A is an essential micronutrient for the immune system and plays an important role in maintaining the epithelial tissue in the body. Severe vitamin A deficiency (VAD) can cause eye damage and is the leading cause of childhood blindness. VAD also increases severity of infections such as measles and diarrhoeal disease in children and slows recovery from illness. VAD is common in dry environments where fresh fruits and vegetables are not readily available. Vitamin A supplementation of young children is an important tool in addressing VAD.

Information on the foods mothers and young children under age three consumed in the 24-hour period prior to the ZDHS is useful in assessing the extent to which women and children are consuming food groups rich in two key micronutrients—vitamin A and iron—in their daily diet. In addition, the ZDHS included several questions designed to ascertain whether young children or their mothers had received vitamin A supplements, and women were asked about iron supplementation during pregnancy.

11.4.1 Micronutrient Intake and Supplementation among Children

Table 11.10 looks at the intake of foods rich in vitamin A and iron by the youngest child under age three living with the mother, and at recent vitamin A supplementation among children age 6-59 months. The results in Table 11.10 indicate that children are more likely to consume vitamin A-rich foods than iron-rich foods. Sixty-one percent of young children consumed foods rich in vitamin A in the 24-hour period prior to the survey, while 41 percent of these children consumed foods rich in iron. As expected, intake of both vitamin A- and iron-rich foods increases as children are weaned. Intake of foods rich in these two micronutrients is higher among urban than rural children and also varies considerably by province, with the lowest proportions of children consuming foods rich in vitamin A and iron observed in Masvingo, Mashonaland Central, and Manicaland. Consumption of iron-rich foods is also notably lower in Matabeleland North than in other provinces. The likelihood that a child consumed foods rich in vitamin A and iron increases with the mother's education and the wealth quintile.

Table 11.10 also provides information on the coverage of the programme of vitamin A supplementation among young children. Forty-seven percent of children age 6-59 months received a dose of vitamin A in the six months prior to the interview. The supplementation rate peaked at 55 percent among children age 18-23 months. Urban children were more likely to have received a vitamin A dose than rural children. The proportion of children who received a vitamin A dose was lowest in Manicaland and Midlands (29 percent and 32 percent, respectively) and highest in Matabeleland North and Matabeleland South (70 percent and 67 percent, respectively). The likelihood that a child was given a vitamin A dose rose with the mother's education and generally increased with the wealth quintile.

Table 11.10 Micronutrient intake among children

Percentage of youngest children under age three living with their mother who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and percentage of children age 6-59 months who received vitamin A supplements in the six months preceding the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Among last-born children age 6-35 months:			Among children age 6-59 months:	
	Percentage consumed foods rich in vitamin A in past 24 hours ¹	Percentage consumed foods rich in iron in past 24 hours ²	Number of children	Percentage given vitamin A supplements in past 6 months	Number of children
Age in months					
6-8	32.5	18.3	279	33.1	289
9-11	49.5	35.3	230	49.3	237
12-17	62.0	42.6	547	53.6	564
18-23	68.3	45.9	428	54.7	455
24-35	71.2	48.7	726	48.7	936
36-47	na	na	na	44.4	1,870
Sex					
Male	60.0	40.9	1,121	46.1	2,218
Female	62.5	42.0	1,089	48.2	2,133
Breastfeeding status					
Breastfeeding	52.8	33.2	1,176	47.6	1,213
Not breastfeeding	71.2	50.9	1,013	47.1	3,082
Residence					
Urban	78.8	64.4	643	52.9	1,287
Rural	54.0	32.0	1,567	44.7	3,065
Province					
Manicaland	49.3	27.8	279	29.2	554
Mashonaland Central	48.9	30.5	267	39.6	501
Mashonaland East	67.6	37.3	179	44.8	320
Mashonaland West	67.1	50.2	194	50.5	414
Matabeleland North	55.0	28.8	129	70.4	272
Matabeleland South	73.4	37.0	106	66.6	207
Midlands	66.6	49.7	335	31.6	656
Masvingo	47.9	30.0	349	54.8	658
Harare	76.8	64.1	262	55.6	562
Bulawayo	85.0	69.3	110	61.3	208
Mother's age					
15-19	60.5	39.0	404	46.4	885
20-29	61.6	43.4	1,248	47.6	2,436
30-39	64.7	40.4	477	47.6	890
40-49	37.8	27.3	80	40.7	141
Mother's education					
No education	35.4	22.5	89	37.6	186
Primary	51.1	30.2	775	43.5	1,591
Secondary	68.4	48.1	1,291	49.6	2,467
More than secondary	77.4	72.2	55	60.0	107
Wealth quintile					
Lowest	46.7	26.6	525	45.3	1,069
Second	54.3	32.6	478	39.9	891
Middle	59.0	31.1	387	48.4	750
Fourth	70.8	54.9	481	49.8	930
Highest	82.4	69.3	340	54.2	711
Total	61.2	41.4	2,210	47.1	4,351

Note: Information on vitamin A and iron supplements is based on the mother's recall. Total includes 56 cases in which information on breastfeeding status is missing.

na = Not applicable

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, carrots, yellow or orange yams, squash or sweet potatoes, dark green leafy vegetables, mangoes, and papayas

² Includes meat (including organ meat), fish, poultry, and eggs

11.4.2 Micronutrient Intake among Mothers

Table 11.11 includes several measures of vitamin A and iron intake and supplementation among mothers of young children and also presents the proportion of women reporting night blindness during pregnancy, a condition that is associated with vitamin A deficiency.

The majority (68 percent) of mothers with a child under three years of age living with her consumed vitamin A-rich foods during the 24 hours preceding the survey, and 44 percent of women ate foods rich in iron. Women in the 40-49 year age range were less likely than younger women to have consumed vitamin A- or iron-rich foods. Intake of vitamin A- and iron-rich foods was highest among women in urban areas, those with more than secondary education, and those in the highest wealth quintile.

A single dose of vitamin A given within two months of childbirth treats night blindness and increases the vitamin A content of breast milk, reducing the risk of VAD among breastfed children. Table 11.11 shows that only 14 percent of women with a child born in the five years before the survey received a vitamin A dose in the first two months after the birth of the last child. Supplementation rates were highest among urban women (18 percent) and women living in Bulawayo (23 percent), Midlands (22 percent), and Mashonaland West (20 percent).

Five percent of women with a recent birth said that they had experienced night blindness during their pregnancy. After adjusting for women who also reported vision problems during daylight, 1 percent of women were estimated to have suffered night blindness during pregnancy.

As discussed earlier in the chapter, pregnant women are more likely to be anaemic than other women. Iron status among pregnant women can be improved by means of iron supplements as well as by increased consumption of iron-rich foods and control of parasites and malaria. Table 11.11 shows the percent distribution of women who gave birth during the five years prior to the survey by the number of days the woman took iron tablets during the pregnancy for her last-born child. The majority of women who took supplements took them for less than 60 days (32 percent), and 56 percent did not take iron supplements at all. Women living in Harare and Mashonaland East were least likely to have taken iron tablets or syrup during their last pregnancy (70 percent and 67 percent, respectively). Matabeleland North and Masvingo had the highest iron supplementation rates among pregnant women (49 percent and 50 percent, respectively).

Table 11.11 Micronutrient intake among mothers

Percentage of women age 15-49 with a child under age three years living with her who consumed vitamin A-rich and iron-rich foods in the 24 hours preceding the survey; the percentage of women with a child born in the past 5 years who received a vitamin A dose in the first two months after the birth of the last child; the percentage of mothers who during the pregnancy of the last child born in the five years prior to the survey suffered from night blindness; and the percentage who took iron tablets or syrup for specific numbers of days, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Consumption of vitamin A-rich and iron-rich food in the 24 hours preceding the survey among women with a child under age three years			Percentage of women who received vitamin A dose post-partum ³	For the last child born in the past five years							Number of women with a child born in past five years
	Percentage consumed vitamin A-rich foods ¹	Percentage consumed iron-rich foods ²	Number of women with a child under 3 years		Percentage of women who suffered night blindness during pregnancy		Number of days women took iron tablets or syrup during pregnancy					
					Reported	Adjusted ⁴	None	<60	60-89	90+	Don't know/missing	
Age												
15-19	66.1	39.5	286	15.4	4.0	1.4	58.0	31.7	1.4	6.9	2.0	329
20-29	68.5	45.9	1,615	15.1	4.8	1.4	56.8	32.1	2.0	4.1	5.1	2,354
30-39	70.7	41.7	705	13.3	6.3	1.2	55.3	31.0	2.1	5.2	6.5	1,148
40-49	48.7	29.9	116	11.7	8.0	3.1	48.7	32.0	3.1	4.8	11.4	269
Residence												
Urban	85.7	71.8	771	18.1	3.5	0.3	57.2	29.8	2.3	4.6	6.0	1,285
Rural	61.0	32.3	1,951	12.7	6.2	2.0	55.3	32.6	1.9	4.7	5.4	2,815
Province												
Manicaland	53.5	26.8	334	12.2	6.3	1.0	58.8	27.0	2.0	3.4	8.8	497
Mashonaland Central	54.4	30.9	314	6.2	8.4	3.4	58.5	29.6	1.4	3.1	7.3	457
Mashonaland East	69.9	36.3	226	13.4	6.9	2.6	67.0	25.5	2.7	2.5	2.3	319
Mashonaland West	69.5	42.5	260	19.7	7.4	3.2	55.3	31.7	2.5	7.0	3.5	415
Matabeleland North	72.4	37.5	177	11.5	3.4	0.6	48.5	27.9	5.8	15.3	2.5	263
Matabeleland South	85.8	41.8	131	14.0	1.9	0.0	43.2	32.4	2.1	3.5	18.8	184
Midlands	71.7	50.5	399	21.7	4.2	1.0	56.9	39.5	0.7	1.9	1.0	584
Masvingo	55.0	31.4	429	8.6	5.6	1.2	43.2	40.9	1.0	7.8	7.1	609
Harare	84.5	73.1	319	16.8	2.8	0.2	69.9	22.8	1.1	1.9	4.4	566
Bulawayo	97.5	85.3	135	22.5	5.3	0.5	44.7	37.2	6.1	4.0	8.0	207
Education												
No education	41.3	19.1	102	10.0	7.3	3.1	51.7	27.5	2.9	6.9	11.1	166
Primary	57.8	33.0	969	12.6	6.4	1.8	56.9	31.6	2.0	4.7	4.9	1,445
Secondary	75.2	50.1	1,584	15.8	4.7	1.1	56.2	32.3	1.9	4.2	5.5	2,383
More than secondary	85.1	76.5	67	14.7	3.7	0.6	44.0	28.8	4.7	12.3	10.3	106
Wealth quintile												
Lowest	56.8	26.7	658	12.6	6.6	2.2	53.3	33.3	1.6	6.7	5.2	934
Second	59.8	32.3	595	10.9	5.4	1.4	56.4	31.9	2.1	4.1	5.4	823
Middle	63.5	32.3	481	13.9	6.2	2.5	58.9	31.0	2.2	2.8	5.1	714
Fourth	76.9	60.1	574	16.8	5.6	0.9	56.7	30.5	2.1	4.6	6.2	902
Highest	90.3	76.3	414	18.2	2.8	0.2	55.0	31.8	2.3	4.9	6.1	727
Total	68.0	43.5	2,722	14.4	5.4	1.4	55.9	31.7	2.0	4.7	5.6	4,100

¹ Includes meat (and organ meat), fish, poultry, eggs, pumpkin, carrots, yellow or orange yams, squash or sweet potatoes, dark green leafy vegetables, mangoes, and papayas

² Includes meat (and organ meat), fish, poultry, eggs

³ In the first two months after delivery

⁴ Women who reported night blindness but did not report difficulty with vision during the day

11.5 NUTRITIONAL STATUS OF CHILDREN

Anthropometric data on height and weight collected in the 2005-06 ZDHS permit the measurement and evaluation of the nutritional status of young children in Zimbabwe. This evaluation allows identification of subgroups of the child population that are at increased risk of faltered growth, disease, impaired mental development, and death. Trends in child malnutrition can also be assessed by comparing the 2005-06 ZDHS results with those obtained during the 1994 and 1999 ZDHS surveys.

11.5.1 Measurement of Nutritional Status among Young Children

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

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

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

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

Height-for-age is a measure of linear growth. A child who is below minus two standard deviations (-2 SD) from the median of the NCHS reference population in terms of height-for-age is considered short for his/her age, or stunted, a condition reflecting the cumulative effect of chronic malnutrition. If the child is below minus three standard deviations (-3 SD) from the reference mean, then the child is considered severely stunted. A child between -2 SD and -3 SD is considered moderately stunted. Stunting reflects malnutrition over a long time and is also affected by recurrent and chronic illnesses.

Weight-for-height describes current nutritional status. A child who is below -2 SD from the reference mean for weight-for-height is considered too thin for his/her height, or wasted, a condition reflecting acute or recent nutritional deficit. As with stunting, wasting is considered severe if the child is below -3 SD below the reference mean. The weight-for-height index gives information about children's recent experience with food intake. Wasting represents failure to receive adequate nutrition in the period immediately preceding the survey and may be the result of recent illness or of seasonal variations in the food supply. Severe wasting is closely linked to a child's mortality risk.

Weight-for-age is a composite index of weight-for-height and height-for-age and thus does not distinguish between acute malnutrition (wasting) and chronic malnutrition (stunting). A child can be underweight for her/his age because s/he is stunted, because s/he is wasted, or because s/he is wasted and stunted. Weight-for-age is a good overall indicator of a population's nutritional health and is often used to monitor nutritional status on a longitudinal basis. Similar to weight-for-height, this index is subject to seasonal variation.

11.5.2 Results of Data Collection

Measurements of height and weight were obtained for all children under age six living in the households selected for the 2005-2006 ZDHS sample. The results include children who were not biological offspring of the women interviewed in the survey.

Although data were collected for all children under age six, for purposes of comparability with prior ZDHS surveys, the analysis is limited to children under age five. Height and weight measurements were obtained for 92 percent of the 5,785 children under age five who were present in ZDHS households at the time of the survey. Of these children, 7 percent were considered to have implausibly high or low values for the height or weight measures or lacked data on the child's age in months (not shown in table). The following analysis focuses on the children for whom complete and plausible anthropometric and age data were collected.

11.5.3 Levels of Child Malnutrition

Table 11.12 presents the three nutritional status indices—height-for-age, weight-for-height, and weight-for age—for children under five years according to selected background characteristics. Overall, 29 percent of children were stunted at the time of the 2005-06 ZDHS, 6 percent were wasted, and 17 percent were underweight.

All of the indices indicate that malnutrition increases with a child's age, with prevalence peaking in the age range 12-23 months, and declining again as children approach their fifth birthday. For example, stunting affects nearly half of children age 18-23 months, and 20 percent of children in that age range are severely stunted. Nine percent of children age 12-23 months are wasted, and the highest rate of severe acute malnutrition is found in the 12-17 month age group (2 percent).

Boys are slightly more likely to be malnourished than girls. The rates for children born to underweight mothers are generally higher on all malnutrition indices than those born to normal-weight or overweight mothers. Children reported as very small and small at birth also have higher chances of being stunted, wasted, and underweight.

Malnutrition levels vary by residence. All three indices are higher among rural children than urban children. Mashonaland East, Mashonaland Central, and Manicaland have the highest rates of stunting at 31 percent, 35 percent, and 35 percent, respectively. Mashonaland East (11 percent) has the highest prevalence of wasting, followed by Mashonaland West (9 percent) and Masvingo (7 percent). Malnutrition rates are lowest in children whose mothers have more than secondary education and children in the highest wealth quintile.

Table 11.12 Nutritional status of children

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	
Age in months							
<6	1.1	7.8	0.7	5.1	0.4	2.1	382
6-8	4.1	16.9	0.4	6.5	0.9	10.0	240
9-11	8.8	23.6	0.9	6.4	3.5	16.3	217
12-17	11.6	32.4	2.0	9.3	4.2	17.9	510
18-23	20.2	48.2	1.1	9.3	3.9	24.6	421
24-35	13.4	30.4	1.6	6.9	4.9	21.0	970
36-47	13.9	31.7	1.4	5.4	3.3	16.8	1,028
48-59	9.6	29.2	1.2	4.8	2.5	15.5	1,092
Sex							
Male	11.7	31.2	1.5	6.7	3.4	17.1	2,441
Female	11.2	27.6	1.1	6.1	3.0	16.2	2,419
Birth interval in months²							
First birth ³	10.6	26.3	1.5	6.3	3.0	14.5	1,170
<24	12.8	29.4	0.6	6.9	2.6	17.5	245
24-47	10.0	30.3	1.0	6.8	3.7	17.2	1,394
48+	10.4	29.2	0.7	5.0	1.9	15.3	1,071
Size at birth²							
Very small	18.0	45.5	2.4	16.9	7.7	34.0	133
Small	13.1	33.2	1.0	8.9	5.0	23.7	409
Average or larger	9.9	27.5	1.0	5.3	2.5	14.1	3,293
Mother's status							
Interviewed	10.4	28.7	1.1	6.2	2.9	15.9	3,880
Not interviewed but in household	11.3	28.0	2.9	8.8	4.1	14.4	258
Not interviewed, and not in the household ⁴	16.7	33.8	2.0	6.8	4.5	21.5	722
Mother's nutritional status^{2,5}							
Underweight (BMI <18.5)	12.3	34.7	1.7	10.3	5.4	27.5	308
Normal (BMI 18.5-24.9)	10.7	29.9	1.0	5.9	2.9	16.2	2,694
Overweight (BMI ≥25)	9.3	23.2	1.2	5.4	2.2	10.6	827
Missing	3.3	19.1	0.0	8.9	2.5	12.1	51
Residence							
Urban	9.9	23.8	0.8	4.5	2.0	11.3	1,186
Rural	11.9	31.2	1.5	7.0	3.6	18.4	3,674
Province							
Manicaland	14.7	34.9	0.8	5.4	2.8	16.2	643
Mashonaland Central	11.5	34.8	0.9	6.2	3.8	22.3	577
Mashonaland East	15.2	30.8	3.4	11.1	6.0	21.2	419
Mashonaland West	9.0	27.1	2.8	9.4	3.3	15.6	464
Matabeleland North	8.1	28.0	0.7	5.9	3.2	15.9	376
Matabeleland South	8.9	27.7	0.5	3.9	1.9	14.4	271
Midlands	10.2	27.3	0.4	5.3	2.0	16.9	764
Masvingo	12.6	28.9	2.2	7.1	3.5	16.7	653
Harare	11.4	25.1	0.4	3.9	2.8	10.2	490
Bulawayo	9.3	23.9	1.6	5.4	4.1	13.8	203

Continued...

Table 11.12—Continued

Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	
Mother's education⁶							
No education	9.8	33.9	1.3	8.9	5.1	20.2	186
Primary	10.3	30.0	1.3	7.2	3.2	17.5	1,520
Secondary	10.9	28.0	1.1	5.7	2.8	14.9	2,339
More than secondary	3.7	12.1	0.0	1.0	0.6	1.6	91
Wealth quintile							
Lowest	13.8	33.4	1.1	6.9	4.0	20.7	1,183
Second	11.7	32.5	1.5	6.8	3.6	19.3	1,108
Middle	10.7	29.1	1.3	7.1	3.0	15.4	982
Fourth	9.7	25.6	1.9	6.6	2.9	14.8	920
Highest	10.2	22.9	0.7	3.4	2.3	9.3	667
Total	11.4	29.4	1.3	6.4	3.2	16.6	4,860

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) is shown according to background characteristics. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes 31 cases for which information is missing on the size at birth and 1 case for which information is missing for mother's education.

¹ Includes children who are below -3 SD from the International Reference Population median

² Excludes children whose mothers were not interviewed

³ First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

⁴ Includes children whose mothers are deceased

⁵ Mother's nutritional status in terms of BMI (body mass index) is presented in Table 11.13.

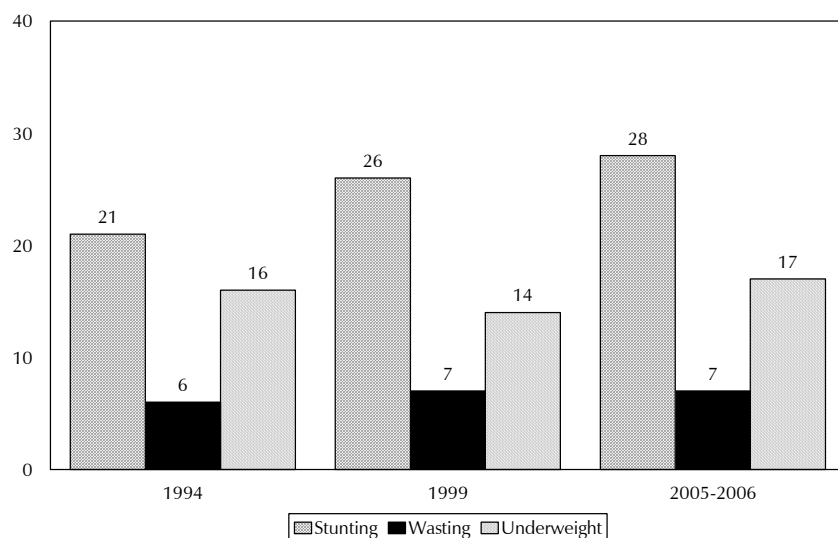
⁶ For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the household schedule

11.5.4 Trends in Child Malnutrition

Trends in the nutritional status of children can be assessed for the period 1994 to 2006 using information from the three rounds of the ZDHS surveys carried out during that period. Because the 1994 survey obtained height and weight data only for children under three years of age of interviewed mothers, the trends presented in Figure 11.2 are limited to children in this group.

The results of the three surveys indicate that the nutritional status of young children in Zimbabwe has declined since 1994. In particular, the prevalence of stunting has risen steadily, from 21 percent in 1994 to 28 percent at the time of the 2005-06 ZDHS. Wasting remained at a comparatively high level (6-7 percent) throughout the period. The proportion underweight decreased somewhat between 1994 and 1999 and then rose to the present level of 17 percent.

Figure 11.2 Trends in the Nutritional Status of Children Under Age Three,¹ Zimbabwe 1994-2006



¹ Of interviewed women

11.6 WOMEN'S NUTRITIONAL STATUS

Anthropometric data on height and weight were collected in the 2005-06 ZDHS for 98 percent of the women age 15-49 interviewed in the survey. These data are used to calculate several measures of the nutritional status of women, specifically maternal height and body mass index (BMI).

Maternal height is an outcome of nutrition during childhood and adolescence. It is useful in predicting the risk of difficult delivery, because small stature is frequently associated with small pelvis size. The risk of low birth weight babies is also higher for short women. The cutoff point, i.e., the height below which a woman is considered to be at nutritional risk, is defined as 145 centimetres. According to the results in Table 11.13, less than 1 percent of women age 15-49 are shorter than this cutoff in Zimbabwe.

Information on BMI is also presented in Table 11.13. BMI is calculated by dividing the weight in kilograms by the height in metres squared (kg/m^2). Pregnant women and women who had a birth in the preceding two months are excluded from the calculation of BMI. For the BMI, a cutoff of 18.5 has been recommended for assessing chronic energy deficiency among nonpregnant women. At the other end of the BMI scale, women are considered overweight if their BMI ranges between 25.0 and 29.9 and obese if their BMI exceeds 30.0.

Overall, 66 percent of women have a BMI in the normal range, 25 percent are overweight, and 9 percent are thin. Seven percent of women are classified as mildly thin, while 2 percent are severely thin. Seven percent of women in Zimbabwe are classified as obese. Women in the 15-19 year age group, women from Matabeleland North, and women with no education are more likely than other women to have a BMI below 18.5. The proportion overweight or obese rises with age, education status, and the wealth quintile. Urban women are nearly twice as likely to be overweight or obese as rural women. Looking at the regional patterns, Bulawayo and Harare have the highest proportions of overweight or obese women, and Mashonaland Central the lowest proportion.

Table 11.13 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Body mass index ¹											
	Height		Mean body mass index (BMI)	Thin					Overweight/obese			Number of women
	Percent-age below 145 cm	Number of women		Normal 18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total over-weight or obese)	25.0-29.9 (over-weight)	≥30.0 (obese)		
Age												
15-19	1.2	2,110	21.5	73.4	15.3	10.0	5.3	11.3	10.1	1.2	1,935	
20-29	0.6	3,345	22.7	71.3	7.3	6.0	1.3	21.4	17.2	4.3	2,955	
30-39	0.5	2,009	24.1	59.2	6.5	5.2	1.3	34.3	23.3	11.0	1,873	
40-49	0.7	1,264	24.8	50.7	8.4	6.4	2.1	40.8	23.3	17.5	1,240	
Residence												
Urban	0.6	3,410	24.2	57.7	6.8	5.1	1.8	35.4	24.0	11.5	3,222	
Rural	0.9	5,319	22.3	71.2	10.8	8.0	2.8	18.0	13.7	4.2	4,782	
Province												
Manicaland	2.2	1,029	23.5	66.5	5.3	3.9	1.4	28.1	20.5	7.7	937	
Mashonaland Central	0.3	815	21.8	75.3	12.0	8.5	3.5	12.7	10.2	2.6	737	
Mashonaland East	0.4	708	22.8	69.4	9.3	7.8	1.5	21.4	14.8	6.6	638	
Mashonaland West	0.7	820	22.7	67.7	9.7	7.2	2.5	22.6	17.7	4.9	735	
Matabeleland North	0.5	534	21.9	66.9	16.9	10.8	6.1	16.2	12.1	4.1	489	
Matabeleland South	0.3	435	22.9	62.6	12.4	10.1	2.4	25.0	17.9	7.1	405	
Midlands	0.5	1,171	22.8	68.1	10.2	7.7	2.5	21.6	15.1	6.6	1,060	
Masvingo	1.3	1,097	22.7	70.5	9.6	7.7	1.9	19.9	14.4	5.5	994	
Harare	0.3	1,445	24.2	56.2	6.9	4.9	2.0	36.9	25.8	11.1	1,355	
Bulawayo	0.3	674	24.2	58.2	6.0	4.3	1.7	35.7	23.5	12.2	654	
Education												
No education	1.2	373	23.0	59.0	15.8	12.8	3.0	25.1	15.2	10.0	360	
Primary	1.2	2,839	22.7	68.2	9.9	6.8	3.1	21.9	16.2	5.8	2,561	
Secondary	0.5	5,252	23.1	66.5	8.5	6.5	2.0	25.0	18.2	6.9	4,837	
More than secondary	0.0	265	26.0	36.4	7.1	5.4	1.6	56.5	33.1	23.5	246	
Wealth quintile												
Lowest	0.9	1,514	21.8	73.7	12.9	9.8	3.1	13.4	10.8	2.6	1,363	
Second	0.8	1,480	22.0	72.1	12.5	8.8	3.7	15.4	12.6	2.8	1,298	
Middle	1.1	1,527	22.4	71.6	10.0	7.4	2.5	18.4	13.6	4.8	1,388	
Fourth	0.5	1,960	23.6	63.0	7.6	5.8	1.8	29.4	21.4	7.9	1,806	
Highest	0.5	2,247	24.5	55.5	5.8	4.2	1.6	38.7	25.2	13.5	2,149	
Total	0.7	8,729	23.1	65.8	9.2	6.8	2.4	25.0	17.8	7.2	8,004	

Note: The body mass index (BMI) is expressed as the ratio of weight in kilograms to the square of height in metres (kg/m²).

¹ Excludes pregnant women and women with a birth in the preceding 2 months

Malaria is one of the leading causes of death in sub-Saharan Africa. While malaria is endemic throughout Zimbabwe and is a common cause of hospital admissions for all age groups, it is important to note that there is an ecological distribution of specific areas where malaria is found. In Zimbabwe, these areas are defined as “malaria-prone areas.” This factor should be taken into account when reviewing the malaria prevalence and treatment data. The 2005-06 ZDHS obtained data on a number of topics related to the prevention and treatment of malaria, including the ownership of mosquito nets, use of mosquito nets by children and pregnant women, prophylactic use of antimalarial drugs by pregnant women, and the prevalence and prompt treatment of fever among young children. The survey also obtained information on the use of indoor residual spraying.

12.1 OWNERSHIP OF MOSQUITO NETS

Insecticide-treated nets (ITNs) are a principal tool in efforts to reduce malaria transmission in Zimbabwe. All households in the 2005-06 ZDHS were asked whether they owned a mosquito net, and if so, how many of the various types of nets. Table 12.1 shows household ownership of nets by degree of protection offered by the net and selected background characteristics.

Table 12.1 Ownership of mosquito nets

Percentage of households with at least one and more than one mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net, and average number of nets of each type per household, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Any type of mosquito net			Ever-treated mosquito net ¹			Insecticide-treated mosquito nets (ITNs) ²			Number of households
	Percentage with at least one	Percentage with more than one	Average number of nets per household	Percentage with at least one	Percentage with more than one	Average number of ever-treated nets per household	Percentage with at least one	Percentage with more than one	Average number of ITNs per household	
Residence										
Urban	34.4	12.3	0.5	11.6	3.9	0.2	11.0	3.8	0.2	3,201
Rural	12.8	3.4	0.2	7.4	2.0	0.1	7.2	1.9	0.1	6,084
Province										
Manicaland	13.0	5.0	0.2	9.1	3.6	0.1	8.8	3.5	0.1	1,166
Mashonaland Central	20.4	5.1	0.3	11.8	3.0	0.2	11.5	2.8	0.2	960
Mashonaland East	15.0	3.7	0.2	4.9	1.4	0.1	4.9	1.4	0.1	914
Mashonaland West	18.3	7.1	0.3	8.8	3.4	0.1	8.7	3.4	0.1	924
Matabeleland North	19.7	7.9	0.3	8.9	2.9	0.1	8.2	2.2	0.1	617
Matabeleland South	15.0	5.5	0.2	6.9	2.1	0.1	6.2	1.9	0.1	472
Midlands	22.8	8.1	0.3	12.5	2.6	0.2	12.4	2.5	0.2	1,268
Masvingo	9.7	2.3	0.1	4.1	1.1	0.1	3.5	0.9	0.0	1,067
Harare	31.9	9.3	0.4	11.6	3.9	0.2	11.1	3.7	0.2	1,249
Bulawayo	37.6	12.0	0.5	7.0	1.8	0.1	5.9	1.7	0.1	648
Wealth quintile										
Lowest	8.8	2.7	0.1	5.8	1.8	0.1	5.4	1.5	0.1	1,744
Second	10.6	2.4	0.1	7.6	1.4	0.1	7.5	1.4	0.1	1,661
Middle	11.1	2.5	0.1	6.3	1.4	0.1	6.1	1.4	0.1	1,774
Fourth	23.3	5.2	0.3	8.7	2.3	0.1	8.2	2.2	0.1	2,258
Highest	44.9	19.2	0.7	15.6	6.3	0.2	15.0	6.0	0.2	1,848
Total	20.3	6.5	0.3	8.9	2.7	0.1	8.5	2.5	0.1	9,285

¹ An ever-treated net is a pretreated net or a non-pretreated net that has subsequently been soaked with insecticide at any time.

² An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

Twenty percent of all households interviewed during the survey had at least one mosquito net, while 7 percent had more than one. Nine percent of all households—fewer than half the households owning any net—had a net that had ever been treated with an insecticide. Most of the households owning an ever-treated net had at least one net meeting one of the ITN criteria, i.e., it was a factory-treated net that did not require retreatment, a pretreated net obtained within one year of the survey interview, or a net soaked in insecticide at some time during the year before the survey.

Urban areas, particularly the urban provinces of Harare and Bulawayo, had the highest percentage of households with at least one mosquito net (treated or untreated). About one-third of the nets owned by urban households were ITNs. Masvingo province had the lowest rates of ownership of all types of nets. Midlands province had the highest percentages of households owning an ever-treated mosquito net and an ITN, followed closely by Mashonaland Central and Harare. Looking at the relationship with wealth, households in the highest wealth quintile were five times more likely to own at least one mosquito net (regardless of type) and three times more likely to own an ITN than the poorest households.

12.2 USE OF MOSQUITO NETS

The 2005-06 ZDHS asked about the use of mosquito nets by household members during the night before the survey. These data are used in Tables 12.2 and 12.3 to assess the usage of bednets among the two groups most vulnerable to malaria's effects—children under the age of five and pregnant women. Some caution must be exercised in interpreting these results. Use on the night before the survey is taken as typical of net usage. However, because the prevalence of mosquitoes varies within Zimbabwe according to season and other climatic conditions, usage of the nets on the night before the survey may not be representative of the patterns of net usage during high transmission periods.

12.2.1 Children under Age Five

Bednet usage among young children is especially important given their vulnerability to malaria. For about six months following birth, antibodies acquired from the

Table 12.2 Use of mosquito nets by children

Percentage of children under five years of age who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide treated net (ITN) the night before the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ever-treated net last night ¹	Percentage who slept under an ITN last night ²	Number of children
Age in years				
<1	7.7	3.9	3.3	1,113
1	8.5	4.2	3.4	1,112
2	8.0	4.0	3.7	1,121
3	4.8	2.8	2.1	1,149
4	4.5	2.7	2.2	1,255
Sex				
Male	6.7	3.5	2.9	2,899
Female	6.6	3.5	3.0	2,852
Residence				
Urban	16.1	6.6	5.1	1,537
Rural	3.2	2.4	2.1	4,214
Province				
Manicaland	3.6	2.4	1.7	745
Mashonaland Central	4.4	3.6	3.6	639
Mashonaland East	6.2	2.9	2.9	492
Mashonaland West	10.1	5.2	5.2	586
Matabeleland North	6.3	3.3	2.3	420
Matabeleland South	1.7	0.3	0.3	309
Midlands	8.1	4.5	3.8	876
Masvingo	3.1	2.3	1.5	756
Harare	10.7	4.9	4.3	654
Bulawayo	15.2	4.2	2.1	275
Wealth quintile				
Lowest	2.6	1.9	1.7	1,357
Second	1.9	1.5	1.5	1,289
Middle	3.1	2.4	2.4	1,111
Fourth	10.5	5.5	4.0	1,100
Highest	19.4	7.8	6.1	894
Total	6.7	3.5	2.9	5,751

¹ An ever-treated net is a pretreated net or a non-pretreated net that has subsequently been soaked with insecticide at any time.

² An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

mother during pregnancy protect children born in areas of endemic malaria. This immunity is gradually lost, and children start to develop their own immunity to malaria. The pace at which immunity is developed depends on their exposure to malaria infection, and in high malaria-endemic areas, children are thought to have attained a high level of immunity by their fifth birthday. Such children may experience episodes of malaria illness but usually do not suffer from severe, life-threatening malaria. Immunity in areas of low malaria transmission is acquired more slowly.

Table 12.2 looks at the extent to which children under age five in the ZDHS household sample slept under various types of nets on the night before the interview. Overall, 7 percent of children slept under any type of net, 4 percent under an ever-treated net, and 3 percent under an ITN. The likelihood of sleeping under a bednet generally declined with the child's age. Children slept under bednets more often in urban than rural areas (16 percent and 3 percent, respectively in the case of any net, and 5 percent and 2 percent, respectively, in the case of an ITN). Bulawayo had the highest rate of use of any net by young children (15 percent), and Mashonaland West had the highest rate of use of ITNs (5 percent). Net usage generally rose with the wealth quintile.

12.2.2 Women Age 15-49

In malaria-endemic areas, adults usually have acquired some degree of immunity to severe, life-threatening malaria. However, pregnancy leads to a depression of the immune system so that pregnant women, especially those in their first pregnancy, have a higher risk to malaria. Moreover, malaria among pregnant women may be asymptomatic. Malaria during pregnancy is a major contributor to low birth weight, maternal anaemia, infant mortality, spontaneous abortion, and stillbirth. Pregnant women can reduce the risk of the adverse effects of malaria by sleeping under insecticide-treated mosquito nets.

Table 12.3 shows for all women age 15-49 years interviewed in the ZDHS and for currently pregnant respondents the percentage who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an ITN the night before the survey. Overall, 8 percent of women slept under some type of net, 4 percent slept under an ever-treated net, and 3 percent slept under an ITN. Net usage rates were somewhat lower among pregnant women than all women; 7 percent of pregnant women age 15-49 years slept under a mosquito net during the night before the survey, and 3 percent slept under an ever-treated net or an ITN.

Pregnant women in urban areas were around four times as likely to sleep under any net and three times as likely to sleep under an ITN as pregnant women in rural areas. Harare had the highest percentage of pregnant women sleeping under any type of net (13 percent), and Midlands the highest rate of ITN usage among pregnant women (5 percent). Net usage rates generally increased with the woman's education level and with the wealth quintile. For example, the proportion sleeping under an ITN varied from less than 1 percent among pregnant women in the lowest wealth quintile to 8 percent among pregnant women in the highest quintile.

Table 12.3 Use of mosquito nets by women

Percentage of all interviewed women age 15-49 and of pregnant women age 15-49 who slept under a mosquito net (treated or untreated), an ever-treated mosquito net, and an insecticide-treated net (ITN) the night before the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of all women age 15-49 who:				Percentage of pregnant women age 15-49 who:			
	Slept under any net last night	Slept under an ever-treated net last night ¹	Slept under an ITN last night ²	Number of women	Slept under any net last night	Slept under an ever-treated net last night ¹	Slept under an ITN last night ²	Number of women
Residence								
Urban	13.6	5.1	4.1	3,349	15.8	6.6	6.1	148
Rural	4.4	2.7	2.3	5,514	3.7	2.2	2.2	435
Province								
Manicaland	4.7	3.3	2.8	1,093	2.6	2.6	2.6	81
Mashonaland Central	8.3	4.7	4.3	862	7.7	3.9	3.9	74
Mashonaland East	8.9	3.3	3.1	717	6.5	4.1	4.1	55
Mashonaland West	11.0	4.4	4.4	813	6.2	2.6	2.6	55
Matabeleland North	4.9	3.3	2.2	570	(1.1)	(1.1)	(1.1)	35
Matabeleland South	4.8	2.3	2.2	444	(9.0)	(4.5)	(4.5)	24
Midlands	8.6	3.4	2.5	1,270	6.6	5.1	5.1	94
Masvingo	4.1	2.7	1.9	1,039	6.1	1.3	1.3	76
Harare	10.7	4.3	4.0	1,382	13.3	3.5	3.5	73
Bulawayo	10.8	3.0	1.2	673	*	*	*	16
Education								
No education	5.0	3.1	2.8	281	*	*	*	23
Primary	6.3	3.6	2.9	2,831	3.3	1.4	1.4	210
Secondary	8.5	3.4	2.9	5,570	9.0	4.3	4.3	340
More than secondary	17.3	9.2	6.3	180	*	*	*	10
Wealth quintile								
Lowest	2.5	1.8	1.6	1,502	0.7	0.7	0.7	123
Second	2.6	1.9	1.9	1,555	1.7	1.0	1.0	144
Middle	3.8	2.2	2.1	1,623	3.6	2.6	2.6	116
Fourth	10.8	4.7	3.6	1,963	10.5	6.3	5.7	124
Highest	15.7	6.0	4.7	2,218	24.5	8.0	8.0	77
Total	7.9	3.6	3.0	8,863	6.8	3.3	3.2	584

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ An ever-treated net is a pretreated net or a non-pretreated net that has subsequently been soaked with insecticide at any time.

² An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

12.3 USE OF ANTIMALARIAL DRUGS DURING PREGNANCY

As a protective measure, it is recommended that pregnant women should receive intermittent preventive treatment (IPT) with SP/Fansidar during antenatal care. To obtain information on the use of antimalarial drugs during pregnancy, women who gave birth during the five years before the survey were asked in the ZDHS whether they took any medications during pregnancy to keep them from getting malaria and, if so, which drugs were taken. They were also asked whether the drugs they received were received as part of an antenatal care visit. Women who received the drugs during an antenatal visit are considered to have received IPT. It should be noted that obtaining information about drugs can be difficult, and some respondents may not have known or remembered the name or even the type of drug that they received.

Table 12.4 shows the percentage of women who took any antimalarial drugs for prevention, who took SP/Fansidar, and who received IPT during the pregnancy for their last live birth in the two years preceding the survey, by background characteristics. Overall, 38 percent of women who had their last birth in the two years before the survey took an antimalarial drug during the pregnancy. Around one-third of pregnant women who took any antimalarial drug—12 percent of all pregnant women—took at least one dose of SP/Fansidar during their pregnancy. Seven percent reported taking two or more doses of SP/Fansidar. Almost all of the women who took SP/Fansidar were given the drug during an antenatal care visit and, thus, are considered to have had IPT.

Table 12.4 Prophylactic use of antimalarial drugs and use of intermittent-preventive treatment (IPT) by women during pregnancy

Percentages of women who took any antimalarial drugs for prevention, who took SP/Fansidar, and who received IPT during an antenatal care (ANC) visit during the pregnancy for their last live birth in the two years preceding the survey, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who took any anti-malarial drug	SP/Fansidar		Intermittent-preventive treatment ¹		Number of women
		Percentage who took any SP/Fansidar	Percentage who took 2+ doses	Percentage who received any SP/Fansidar during an ANC visit	Percentage who received 2 + doses, at least one during an ANC visit	
Residence						
Urban	21.7	8.3	4.2	6.5	3.2	607
Rural	44.7	13.6	7.8	13.0	7.5	1,537
Province						
Manicaland	46.2	8.5	5.0	7.3	3.9	283
Mashonaland Central	70.8	34.6	21.7	34.0	21.1	226
Mashonaland East	25.5	9.2	6.2	9.2	6.2	167
Mashonaland West	44.0	14.7	6.5	13.3	6.5	201
Matabeleland North	39.2	21.4	11.8	20.7	11.1	147
Matabeleland South	9.0	5.7	5.7	5.7	5.7	100
Midlands	49.5	14.4	7.0	13.9	7.0	310
Masvingo	43.6	6.1	2.9	4.8	2.2	344
Harare	7.1	3.1	0.8	1.2	0.0	259
Bulawayo	8.1	2.2	2.2	1.3	1.3	108
Education						
No education	27.3	5.9	4.6	5.9	4.6	72
Primary	43.6	12.1	7.5	11.2	6.9	772
Secondary	36.3	12.5	6.5	11.6	6.0	1,249
More than secondary	(18.8)	(11.4)	(5.8)	(9.6)	(5.8)	51
Wealth quintile						
Lowest	43.2	11.9	7.1	11.5	6.7	542
Second	48.1	12.7	7.9	12.2	7.6	451
Middle	42.5	15.8	8.0	14.7	7.9	373
Fourth	33.8	13.2	8.0	11.7	6.5	464
Highest	16.6	5.6	1.4	4.2	1.4	313
Total	38.2	12.1	6.8	11.2	6.3	2,144

Note: Figures in parentheses are based on 25-49 unweighted cases.
¹ IPT is preventive intermittent treatment with SP/Fansidar during an ANC visit.

Overall, use of antimalarial drugs was twice as high among rural as urban women (45 percent and 22 percent, respectively). Among the provinces, Mashonaland Central (71 percent) had the highest rate of use of antimalarial drugs among pregnant women, and Harare had the lowest rate of use (7 percent). Women with a primary education were more likely to report antimalarial drugs were used during pregnancy than women with no education and those with a secondary or higher education. Although the pattern was not uniform, use of antimalarial drugs during pregnancy typically declined with the wealth quintile.

SP/Fansidar use and IPT were reported more often by rural than urban women. Pregnant women from Mashonaland Central had the highest rates of usage of SP/Fansidar (35 percent) and the highest IPT rate (34 percent). Around one in five pregnant women in Mashonaland Central said that they had taken at least two doses of SP/Fansidar and that at least one of the doses was received during an antenatal visit. In contrast, less than 1 percent of women giving birth in Harare in the two years prior to the survey received IPT with SP/Fansidar. Both the usage of SP/Fansidar and the IPT rate were markedly lower among women with higher education and among women in the highest wealth quintile than among other women.

12.4 PREVALENCE AND PROMPT TREATMENT OF FEVER AMONG YOUNG CHILDREN

Fever is a major manifestation of malaria in young children, although it also accompanies various illnesses. As discussed in Chapter 10, in the 2005-06 ZDHS, mothers were asked whether their children under five years had had a fever in the two weeks preceding the survey and, if so, what was done to treat the fever. Table 12.5 shows the percentage of children under five who had a fever in the two weeks preceding the survey, the percentage who took antimalarial drugs among those sick with fever, and the percentage receiving treatment soon after the onset of illness, by selected background characteristics. Table 12.6 shows the type of antimalarial drugs received by children with a fever in the two weeks before the survey and the proportion of children with fever who were given antimalarial drugs on the same day or the day after the fever developed.

Eight percent of children under age five had a fever in the two weeks preceding the survey. Among those sick with fever, 5 percent took antimalarial drugs, and 3 percent of the sick children received the drugs the same day or the day after the fever started. Around seven in ten children whose fever was treated with an antimalarial drug were given chloroquine (Table 12.6), and the drug was available in the home when the child became ill in 34 percent of all cases (not shown in table).

The differentials in treatment patterns in Table 12.5 and Table 12.6 must be interpreted with some caution because comparatively few children were suffering from fever in many subgroups. However, the results indicate that children with fever were most likely to be treated with antimalarials and to be given the drugs promptly if they lived in rural areas, if their mother had a primary education, and they were in the two lowest wealth quintiles.

Table 12.5 Prevalence and prompt treatment of fever

Percentage of children under age five with fever in the two weeks preceding the survey, and among children with fever, the percentage who took antimalarial drugs and the percentage who took the drugs the same/next day following the onset of fever, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Among children under age five:		Among children under age five with fever:		
	Percentage with fever in the two weeks preceding the survey	Number of children	Percentage who took antimalarial drugs	Percentage who took antimalarial drugs same or next day	Number of children
Age (in months)					
<12	6.7	1,046	1.2	0.0	70
12-23	8.7	1,019	4.9	2.4	89
24-35	7.4	936	8.0	6.5	69
36-47	8.9	914	3.8	3.1	82
48-59	5.9	956	6.1	6.1	57
Residence					
Urban	7.3	1,417	0.7	0.7	103
Rural	7.6	3,454	6.3	4.5	263
Province					
Manicaland	8.9	610	0.9	0.9	54
Mashonaland Central	9.2	548	12.5	10.9	51
Mashonaland East	8.5	367	(2.8)	(0.0)	31
Mashonaland West	11.5	481	5.3	3.4	55
Matabeleland North	3.9	320	*	*	13
Matabeleland South	7.5	232	(0.0)	(0.0)	17
Midlands	6.6	722	0.0	0.0	48
Masvingo	3.8	738	(7.6)	(7.6)	28
Harare	9.8	620	(0.0)	(0.0)	61
Bulawayo	3.5	234	*	*	8
Mother's education					
No education	10.8	199	*	*	21
Primary	8.4	1,789	7.0	4.8	149
Secondary	6.9	2,764	2.8	2.3	191
More than secondary	4.2	119	*	*	5
Wealth quintile					
Lowest	7.6	1,205	6.7	4.5	92
Second	7.7	1,009	6.2	4.8	78
Middle	9.3	845	5.0	3.9	79
Fourth	6.2	1,024	2.6	1.3	63
Highest	7.0	787	(1.4)	(1.4)	55
Total	7.5	4,871	4.7	3.4	367

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 12.6 Type and timing of antimalarial drugs taken by children with fever

Among children under five years of age with fever in the two weeks preceding the survey, percentage who took specific antimalarial drugs and percentage who took each type of drug the same/next day after developing the fever, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of children who took drug:			Percentage of children who took drug the same or next day:		Number of children with fever
	SP/Fansidar	Chloroquine	Quinine	SP/Fansidar	Chloroquine	
Age (in months)						
<12	1.2	0.0	0.0	0.0	0.0	70
12-23	0.9	4.3	1.6	0.0	2.4	89
24-35	2.1	5.9	0.0	2.1	4.4	69
36-47	0.0	3.8	0.0	0.0	3.1	82
48-59	1.0	6.1	0.0	1.0	6.1	57
Residence						
Urban	0.0	0.7	0.0	0.0	0.7	103
Rural	1.4	5.2	0.5	0.8	3.9	263
Province						
Manicaland	0.0	0.9	0.0	0.0	0.9	54
Mashonaland Central	1.7	10.8	1.6	1.7	9.1	51
Mashonaland East	(2.8)	(0.0)	(0.0)	(0.0)	(0.0)	31
Mashonaland West	0.0	5.3	0.0	0.0	3.4	55
Matabeleland North	*	*	*	*	*	13
Matabeleland South	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	17
Midlands	0.0	0.0	0.0	0.0	0.0	48
Masvingo	(0.0)	(7.6)	(0.0)	(0.0)	(7.6)	28
Harare	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	61
Bulawayo	*	*	*	*	*	8
Mother's education						
No education	*	*	*	*	*	21
Primary	2.1	5.5	0.0	1.0	3.8	149
Secondary	0.3	2.8	0.4	0.3	2.3	191
More than secondary	*	*	*	*	*	5
Wealth quintile						
Lowest	0.9	6.1	0.6	0.0	4.5	92
Second	2.6	4.3	0.0	2.6	3.0	78
Middle	1.1	3.9	0.0	0.0	3.9	79
Fourth	0.0	2.6	1.3	0.0	1.3	63
Highest	(0.0)	(1.4)	(0.0)	(0.0)	(1.4)	55
Total	1.0	3.9	0.4	0.6	3.0	367

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

12.5 INDOOR RESIDUAL SPRAYING

Indoor residual spraying is another component of efforts to control malaria transmission in Zimbabwe. To obtain information on the prevalence of indoor residual spraying, all households interviewed in the ZDHS were asked if the interior walls of their dwelling had been sprayed against mosquitoes during the 12-month period before the survey and, if yes, who had sprayed the dwelling and how many months it had been since the dwelling had been sprayed.

Table 12.7 shows that 15 percent of households reported that the interior walls of their dwelling had been sprayed, principally as part of a government programme (11 percent). Among households reporting that the walls of their dwelling had been sprayed, 35 percent reported that it had been less than three months since the walls were sprayed, while 23 percent indicated that it had been at least nine months since the walls had been sprayed.

Indoor spraying rates vary markedly by residence. Rural households were more than twice as likely as urban households to report the interior walls of their dwelling had been sprayed (19 percent and 8 percent, respectively). By province, the prevalence of indoor spraying varied from 7 percent in Harare to 25 percent in Matebeleland North and Mashonaland Central. Households in the top two wealth quintiles were about half as likely as in the bottom two quintiles to report that their dwelling walls had been sprayed.

Among households reporting that spraying had taken place, there was also considerable variation in the length of time since the walls had last been sprayed. Urban households were more likely to report that the walls had last been sprayed within three months of the survey interview. Around seven in ten of the households in Bulawayo and Matebeleland South that reported any spraying had taken place indicated that the walls of their dwelling had last been sprayed within three months of the survey interview. The likelihood that spraying had taken place within the three-month period before the survey also generally increased with the wealth quintile.

Table 12.7 Interior walls of dwelling sprayed against mosquitoes

Percentage of households reporting interior walls were sprayed against mosquitoes, by the organisation or individual last spraying the walls, and percent distribution of households reporting walls were sprayed by the number of months since the walls were last sprayed, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of households reporting interior walls of dwelling sprayed against mosquitoes by:										Number of households sprayed				
	Any	Government programme	Private company	Household member/other	Don't know/missing	Household not sprayed	Total	Number of households	Number of months since walls sprayed					Total	
									0-2	3-5		6-8	9-11		12+
Residence															
Urban	8.2	1.2	2.3	4.6	0.4	91.5	100.0	3,201	48.2	17.5	18.3	13.9	2.0	100.0	262
Rural	18.9	16.3	1.3	1.0	0.5	80.9	100.0	6,084	31.7	16.3	27.7	21.6	2.7	100.0	1,150
Province															
Manicaland	19.6	14.6	2.2	1.7	1.2	80.3	100.0	1,166	47.1	14.9	21.0	14.3	2.6	100.0	228
Mashonaland Central	25.2	22.7	1.1	1.1	0.4	74.7	100.0	960	41.9	13.0	11.0	29.3	4.8	100.0	241
Mashonaland East	9.7	8.0	0.3	1.5	0.3	89.9	100.0	914	26.9	11.0	24.7	34.3	3.1	100.0	89
Mashonaland West	15.9	12.2	1.2	2.4	0.7	83.5	100.0	924	44.1	13.1	24.5	15.9	2.4	100.0	147
Matabeleland North	25.3	23.2	1.5	0.5	0.4	74.4	100.0	617	9.4	18.2	52.6	16.7	3.1	100.0	156
Matabeleland South	18.2	15.2	2.7	0.2	0.1	81.8	100.0	472	71.5	8.1	12.2	8.2	0.0	100.0	86
Midlands	14.0	12.0	0.4	1.4	0.2	86.0	100.0	1,268	14.1	26.6	33.4	25.9	0.0	100.0	177
Masvingo	12.9	7.6	3.3	1.6	0.7	86.8	100.0	1,067	9.7	25.2	39.7	24.2	1.4	100.0	138
Harare	6.8	0.4	2.5	3.9	0.1	93.1	100.0	1,249	40.9	19.3	23.9	15.9	0.0	100.0	85
Bulawayo	10.0	0.3	0.7	9.0	0.1	89.9	100.0	648	68.8	8.7	10.6	3.8	8.1	100.0	65
Wealth quintile															
Lowest	21.7	20.0	0.6	0.4	0.8	78.1	100.0	1,744	19.2	18.2	33.8	25.0	3.8	100.0	378
Second	20.1	18.8	0.3	0.7	0.5	79.7	100.0	1,661	33.8	12.7	31.3	20.0	2.1	100.0	333
Middle	15.4	12.9	1.2	1.1	0.3	84.5	100.0	1,774	43.8	15.8	17.0	21.6	1.8	100.0	273
Fourth	10.1	4.9	2.7	2.3	0.4	89.6	100.0	2,258	37.9	20.7	22.2	17.4	1.7	100.0	228
Highest	10.7	1.4	2.7	6.5	0.4	89.0	100.0	1,848	50.1	16.1	18.4	12.8	2.7	100.0	198
Total	15.2	11.1	1.6	2.3	0.5	84.6	100.0	9,285	34.8	16.5	25.9	20.2	2.5	100.0	1,411

Zimbabwe continues to experience one of the worst HIV infection rates in sub-Saharan Africa. Because of the increased burden of disease due to AIDS, Zimbabwe has not only continued to scale up prevention, care, and treatment programmes to combat the disease, but also to strengthen monitoring and evaluation systems for these prevention programmes. Measuring changes in HIV/AIDS risk behaviours is important for successful tracking of the drivers of the epidemic in generalized epidemic states like that in Zimbabwe.

The principal mode of HIV transmission in Zimbabwe is heterosexual contact, which accounts for an estimated 80-90 percent of all HIV infections in the country (Zimbabwe National AIDS Council, 2005). The second most important mode of HIV transmission in Zimbabwe is perinatal transmission in which the mother passes HIV to the child during pregnancy, childbirth and breastfeeding. The prevention of mother-to-child transmission of HIV (PMTCT) programme is a priority in the fight against HIV/AIDS in children in Zimbabwe. The programme seeks to prevent paediatric HIV infection through primary prevention of HIV infection in the childbearing population; prevention of unintended pregnancies; PMTCT through a single-dose nevirapine regimen; and provision of care and follow-up psychosocial support.

The future course of Zimbabwe's AIDS epidemic depends on a number of variables including levels of HIV/AIDS-related knowledge among the general population; social stigmatisation; risk behaviour modification; access to high-quality services for sexually transmitted infections (STI); provision and uptake of HIV counselling and testing; and access to care and antiretroviral therapy (ART), including prevention and treatment of opportunistic infections. The principal objective of this chapter is to establish the prevalence of relevant knowledge, perceptions, and behaviours at the national level and also within geographic and socioeconomic subpopulations. In this way, the AIDS control programme in Zimbabwe can target those groups of individuals most in need of information and most at risk of HIV infection.

In this chapter, HIV/AIDS-related knowledge and behaviour indicators are presented first for the entire population of women and men interviewed in the survey. To facilitate comparisons between sexes, differentials in these results are limited to the age group 15-49. The chapter concludes with a discussion of the findings for youth age 15-24.

13.1 HIV/AIDS KNOWLEDGE, TRANSMISSION, AND PREVENTION METHODS

ZDHS respondents were asked whether they had heard of HIV or AIDS. Those who reported having heard of HIV or AIDS were asked a number of questions about whether and how HIV/AIDS could be avoided.

Table 13.1 provides information on overall HIV/AIDS knowledge in Zimbabwe. In the population age 15-49, the knowledge rate was 98 percent among women and 99 percent among men. Knowledge levels are high among both men and women in all subgroups for which information is presented in Table 13.1. The lowest knowledge level was recorded among women in Matabeleland South (89 percent).

Table 13.1 Knowledge of HIV or AIDS

Percentage of women and men age 15-49 who have heard of HIV or AIDS, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women		Men	
	Has heard of HIV or AIDS	Number of women	Has heard of HIV or AIDS	Number of men
Age				
15-24	97.2	4,104	98.6	3,358
15-19	96.5	2,152	97.9	1,899
20-24	97.9	1,952	99.5	1,459
25-29	98.6	1,466	99.7	1,082
30-39	98.5	2,050	99.8	1,545
40-49	98.5	1,287	99.9	878
Marital status				
Never married	97.2	2,404	98.6	3,404
Ever had sex	97.8	559	99.6	1,611
Never had sex	97.0	1,845	97.7	1,793
Married/living together	98.0	5,143	99.8	3,132
Divorced/separated/widowed	98.5	1,360	99.6	327
Residence				
Urban	99.2	3,502	99.8	2,767
Rural	97.0	5,405	98.8	4,096
Province				
Manicaland	98.7	1,043	98.8	793
Mashonaland Central	94.6	825	98.3	681
Mashonaland East	98.7	714	98.5	570
Mashonaland West	96.5	829	99.2	691
Matabeleland North	99.8	536	99.7	416
Matabeleland South	89.1	439	99.0	306
Midlands	98.8	1,193	99.2	956
Masvingo	99.6	1,137	99.4	771
Harare	98.4	1,492	99.7	1,219
Bulawayo	99.9	697	100.0	460
Education				
No education	95.5	380	96.6	88
Primary	96.2	2,902	97.9	1,782
Secondary	98.9	5,355	99.7	4,588
More than secondary	99.5	270	100.0	405
Wealth quintile				
Lowest	96.6	1,552	98.9	1,042
Second	96.2	1,500	98.1	1,137
Middle	97.6	1,546	99.1	1,194
Fourth	98.5	2,006	99.6	1,892
Highest	99.5	2,304	99.8	1,599
Total 15-49	97.9	8,907	99.2	6,863
Total 15-54	na	na	99.2	7,175

na = Not applicable

HIV/AIDS prevention programmes focus their messages and efforts on three important aspects of behaviour: use of condoms, limiting the number of sexual partners or staying faithful to one partner, and delaying sexual debut for young persons (i.e., abstinence). Table 13.2 shows that eight in ten or more women and men age 15-49 recognise that the risk of getting HIV can be reduced by limiting sexual intercourse to one uninfected partner or by abstaining from sexual intercourse. Eighty-one percent of men also know that using condoms is a way to prevent HIV transmission and 71 percent agree that using condoms and limiting sexual intercourse to one uninfected partner is a way to reduce the risk of getting HIV. Women are less likely than men to perceive using condoms, whether alone (76 percent) or in combination with limiting intercourse to one uninfected partner (65 percent), as a mode of prevention.

Table 13.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to a prompted question, say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse, by having one sex partner who is not infected and has no other partners, and by abstaining from sexual intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women					Men				
	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Abstaining from sexual intercourse	Number of women	Using condoms ¹	Limiting sexual intercourse to one uninfected partner ²	Using condoms and limiting sexual intercourse to one uninfected partner ^{1,2}	Abstaining from sexual intercourse	Number of men
Age										
15-24	72.4	78.5	61.5	78.7	4,104	79.0	82.8	68.2	85.7	3,358
15-19	67.8	76.7	57.7	77.7	2,152	75.9	81.3	65.1	84.4	1,899
20-24	77.5	80.5	65.7	79.9	1,952	83.0	84.7	72.2	87.4	1,459
25-29	80.6	84.3	70.6	83.0	1,466	82.7	86.6	72.9	90.1	1,082
30-39	80.2	82.9	69.4	83.5	2,050	85.1	86.0	75.3	89.6	1,545
40-49	73.6	80.4	64.2	79.6	1,287	82.5	87.6	74.1	87.7	878
Marital status										
Never married	71.9	79.6	61.9	80.8	2,404	79.6	82.8	68.8	86.6	3,404
Ever had sex	80.4	79.8	68.2	82.2	559	84.2	84.9	73.6	88.6	1,611
Never had sex	69.3	79.5	60.0	80.3	1,845	75.5	81.0	64.6	84.8	1,793
Married/living together	76.4	80.8	65.6	79.9	5,143	83.0	86.6	73.6	88.6	3,132
Divorced/separated/widowed	80.0	82.6	69.6	83.6	1,360	84.8	85.7	74.8	86.8	327
Residence										
Urban	79.6	85.6	70.1	85.7	3,502	85.2	79.9	69.7	90.5	2,767
Rural	73.2	77.7	62.1	77.4	5,405	78.8	87.9	72.3	85.5	4,096
Province										
Manicaland	76.4	84.8	68.6	78.1	1,043	75.4	85.1	68.0	82.3	793
Mashonaland Central	72.8	81.4	65.8	73.2	825	79.1	87.0	72.0	80.2	681
Mashonaland East	84.8	76.6	69.0	90.4	714	81.3	87.4	73.3	85.6	570
Mashonaland West	69.4	76.8	57.7	77.7	829	84.8	88.3	75.9	88.4	691
Matabeleland North	68.2	79.8	58.6	77.3	536	80.6	93.7	78.0	91.4	416
Matabeleland South	64.6	72.8	57.0	72.8	439	89.9	88.9	83.5	87.0	306
Midlands	82.8	77.7	67.7	83.2	1,193	76.2	88.3	71.3	87.6	956
Masvingo	71.7	77.3	59.2	73.1	1,137	83.8	92.0	78.8	91.2	771
Harare	74.6	85.1	64.6	85.7	1,492	84.0	65.1	55.3	90.3	1,219
Bulawayo	86.0	90.4	81.7	91.8	697	85.1	93.5	81.8	91.6	460
Education										
No education	62.8	68.9	51.4	70.2	380	71.6	79.5	62.0	78.4	88
Primary	69.9	74.7	58.1	74.2	2,902	76.3	83.9	68.2	82.4	1,782
Secondary	79.5	84.6	69.8	84.5	5,355	83.0	84.9	72.2	89.1	4,588
More than secondary	80.9	85.4	70.7	90.0	270	87.5	86.7	76.7	94.4	405
Wealth quintile										
Lowest	66.9	73.1	54.7	73.5	1,552	76.4	87.6	69.6	84.6	1,042
Second	73.5	77.2	61.9	76.6	1,500	79.4	88.3	73.9	83.7	1,137
Middle	77.0	80.2	67.0	79.4	1,546	78.6	85.8	70.8	85.6	1,194
Fourth	77.5	82.6	67.1	83.2	2,006	84.0	86.1	73.9	88.5	1,892
Highest	80.7	87.0	71.7	86.8	2,304	85.1	77.8	67.8	92.5	1,599
Total 15-49	75.7	80.8	65.2	80.7	8,907	81.4	84.7	71.3	87.5	6,863
Total 15-54	na	na	na	na	na	81.3	84.7	71.2	87.4	7,175

na = Not applicable

¹ Every time they have sexual intercourse

² Who has no other partners

Table 13.2 also presents differences in the levels of knowledge of these prevention methods by background characteristics. Youth age 15-24 generally have lower levels of knowledge than those in older age groups, and never-married respondents who have not yet had sex also are less likely to know about the prevention modes than those who have married or initiated sexual intercourse. As expected, urban residents are generally more knowledgeable about prevention modes than rural residents. There is considerable variation in knowledge levels by province; for example, 86 percent of women in Bulawayo recognise using condoms as a way to avoid getting HIV, compared with 65 percent of women in Matabeleland South. Women and men with higher levels of schooling are more likely than those with less schooling to be aware of the various prevention methods. Similarly, women and men in higher wealth quintiles are more likely than those in lower quintiles to know about actions that can be taken to reduce the risk of getting HIV.

As part of the effort to assess HIV/AIDS knowledge, the 2005-06 ZDHS obtained information on several common misconceptions about HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have the HIV and the chances of getting HIV from mosquito bites, from supernatural means, or from sharing food with a person who has HIV.

Tables 13.3.1 and 13.3.2 show the proportions of women and men who know that a healthy person can have HIV and who reject common misconceptions about HIV transmission. Eighty-six percent of women and 91 percent of men agreed that a healthy-looking person can have HIV. This represents an increase in the levels of women and men who recognise that people infected with HIV do not necessarily show signs of illness from the rates observed in the 1999 ZDHS (76 percent of women and 85 percent of men, respectively). With respect to the misconceptions about avenues of infection, 75 percent of women and men said HIV cannot be transmitted by mosquitoes. Eighty-seven percent of women and 90 percent of men know HIV cannot be transmitted by supernatural means. Eighty-two percent of women and 85 percent of men said a person cannot become infected by sharing food with a person who has HIV.

Two composite measures of HIV/AIDS knowledge are included in Tables 13.3.1 and 13.3.2. The first measure indicates that a majority (62 percent of women and 64 percent of men) know that the two most common misconceptions about HIV/AIDS (i.e., HIV can be transmitted by supernatural means or by sharing food) are incorrect and also are aware that a healthy-looking person can have HIV. The second measure shows that less than half of Zimbabwean women (44 percent) and men (47 percent) have what can be considered comprehensive knowledge about the modes of HIV transmission and prevention, i.e., they 1) know that both condom use and limiting sex partners to one uninfected partner are HIV prevention methods; 2) are aware that a healthy-looking person can have HIV, and 3) reject the two most common local misconceptions—that HIV/AIDS can be transmitted through supernatural means or sharing food with a person who has HIV. The youngest (age 15-19) and oldest (age 40-49) respondents are least likely to have comprehensive knowledge of HIV/AIDS transmission and prevention methods. Those in urban areas are more likely than rural residents to have comprehensive knowledge. Among both women and men, the level of comprehensive knowledge is highest in Bulawayo. The proportion with comprehensive HIV/AIDS knowledge rises with education level and the wealth quintile among both women and men.

Table 13.3.1 Comprehensive knowledge about HIV/AIDS: women

Percentage of women age 15-49 who say that a healthy-looking person can have HIV and who, in response to prompted questions, correctly reject local misconceptions about HIV transmission or prevention, and the percentage with a comprehensive knowledge about HIV/AIDS by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of women who say that:				Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about HIV/AIDS ²	Number of women
	A healthy-looking person can have HIV	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by super-natural means	A person cannot become infected by sharing food with a person who has HIV			
Age							
15-24	83.7	78.5	88.3	84.8	64.2	43.7	4,104
15-19	81.0	78.7	88.7	83.4	64.3	41.4	2,152
20-24	86.6	78.3	87.8	86.4	64.1	46.3	1,952
25-29	89.1	77.3	88.3	82.9	65.3	49.0	1,466
30-39	88.4	71.7	86.9	81.7	60.7	45.2	2,050
40-49	84.6	65.7	82.3	75.1	53.0	38.7	1,287
Marital status							
Never married	84.8	81.7	89.9	86.1	68.8	46.3	2,404
Ever had sex	88.6	79.1	90.2	87.0	68.7	50.1	559
Never had sex	83.7	82.4	89.9	85.9	68.8	45.1	1,845
Married/living together	85.8	72.2	86.3	80.7	59.4	43.0	5,143
Divorced/separated/ widowed	87.5	72.9	85.3	82.0	59.3	45.1	1,360
Residence							
Urban	91.7	80.7	90.2	89.3	70.4	51.3	3,502
Rural	81.9	71.1	85.1	77.9	56.4	39.6	5,405
Province							
Manicaland	84.5	73.5	88.1	81.4	59.3	44.4	1,043
Mashonaland Central	83.5	70.5	86.8	81.1	61.5	45.3	825
Mashonaland East	90.5	67.8	83.5	81.9	57.5	39.5	714
Mashonaland West	78.3	70.6	79.0	77.0	50.6	32.2	829
Matabeleland North	90.5	73.4	92.6	82.0	65.1	43.9	536
Matabeleland South	79.3	59.6	81.8	66.7	51.8	37.3	439
Midlands	89.1	86.1	89.9	88.1	73.1	52.8	1,193
Masvingo	76.4	72.4	83.6	75.5	49.3	35.1	1,137
Harare	88.9	77.1	90.7	89.1	67.0	43.9	1,492
Bulawayo	97.7	85.5	91.8	89.6	78.9	67.2	697
Education							
No education	74.9	53.4	77.4	66.2	39.8	25.8	380
Primary	78.4	66.2	80.9	71.9	49.1	32.8	2,902
Secondary	90.0	80.5	90.9	88.6	69.6	51.0	5,355
More than secondary	96.3	87.7	91.7	94.3	78.7	58.6	270
Wealth quintile							
Lowest	75.8	70.4	83.3	74.2	51.0	34.1	1,552
Second	79.9	69.7	83.4	75.7	54.8	38.5	1,500
Middle	85.8	71.3	86.5	81.3	58.9	42.6	1,546
Fourth	89.8	76.0	89.2	84.8	65.2	45.9	2,006
Highest	92.8	82.7	90.7	90.9	73.1	54.4	2,304
Total	85.8	74.9	87.1	82.4	61.9	44.2	8,907

¹ Two most common local misconceptions: (1) HIV can be transmitted by mosquito bites and (2) a person can become infected by sharing food with a person who has HIV.

² Comprehensive knowledge means knowing that use of condoms and having just one uninfected, faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention.

Table 13.3.2 Comprehensive knowledge about HIV/AIDS: men

Percentage of men age 15-49 who say that a healthy-looking person can have HIV and who, in response to prompted questions, correctly reject local misconceptions about HIV transmission or prevention, and the percentage with a comprehensive knowledge about HIV/AIDS, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of men who say that:				Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions ¹	Percentage with a comprehensive knowledge about HIV/AIDS ²	Number of men
	A healthy-looking person can have HIV	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by super-natural means	A person cannot become infected by sharing food with a person who has HIV			
Age							
15-24	88.6	76.9	90.6	86.0	64.6	45.6	3,358
15-19	85.0	78.2	90.0	84.3	63.8	43.5	1,899
20-24	93.3	75.2	91.4	88.3	65.7	48.4	1,459
25-29	92.5	73.3	91.5	86.7	65.3	49.3	1,082
30-39	95.4	73.5	91.7	85.7	66.4	50.8	1,545
40-49	93.9	69.0	85.1	80.2	58.8	44.2	878
Marital status							
Never married	88.8	78.0	90.4	86.6	65.4	46.7	3,404
Ever had sex	92.0	75.7	91.4	87.4	64.7	48.8	1,611
Never had sex	85.9	80.0	89.5	85.9	66.1	44.8	1,793
Married/living together	94.0	71.4	90.1	84.0	63.4	47.6	3,132
Divorced/separated/widowed	95.0	70.0	90.6	84.4	63.4	47.9	327
Residence							
Urban	96.2	80.7	91.5	91.1	72.7	51.4	2,767
Rural	88.2	70.5	89.5	81.4	58.7	44.3	4,096
Province							
Manicaland	87.6	76.5	93.3	82.6	65.4	46.5	793
Mashonaland Central	85.1	73.7	89.6	82.9	60.1	46.2	681
Mashonaland East	86.1	79.1	88.5	88.0	64.5	50.1	570
Mashonaland West	94.3	69.9	92.3	86.3	62.5	48.5	691
Matabeleland North	88.7	62.7	87.7	74.9	51.5	42.7	416
Matabeleland South	94.4	77.1	90.3	87.3	68.2	58.9	306
Midlands	93.3	77.3	86.0	82.6	64.3	47.5	956
Masvingo	90.2	64.1	88.5	80.7	55.2	45.1	771
Harare	95.2	79.8	92.3	92.6	72.1	39.3	1,219
Bulawayo	98.2	81.1	94.2	91.2	75.9	64.2	460
Education							
No education	84.9	49.9	64.3	57.6	35.4	21.8	88
Primary	84.4	60.9	86.5	73.4	47.9	35.5	1,782
Secondary	93.6	79.1	92.0	89.6	69.8	50.7	4,588
More than secondary	98.7	88.9	92.6	95.5	81.6	63.7	405
Wealth quintile							
Lowest	85.5	66.9	87.8	77.5	53.1	38.8	1,042
Second	88.1	65.0	88.7	78.5	54.6	41.6	1,137
Middle	88.6	73.8	90.8	83.2	61.8	46.3	1,194
Fourth	94.2	77.1	91.2	88.8	68.8	51.9	1,892
Highest	96.5	84.0	91.6	92.7	75.3	51.7	1,599
Total 15-49	91.4	74.6	90.3	85.3	64.4	47.2	6,863
Total 15-54	91.4	74.0	90.1	84.9	63.9	46.9	7,175

¹ Two most common local misconceptions: 1) HIV can be transmitted by mosquito bites, and 2) a person can become infected by sharing food with a person who has AIDS.

² Comprehensive knowledge means knowing that use of condoms and having just one uninfected, faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention.

13.2 KNOWLEDGE ABOUT MOTHER-TO-CHILD TRANSMISSION

Increasing the level of general knowledge of transmission of HIV from mother to child and reducing the risk of transmission using antiretroviral drugs is critical to reducing mother-to-child transmission of HIV (MTCT). To assess MTCT knowledge, respondents were asked if the virus that causes AIDS can be transmitted from a mother to a child through breastfeeding and whether a mother with HIV can reduce the risk of transmission to the baby by taking certain drugs during pregnancy.

Table 13.4 shows that eight in ten women and men recognised that HIV can be transmitted through breastfeeding. This represents a substantial change from the situation at the time of the 1999 ZDHS when only 33 percent of women and 36 percent of men were aware that HIV could be transmitted from mother to child through breastfeeding. Although women and men are more aware than previously about mother-to-child transmission, knowledge about how this risk can be reduced remains comparatively low; only 57 percent of women and 46 percent of men knew that the risk of MTCT can be reduced by taking special drugs. Fifty-two percent of women and 39 percent of men were both aware that HIV can be transmitted through breastfeeding and that this risk can be reduced by taking special drugs.

MTCT knowledge levels increased with educational level and the wealth quintile, were higher among urban than rural residents, and were lowest in Midlands and highest in Bulawayo.

Table 13.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women and men who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women				Men			
	Percentage who know that:			Number of women	Percentage who know that:			Number of men
	HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy		HIV can be transmitted by breast-feeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	
Age								
15-24	76.4	54.4	48.0	4,104	78.1	43.8	36.7	3,358
15-19	72.0	48.7	41.7	2,152	76.5	40.0	33.2	1,899
20-24	81.2	60.6	55.0	1,952	80.1	48.8	41.4	1,459
25-29	84.0	62.5	57.8	1,466	80.5	48.2	40.4	1,082
30-39	84.2	60.0	55.6	2,050	83.1	47.3	41.5	1,545
40-49	79.7	55.0	49.5	1,287	80.9	47.0	40.9	878
Marital status								
Never married	73.5	53.0	46.0	2,404	78.0	44.1	36.9	3,404
Ever had sex	79.5	62.8	56.4	559	81.3	48.1	41.4	1,611
Never had sex	71.6	50.0	42.8	1,845	75.1	40.5	32.8	1,793
Married/living together	82.2	58.0	53.2	5,143	81.6	47.1	40.7	3,132
Divorced/separated/ widowed	82.4	60.7	55.4	1,360	83.4	48.3	42.3	327
Currently pregnant								
Pregnant	78.3	53.1	47.6	589	na	na	na	0
Not pregnant or not sure	80.0	57.4	51.9	8,318	na	na	na	0
Residence								
Urban	82.1	69.2	62.6	3,502	80.5	55.1	46.4	2,767
Rural	78.4	49.3	44.4	5,405	79.6	39.4	33.9	4,096
Province								
Manicaland	79.9	63.8	56.0	1,043	75.0	40.4	32.6	793
Mashonaland Central	83.3	60.5	56.0	825	82.1	41.3	35.9	681
Mashonaland East	77.5	62.7	55.4	714	71.5	54.4	47.5	570
Mashonaland West	79.9	57.4	53.2	829	78.6	40.2	32.9	691
Matabeleland North	83.0	47.9	44.0	536	79.3	41.6	35.2	416
Matabeleland South	67.1	46.0	38.3	439	86.0	57.1	53.8	306
Midlands	84.6	35.6	33.6	1,193	86.2	26.3	23.2	956
Masvingo	76.8	52.6	47.8	1,137	81.0	45.1	38.3	771
Harare	78.0	63.1	55.1	1,492	79.9	52.1	44.0	1,219
Bulawayo	85.0	82.2	77.7	697	79.3	79.2	66.2	460
Education								
No education	77.9	39.2	37.8	380	74.5	28.9	28.9	88
Primary	76.2	46.7	42.5	2,902	80.3	37.9	34.1	1,782
Secondary	81.5	62.5	56.0	5,355	79.7	48.0	40.0	4,588
More than secondary	90.6	86.5	80.5	270	82.0	58.1	49.5	405
Wealth quintile								
Lowest	76.3	39.9	36.6	1,552	80.9	35.6	32.1	1,042
Second	77.9	46.3	42.0	1,500	78.2	37.8	32.1	1,137
Middle	79.4	52.2	46.3	1,546	79.4	40.3	33.1	1,194
Fourth	81.0	64.5	57.9	2,006	79.7	51.2	43.8	1,892
Highest	83.0	72.5	65.9	2,304	81.2	55.4	46.9	1,599
Total 15-49	79.9	57.1	51.6	8,907	79.9	45.7	38.9	6,863
Total 15-54	na	na	na	na	80.2	45.7	39.1	7,175

na = Not applicable

13.3 ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/AIDS

Widespread stigma and discrimination in a population can adversely affect both people's willingness to be tested and adherence to antiretroviral therapy in young ART programmes such as the one currently being rolled out in Zimbabwe. Reduction of stigma and discrimination in a population is, thus, an important indicator of the success of programmes targeting HIV and AIDS prevention and control.

In the 2005-06 ZDHS, women and men who had heard of HIV or AIDS were asked a number of questions to assess the level of stigma associated with HIV/AIDS. Tables 13.5.1 and 13.5.2 present these results for women and men.

Although there was a considerable gender gap, attitudes were most positive with respect to caring for a relative with HIV in the respondent's home; 91 percent of women and 71 percent of men would be willing to care at home for a relative with HIV. The latter proportion represents a substantial reversal in attitude since the 1999 ZDHS when 88 percent of men said they would care for a relative with HIV in their home. In contrast, women were slightly more positive about caring for a sick relative at the time of the 2005-06 than at the time of the 1999 ZDHS (88 percent).

A majority expressed accepting attitudes towards a female teacher with HIV; 71 percent of women and 75 percent of men agreed that she should be allowed to continue teaching. Attitudes were somewhat less positive towards a shopkeeper with HIV, particularly among women; 57 percent of women would buy fresh vegetables from a shopkeeper with HIV, compared with 67 percent of men. Less than half of both women (49 percent) and men (46 percent) indicated that they would not keep secret that a family member was infected with HIV. Overall, only 17 percent of women and 11 percent of men expressed accepting attitudes with regard to all four situations, i.e., they would care for an HIV-positive family member in their own home, buy fresh food from a shopkeeper with HIV, allow an HIV-positive teacher to continue teaching, and would not keep the HIV-positive status of a family member a secret.

Stigma levels in the population are related to most of the defining characteristics shown in Tables 13.5.1 and 13.5.2. With the exception of the attitude towards keeping a family member's HIV status secret, accepting attitudes were generally more common among urban than rural residents. There were marked differences by province in the proportions of women and men expressing accepting attitudes, with men from Matabeleland South and men and women from Bulawayo being most likely to express accepting attitudes with respect to all four situations. The likelihood that accepting attitudes were expressed generally increased with the educational level and the wealth quintile.

Table 13.5.1 Accepting attitudes towards those living with HIV/AIDS: women

Among women who have heard of HIV or AIDS, percentage expressing specific accepting attitudes towards people with HIV/AIDS, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of women who:				Percentage expressing acceptance attitudes on all four indicators	Number of women who have heard of HIV or AIDS
	Are willing to care for a family member with HIV in the respondent's home	Would buy fresh vegetables from shop-keeper who has HIV	Say that a female teacher with HIV and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with HIV		
Age						
15-24	88.8	57.3	72.0	51.1	17.5	3,987
15-19	87.4	56.6	69.6	55.1	18.5	2,076
20-24	90.4	58.1	74.6	46.9	16.4	1,911
25-29	93.8	58.6	75.0	46.6	18.3	1,446
30-39	92.5	56.3	71.5	45.5	16.2	2,019
40-49	92.2	53.6	65.6	52.2	16.1	1,268
Marital status						
Never married	88.7	61.2	76.2	49.9	19.5	2,336
Ever had sex	91.1	59.4	79.8	51.3	21.1	547
Never had sex	88.0	61.7	75.0	49.5	19.0	1,790
Married/living together	91.6	54.3	69.3	49.2	16.0	5,043
Divorced/separated/ widowed	92.6	58.5	71.1	48.0	17.3	1,340
Residence						
Urban	91.2	64.5	83.6	40.3	18.7	3,476
Rural	90.8	51.7	63.4	55.2	16.1	5,243
Province						
Manicaland	93.2	56.2	76.3	50.0	19.5	1,029
Mashonaland Central	94.6	55.0	63.3	52.8	16.6	781
Mashonaland East	93.6	56.4	71.6	49.6	15.3	705
Mashonaland West	88.1	53.5	60.7	44.3	9.9	800
Matabeleland North	87.2	52.1	70.5	64.8	26.4	535
Matabeleland South	87.9	56.7	65.6	66.6	26.2	391
Midlands	94.2	58.2	69.2	41.6	12.1	1,179
Masvingo	90.2	49.1	57.6	58.9	14.3	1,133
Harare	91.0	61.8	86.6	35.5	14.9	1,469
Bulawayo	84.8	67.1	83.8	53.8	30.2	697
Education						
No education	90.5	39.6	47.8	62.9	13.1	363
Primary	90.6	46.1	58.1	57.4	13.9	2,792
Secondary	91.4	62.4	79.0	45.0	19.0	5,296
More than secondary	88.7	80.8	93.6	30.4	19.5	268
Wealth quintile						
Lowest	88.1	45.3	55.2	61.8	14.3	1,499
Second	90.8	47.5	59.8	56.3	15.9	1,443
Middle	92.6	56.6	68.4	52.4	17.2	1,509
Fourth	92.5	59.6	78.5	46.3	18.3	1,975
Highest	90.6	67.8	85.3	37.0	18.7	2,293
Total	91.0	56.8	71.4	49.2	17.1	8,719

Table 13.5.2 Accepting attitudes towards those living with HIV/AIDS: men

Among men who have heard of HIV/AIDS, percentage expressing specific accepting attitudes towards people with HIV/AIDS, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of men who:				Percentage expressing acceptance attitudes on all four indicators	Number of men who have heard of HIV or AIDS
	Are willing to care for a family member with HIV in the respondent's home	Would buy fresh vegetables from shop-keeper who has HIV	Say that a female teacher with HIV and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with HIV		
Age						
15-24	64.7	66.8	73.3	53.6	11.7	3,310
15-19	60.6	64.5	70.0	59.6	12.6	1,859
20-24	69.9	69.8	77.4	45.9	10.6	1,451
25-29	76.3	70.7	77.0	37.7	10.5	1,079
30-39	76.8	68.9	76.9	38.3	9.7	1,542
40-49	77.8	62.1	72.6	39.1	9.1	877
Marital status						
Never married	66.0	68.0	74.7	52.3	12.3	3,357
Ever had sex	68.4	67.0	74.4	50.4	12.3	1,605
Never had sex	63.8	68.9	75.0	54.1	12.3	1,752
Married/living together	76.2	66.7	75.2	38.3	9.1	3,125
Divorced/separated/ widowed	71.1	65.9	67.6	49.1	10.9	326
Residence						
Urban	75.7	74.3	87.3	38.9	12.5	2,761
Rural	67.6	62.5	65.9	50.4	9.6	4,047
Province						
Manicaland	59.7	65.7	70.4	52.0	7.6	783
Mashonaland Central	50.7	58.6	63.2	48.4	0.5	670
Mashonaland East	69.8	72.5	73.2	28.1	1.0	562
Mashonaland West	66.5	63.3	65.4	40.1	2.9	685
Matabeleland North	90.8	61.3	59.1	62.3	24.6	415
Matabeleland South	85.6	72.6	84.3	72.8	43.9	303
Midlands	72.9	61.0	75.6	43.2	5.9	948
Masvingo	78.3	69.6	71.2	55.2	19.3	766
Harare	68.2	75.4	88.9	29.3	2.5	1,215
Bulawayo	90.7	72.1	87.1	61.5	37.9	460
Education						
No education	71.3	53.1	56.0	52.3	9.7	85
Primary	63.0	51.2	56.6	58.1	9.8	1,745
Secondary	73.1	72.0	80.0	42.2	10.9	4,573
More than secondary	80.0	86.7	95.4	31.5	13.6	405
Wealth quintile						
Lowest	65.3	56.6	58.8	59.5	12.3	1,031
Second	69.0	58.8	63.8	50.0	9.0	1,115
Middle	64.7	64.2	67.8	47.8	7.4	1,183
Fourth	74.5	71.4	81.2	41.6	10.7	1,884
Highest	76.4	77.7	89.6	37.3	13.5	1,596
Total 15-49	70.9	67.3	74.6	45.7	10.7	6,808
Total 15-54	71.0	67.1	74.4	45.8	10.8	7,119

13.4 ATTITUDES TOWARDS NEGOTIATING FOR SAFER SEXUAL RELATIONS WITH HUSBANDS

The high levels of sexual transmission of HIV make negotiating for safer sex indispensable, especially in marital unions where women's status is compromised by societal expectations, thereby increasing their vulnerability to HIV transmission. Table 13.6 shows that a substantial majority of both women and men in Zimbabwe acknowledge that, if a husband has a sexually transmitted infection, a wife can refuse to have sex with him (79 percent and 77 percent, respectively). A somewhat larger percentage

of women and men consider it appropriate for the wife to ask the husband to use a condom in this situation (83 percent and 86 percent, respectively). Overall, more than nine in ten women and men believe that a wife is justified in taking action to protect herself from infection. The lowest proportions agreeing that a wife can take action are observed among women and men who have no education (81 percent and 85 percent, respectively).

Table 13.6 Attitudes towards negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that, if a husband has a sexually transmitted infection, his wife is justified in refusing to have sexual relations with him or asking that he use a condom, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women				Men			
	Woman is justified in:			Number of women	Woman is justified in:			Number of men
	Refusing to have sexual relations	Asking that they use a condom	Refusing sexual relations or asking that he use a condom		Refusing to have sexual relations	Asking that he use a condom	Refusing sexual relations or asking that he use a condom	
Age								
15-24	77.2	80.8	90.7	4,104	74.0	81.4	90.5	3,358
15-19	73.4	76.9	88.1	2,152	72.9	78.2	89.8	1,899
20-24	81.5	85.0	93.5	1,952	75.4	85.5	91.4	1,459
25-29	82.1	84.7	93.7	1,466	74.8	86.7	93.3	1,082
30-39	82.1	87.2	94.6	2,050	82.9	91.0	96.5	1,545
40-49	78.9	79.8	89.6	1,287	84.0	90.3	96.6	878
Marital status								
Never married	79.0	80.4	90.5	2,404	75.3	82.4	91.6	3,404
Ever had sex	86.0	89.5	95.6	559	76.1	84.8	92.5	1,611
Never had sex	76.9	77.7	88.9	1,845	74.7	80.2	90.8	1,793
Married/living together	79.1	83.7	92.4	5,143	79.8	88.6	94.4	3,132
Divorced/separated/ widowed	81.1	83.2	92.5	1,360	75.8	88.6	95.3	327
Residence								
Urban	84.1	88.4	94.9	3,502	83.0	92.9	97.3	2,767
Rural	76.4	79.1	90.0	5,405	73.6	80.5	90.2	4,096
Province								
Manicaland	77.7	73.1	90.1	1,043	68.5	79.2	88.6	793
Mashonaland Central	75.7	78.0	90.3	825	65.8	77.7	87.8	681
Mashonaland East	76.6	83.8	92.1	714	74.2	88.1	94.4	570
Mashonaland West	76.4	81.5	90.4	829	73.1	87.9	92.7	691
Matabeleland North	87.8	89.5	96.1	536	90.7	88.4	96.2	416
Matabeleland South	81.4	83.6	92.7	439	90.2	88.9	98.1	306
Midlands	86.5	88.6	94.8	1,193	73.9	80.4	91.3	956
Masvingo	67.1	75.5	85.0	1,137	77.2	82.4	91.1	771
Harare	79.4	84.7	93.3	1,492	84.0	92.8	97.0	1,219
Bulawayo	93.0	95.3	98.0	697	89.9	92.9	98.0	460
Education								
No education	68.7	67.7	80.6	380	72.1	74.0	84.7	88
Primary	72.4	77.6	88.7	2,902	73.1	75.7	87.5	1,782
Secondary	83.3	86.1	94.2	5,355	78.4	88.7	94.9	4,588
More than secondary	91.1	93.5	96.5	270	86.0	95.4	98.5	405
Wealth quintile								
Lowest	71.6	75.4	86.5	1,552	74.1	76.5	87.9	1,042
Second	75.8	78.7	89.9	1,500	74.5	80.0	90.9	1,137
Middle	78.5	80.6	91.7	1,546	69.0	79.5	89.1	1,194
Fourth	81.4	86.3	93.8	2,006	79.7	90.7	95.7	1,892
Highest	85.8	88.8	95.4	2,304	85.2	93.7	97.9	1,599
Total 15-49	79.4	82.8	91.9	8,907	77.4	85.5	93.1	6,863
Total 15-54	na	na	na	na	77.5	85.6	93.2	7,175

na = Not applicable

13.5 ATTITUDES TOWARDS CONDOM EDUCATION FOR YOUTH

Condom use is one the main strategies for combating the spread of HIV. However, educating youth about condoms is sometimes controversial, with some saying it promotes early sexual experimentation. To gauge attitudes towards condom education, ZDHS respondents were asked if they thought that children age 12-14 should be taught about using a condom to avoid HIV. Because the table focuses on adult opinion, results are tabulated for respondents age 18-49 in the table.

Less than half of adults support teaching children age 12-14 about condoms (Table 13.7). Men are slightly more likely than women to support education about condom use (48 percent and 41 percent, respectively). Support is highest among those living in Bulawayo, where six in ten women and men approve of condom education for children age 12-14. Women in Mashonaland East (28 percent) and men in Midlands (35 percent) are least likely to accept that children age 12-14 should be educated about condoms.

13.6 HIGHER-RISK SEX

Given that most HIV infections in Zimbabwe are contracted through heterosexual contact, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the epidemic. The 2005-06 ZDHS included questions on respondents' sexual partners during their lifetimes and over the 12 months preceding the survey. For male respondents, an additional question was asked on whether they paid for sex during the 12 months preceding the interview. Information on the use of condoms at the last sexual encounter with each type of partner was collected for women and men. These questions are sensitive, and it is recognised that some respondents may have been reluctant to provide information on recent sexual behaviour.

Tables 13.8.1 and 13.8.2 show, for those who had sexual intercourse, the percentages who had two or more partners in the 12 months preceding the survey and who had higher-risk intercourse during

Table 13.7 Adult support of education about condom use to prevent HIV

Percentage of women and men age 18-49 who agree that children age 12-14 years should be taught about using a condom to avoid HIV, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women		Men	
	Percentage who agree	Number of women	Percentage who agree	Number of men
Age				
18-24	41.6	2,871	51.4	2,193
18-19	39.1	919	45.0	734
20-24	42.8	1,952	54.6	1,459
25-29	41.2	1,466	48.9	1,082
30-39	41.2	2,050	45.0	1,545
40-49	41.3	1,287	43.8	878
Marital status				
Never married	44.7	1,327	50.1	2,240
Married or living together	39.7	5,002	45.9	3,132
Divorced/separated/widowed	44.2	1,345	53.9	326
Residence				
Urban	47.3	3,056	50.9	2,434
Rural	37.4	4,618	45.9	3,264
Province				
Manicaland	39.6	903	47.2	616
Mashonaland Central	39.0	680	53.0	575
Mashonaland East	27.7	634	49.2	478
Mashonaland West	41.5	721	49.6	605
Matabeleland North	44.7	461	50.9	336
Matabeleland South	50.9	360	45.8	237
Midlands	40.2	1,014	34.6	786
Masvingo	36.4	985	42.4	598
Harare	42.9	1,315	50.8	1,071
Bulawayo	59.6	600	64.2	396
Education				
No education	37.7	377	51.2	86
Primary	36.6	2,525	42.9	1,396
Secondary	43.7	4,503	48.9	3,814
More than secondary	52.6	269	56.3	402
Wealth quintile				
Lowest	36.5	1,353	43.3	828
Second	36.4	1,277	46.8	925
Middle	36.6	1,291	44.8	881
Fourth	43.5	1,755	49.9	1,677
Highest	49.1	1,998	51.3	1,386
Total 18-49	41.4	7,674	48.0	5,698
Total 18-54	na	na	47.6	6,010

na = Not applicable

that period, i.e., intercourse in the past 12 months with a partner who was neither a spouse nor lived with the respondent. Among those who had higher-risk intercourse, the tables also show the percentage of respondents who used a condom during the last higher-risk intercourse. Finally, Tables 13.8.1 and 13.8.2 provide information on the mean number of lifetime sexual partners among those who ever had intercourse.

Table 13.8.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: women

Among women age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during her lifetime for women who ever had sexual intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Among women who had sexual intercourse in the past 12 months:			Among women who had higher-risk intercourse in the past 12 months:		Among women who ever had sexual intercourse:	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months ¹	Number of women	Percentage who reported using a condom at last higher-risk intercourse ¹	Number of women	Mean number of sexual partners in lifetime	Number of women
Age							
15-24	1.8	16.4	2,031	42.4	333	1.4	2,308
15-19	2.8	24.3	609	40.7	148	1.3	691
20-24	1.3	13.0	1,423	43.7	185	1.5	1,617
25-29	1.2	8.2	1,247	54.1	102	1.6	1,414
30-39	1.2	9.3	1,651	53.1	154	1.7	2,028
40-49	0.7	7.3	917	42.3	67	1.8	1,282
Marital status							
Never married	6.1	91.5	360	46.2	330	2.1	553
Married or living together	0.4	0.6	4,972	(24.9)	29	1.4	5,126
Divorced/separated/ widowed	6.4	57.8	513	49.4	297	2.2	1,354
Residence							
Urban	2.1	16.7	2,095	55.3	349	1.7	2,571
Rural	0.9	8.2	3,751	36.9	306	1.6	4,463
Province							
Manicaland	0.7	8.4	655	(48.5)	55	1.4	834
Mashonaland Central	1.8	5.6	616	(72.7)	34	1.7	702
Mashonaland East	0.8	7.4	469	(37.0)	35	1.7	591
Mashonaland West	1.4	9.6	580	(66.2)	55	1.8	696
Matabeleland North	0.4	17.5	391	26.4	68	2.0	450
Matabeleland South	3.3	26.5	280	30.2	74	2.2	341
Midlands	0.9	7.4	812	35.1	60	1.6	943
Masvingo	0.9	6.1	769	(44.2)	47	1.3	910
Harare	2.2	14.0	880	51.3	124	1.5	1,078
Bulawayo	1.2	26.2	394	57.5	103	2.0	487
Education							
No education	0.9	6.4	280	*	18	1.5	374
Primary	1.4	8.6	2,099	34.4	181	1.8	2,550
Secondary	1.4	13.2	3,271	51.7	432	1.6	3,876
More than secondary	0.3	12.4	195	(58.5)	24	1.5	233
Wealth quintile							
Lowest	0.8	8.2	1,116	27.5	92	1.6	1,341
Second	0.9	6.1	1,076	33.7	66	1.5	1,257
Middle	1.4	9.4	1,024	37.9	96	1.6	1,236
Fourth	1.9	12.8	1,361	53.8	175	1.8	1,630
Highest	1.4	17.9	1,268	56.5	227	1.6	1,570
Total	1.3	11.2	5,846	46.7	655	1.6	7,033

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

Table 13.8.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: men

Among men age 15-49 who had sexual intercourse in the past 12 months, the percentage who had intercourse with more than one partner and the percentage who had higher-risk sexual intercourse in the past 12 months, and among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, and the mean number of sexual partners during his lifetime for men who ever had sexual intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Among men who had sexual intercourse in the past 12 months:			Among men who had higher-risk intercourse in the past 12 months:		Among men who ever had sexual intercourse:	
	Percentage who had 2+ partners in the past 12 months	Percentage who had higher-risk intercourse in the past 12 months ¹	Number of men	Percentage who reported using a condom at last higher-risk intercourse ¹	Number of men	Mean number of sexual partners in lifetime	Number of men
Age							
15-24	19.8	77.5	1,195	68.0	927	3.8	1,621
15-19	15.2	96.5	342	54.4	330	2.9	518
20-24	21.7	69.9	854	75.6	597	4.3	1,103
25-29	15.9	34.4	913	77.9	314	5.8	1,019
30-39	10.6	16.4	1,456	79.9	238	5.7	1,495
40-49	9.8	10.4	817	55.9	85	8.0	840
Marital status							
Never married	19.7	98.9	1,056	69.7	1,044	4.2	1,598
Married or living together	11.7	10.8	3,102	75.3	334	5.8	3,057
Divorced/separated/ widowed	20.2	83.0	224	71.9	186	9.4	321
Residence							
Urban	14.1	37.9	1,798	83.2	681	6.2	2,050
Rural	14.0	34.2	2,584	61.9	883	5.0	2,926
Province							
Manicaland	16.8	32.3	459	76.0	148	4.5	508
Mashonaland Central	16.8	35.3	462	77.1	163	5.0	535
Mashonaland East	4.2	26.4	332	72.1	88	5.9	389
Mashonaland West	15.8	34.7	466	80.2	162	6.7	537
Matabeleland North	13.2	44.0	305	43.1	134	5.0	318
Matabeleland South	2.4	42.3	164	64.2	69	5.7	189
Midlands	13.4	31.1	599	59.5	186	4.8	683
Masvingo	18.9	37.3	497	59.6	185	4.5	546
Harare	15.3	35.5	777	86.4	276	6.4	934
Bulawayo	11.5	47.5	321	78.4	152	6.4	336
Education							
No education	18.7	16.6	69	*	11	5.7	76
Primary	13.5	32.2	1,186	51.0	382	5.0	1,333
Secondary	14.9	38.7	2,811	77.3	1,089	5.6	3,218
More than secondary	8.0	26.0	316	85.5	82	6.7	348
Wealth quintile							
Lowest	13.9	32.6	715	42.7	233	4.7	794
Second	14.9	31.5	720	62.6	227	5.4	828
Middle	15.5	41.2	668	71.6	275	5.1	768
Fourth	14.8	35.8	1,288	77.2	461	5.8	1,443
Highest	11.7	37.2	992	86.5	369	6.1	1,141
Total 15-49	14.1	35.7	4,382	71.2	1,564	5.5	4,975
Total 15-54	13.6	33.8	4,671	70.9	1,580	5.7	5,277

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

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

A much larger proportion of men than women reported both having had more than one sexual partner (14 percent and 1 percent, respectively) and engaging in higher-risk sex (36 percent and 11 percent, respectively) at some time in the past 12 months. Men were more likely to report using a condom at last high-risk intercourse than women (71 percent and 47 percent, respectively). On average, men have had 5.5 sexual partners over their lifetimes and women have had 1.6 partners.

Considering age patterns, the percentage with two or more sexual partners in the 12 months preceding the interview and the percentage engaging in risky sexual behaviour was highest among both women and men in the 15-24 year age group. The percentages involved in risky sexual behaviours declined with age and were lowest in the 40-49 year age group among women and men. Condom use at last high-risk sex was lowest among those in the youngest and oldest age categories. The mean number of lifetime sexual partners increased with age, with men age 40-49 reporting an average of 8 lifetime partners and women in the same age group an average of 1.8 partners.

Higher-risk sexual behaviour was reported more often among those who were not married at the time of the interview than among currently married respondents. Married men who engaged in higher-risk sex were somewhat more likely to report condom use at last higher-risk sex than those who were not married. Divorced, separated, or widowed respondents had the highest average number of lifetime sexual partners (9.4 partners for men and 2.2 partners among women).

Urban residents were both more likely to report engaging in risky sexual behaviour and using a condom at last higher-risk sex than rural residents. Urban men reported an average of 6.2 lifetime sexual partners compared with 5 sexual partners among rural men.

Considering provincial patterns, higher-risk sexual behaviour was most prevalent among women in Matabeleland South (27 percent) and Bulawayo (26 percent) and among men in Bulawayo (48 percent). Men in Harare were twice as likely to report condom use at last high-risk sex as men in Matabeleland North (86 percent and 43 percent, respectively). Among men, the mean reported number of lifetime sex partners varied from 4.5 in Manicaland and Masvingo to 6.7 in Mashonaland West. Among women, the mean lifetime sex partners varied from 1.3 in Masvingo to 2.2 in Matabeleland South.

Among women, both the likelihood of having engaged in high-risk sexual behaviour and of using a condom at last high-risk sex generally increased with the education level and the wealth quintile. Among men, the percentages engaging in high-risk sexual behaviour did not vary in a consistent fashion with education or wealth; however, condom use at last high-risk sex rose sharply with educational level and wealth.

13.7 PAID SEX

The act of paying for sex introduces an uneven negotiating ground for safer sexual intercourse. Condom use is an important indicator in trying to ascertain the level of risk involved in sexual encounters involving payments. Table 13.9 presents information on the extent to which men engaged in paid sex in the 12-month period before the survey and on the level of condom use during the last paid sexual encounter in the period.

Four percent of men reported paying for sexual intercourse at least once during the 12 months preceding the ZDHS. Nearly three-quarters of men who engaged in paid sex used a condom the last time they paid for sex. Divorced, widowed, and separated men (13 percent) had the highest rate of paid sex during the 12 months prior to the survey. Eight in ten divorced, separated, or widowed men who engaged in paid sex used a condom.

Table 13.9 Payment for sexual intercourse and condom use at last paid sexual intercourse: men

Percentage of men age 15-49 reporting payment for sexual intercourse in the past 12 months, and among them, the percentage reporting that a condom was used the last time they paid for sexual intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who paid for sexual intercourse in the past 12 months	Number of men	Percentage reporting condom use at last paid sexual intercourse	Number of men who paid for sexual intercourse in the past 12 months
Age				
15-24	3.3	3,358	76.7	111
15-19	1.1	1,899	(76.6)	21
20-24	6.2	1,459	76.7	91
25-29	5.6	1,082	78.1	60
30-39	4.0	1,545	76.5	61
40-49	3.9	878	(50.3)	34
Marital status				
Never married	3.8	3,404	76.4	128
Married or living together	3.0	3,132	66.7	95
Divorced/separated/ widowed	13.2	327	(80.5)	43
Residence				
Urban	4.1	2,767	85.8	114
Rural	3.7	4,096	64.5	153
Province				
Manicaland	4.3	793	(78.9)	34
Mashonaland Central	4.8	681	(64.1)	33
Mashonaland East	2.8	570	*	16
Mashonaland West	5.3	691	(95.8)	37
Matabeleland North	4.0	416	(24.6)	17
Matabeleland South	1.7	306	*	5
Midlands	2.8	956	*	26
Masvingo	4.8	771	(62.2)	37
Harare	4.5	1,219	(83.2)	55
Bulawayo	1.8	460	*	8
Education				
No education	8.8	88	(64.2)	8
Primary	4.4	1,782	57.2	78
Secondary	3.6	4,588	81.3	167
More than secondary	3.6	405	*	14
Wealth quintile				
Lowest	3.9	1,042	(46.5)	41
Second	3.3	1,137	(74.0)	37
Middle	4.0	1,194	(69.1)	47
Fourth	4.9	1,892	79.4	93
Highest	3.0	1,599	(89.3)	49
Total 15-49	3.9	6,863	73.6	267
Total 15-54	3.8	7,175	73.1	274

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

A comparison of the 2005-06 and 1999 ZDHS results suggests that, while Zimbabwean men may increasingly be avoiding the risks involved in paid sex, when they do engage in paid sex, they are less likely than previously to use a condom. In 1999, 7 percent paid for sex and 82 percent reported condom use during last paid intercourse while, in the 2005-06 ZDHS, 4 percent paid for sex and 74 percent used a condom the last time they paid for sex.

13.8 COVERAGE OF HIV TESTING SERVICES

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so they can remain disease free. For those who are HIV infected, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future.

To assess the awareness and coverage of HIV testing services, ZDHS respondents were asked whether they had ever been tested for HIV. If they said that they had, respondents were asked whether they had received the results of their last test and where they had been tested. If they had never been tested, they were asked if they knew a place where they could go to be tested. Tables 13.10.1 and 13.10.2 present the results of these questions.

Around three-quarters of women and men were aware of a place where they can get an HIV test. Younger and older respondents were somewhat less likely than those age 20-39 to know a place where they could go to be tested for HIV. Never-married women and men who had not yet initiated sexual activity were less likely than their sexually active counterparts or ever-married respondents to know a place to obtain an HIV test. Awareness of a place to obtain an HIV test increased with both education and the wealth quintile and was notably more common among urban than rural residents. Looking at provincial patterns, women from Matabeleland South and Masvingo were least likely to know a place to get tested for HIV while women from Harare were most likely to know about a place where testing was available. Among men, Matabeleland South also had the lowest level of knowledge of a source for testing and Harare the highest level.

Tables 13.10.1 and 13.10.2 also show the coverage of HIV testing services. A larger proportion of men (81 percent) than women (74 percent) have never been tested. Most of those who have been tested said that they had received the result of the last test they took. Overall, the percentage of those who were ever tested and received the result of the last test was 22 percent among women and 16 percent among men. Seven percent of women and men had been tested in the 12-month period prior to the survey and were told the result of the last test they took.

Among women, the likelihood of having had an HIV test and receiving the results was highest in the 20-24 year age group while, among men, testing rates peaked in the 25-29 year age group. Urban residents were more likely than rural residents to have been tested and received the result. Among women, the percentage who were ever tested for HIV and received the result of the last test varied from 14 percent in Midlands to 30 percent in Harare, while, among men, this percentage ranged from 8 percent in Matabeleland South to 25 percent in Bulawayo and Harare. Among both women and men, testing coverage rises markedly with education and wealth.

Table 13.10.1 Coverage of HIV testing services: women

Percent distribution of women by whether tested for HIV and by whether received the results of the last test, and the percentage of women who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and whether they received the result of their last test				Total	Percentage ever tested	Percentage tested and received results in past 12 months	Number of women
		Received results	Did not receive results	Never tested	Don't know/missing				
Age									
15-24	72.6	20.5	3.8	75.1	0.6	100.0	24.3	6.8	4,104
15-19	65.4	12.0	2.6	85.0	0.3	100.0	14.7	4.8	2,152
20-24	80.6	29.8	5.0	64.3	0.9	100.0	34.8	9.0	1,952
25-29	79.3	27.4	6.5	64.6	1.5	100.0	33.9	7.5	1,466
30-39	79.0	24.5	4.1	71.0	0.5	100.0	28.6	6.8	2,050
40-49	69.1	14.9	2.5	82.1	0.6	100.0	17.4	4.6	1,287
Marital status									
Never married	71.6	13.7	1.5	84.5	0.4	100.0	15.2	6.8	2,404
Ever had sex	79.3	26.5	2.7	69.8	0.9	100.0	29.2	11.3	559
Never had sex	69.2	9.8	1.1	88.9	0.2	100.0	10.9	5.5	1,845
Married/living together	75.8	25.2	5.5	68.4	0.9	100.0	30.7	6.4	5,143
Divorced/separated/widowed	76.0	22.9	3.6	72.9	0.6	100.0	26.5	7.1	1,360
Residence									
Urban	88.3	28.5	3.5	67.1	0.9	100.0	32.0	9.9	3,502
Rural	65.9	17.4	4.5	77.5	0.6	100.0	21.9	4.5	5,405
Province									
Manicaland	76.4	26.6	5.4	67.7	0.4	100.0	31.9	8.9	1,043
Mashonaland Central	69.5	19.6	3.5	76.8	0.1	100.0	23.1	4.9	825
Mashonaland East	72.0	20.2	3.8	75.4	0.6	100.0	23.9	7.5	714
Mashonaland West	76.1	23.1	4.8	71.1	1.0	100.0	27.9	4.4	829
Matabeleland North	66.9	18.3	4.6	76.8	0.4	100.0	22.9	4.8	536
Matabeleland South	61.5	16.9	4.5	78.4	0.1	100.0	21.4	4.7	439
Midlands	74.4	14.0	4.2	81.3	0.5	100.0	18.2	2.8	1,193
Masvingo	61.8	17.9	4.9	76.0	1.2	100.0	22.8	4.7	1,137
Harare	89.6	29.5	3.5	66.0	1.0	100.0	33.0	11.2	1,492
Bulawayo	83.3	25.5	1.6	71.4	1.5	100.0	27.2	9.5	697
Education									
No education	51.2	7.8	3.7	87.8	0.7	100.0	11.5	2.2	380
Primary	60.2	14.1	4.2	80.7	0.9	100.0	18.3	3.3	2,902
Secondary	83.0	25.5	4.2	69.7	0.6	100.0	29.7	8.1	5,355
More than secondary	98.5	48.0	2.7	48.7	0.6	100.0	50.7	19.6	270
Wealth quintile									
Lowest	55.6	12.5	3.8	82.9	0.8	100.0	16.3	3.2	1,552
Second	61.3	16.5	5.0	78.0	0.5	100.0	21.4	3.6	1,500
Middle	73.2	19.6	4.2	75.5	0.7	100.0	23.8	4.8	1,546
Fourth	83.1	25.4	5.2	68.7	0.7	100.0	30.6	7.3	2,006
Highest	89.9	29.6	2.7	66.8	0.9	100.0	32.4	11.4	2,304
Total 15-49	74.7	21.7	4.1	73.4	0.7	100.0	25.8	6.6	8,907

Table 13.10.2 Coverage of HIV testing services: men

Percent distribution of men by whether tested for HIV and by whether received the results of the last test, and the percentage of men who received their test results the last time they were tested for HIV in the past 12 months, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of men by testing status and whether they received the result of their last test				Total	Percentage ever tested	Percentage tested and received results in past 12 months	Number of men
		Received results	Did not receive results	Never tested	Don't know/missing				
Age									
15-24	68.9	11.6	2.0	84.9	1.4	100.0	13.6	5.4	3,358
15-19	60.8	6.9	1.5	89.4	2.2	100.0	8.4	2.9	1,899
20-24	79.4	17.7	2.7	79.0	0.5	100.0	20.5	8.6	1,459
25-29	82.8	22.5	2.3	74.9	0.3	100.0	24.8	9.8	1,082
30-39	80.8	20.6	2.4	76.8	0.2	100.0	23.0	7.3	1,545
40-49	73.4	19.7	2.5	77.8	0.1	100.0	22.1	6.6	878
Marital status									
Never married	69.5	12.5	1.8	84.3	1.4	100.0	14.3	6.2	3,404
Ever had sex	77.0	17.8	2.3	79.5	0.4	100.0	20.1	8.6	1,611
Never had sex	62.6	7.8	1.4	88.5	2.3	100.0	9.2	3.9	1,793
Married/living together	79.4	20.2	2.6	77.0	0.2	100.0	22.8	6.9	3,132
Divorced/separated/widowed	76.6	20.3	2.5	76.8	0.4	100.0	22.8	10.0	327
Residence									
Urban	90.6	23.9	2.3	73.5	0.2	100.0	26.2	10.3	2,767
Rural	63.3	11.3	2.2	85.3	1.2	100.0	13.4	4.2	4,096
Region									
Manicaland	71.9	17.7	2.8	78.4	1.2	100.0	20.5	6.0	793
Mashonaland Central	73.5	12.3	2.6	83.4	1.7	100.0	14.9	4.7	681
Mashonaland East	72.8	15.1	2.6	80.8	1.5	100.0	17.7	5.5	570
Mashonaland West	76.7	15.0	2.0	82.3	0.8	100.0	17.0	5.3	691
Matabeleland North	58.8	11.6	1.0	86.9	0.5	100.0	12.6	3.8	416
Matabeleland South	43.9	8.4	0.6	89.9	1.0	100.0	9.0	2.7	306
Midlands	62.1	10.9	1.3	87.0	0.8	100.0	12.2	5.2	956
Masvingo	75.0	15.2	3.5	80.7	0.6	100.0	18.7	6.4	771
Harare	92.2	24.6	2.2	72.9	0.3	100.0	26.8	10.5	1,219
Bulawayo	89.2	24.9	2.7	72.4	0.0	100.0	27.6	12.6	460
Education									
No education	41.9	6.4	0.9	89.4	3.4	100.0	7.3	1.8	88
Primary	52.4	7.7	2.0	88.2	2.1	100.0	9.7	2.7	1,782
Secondary	81.4	18.0	2.4	79.3	0.3	100.0	20.4	7.6	4,588
More than secondary	98.1	38.2	1.7	60.1	0.0	100.0	39.9	14.8	405
Wealth quintile									
Lowest	52.4	8.7	1.7	88.5	1.1	100.0	10.4	2.8	1,042
Second	63.3	10.2	2.4	85.4	1.9	100.0	12.6	4.2	1,137
Middle	65.1	11.6	2.6	84.9	0.9	100.0	14.2	4.8	1,194
Fourth	81.7	17.8	2.6	79.2	0.4	100.0	20.4	7.3	1,892
Highest	94.5	27.6	1.7	70.5	0.2	100.0	29.3	11.5	1,599
Total 15-49	74.3	16.4	2.2	80.6	0.8	100.0	18.6	6.7	6,863
Total 15-54	74.3	16.4	2.2	80.6	0.8	100.0	18.6	6.6	7,175

Screening for HIV in pregnant women is a key tool in reducing transmission of HIV from a mother to her child. Table 13.11 shows that 46 percent of women who gave birth during the two years prior to the ZDHS received HIV counselling and 28 percent were offered, accepted, and received the result of an HIV test during antenatal care. Just over one-fifth of the women reported they had been both counselled about HIV and offered, accepted, and received the results of an HIV test during antenatal care. Women giving birth during the two years before the survey were most likely to have been counselled and tested for HIV if they had more than a secondary education (48 percent) or lived in Harare (42 percent) or Bulawayo (41 percent). Women were least likely to report receiving the full range of voluntary counselling and testing services during antenatal care if they were in the lowest wealth quintile (8 percent) or had no education (9 percent).

Table 13.11 Pregnant women counselled and tested for HIV

Among all women who gave birth in the two years preceding the survey, the percentage who received HIV counselling during antenatal care for their most recent birth, and percentage who accepted an offer of HIV testing by whether they received their test results, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who received HIV counselling during antenatal care ¹	Percentage who were offered and accepted an HIV test during antenatal care and who: ²		Percentage who were counselled, were offered and accepted an HIV test, and who received results	Number of women who gave birth in the past 2 years ³
		Received results	Did not receive results		
Age					
15-24	45.5	30.5	6.9	24.3	1,017
15-19	37.1	28.8	8.3	20.2	272
20-24	48.6	31.1	6.4	25.7	745
25-29	44.8	24.1	7.1	20.8	531
30-39	49.5	27.3	6.9	22.5	520
40-49	31.5	12.7	12.8	11.9	76
Residence					
Urban	62.4	43.2	6.9	37.2	607
Rural	39.3	21.3	7.3	16.8	1,537
Province					
Manicaland	58.2	30.8	10.6	26.2	283
Mashonaland Central	56.0	32.0	6.0	28.1	226
Mashonaland East	50.4	21.1	6.0	17.8	167
Mashonaland West	38.5	32.5	6.2	24.5	201
Matabeleland North	35.4	20.7	6.8	14.8	147
Matabeleland South	32.2	24.2	6.9	13.4	100
Midlands	28.7	15.3	6.6	12.5	310
Masvingo	33.5	16.6	7.8	11.6	344
Harare	64.4	46.6	8.0	41.8	259
Bulawayo	69.2	45.7	2.9	41.3	108
Education					
No education	11.4	12.3	11.5	8.6	72
Primary	33.6	18.0	6.9	13.8	772
Secondary	54.2	33.3	7.1	27.7	1,249
More than secondary	(74.0)	(51.8)	(7.5)	(48.2)	51
Wealth quintile					
Lowest	25.4	12.4	4.8	8.2	542
Second	42.0	20.1	7.7	15.8	451
Middle	48.2	30.9	9.0	25.5	373
Fourth	55.2	37.9	7.2	31.8	464
Highest	70.0	44.7	8.2	39.9	313
Total	45.8	27.5	7.2	22.6	2,144

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

¹ In this context, "counselled" means that someone talked with the respondent about all three of the following topics: 1) babies getting HIV from their mother, 2) preventing the virus, and 3) getting tested for the virus.

² Only women who were offered the test are included here; women who were either required or asked for the test are excluded from the numerator of this measure.

³ Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years

13.9 SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

In the 2005-06 ZDHS, respondents who had ever had sex were asked if they had had a disease they had gotten through sexual contact in the previous 12 months or if they had had either of two symptoms associated with STIs (a bad-smelling, abnormal discharge from the vagina/penis or a genital sore or ulcer). Table 13.12 shows the self-reported prevalence of STIs and STI symptoms in the

population for both men and women. Women were somewhat more likely than men to report having had an STI or having experienced STI symptoms. Among women, in the 12 months prior to the survey, 4 percent had an STI, 7 percent had a bad-smelling, abnormal discharge; and 5 percent had a genital sore or ulcer. Among men, in the 12 months prior to the survey, 3 percent reported that they had an STI, 4 percent had a bad-smelling, abnormal discharge; and 5 percent had a genital sore or ulcer. Taken together, 11 percent of women and 8 percent of men age 15-49 had either had an STI or symptoms of an STI during the 12-months prior to the survey.

Table 13.12 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Zimbabwe 2005-2006

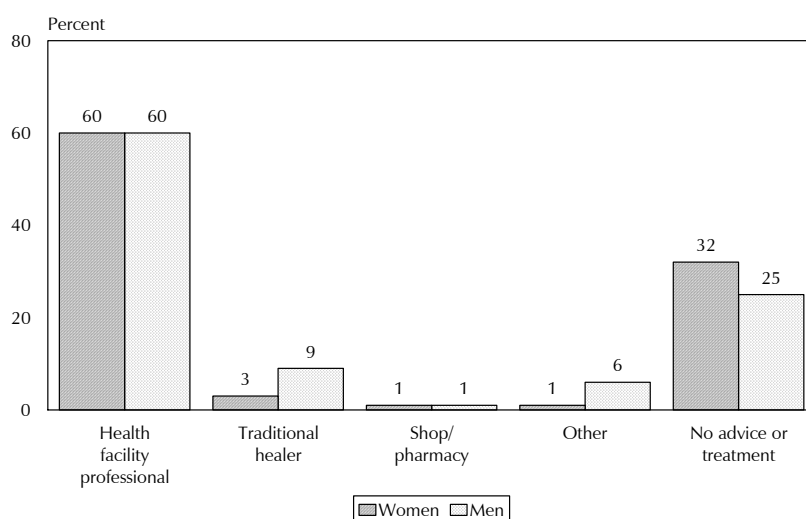
Background characteristic	Women					Men				
	Percentage of women who reported having in the past 12 months:				Number of women who ever had sexual intercourse	Percentage of men who reported having in the past 12 months:				Number of men who ever had sexual intercourse
	STI	Bad-smelling/abnormal genital discharge	Genital sore/ulcer	STI, genital discharge, sore or ulcer		STI	Bad-smelling/abnormal genital discharge	Genital sore/ulcer	STI, genital discharge, sore or ulcer	
Age										
15-24	3.2	7.1	5.0	10.8	2,320	2.5	2.7	3.7	6.2	1,636
15-19	3.4	6.9	3.6	9.9	691	0.9	1.9	3.0	4.8	522
20-24	3.2	7.2	5.6	11.2	1,630	3.3	3.1	4.0	6.9	1,114
25-29	5.0	7.3	4.8	11.0	1,416	4.2	3.4	5.4	8.0	1,025
30-39	5.3	6.3	5.6	10.4	2,037	3.9	4.3	5.6	8.2	1,534
40-49	3.8	5.8	6.2	10.0	1,286	2.2	5.5	3.9	8.0	875
Marital status										
Never married	3.8	4.6	5.0	8.6	559	2.2	2.2	3.4	5.3	1,611
Married or living together	3.8	6.7	4.7	10.2	5,141	3.3	4.4	4.7	7.9	3,132
Divorced/separated/ widowed	6.3	7.5	8.2	13.1	1,360	7.2	5.4	10.2	13.7	327
Male circumcision										
Circumcised	na	na	na	na	na	2.8	5.1	4.6	8.8	601
Not circumcised	na	na	na	na	na	3.3	3.6	4.6	7.3	4,456
Residence										
Urban	4.4	5.6	4.1	8.5	2,580	2.7	2.8	3.5	5.8	2,110
Rural	4.2	7.3	6.1	11.8	4,480	3.6	4.5	5.4	8.7	2,960
Province										
Manicaland	4.0	6.0	7.2	11.2	842	4.8	8.7	10.2	14.8	526
Mashonaland Central	3.9	8.6	6.6	12.2	705	2.8	3.2	6.9	8.9	538
Mashonaland East	4.8	9.4	5.5	12.9	596	2.5	2.1	2.8	5.3	394
Mashonaland West	3.9	7.5	3.9	10.1	698	2.9	6.3	4.9	9.2	542
Matabeleland North	3.0	3.3	3.7	6.2	450	2.6	2.2	1.6	3.7	329
Matabeleland South	1.6	5.5	3.0	7.2	343	2.9	2.3	1.8	4.4	194
Midlands	4.8	6.1	6.2	10.8	944	3.0	2.9	2.7	5.4	691
Masvingo	5.5	7.3	6.9	14.0	911	4.9	3.6	5.5	8.0	554
Harare	5.0	7.8	4.5	10.5	1,082	2.6	3.1	4.6	7.1	941
Bulawayo	3.5	2.0	3.0	4.8	489	3.0	1.6	1.8	3.7	362
Education										
No education	2.8	4.9	4.1	8.5	377	3.2	6.1	6.6	8.3	79
Primary	5.3	8.0	6.9	13.0	2,560	3.8	4.8	6.5	9.7	1,353
Secondary	4.0	6.3	4.7	9.7	3,890	3.2	3.6	4.0	6.9	3,280
More than secondary	1.3	0.8	1.2	2.3	233	1.0	1.7	3.0	4.1	358
Wealth quintile										
Lowest	3.8	7.2	6.9	12.8	1,343	4.1	5.6	6.6	9.8	807
Second	3.6	8.8	5.1	12.1	1,263	4.0	5.1	5.5	9.5	834
Middle	5.5	6.9	6.9	11.6	1,241	3.4	3.8	6.4	9.3	778
Fourth	5.8	7.7	5.7	11.9	1,635	3.1	3.4	3.8	6.6	1,481
Highest	2.7	3.2	2.8	5.3	1,577	2.1	2.1	2.5	4.3	1,171
Total 15-49	4.3	6.7	5.4	10.6	7,059	3.2	3.8	4.6	7.5	5,070
Total 15-54	na	na	na	na	na	3.2	3.9	4.5	7.4	5,381

Note: Total includes 13 cases for which information on circumcision status was missing.
na = Not applicable

Among both women and men, the prevalence of STIs and STI symptoms was higher among the divorced, separated, or widowed than among those who were married or never-married but sexually active. Rural residents were more likely than urban residents to have had an STI or STI symptoms. Among women, the prevalence of STIs or STI symptoms was highest in Masvingo (14 percent) while, among men, self-reported STI prevalence peaked among Manicaland residents (15 percent).

Six in ten women and men who had an STI or STI symptoms sought advice or treatment from a clinic/hospital/private doctor or other health professional (Figure 13.1). Men were around three times as likely as women to seek treatment from a traditional healer (9 percent and 3 percent, respectively). Around one-third of women and one-quarter of men did not seek any treatment when they had an STI or STI symptoms.

Figure 13.1 Source for Treatment or Advice for STI or STI Symptoms



Note: Percentages do not total to 100 because more than one response allowed.

ZDHS 2005-2006

13.10 INJECTIONS

Injection overuse in a health care setting can contribute to the transmission of blood-borne pathogens because it amplifies the effect of unsafe practices, such as reuse of injection equipment. As a consequence, the proportion of injections given with reused injection equipment is an important prevention indicator in an initiative to prevent and control HIV/AIDS. To obtain data for this indicator, ZDHS respondents were asked if they had had any injections given by a health worker in the six months preceding the survey, and if so, whether their last injection was given with a syringe from a new, unopened package. It should be noted that medical injections can be self-administered (e.g., insulin for diabetes). These injections were not included in the calculation.

Table 13.13 shows the reported prevalence of injections and of safe injection practices. Women were more than twice as likely as men to report receiving an injection from a health worker during the six months prior to the survey (14 percent and 6 percent, respectively). Looking at differentials, injection prevalence was highest among women from Matabeleland South (19 percent) and women with more than a secondary education (20 percent). The highest rates among men were observed in the 30-39 year age group (19 percent) and in Manicaland and Mashonaland West (9 percent each).

Table 13.13 Prevalence of injections

Percentage of women and men age 15-49 who received at least one medical injection in the last 6 months, the average number of medical injections per person, and, among those who received an injection, the percentage of last medical injections for which the syringe and needle were taken from a new and unopened package for the last injection, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women					Men				
	Percentage who received a medical injection in the past 6 months	Mean number of medical injections per year	Number of women	For last injection, syringe and needle taken from newly opened package	Number of women receiving injections from a health worker in the past 6 months	Percentage who received a medical injection in the past 6 months	Mean number of medical injections per year	Number of men	For last injection, syringe and needle taken from newly opened package	Number of men receiving injections from a health worker in the past 6 months
Age										
15-24	13.0	0.3	4,104	96.5	531	5.1	0.1	3,358	94.0	172
15-19	10.8	0.2	2,152	96.3	232	4.2	0.1	1,899	91.8	80
20-24	15.3	0.3	1,952	96.7	299	6.3	0.1	1,459	95.8	92
25-29	16.2	0.4	1,466	97.3	238	5.7	0.1	1,082	81.0	62
30-39	16.2	0.4	2,050	95.6	332	9.0	0.3	1,545	83.6	139
40-49	12.1	0.3	1,287	95.4	156	7.4	0.5	878	95.8	65
Residence										
Urban	14.0	0.4	3,502	95.5	490	7.5	0.3	2,767	91.9	208
Rural	14.2	0.3	5,405	96.8	767	5.6	0.2	4,096	86.6	230
Province										
Manicaland	13.7	0.4	1,043	95.9	143	9.3	0.4	793	91.7	74
Mashonaland Central	16.2	0.4	825	95.0	133	7.1	0.2	681	(91.7)	48
Mashonaland East	14.9	0.3	714	97.4	106	2.9	0.1	570	*	17
Mashonaland West	15.3	0.2	829	93.1	127	8.5	0.3	691	91.1	59
Matabeleland North	13.6	0.3	536	99.2	73	3.2	0.1	416	*	13
Matabeleland South	19.3	0.5	439	92.8	85	2.0	0.0	306	*	6
Midlands	12.1	0.2	1,193	99.3	145	5.0	0.2	956	(86.6)	48
Masvingo	16.6	0.4	1,137	95.0	189	8.4	0.2	771	82.0	65
Harare	13.3	0.3	1,492	97.6	198	6.8	0.3	1,219	90.9	83
Bulawayo	8.4	0.2	697	98.8	59	5.6	0.2	460	(89.1)	26
Education										
No education	8.2	0.1	380	(89.7)	31	2.4	0.1	88	*	2
Primary	14.0	0.3	2,902	96.2	405	7.4	0.2	1,782	80.2	131
Secondary	14.3	0.3	5,355	96.5	768	6.0	0.2	4,588	93.7	274
More than secondary	19.6	0.4	270	(97.9)	53	7.6	0.3	405	(85.2)	31
Wealth quintile										
Lowest	12.4	0.2	1,552	98.8	193	5.4	0.2	1,042	75.7	56
Second	14.8	0.3	1,500	96.6	222	6.3	0.2	1,137	89.3	72
Middle	14.4	0.4	1,546	95.3	222	4.2	0.1	1,194	92.1	50
Fourth	15.6	0.4	2,006	94.7	313	7.4	0.3	1,892	91.7	140
Highest	13.4	0.3	2,304	96.9	308	7.5	0.3	1,599	91.0	120
Total 15-49	14.1	0.3	8,907	96.3	1,257	6.4	0.2	6,863	89.1	438
Total 15-54	na	na	na	na	na	6.4	0.2	7,175	89.1	457

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or other health worker. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

Ninety-six percent of recent injections among women were given with a syringe taken from a newly opened package while, among men, 89 percent reported the syringe used for the last injection they received was taken from a newly opened package. With respect to differentials, nine in ten or more women in all subgroups who had had a medical injection reported that the syringe used for the last injection came from an unopened package. Among men, there was greater variation across subgroups in the indicator. For example, only 76 percent of men in the lowest wealth quintile reported that the syringe used in the last injection came from a newly opened package, which was substantially less than for the population of men as a whole.

13.11 HIV/AIDS-RELATED KNOWLEDGE AND BEHAVIOUR AMONG YOUTH

This section addresses HIV/AIDS-related knowledge among Zimbabwean youth age 15-24 and also assesses the extent to which Zimbabwean youth are engaged in behaviours that may place them at risk of contracting HIV/AIDS.

13.11.1 Knowledge about HIV/AIDS and Source for Condoms

Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV, especially for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours. Table 13.14 shows the level of comprehensive knowledge about HIV/AIDS among youth and the percentage of youth who know about a source for condoms. As discussed earlier in the chapter, comprehensive knowledge of HIV/AIDS is defined as knowing that use of condoms and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission.

Table 13.14 shows that less than half of youths have comprehensive knowledge about HIV/AIDS. Among both sexes, the proportion with comprehensive knowledge tends to increase with increasing levels of education and increased wealth and to be higher among urban youth than rural youth. Among both young women and young men, the level of comprehensive knowledge about HIV/AIDS is greatest in Bulawayo.

Although many youth lack comprehensive knowledge about HIV/AIDS, knowledge of a source for condoms is relatively common. Seventy percent of young women and 73 percent of young men know a place where they can obtain a condom. Knowledge of a source for condoms is higher among urban than rural residents, especially among young women. Looking at provincial differentials, around nine in ten young women in Bulawayo know a source for condoms, compared with just half of young women in Manicaland. Among young men, those living in Harare (81 percent) are the most likely to know a condom source, while those living in Manicaland (61 percent) are the least likely to know where to go for a condom.

Table 13.14 Comprehensive knowledge about HIV/AIDS and of a source of condoms among youth

Percentage of young women and young men age 15-24 with comprehensive knowledge about HIV/AIDS and percentage with knowledge of a source of condoms, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women 15-24			Men 15-24		
	Percentage with comprehensive knowledge of HIV/AIDS ¹	Percentage who know a condom source ²	Number of women	Percentage with comprehensive knowledge of HIV/AIDS ¹	Percentage who know a condom source ²	Number of men
Age						
15-19	41.4	62.5	2,152	43.5	73.5	1,899
15-17	39.2	56.1	1,233	41.2	69.2	1,165
18-19	44.3	71.0	919	47.0	80.4	734
20-24	46.3	78.2	1,952	48.4	73.3	1,459
20-22	46.4	76.7	1,212	46.3	74.5	928
23-24	46.2	80.6	740	51.9	71.3	531
Marital status						
Never married	45.5	63.9	2,195	45.7	71.8	2,988
Ever had sex	49.9	79.9	414	47.0	65.2	1,266
Never had sex	44.5	60.1	1,781	44.7	76.7	1,722
Ever married	41.7	77.0	1,909	44.9	86.5	370
Residence						
Urban	49.9	75.6	1,711	51.1	76.9	1,279
Rural	39.3	65.9	2,392	42.2	71.3	2,079
Province						
Manicaland	47.9	50.0	457	42.2	60.9	407
Mashonaland Central	42.7	71.5	363	41.8	74.0	343
Mashonaland East	41.4	58.9	299	47.5	65.1	265
Mashonaland West	31.2	68.2	351	47.1	79.9	310
Matabeleland North	42.0	72.6	243	43.3	68.2	207
Matabeleland South	39.6	57.6	205	61.4	69.0	174
Midlands	51.2	85.3	546	45.4	77.0	479
Masvingo	35.3	73.6	534	43.9	78.8	392
Harare	39.9	67.3	758	36.4	81.3	547
Bulawayo	67.1	87.8	348	68.0	68.4	234
Education						
No education	*	*	19	*	*	10
Primary	30.1	60.3	1,077	33.0	67.0	852
Secondary	48.5	73.2	2,947	49.4	75.9	2,400
More than secondary	59.5	91.9	60	65.1	71.1	97
Wealth quintile						
Lowest	31.0	66.5	660	37.1	72.6	498
Second	38.6	66.2	679	40.6	70.3	550
Middle	44.0	63.7	715	42.2	70.4	710
Fourth	46.0	71.9	905	51.7	74.7	828
Highest	52.1	76.6	1,146	51.2	77.5	773
Total 15-24	43.7	70.0	4,104	45.6	73.4	3,358

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

¹ Comprehensive knowledge means knowing that use of condoms and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2

² Friends, family members, and home are not considered sources for condoms.

13.11.2 First Sex

Age at first sex for both men and women is an important indicator of exposure to risk of pregnancy and sexually transmitted infections. Young people who initiate sex at an early age are typically at higher risk of becoming pregnant or contracting an STI than youth who initiate sex later and, thus, have a shorter duration of exposure to these risks. Consistent condom use can reduce these risks.

In Zimbabwe, comparatively few youth initiate sexual activity before age 15, with only 5 percent of women and men in the 15-24 year age group reporting having sex before the age of 15 years (Table 13.15). More than one-third of young women age 18-24 and more than one-quarter of young men age 18-24 indicate that they first had intercourse before their 18th birthday.

Table 13.15 Age at first sexual intercourse among youth

Percentage of young women and young men age 15-24 who had sexual intercourse before age 15 and percentages of young women and young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women 15-24		Women 18-24		Men 15-24		Men 18-24	
	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age								
15-19	4.9	2,152	36.1	919	5.2	1,899	31.7	734
15-17	4.5	1,233	na	na	6.2	1,165	na	na
18-19	5.5	919	36.1	919	3.5	734	31.7	734
20-24	5.8	1,952	37.0	1,952	3.6	1,459	26.2	1,459
20-22	6.0	1,212	36.7	1,212	3.3	928	26.3	928
23-24	5.4	740	37.4	740	4.1	531	26.0	531
Marital status								
Never married	1.2	2,195	11.2	1,118	4.4	2,988	26.4	1,824
Ever married	10.0	1,909	53.0	1,753	5.3	370	36.1	369
Knows condom source¹								
Yes	5.5	2,871	37.4	2,179	4.3	2,465	27.0	1,660
No	4.8	1,232	34.4	692	4.9	893	31.2	534
Residence								
Urban	2.4	1,711	24.0	1,264	3.6	1,279	26.9	946
Rural	7.4	2,392	46.7	1,606	5.0	2,079	28.9	1,248
Province								
Manicaland	5.0	457	37.0	318	3.0	407	22.3	231
Mashonaland Central	14.9	363	57.1	218	9.1	343	33.5	237
Mashonaland East	3.2	299	36.9	219	1.0	265	19.2	173
Mashonaland West	7.6	351	50.2	243	5.4	310	34.5	224
Matabeleland North	7.0	243	51.6	168	4.6	207	40.0	127
Matabeleland South	5.7	205	47.1	126	2.6	174	22.3	104
Midlands	5.7	546	38.8	367	4.4	479	29.4	309
Masvingo	4.3	534	39.0	382	4.5	392	20.8	219
Harare	2.2	758	21.3	582	4.0	547	25.2	399
Bulawayo	1.4	348	19.3	250	5.4	234	36.4	170
Education								
No education	*	19	*	16	*	10	*	8
Primary	12.7	1,077	62.9	700	6.7	852	37.6	466
Secondary	2.6	2,947	28.5	2,096	3.7	2,400	25.6	1,626
More than secondary	0.0	60	6.2	59	2.6	97	22.1	94
Wealth quintile								
Lowest	9.9	660	58.5	461	6.8	498	30.8	283
Second	6.4	679	50.9	456	5.6	550	30.3	339
Middle	7.0	715	37.4	460	3.3	710	27.0	398
Fourth	4.5	905	35.4	654	4.4	828	28.2	614
Highest	1.6	1,146	17.7	840	3.3	773	25.8	560
Total 15(18)-24	5.3	4,104	36.7	2,871	4.5	3,358	28.0	2,193

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

na = Not available

¹ Friends, family members, and home are not considered sources for condoms.

As expected, the proportion of youth initiating sex early is higher among ever-married youth than among those who were not yet married at the time of the survey. Rural youth are much more likely than urban youth to have initiated sex before age 15 or age 18, a pattern that is partly owed to the greater prevalence of earlier marriage among rural than urban residents. Among women, Mashonaland Central had the highest proportions who began to have sex before age 15 and age 18 (15 percent and 57 percent, respectively) and Bulawayo had the lowest proportions (1 percent and 19 percent, respectively). Among men, the proportion initiating sexual intercourse before age 15 was also highest in Mashonaland Central (9 percent) and lowest in Mashonaland East (1 percent), while Matabeleland North had the highest proportion of young men initiating sexual intercourse before age 18 (40 percent) and Mashonaland East the lowest (19 percent). The likelihood of an early sexual debut declines with both education and wealth, especially among young women.

To assess the extent of condom use from the beginning of sexual exposure, sexually active youth were asked whether they had used condoms the first time they had sex. Table 13.16 shows that young men were nearly three times as likely as young women to have used a condom during the first sexual encounter (16 percent and 44 percent, respectively). Never-married young women were almost four times as likely as ever-married young women to have used a condom when they first had sex, while the difference in condom use between ever-married and never-married young men was considerably smaller (47 percent among never-married and 33 percent among ever-married). Urban youth were much more likely than rural youth to have used a condom the first time they had sex. Looking at provincial patterns, young women in Bulawayo and young men in Harare had the highest levels of condom use at first sex (40 percent and 60 percent, respectively). The likelihood that a condom was used the first time a respondent had sex increased with both educational level and wealth.

Table 13.16 Condom use at first sexual intercourse among youth

Percentage of young women and young men age 15-24 who used a condom the first time they had sexual intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women 15-24		Men 15-24	
	Percentage who used a condom at first sexual intercourse	Number of women who have ever had sexual intercourse	Percentage who used a condom at first sexual intercourse	Number of men who have ever had sexual intercourse
Age				
15-19	22.8	691	38.4	522
15-17	28.0	228	27.0	199
18-19	20.2	463	45.5	323
20-24	13.7	1,630	46.2	1,114
20-22	15.2	963	46.7	655
23-24	11.6	666	45.5	459
Marital status				
Never married	42.2	414	46.8	1,266
Ever married	10.8	1,906	33.3	370
Knows condom source¹				
Yes	18.2	1,800	38.0	1,145
No	10.5	520	57.2	491
Residence				
Urban	23.7	829	57.9	657
Rural	12.4	1,491	34.2	979
Province				
Manicaland	14.0	265	46.5	150
Mashonaland Central	10.2	247	44.0	203
Mashonaland East	13.9	184	46.0	99
Mashonaland West	14.7	220	44.1	164
Matabeleland North	26.2	159	24.9	122
Matabeleland South	36.2	113	43.9	70
Midlands	9.6	302	38.5	222
Masvingo	9.5	310	29.4	180
Harare	16.6	376	60.4	287
Bulawayo	40.1	145	47.4	139
Education				
No education	*	16	*	4
Primary	10.6	738	29.0	437
Secondary	19.1	1,533	48.1	1,133
More than secondary	30.3	34	67.8	63
Wealth quintile				
Lowest	9.6	455	24.0	263
Second	10.5	445	26.7	259
Middle	13.4	416	44.0	305
Fourth	19.1	550	49.2	446
Highest	28.8	454	63.3	363
Total 15-24	16.4	2,320	43.7	1,636

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

¹ Friends, family members, and home are not considered sources for condoms.

13.11.3 Premarital Sex

The period between age at first sex and age at marriage is often a time of sexual experimentation. Table 13.17 presents information on the patterns of sexual activity among never-married youth age 15-24 in Zimbabwe including the percentage of never-married youth who have never had sexual intercourse, the percentage who engaged in sexual intercourse in the 12 months before the survey, and, among the recently sexually active, the percentage who used condoms during last sex.

Table 13.17 Premarital sexual intercourse and condom use during premarital sexual intercourse among youth

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who have had sexual intercourse in the past 12 months, and, among those who have had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Never-married women 15-24					Never-married men 15-24				
	Percentage who have never had sexual intercourse	Percentage who have had sexual intercourse in the past 12 months	Number of never-married women	Among women who had sexual intercourse in the past 12 months		Percentage who have never had sexual intercourse	Percentage who have had sexual intercourse in the past 12 months	Number of never-married men	Among men who had sexual intercourse in the past 12 months	
				Percentage who used condom at last sexual intercourse	Number of women				Percentage who used condom at last sexual intercourse	Number of men
Age										
15-19	88.9	8.2	1,640	40.9	134	73.0	17.5	1,886	53.8	330
15-17	93.1	5.1	1,077	43.4	55	83.0	11.0	1,164	41.5	127
18-19	81.0	14.0	563	39.2	79	56.9	28.0	723	61.5	203
20-24	58.0	26.9	555	39.9	149	31.3	46.2	1,101	76.0	509
20-22	60.9	23.9	408	34.8	98	35.3	43.5	774	72.1	336
23-24	49.9	35.4	146	49.4	52	21.8	52.6	327	83.7	172
Knows condom source¹										
Yes	76.4	16.9	1,402	46.7	237	61.5	21.5	2,145	47.3	462
No	89.5	5.8	793	8.1	46	47.7	44.8	843	91.7	377
Residence										
Urban	80.3	13.8	1,098	52.0	151	54.0	28.4	1,153	83.3	328
Rural	82.0	12.0	1,097	27.1	132	59.9	27.8	1,835	57.0	511
Province										
Manicaland	89.3	6.9	215	*	15	69.3	21.7	372	77.8	81
Mashonaland Central	88.9	10.1	130	*	13	50.7	32.9	278	79.4	91
Mashonaland East	82.4	8.9	139	*	12	68.7	18.3	242	(72.2)	44
Mashonaland West	83.2	9.3	157	*	15	55.2	23.7	263	77.1	62
Matabeleland North	60.3	33.8	140	14.6	47	46.7	45.2	182	35.9	82
Matabeleland South	61.4	26.0	150	28.5	39	62.7	27.2	166	65.2	45
Midlands	86.3	8.7	281	*	25	59.4	25.7	431	53.0	111
Masvingo	86.9	5.4	258	*	14	58.9	29.9	359	47.5	108
Harare	84.3	10.3	453	(48.2)	47	54.7	24.8	476	89.1	118
Bulawayo	74.6	21.0	271	54.5	57	43.4	44.1	218	77.7	96
Education										
No education	*	*	7	*	2	*	*	10	*	1
Primary	81.6	13.5	415	26.5	56	55.8	30.4	744	44.9	226
Secondary	81.5	12.6	1,735	42.9	218	59.1	26.9	2,143	74.9	577
More than secondary	(67.4)	(19.5)	39	*	8	37.5	39.1	91	(84.4)	36
Wealth quintile										
Lowest	77.2	16.1	264	(22.6)	42	53.6	34.4	438	35.8	151
Second	82.6	11.5	283	(27.3)	32	62.2	24.6	467	51.4	115
Middle	83.9	10.3	354	(28.0)	37	62.3	25.7	650	71.3	167
Fourth	79.1	14.5	448	47.1	65	54.2	29.2	705	76.3	206
Highest	81.7	12.6	846	51.6	107	56.3	27.6	728	87.2	201
Total 15-24	81.1	12.9	2,195	40.4	283	57.6	28.1	2,988	67.3	839

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Friends, family members, and home are not considered sources for condoms.

Never-married female youth are much more likely than never-married male youth to report that they have never engaged in sexual intercourse (81 percent and 58 percent, respectively). Among both women and men who have never married, abstinence is very common in the 15-19 year age group. Though the percentage of never-married youth who have never had sex declines rapidly with age, among 23-24 year olds, 50 percent of never-married women and 22 percent of never-married men reported that they had not yet had sexual intercourse.

Considering the pattern of recent sexual activity, 28 percent of never-married male youth reported that they had intercourse during the 12 months prior to the survey, compared with 13 percent of never-married female youth. Among never-married sexually active youth, condom use at last sex was more common among males than females (67 percent and 40 percent, respectively).

The largest differentials in Table 13.17 are observed in the percentages of sexually active never-married youth using condoms at last sex. Condom use is much more prevalent among urban than rural youth, and it increases with both the youth's educational level and the wealth quintile. For example, 87 percent of sexually active never-married male youth in the highest wealth quintile used a condom the last time they had sex in the 12 months before the survey, compared with 36 percent in the lowest quintile.

13.11.4 Higher-risk Sex

The most common means of transmission of HIV in Zimbabwe is through unprotected sex with an infected person. To prevent HIV transmission, it is important that young people practice safe sex. Tables 13.18.1 and 13.18.2 present data on the percentage of young people who had engaged in sexual intercourse during the 12-month period before the survey with at least one higher-risk partner, i.e., a nonmarital, noncohabiting partner, and the rate of condom use in these higher-risk sexual encounters.

Young men were much more likely than young women to report a recent higher-risk sexual activity (78 percent and 16 percent, respectively). This is at least in part due to the fact that young women are more likely than young men to be married or living together with a partner. Among youth who were ever-married, only 4 percent of women reported having a higher-risk sexual encounter, compared with 27 percent of men. The increasing proportion married with age also is a factor in the lower prevalence of higher-risk sex among both young women and men in their early twenties compared with those under age 20. Looking at the other differentials in Tables 13.8.1 and 13.8.2, higher-risk sex is most prevalent among young women in Matabeleland South (49 percent) and among young men in Matabeleland South and Bulawayo (87 percent each).

Condom use during high-risk sex varied markedly between young women and men; 42 percent of women used a condom the last time they had sex with a high-risk partner, compared with 68 percent of young men. Among both young women and young men, the likelihood of a condom being used during higher-risk intercourse generally increased with education and the wealth quintile and was more common among urban than rural residents.

Table 13.18.1 Higher-risk sexual intercourse among youth and condom use at last higher-risk intercourse in the past 12 months: women

Among young women age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and, among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women 15-24 who had sexual intercourse in the past 12 months		Women 15-24 who had higher-risk intercourse in the past 12 months	
	Percentage who had higher-risk intercourse in the past 12 months ¹	Number of women	Percentage who reported using a condom at last higher-risk intercourse	Number of women
Age				
15-19	24.3	609	40.7	148
15-17	26.0	205	47.1	53
18-19	23.4	404	37.0	95
20-24	13.0	1,423	43.7	185
20-22	14.1	830	37.8	117
23-24	11.6	592	53.9	69
Marital status				
Never married	91.6	283	43.8	259
Ever married	4.2	1,748	37.3	74
Knows condom source²				
Yes	17.8	1,589	48.1	283
No	11.3	442	9.7	50
Residence				
Urban	25.6	705	51.2	180
Rural	11.5	1,326	31.9	153
Province				
Manicaland	8.2	226	*	18
Mashonaland Central	8.6	234	*	20
Mashonaland East	8.4	159	*	13
Mashonaland West	8.8	197	*	17
Matabeleland North	29.0	142	(17.4)	41
Matabeleland South	48.8	90	31.0	44
Midlands	11.8	270	(25.6)	32
Masvingo	8.3	261	*	22
Harare	19.6	319	49.5	63
Bulawayo	47.7	131	56.1	63
Education				
No education	*	10	*	2
Primary	11.8	662	26.5	78
Secondary	18.4	1,333	46.7	246
More than secondary	(28.2)	27	(65.8)	8
Wealth quintile				
Lowest	13.2	398	23.8	52
Second	9.9	402	(36.4)	40
Middle	10.9	372	(31.8)	40
Fourth	15.7	488	49.0	76
Highest	33.4	371	51.5	124
Total 15-24	16.4	2,031	42.4	333

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

² Friends, family members, and home are not considered sources for condoms.

Table 13.18.2 Higher-risk sexual intercourse among youth and condom use at last higher-risk intercourse in the past 12 months: men

Among young men age 15-24 who had sexual intercourse in the past 12 months, the percentage who had higher-risk sexual intercourse in the past 12 months, and, among those having higher-risk intercourse in the past 12 months, the percentage reporting that a condom was used at last higher-risk intercourse, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Men 15-24 who had sexual intercourse in the past 12 months		Men 15-24 who had higher-risk intercourse in the past 12 months	
	Percentage who had higher-risk intercourse in the past 12 months ¹	Number of men	Percentage who reported using a condom at last higher-risk intercourse	Number of men
Age				
15-19	96.5	342	54.4	330
15-17	100.0	129	41.5	129
18-19	94.4	213	62.6	201
20-24	69.9	854	75.6	597
20-22	76.5	484	71.1	371
23-24	61.2	369	83.0	226
Marital status				
Never married	98.9	839	67.8	830
Ever married	27.2	356	70.0	97
Knows condom source²				
Yes	69.5	770	50.7	535
No	92.0	426	91.7	392
Residence				
Urban	81.1	448	84.0	363
Rural	75.3	748	57.7	563
Province				
Manicaland	76.4	117	79.3	89
Mashonaland Central	68.3	153	79.3	105
Mashonaland East	71.5	65	(68.8)	47
Mashonaland West	70.9	108	78.7	77
Matabeleland North	79.7	107	38.7	85
Matabeleland South	86.9	53	64.3	46
Midlands	79.0	158	53.4	125
Masvingo	83.4	139	46.8	116
Harare	76.6	183	91.0	140
Bulawayo	86.7	112	75.4	97
Education				
No education	*	1	*	1
Primary	74.5	330	47.0	246
Secondary	78.2	823	74.9	644
More than secondary	87.4	42	(87.4)	36
Wealth quintile				
Lowest	75.2	209	36.0	157
Second	68.4	195	52.9	133
Middle	79.9	226	73.4	181
Fourth	75.4	321	76.2	242
Highest	87.2	246	87.1	214
Total 15-24	77.5	1,195	68.0	927

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

² Friends, family members, and home are not considered sources for condoms.

13.11.5 Age-mixing in Sexual Relationships

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the wider spread of HIV and other STIs, because if a younger, uninfected partner has sex with an older, infected partner, this can introduce the virus into a younger, uninfected cohort. To investigate this practice, in the 2005-06 ZDHS women age 15-19 who had sex with a nonmarital, noncohabiting partner in the 12 months preceding the survey were asked whether the man was younger, about the same age, or older than they were. If older, they were asked if they thought he was less than 10 years older or 10 or more years older. The results show that in the year prior to the survey, 5 percent of women age 15-19 who had higher-risk sex had intercourse with a man 10 or more years older than themselves (not shown in table).

13.11.6 Drunkenness during Sexual Intercourse

Sexual intercourse when one or both partners are under the influence of alcohol is more likely than otherwise to be unplanned, and couples are therefore less likely to use condoms. Respondents who had sex during the preceding 12 months were asked if they or their partners drank alcohol the last time they had sex, and if so, whether they or their partners were drunk. Table 13.19 shows the prevalence of sexual intercourse while drunk. Less than 1 percent of female youth and 4 percent of male youth reported that they themselves were drunk at least once when they had intercourse during the 12 months prior to the survey. Five percent of youth reported that they and/or their partner had been drunk when they had intercourse during the year before the survey.

Table 13.19 Drunkenness during sexual intercourse among youth

Among all young women and young men age 15-24, the percentages who had sexual intercourse in the past 12 months while being drunk, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women 15-24			Men 15-24		
	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of women	Percentage who had sexual intercourse in the past 12 months when drunk	Percentage who had sexual intercourse in the past 12 months when drunk or with a partner who was drunk	Number of men
Age						
15-19	0.2	2.5	2,152	1.8	1.9	1,899
15-17	0.0	1.5	1,233	1.8	1.8	1,165
18-19	0.5	3.9	919	1.8	2.1	734
20-24	0.7	6.8	1,952	7.5	7.9	1,459
20-22	0.9	6.1	1,212	5.5	6.0	928
23-24	0.4	7.8	740	10.9	11.2	531
Marital status						
Never married	0.3	1.3	2,195	3.4	3.7	2,988
Ever married	0.6	8.3	1,909	10.9	11.3	370
Knows condom source¹						
Yes	0.7	5.3	2,871	3.3	3.5	2,465
No	0.0	2.8	1,232	7.0	7.4	893
Residence						
Urban	0.7	4.5	1,711	5.1	5.4	1,279
Rural	0.3	4.6	2,392	3.7	4.0	2,079
Province						
Manicaland	0.0	2.9	457	4.6	4.7	407
Mashonaland Central	1.0	4.7	363	6.5	7.0	343
Mashonaland East	0.7	5.6	299	2.4	2.4	265
Mashonaland West	0.0	3.3	351	2.1	2.1	310
Matabeleland North	0.3	1.6	243	2.1	2.1	207
Matabeleland South	0.6	3.0	205	1.0	1.0	174
Midlands	0.3	5.8	546	3.5	3.9	479
Masvingo	0.2	7.1	534	5.5	5.5	392
Harare	1.1	4.1	758	5.7	6.4	547
Bulawayo	0.2	4.8	348	6.0	6.0	234
Education						
No education	*	*	19	*	*	10
Primary	0.4	6.0	1,077	3.5	3.6	852
Secondary	0.4	3.9	2,947	4.4	4.8	2,400
More than secondary	5.5	8.3	60	7.0	7.0	97
Wealth quintile						
Lowest	0.3	6.4	660	3.8	4.1	498
Second	0.4	4.4	679	1.9	2.1	550
Middle	0.1	3.0	715	5.2	5.4	710
Fourth	0.5	5.7	905	6.1	6.3	828
Highest	0.8	3.5	1,146	3.4	3.7	773
Total 15-24	0.5	4.5	4,104	4.3	4.5	3,358

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

¹ Friends, family members, and home are not considered sources for condoms.

13.11.7 Coverage of HIV Testing Services

Seeking an HIV test may be more difficult for youth than adults, because many youth lack experience in accessing health services for themselves and because there are often barriers to youth obtaining services. Table 13.20 presents data on the percentage of sexually active youth being tested and receiving the results within the past year.

Overall, there was very low uptake of HIV testing among men and women in the 15-24 year age range. Female youth are slightly more likely than male youth to have been tested for HIV and received the results of the test (7 percent and 5 percent, respectively). Urban youth, particularly those living in Bulawayo and Harare, youth with more than secondary education, and youth in the highest wealth quintile were more likely than other youth to have had a test and received the results. There is an increase in the percentage of young women and men who got tested for HIV and received the results in the past 12 months with age, education, and wealth.

Table 13.20 Coverage of HIV testing services among youth

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who have had an HIV test in the past 12 months and received the results of the test, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women 15-24		Men 15-24	
	Percentage who have been tested for HIV and received results in the past 12 months	Number of women	Percentage who have been tested for HIV and received results in the past 12 months	Number of men
Age				
15-19	4.7	2,206	2.8	1,935
15-17	3.1	1,251	2.0	1,186
18-19	6.8	954	4.2	750
20-24	8.5	2,084	8.0	1,574
20-22	8.4	1,286	8.1	984
23-24	8.6	798	7.7	590
Marital status				
Never married	6.4	2,223	5.2	3,097
Ever married	6.6	2,067	5.0	412
Knows condom source¹				
Yes	7.7	3,023	5.1	2,551
No	3.6	1,267	5.2	959
Residence				
Urban	10.6	1,788	8.4	1,349
Rural	3.6	2,502	3.1	2,161
Province				
Manicaland	8.7	471	4.4	426
Mashonaland Central	6.0	380	2.6	367
Mashonaland East	4.8	315	2.8	272
Mashonaland West	3.2	362	4.0	316
Matabeleland North	5.6	247	2.3	211
Matabeleland South	4.2	211	2.2	175
Midlands	2.5	577	4.4	498
Masvingo	4.8	572	5.4	413
Harare	10.8	789	8.4	583
Bulawayo	11.0	364	12.2	248
Education				
No education	*	21	*	10
Primary	1.7	1,142	1.6	882
Secondary	7.9	3,062	5.8	2,514
More than secondary	26.5	65	20.0	104
Wealth quintile				
Lowest	3.1	702	1.7	518
Second	4.1	708	3.0	561
Middle	3.2	737	3.3	749
Fourth	6.7	956	5.3	880
Highest	11.9	1,186	10.4	802
Total 15-24	6.5	4,290	5.1	3,510

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Friends, family members, and home are not considered sources for condoms.

Much of the current information on national HIV prevalence in Zimbabwe derives from surveillance of HIV in special populations, such as women attending antenatal clinics, individuals enrolled in research studies and youth. However, these surveillance data results do not provide an estimate of the HIV prevalence among the general population. It was therefore decided to test a representative sample of women age 15-49 years and men 15-54 years in the 2005-06 ZDHS. The methodology used in conducting HIV testing as part of the ZDHS survey is described in detail in the first chapter of the report. This chapter addresses the results of the testing and provides information on the coverage rates of HIV testing among eligible survey respondents. The chapter then discusses levels and differentials in HIV prevalence among those who were tested.

14.1 COVERAGE RATES FOR THE HIV TESTING

Table 14.1 shows the distribution of women age 15-49 years and men 15-54 years eligible for HIV testing by the outcome of the testing. Overall, a test result was obtained for 70 percent of all ZDHS respondents who were eligible for testing. Coverage rates were higher for women than for men (76 percent and 63 percent, respectively). Among all respondents who were eligible for testing, nonresponse was nearly evenly divided between those who refused consent (15 percent) and those who were absent during the ZDHS survey visits (14 percent). Among women, refusals were a somewhat larger component of the nonresponse than absence, while the opposite pattern was observed among men.

Coverage of HIV testing was higher in rural areas (78 percent) than in urban areas (58 percent). Considering provincial patterns, coverage rates varied from 55 percent among all eligible respondents in Harare to 87 percent in Midlands. Respondents from Harare (46 percent for men and 62 percent for women) had the lowest coverage rate, while women from Midlands had the highest rate (52 percent and 91 percent).

Table 14.2 shows generally uniform coverage rates for HIV testing across all age groups among women. Age differentials in testing coverage were greater among men, with men age 15-19 (71 percent) being markedly more likely than older men to have a test result. Among older men, the highest coverage was in the 40-44 year age group (64 percent) and the lowest was in the 35-39 year age group (58 percent).

Among both women and men, coverage levels were lowest among those who had no education and those with higher than a secondary education. Both women and men in the two highest wealth quintiles had lower coverage rates than those in the three lowest wealth quintiles.

Additional tables describing the relationship between participation in the HIV testing and characteristics related to HIV risk are presented in Appendix A (see Tables A.3-A.6). Overall, the results in those tables do not show a systematic relationship between participation in the test and variables associated with higher risk of HIV infection.

Table 14.1 Coverage of HIV testing by residence and province

Percent distribution of women age 15-49 and men age 15-54 eligible for HIV testing by testing status, according to residence and province (unweighted), Zimbabwe 2005-2006

Background characteristic	DBS tested ¹	Refused to provide blood	Other ²	Respondent not interviewed	Total	Number of respondents
WOMEN						
Residence						
Urban	65.1	18.8	1.2	14.9	100.0	3,763
Rural	82.6	9.8	1.0	6.6	100.0	6,107
Province						
Manicaland	77.8	14.4	1.5	6.2	100.0	1,108
Mashonaland Central	72.2	20.2	0.6	6.9	100.0	807
Mashonaland East	80.7	6.8	1.9	10.5	100.0	778
Mashonaland West	74.4	13.6	0.2	11.7	100.0	880
Matabeleland North	80.5	12.7	1.7	5.1	100.0	708
Matabeleland South	76.1	13.3	0.9	9.7	100.0	698
Midlands	90.6	4.5	0.1	4.8	100.0	1,185
Masvingo	83.9	9.0	0.9	6.3	100.0	1,039
Harare	62.2	19.0	1.7	17.1	100.0	1,683
Bulawayo	68.3	16.6	1.0	14.1	100.0	984
Total	75.9	13.2	1.1	9.8	100.0	9,870
MEN						
Residence						
Urban	49.4	21.7	0.8	28.1	100.0	3,421
Rural	72.4	14.6	1.3	11.7	100.0	5,340
Province						
Manicaland	69.2	15.1	0.8	15.0	100.0	929
Mashonaland Central	58.8	27.6	3.2	10.3	100.0	804
Mashonaland East	71.0	11.1	1.4	16.5	100.0	692
Mashonaland West	67.7	11.9	0.8	19.5	100.0	830
Matabeleland North	67.8	20.5	1.5	10.2	100.0	609
Matabeleland South	56.3	25.2	0.4	18.2	100.0	567
Midlands	82.0	6.6	0.2	11.2	100.0	1,077
Masvingo	71.1	18.9	1.2	8.6	100.0	852
Harare	46.4	19.5	0.8	33.3	100.0	1,547
Bulawayo	52.3	21.5	1.1	25.1	100.0	854
Total	63.4	17.4	1.1	18.1	100.0	8,761
TOTAL						
Residence						
Urban	57.6	20.2	1.0	21.2	100.0	7,184
Rural	77.8	12.1	1.1	9.0	100.0	11,447
Province						
Manicaland	73.9	14.7	1.2	10.2	100.0	2,037
Mashonaland Central	65.5	23.9	1.9	8.6	100.0	1,611
Mashonaland East	76.1	8.8	1.7	13.3	100.0	1,470
Mashonaland West	71.2	12.8	0.5	15.5	100.0	1,710
Matabeleland North	74.6	16.3	1.6	7.4	100.0	1,317
Matabeleland South	67.2	18.7	0.6	13.5	100.0	1,265
Midlands	86.5	5.5	0.1	7.9	100.0	2,262
Masvingo	78.2	13.4	1.0	7.3	100.0	1,891
Harare	54.6	19.2	1.2	24.9	100.0	3,230
Bulawayo	60.9	18.9	1.0	19.2	100.0	1,838
Total	70.0	15.2	1.1	13.7	100.0	18,631

¹ Includes all dried blood spot (DBS) samples tested at the lab and for which there is a result, i.e., positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

² Includes: 1) specimens not collected due to technical problem in the field, 2) lost specimens, 3) specimens with bar code identification numbers that could not be matched to respondents, and 4) specimens not tested in the laboratory for technical reasons.

Table 14.2 Coverage of HIV testing by selected background characteristics

Percent distribution of women age 15-49 and men age 15-54 eligible for HIV testing by testing status, according to selected background characteristics (unweighted), Zimbabwe 2005-2006

Background characteristic	DBS tested ¹	Refused to provide blood	Other ²	Respondent not interviewed	Total	Number of respondents
WOMEN						
Age						
15-19	76.5	13.1	1.0	9.3	100.0	2,350
20-24	74.8	14.5	0.8	9.9	100.0	2,157
25-29	76.2	12.3	1.2	10.3	100.0	1,605
30-34	76.3	13.6	1.1	9.0	100.0	1,331
35-39	75.4	12.4	0.9	11.1	100.0	948
40-44	76.2	14.4	1.0	8.4	100.0	785
45-49	76.4	10.8	2.0	10.8	100.0	694
Education						
No education	74.7	11.0	1.6	12.6	100.0	435
Primary	79.2	12.3	1.0	7.5	100.0	3,212
Secondary	75.2	13.5	1.0	10.2	100.0	5,899
More than secondary	60.1	20.3	1.6	18.0	100.0	316
Wealth quintile						
Lowest	82.2	10.1	1.0	6.8	100.0	1,741
Second	83.8	9.4	1.2	5.6	100.0	1,710
Middle	82.4	9.3	0.9	7.4	100.0	1,747
Fourth	73.7	14.9	0.8	10.5	100.0	2,129
Highest	63.7	19.3	1.4	15.6	100.0	2,543
Total	75.9	13.2	1.1	9.8	100.0	9,870
MEN						
Age						
15-19	71.4	14.8	1.0	12.7	100.0	2,266
20-24	62.8	18.1	1.1	18.0	100.0	1,751
25-29	59.5	19.4	0.6	20.5	100.0	1,300
30-34	58.7	19.0	0.9	21.5	100.0	1,118
35-39	57.8	18.7	1.3	22.2	100.0	829
40-44	63.5	17.6	1.1	17.8	100.0	550
45-49	62.5	16.7	1.5	19.3	100.0	528
50-54	59.4	16.0	2.4	22.2	100.0	419
Education						
No education	45.0	14.1	5.8	35.1	100.0	191
Primary	69.7	15.5	1.2	13.6	100.0	2,446
Secondary	62.8	17.5	0.9	18.8	100.0	5,591
More than secondary	48.1	26.6	0.8	24.5	100.0	526
Wealth quintile						
Lowest	72.7	13.7	1.3	12.2	100.0	1,415
Second	73.4	13.6	1.7	11.3	100.0	1,532
Middle	71.7	14.8	0.7	12.8	100.0	1,505
Fourth	59.6	19.9	1.0	19.5	100.0	2,229
Highest	47.8	21.9	0.8	29.5	100.0	2,080
Total	63.4	17.4	1.1	18.1	100.0	8,761

¹ Includes all dried blood spot (DBS) samples tested at the lab and for which there is a result, i.e., positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

² Includes: 1) specimens not collected due to technical problem in the field), 2) lost specimens, 3) specimens with bar code identification numbers that could not be matched to respondents, and 4) specimens not tested in the laboratory for technical reasons.

14.2 HIV PREVALENCE

14.2.1 HIV Prevalence by Age and Sex

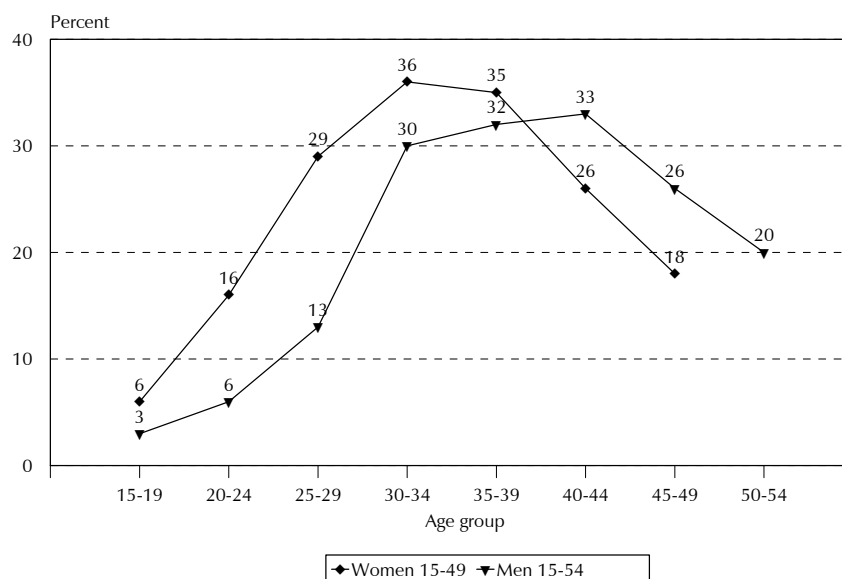
The adult HIV prevalence observed in the 2005-06 ZDHS is 18 percent (Table 14.3). Among women age 15-49, the HIV rate was 21 percent, compared with 15 percent among men age 15-49. Using data from antenatal clinic surveillance and mathematical modelling, the estimated adult prevalence of HIV was 20.1 percent in 2005.

Age	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
15-19	6.2	1,682	3.1	1,692	4.6	3,374
20-24	16.3	1,518	5.8	1,247	11.6	2,766
25-29	28.8	1,149	13.1	907	21.8	2,056
30-34	35.5	956	29.5	716	32.9	1,672
35-39	34.5	656	32.1	546	33.4	1,201
40-44	25.7	529	32.9	404	28.9	934
45-49	18.0	458	26.0	335	21.4	793
50-54	na	na	20.0	253	20.0	253
Total age 15-49	21.1	6,947	14.5	5,848	18.1	12,796
Total age 15-54	na	na	14.8	6,102	na	na

na = Not applicable

Figure 14.1 describes the age pattern of HIV prevalence for women and men. Among women, HIV prevalence peaks at 36 percent in the 30-34 year age group, which is six times the rate among women 15-19 and around twice the rate observed among women age 45-49. HIV prevalence increases from 3 percent among men in the 15-19 year age group to 33 percent in the 40-44 year age range, and then decreases to 20 percent among men age 50-54.

Figure 14.1 HIV Prevalence by Age and Sex



ZDHS 2005-06

14.2.2 HIV Prevalence by Other Socioeconomic Characteristics

Table 14.4 shows the variation in HIV prevalence with a number of socioeconomic characteristics. HIV prevalence is similar in urban and rural areas (19 percent and 18 percent, respectively). In general, the differentials by province also are not extremely large. Matabeleland South had the highest prevalence rate (21 percent), followed closely by Manicaland (20 percent). Masvingo (15 percent) and Midlands (16 percent) had the lowest prevalence.

Among men, HIV prevalence declined as the educational level increased, from 23 percent among those with no education to 13 percent among those with more than a secondary education. Among women, HIV prevalence does not vary in a consistent fashion, with the lowest rate found among those with more than a secondary education (16 percent) and the highest among those with a primary education (22 percent).

HIV prevalence is higher among individuals who are employed (20 percent) than among those not employed (16 percent). The differential is particularly large among men, with men who are employed more than twice as likely to be HIV positive as unemployed men (17 percent and 8 percent, respectively).

Among women, HIV prevalence increases from 18 percent in the lowest wealth quintile to a peak of 27 percent in the fourth quintile before falling back to 17 percent. Among men, the variation in HIV prevalence by the wealth quintile does not exhibit a clear pattern, with the lowest rate found in the middle quintile (12 percent) and the highest observed in the fourth quintile (17 percent).

Women and men who say they do not practice any religion (21 percent) have the highest HIV prevalence, while the small number of Muslims have the lowest rate (15 percent).

Table 14.4 HIV prevalence by socioeconomic characteristics

Percentage HIV positive among interviewed women and men age 15-49 who were tested, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Residence						
Urban	21.6	2,670	15.7	2,319	18.9	4,990
Rural	20.8	4,277	13.8	3,529	17.6	7,806
Province						
Manicaland	22.3	823	16.6	693	19.7	1,516
Mashonaland Central	22.9	665	13.8	617	18.5	1,282
Mashonaland East	21.3	560	14.4	488	18.0	1,048
Mashonaland West	22.5	666	15.4	604	19.1	1,270
Matabeleland North	22.8	421	14.4	349	19.0	770
Matabeleland South	24.6	345	15.6	259	20.8	604
Midlands	20.1	935	11.5	809	16.1	1,744
Masvingo	17.3	898	12.1	654	15.1	1,552
Harare	21.1	1,169	17.3	1,052	19.3	2,221
Bulawayo	19.6	466	12.8	324	16.8	789
Education						
No education	20.0	301	23.4	61	20.6	362
Primary	22.4	2,263	15.0	1,550	19.4	3,813
Secondary	20.7	4,194	14.3	3,936	17.6	8,131
More than secondary	15.8	189	12.8	302	14.0	490
Employment (past 12 months)						
Not employed	18.9	3,949	8.3	1,785	15.6	5,733
Employed	24.0	2,994	17.3	4,048	20.2	7,042
Missing	*	4	*	16	*	21
Wealth quintile						
Lowest	17.7	1,223	13.4	898	15.9	2,121
Second	21.1	1,183	15.1	997	18.4	2,180
Middle	22.7	1,240	12.2	1,041	17.9	2,281
Fourth	26.8	1,579	17.1	1,618	21.9	3,197
Highest	17.1	1,722	13.5	1,296	15.6	3,018
Religion						
Roman Catholic	20.1	725	18.1	599	19.2	1,324
Protestant	19.5	1,767	10.6	1,001	16.3	2,769
Pentecostal	20.6	1,228	10.4	762	16.7	1,991
Apostolic Sect	21.3	2,086	12.8	1,305	18.0	3,391
Other Christian	22.9	389	12.2	213	19.1	602
Muslim	(20.1)	44	(11.9)	65	15.2	109
Traditional	13.9	150	21.2	441	19.3	591
Other	*	13	*	9	*	22
None	28.5	546	18.0	1,452	20.9	1,998
Total	21.1	6,947	14.5	5,848	18.1	12,796

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

14.2.3 HIV Prevalence by Other Sociodemographic and Health Characteristics

Table 14.5 shows that marital status and HIV prevalence are related, with the highest infection rates among widows (58 percent) and widowers (67 percent). More than one-third of women and of men who were divorced or separated were HIV positive, compared with around one-fifth of those who were currently married or living with a partner. Among never-married women who reported that they were ever sexually active, 23 percent were HIV positive compared with 6 percent among sexually active, never-married men. A sizeable proportion (3 percent) of respondents who said they had never had sex were HIV positive, indicating that some women and men failed to report sexual activity or that there is some degree of nonsexual transmission of HIV, e.g., through blood transfusions or unsterile injections.

Demographic characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Marital status						
Never married	8.4	1,846	4.3	2,976	5.9	4,822
Ever had sex	23.2	431	6.2	1,399	10.2	1,830
Never had sex	3.9	1,415	2.7	1,577	3.2	2,992
Married/living together	20.2	4,027	23.1	2,593	21.4	6,620
Divorced or separated	35.8	559	35.5	205	35.7	764
Widowed	57.7	515	66.7	75	58.8	590
Type of union						
In polygynous union	24.3	439	33.7	108	26.2	547
Not in polygynous union	19.3	3,402	22.7	2,479	20.7	5,881
Not currently in union	22.3	2,921	7.7	3,255	14.6	6,175
Don't know/missing	27.6	185	*	7	26.8	192
Times slept away from home in past 12 months						
None	20.1	2,952	14.4	2,638	17.4	5,591
1-2	21.8	2,226	11.2	1,269	18.0	3,494
3-4	21.4	843	14.6	649	18.5	1,492
5+	22.7	905	18.1	1,198	20.1	2,103
Missing	(7.0)	21	16.4	94	14.6	115
Time away in past 12 months						
Away for more than 1 month	20.2	1,564	15.5	1,118	18.3	2,682
Away for less than 1 month	23.2	2,370	14.3	2,051	19.1	4,421
Not away	20.1	2,952	14.4	2,638	17.4	5,591
Missing	12.2	61	(4.6)	41	9.1	102
Currently pregnant						
Pregnant	17.5	474	na	na	na	na
Not pregnant or not sure	21.4	6,473	na	na	na	na
ANC for last birth in the past 3 years						
ANC in a public health facility	20.5	2,123	na	na	na	na
ANC but not in a public health facility	19.2	222	na	na	na	na
No ANC/no birth in past 3 years	21.5	4,602	na	na	na	na
Total	21.1	6,947	14.5	5,848	18.1	12,796

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

Women and men in polygynous unions were more likely to be HIV positive than those not in a polygynous union.

The likelihood of HIV infection generally increased, although only modestly among women, with the number of times an individual slept away from home in the 12-month period before the survey. HIV prevalence was slightly higher among men who had spent more than one month away in the 12-month period compared with men who had been away for a shorter period or not away at all. Among women, HIV prevalence was highest among those who were away for less than one month.

Women who were pregnant at the time of the survey had a slightly lower HIV infection rate than those who were not pregnant or who were unsure of their pregnancy status (18 percent and 21 percent, respectively). HIV prevalence did not vary greatly according to whether or not a woman had received antenatal care during the three-year period prior to the survey, with the highest level found among those who had no ANC or did not give birth in the period (22 percent).

14.2.4 HIV Prevalence by Sexual Risk Behaviour

Table 14.6 presents HIV prevalence rates by sexual behaviour indicators among respondents who have ever had sexual intercourse. In reviewing these results, it is important to remember that responses about sexual risk behaviours may be subject to reporting bias. Also, sexual behaviour in the 12 months preceding the survey may not adequately reflect lifetime sexual risk. Nor is it possible to know the sequence of events, e.g., whether any reported condom use occurred before or after HIV transmission.

Table 14.6 shows only a very modest and inconsistent variation in the level of HIV infection with the age at first sexual intercourse among women. However, there is a marked increase in the infection rate with increasing age at sexual debut among men who initiated sexual intercourse before age 20.

ZDHS respondents are considered to have had a higher-risk sexual encounter if they had intercourse with a nonmarital, noncohabiting partner. Table 14.6 shows that higher-risk intercourse is related to HIV prevalence levels among women but not men. Ever sexually active women who had a higher-risk sexual partner in the 12-month period before the survey were almost twice as likely to be HIV-infected as those who were sexually active but did not have sex with a higher-risk partner.

HIV prevalence tended to increase with the number of sexual partners and with the number of higher-risk partners among the small number of women who reported more than one partner in the 12-month period before the survey. The opposite pattern was true among men. For both women and men, however, there was a marked increase in the likelihood of being HIV infected with an increasing number of lifetime partners. For example, 7 percent of men who had had only one sexual partner in their lifetime were HIV positive compared with 31 percent of men with 10 or more lifetime sexual partners

Table 14.6 also shows that ever use of condoms was related to a higher risk of HIV infection among both women and men. A similar relationship was observed among women with respect to condom use with any sexual partner and with a higher-risk partner during the 12-month period before the survey. Among men, the relationship between recent condom use and HIV risk was less consistent. Men who used a condom at last sex during the 12-month period before the survey with any sexual partner regardless of the partner's risk status were less likely to be infected than men who did not use a condom (15 percent and 21 percent, respectively). Men who used a condom in the last intercourse with a higher-risk partner were, however, only slightly more likely to be HIV-infected than men who did not use a condom (13 percent and 12 percent, respectively). Among men involved in a paid sexual encounter during the period, those who used a condom had a lower HIV infection rate than those who did not use a condom (10 percent and 19 percent, respectively).

Table 14.6 HIV prevalence by sexual behaviour

Percentage HIV positive among women and men age 15-49 who ever had sex and were tested for HIV, by sexual behaviour characteristic, Zimbabwe 2005-2006

Sexual behaviour characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age at first sexual intercourse						
<16	26.9	1,078	16.4	554	23.3	1,633
16-17	25.0	1,504	18.2	826	22.6	2,330
18-19	25.9	1,474	20.4	1,120	23.5	2,593
20+	24.7	1,220	18.9	1,722	21.3	2,942
Missing	25.8	248	(30.4)	34	26.4	282
Higher-risk intercourse in past 12 months¹						
Had higher-risk intercourse	38.7	537	12.4	1,362	19.8	1,899
Had sexual intercourse, not higher risk	20.6	4,088	23.9	2,310	21.8	6,398
No sexual intercourse in past 12 months	40.2	900	14.3	584	30.0	1,484
Number of sexual partners in past 12 months						
0	40.2	897	14.3	584	30.0	1,480
1	22.3	4,561	20.5	3,113	21.6	7,674
2	54.3	58	15.2	470	19.5	528
3+	*	6	14.8	81	14.4	87
Number of higher-risk partners in past 12 months²						
0	24.1	4,988	21.9	2,883	23.3	7,870
1	37.6	501	13.7	1,064	21.3	1,565
2	(60.6)	32	8.2	222	14.8	255
3+	*	4	10.7	87	10.8	91
Condom use						
Ever used a condom	32.1	1,441	20.9	2,920	24.6	4,361
Never used a condom	23.1	4,057	14.6	1,327	21.0	5,384
Missing	(47.3)	27	*	8	(38.6)	35
Condom use at last sexual intercourse in past 12 months						
Used condom	39.1	375	15.1	977	21.7	1,352
Did not use condom	21.3	4,250	21.3	2,694	21.3	6,944
No sexual intercourse in past 12 months	40.2	900	14.3	584	30.0	1,484
Condom use at last higher-risk intercourse in past 12 months						
Used condom	39.9	234	12.9	986	18.1	1,220
Did not use condom	37.9	303	11.8	387	23.2	691
No higher-risk intercourse/no sexual intercourse past 12 months	24.1	4,988	21.9	2,883	23.3	7,870
Number of lifetime partners						
1	18.1	3,612	6.6	757	16.1	4,369
2	37.1	1,201	14.8	778	28.3	1,979
3-4	42.2	567	20.3	1,160	27.5	1,727
5-9	43.9	106	22.1	931	24.3	1,037
10+	*	20	31.1	552	32.5	572
Missing	*	19	34.8	78	39.5	97
Paid for sexual intercourse in past 12 months³						
Paid for sexual intercourse	na	na	12.5	209	na	na
Used condom	na	na	10.2	152	na	na
Did not use condom	na	na	(18.6)	58	na	na
No paid sex/no sexual intercourse in past 12 months	na	na	19.2	4,046	na	na
Total	25.6	5,525	18.9	4,256	22.7	9,780

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. The total includes 12 cases for which information is missing on the number of sexual partners in the past 12 months and 1 case where information is missing on condom use at last sex in the past 12 months.

na = Not applicable

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

² A partner who neither was a spouse nor who lived with the respondent, among the last three partners in the past 12 months

³ Includes men who report having a prostitute for at least one of their last three sexual partners in the past 12 months

In summary, the results presented in Table 14.6 do not demonstrate a consistent relationship between sexual risk behaviour and HIV prevalence. More detailed analysis is clearly necessary to understand these relationships because they are often confounded by other factors, such as age, marital status, and residence, that are associated with both the behavioural measures and HIV prevalence.

14.2.5 HIV Prevalence by Other Characteristics Related to HIV Risk

Table 14.7 presents HIV prevalence by other characteristics related to HIV risk among women and men who have ever had sex. The table shows that women and men with a history of a sexually transmitted infection (STI) or STI symptoms have much higher rates of HIV infection than those with no history or symptoms.

Characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Sexually transmitted infection in past 12 months						
Had STI or STI symptoms	39.7	627	32.4	342	37.2	970
No STI, no symptoms	23.7	4,866	17.7	3,902	21.1	8,768
Don't know/missing	(23.5)	31	*	12	(23.1)	43
Prior HIV testing						
Ever tested	26.1	1,674	20.0	913	23.9	2,587
Received result of last test	27.2	1,402	20.1	798	24.6	2,201
Did not receive result of last test	20.8	272	18.9	114	20.2	387
Never tested	25.4	3,805	18.7	3,335	22.3	7,140
Missing	(17.9)	45	*	8	15.3	53
Total	25.6	5,525	18.9	4,256	22.7	9,780

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

The table also shows that individuals who had been tested for HIV were only slightly more likely to be HIV positive than those who had never been tested. Among those who have been tested, the HIV infection rate was higher for those who reported getting their result from the last test than for those who said they did not receive the result.

Table 14.8 provides further information about the relationship between prior HIV testing and the actual HIV status of respondents. The results show that the majority of individuals who are HIV positive have not been tested and do not know their status. Seventy-six percent of infected respondents (73 percent of infected women and 81 percent of infected men) do not know their HIV status, either because they never had an HIV test or because they were tested but did not receive the result of the test.

Table 14.8 Prior HIV testing by HIV status

Percent distribution of women and men age 15-49 who tested HIV positive and who tested HIV negative, by HIV testing status prior to the survey, Zimbabwe 2005-2006

HIV testing prior to the survey	Women		Men		Total	
	HIV positive	HIV negative	HIV positive	HIV negative	HIV positive	HIV negative
Previously tested, received result of last test	26.3	21.0	19.3	15.2	23.7	18.2
Previously tested, did not receive result of last test	4.1	4.3	2.5	2.3	3.5	3.3
Not previously tested	69.0	74.0	78.2	81.8	72.4	77.7
Missing	0.5	0.7	0.0	0.7	0.3	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	1,467	5,480	850	4,999	2,317	10,479

14.3 HIV PREVALENCE AMONG YOUNG PEOPLE

The 15-24 year age range is an important group for monitoring reduction of HIV incidence in the population as specified in the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS whose principal objective is to decrease the infection rate in men and women age 15-24 years.

Table 14.9 shows that, among young persons 15-24 years, 8 percent were HIV positive. The proportion HIV positive among young women was 11 percent while, among young men, it was 4 percent. The proportion HIV positive among young adults who have never had sex (3 percent) suggests that there may be other underlying determinants of HIV transmission that will need targeting in order to reduce the incidence of HIV in the population. It may also reflect underreporting of sexual activity among youth.

Urban youth—both female and male—are somewhat more likely to be infected than those in rural areas. Looking at the variation among young women by province, Manicaland and Matabelerland North (13 percent) had the highest rates of infection. Among young men, the infection rate was highest in Mashonaland Central (7 percent).

Looking at the variation by marital status, HIV infection was greatest among the comparatively small numbers of young women and men who were widowed, divorced, or separated. The lowest infection rates were found among youth who had not yet married. However, the rate of infection among sexually active, never-married young women was somewhat higher than the rate among their married counterparts (17 percent and 15 percent, respectively).

Table 14.9 HIV prevalence among young people by background characteristics

Percentage HIV positive among women and men age 15-24 who were tested for HIV, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Women 15-24		Men 15-24		Total 15-24	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age						
15-19	6.2	1,682	3.1	1,692	4.6	3,374
15-17	3.4	958	2.9	1,045	3.1	2,004
18-19	9.9	723	3.3	647	6.8	1,371
20-24	16.3	1,518	5.8	1,247	11.6	2,765
20-22	12.6	936	3.2	801	8.3	1,738
23-24	22.3	582	10.6	445	17.2	1,027
Residence						
Urban	11.2	1,303	4.4	1,136	8.0	2,439
Rural	10.9	1,898	4.1	1,803	7.6	3,700
Province						
Manicaland	12.8	353	3.4	359	8.0	712
Mashonaland Central	11.7	294	7.3	313	9.4	607
Mashonaland East	8.4	237	4.5	231	6.5	468
Mashonaland West	10.1	291	5.7	271	8.0	563
Matabeleland North	13.3	187	3.7	182	8.6	370
Matabeleland South	11.9	157	3.0	151	7.6	308
Midlands	10.9	426	3.0	410	7.1	836
Masvingo	9.6	432	3.0	352	6.6	785
Harare	11.4	593	5.0	487	8.5	1,081
Bulawayo	10.6	229	2.7	182	7.1	411
Marital status						
Never married	6.2	1,693	3.0	2,643	4.3	4,336
Ever had sex	17.2	323	3.5	1,123	6.6	1,446
Never had sex	3.6	1,370	2.6	1,519	3.1	2,890
Married/living together	14.7	1,285	12.8	253	14.4	1,538
Divorced/separated/widowed	26.1	222	(29.3)	43	26.7	266
Currently pregnant						
Pregnant	12.9	272	na	na	na	na
Not pregnant or not sure	10.8	2,928	na	na	na	na
Total	11.0	3,200	4.2	2,939	7.8	6,139

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

Table 14.10 shows that women whose first sexual partner was 10 years older were at greater risk of HIV infection than young women who did not engage in “intergenerational” sex at the time they first had sex (23 percent and 16 percent, respectively).

As was the case in the reproductive age population as a whole, the variations in HIV prevalence with the other measures of sexual behaviour included in Table 14.10 are difficult to interpret. Among young women, those who had higher-risk sex are slightly more likely to be HIV positive than those who had non-higher-risk sex. The opposite is true for young men. Similarly, there is some evidence that having more sexual partners and more higher-risk sexual partners is related to higher infection rates among young women. However, the relationships are inconsistent among young men. Condom use also has an inconsistent relationship with HIV prevalence among young people.

Table 14.10 HIV prevalence among young people by sexual behaviour

Percentage HIV positive among women and men age 15-24 who ever had sex and were tested for HIV, by sexual behaviour, Zimbabwe 2005-2006

Sexual behaviour characteristic	Women 15-24		Men 15-24		Total 15-24	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Relative age of first sexual partner						
10+ years older	23.4	136	na	na	na	na
<10 years older, same age, younger/don't know	16.0	1,648	na	na	na	na
Missing	(15.4)	44	na	na	na	na
Higher-risk intercourse in past 12 months¹						
Had higher-risk intercourse	21.9	272	4.7	836	8.9	1,108
Had sexual intercourse, not higher risk	15.0	1,329	12.5	210	14.7	1,539
No sexual intercourse in past 12 months	19.1	227	5.3	374	10.5	601
Number of sexual partners in past 12 months						
0	18.7	225	5.3	374	10.3	599
1	15.9	1,568	6.4	825	12.7	2,393
2	31.8	30	5.6	179	9.4	209
3+	*	3	*	40	(5.0)	43
Number of higher-risk partners in past 12 months²						
0	15.6	1,556	7.7	577	13.5	2,133
1	20.9	253	5.6	638	9.9	891
2	*	18	1.9	136	5.9	154
3+	*	1	(3.2)	69	(3.1)	70
Condom use						
Ever used a condom	20.3	495	7.5	1,005	11.7	1,500
Never used a condom	15.2	1,325	2.3	414	12.1	1,739
Condom use at first sex						
Used condom	16.2	292	6.0	625	9.3	917
Did not use condom	16.4	1,497	5.9	768	12.8	2,265
Missing	(28.7)	35	*	24	19.8	59
Condom use at last sexual intercourse in past 12 months						
Used condom	22.4	135	4.5	573	7.9	708
Did not use condom	15.6	1,466	8.3	472	13.8	1,939
No sexual intercourse in past 12 months	19.1	227	5.3	374	10.5	601
Total	16.6	1,829	6.0	1,420	11.9	3,248

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. The total includes 4 cases for which information is missing on the number of sexual partners in the past 12 months, 11 cases for which information is missing on ever use of condoms, and 1 case for which information is missing on condom use at last sexual intercourse during the past 12 months.

na = Not applicable

¹ Sexual intercourse with a partner who neither was a spouse nor who lived with the respondent

² A partner who neither was a spouse nor who lived with the respondent, among the last three partners in the past 12 months

14.4 MALE CIRCUMCISION AND HIV PREVALENCE

Male circumcision is assumed to reduce the risk of HIV infection, in part because of physiological differences that decrease the susceptibility to HIV infection among circumcised men. Several recent studies in sub-Saharan Africa, including clinical trials conducted in South Africa, Kenya, and Uganda (Auvert et al., 2005; and NIAID, 2006), have documented that the protective effect of male circumcision is significant.

The 2005-06 ZDHS obtained information on the prevalence of male circumcision. In order to investigate the relationship between male circumcision and HIV status, men were asked about whether or not they had been circumcised during the ZDHS interview.

14.4.1 Male Circumcision among ZDHS Respondents

Table 14.11 presents information on the male circumcision rate for all men interviewed during the survey. The results in Table 14.11 indicate that relatively few men in the reproductive ages in Zimbabwe are circumcised. Nine in ten men interviewed in the ZDHS survey reported that they had not been circumcised. The greatest variations in the proportion circumcised are observed by province. The lowest proportion of ZDHS male respondents reporting that they were circumcised is found in Mashonaland Central (5 percent) and the highest proportion in Matabeleland North (19 percent).

Table 14.11 Male circumcision status					
Percent distribution of all men interviewed in the ZDHS by circumcision status, Zimbabwe 2005-2006					
Background characteristic	Circumcised	Not circumcised	Missing	Total	Number of men
Age					
15-24	9.1	90.7	0.2	100.0	3,358
15-19	7.9	91.8	0.3	100.0	1,899
20-24	10.6	89.3	0.1	100.0	1,459
25-29	12.5	87.3	0.2	100.0	1,082
30-39	11.1	88.6	0.3	100.0	1,545
40-49	10.8	88.7	0.4	100.0	878
Marital status					
Never married	9.0	90.7	0.2	100.0	3,404
Married or living together	11.4	88.3	0.3	100.0	3,132
Divorced/separated/widowed	12.7	87.1	0.2	100.0	327
Residence					
Urban	9.8	90.1	0.1	100.0	2,767
Rural	10.6	89.0	0.4	100.0	4,096
Province					
Manicaland	10.5	89.2	0.3	100.0	793
Mashonaland Central	5.3	94.7	0.0	100.0	681
Mashonaland East	13.1	86.6	0.3	100.0	570
Mashonaland West	11.2	88.4	0.4	100.0	691
Matabeleland North	18.8	80.5	0.7	100.0	416
Matabeleland South	11.4	86.7	1.9	100.0	306
Midlands	10.6	89.4	0.0	100.0	956
Masvingo	9.4	90.6	0.0	100.0	771
Harare	7.0	92.8	0.2	100.0	1,219
Bulawayo	13.7	86.3	0.0	100.0	460
Education					
No education	7.8	92.2	0.0	100.0	88
Primary	11.3	88.2	0.5	100.0	1,782
Secondary	10.0	89.8	0.2	100.0	4,588
More than secondary	9.5	90.5	0.0	100.0	405
Wealth quintile					
Lowest	13.6	85.9	0.5	100.0	1,042
Second	8.9	91.0	0.1	100.0	1,137
Middle	9.9	89.7	0.4	100.0	1,194
Fourth	11.0	88.7	0.3	100.0	1,892
Highest	8.5	91.4	0.1	100.0	1,599
Total 15-49	10.3	89.4	0.3	100.0	6,863
Total men 15-54	10.5	89.3	0.3	100.0	7,175

14.4.2 Male Circumcision and HIV Status

Table 14.12 examines the relationship between HIV prevalence and male circumcision among the 5,832 men age 15-49 who were tested for HIV in the survey and who responded to the question about their circumcision status. The table shows that the men who were circumcised had a slightly higher infection rate than uncircumcised men (17 percent and 14 percent, respectively). An examination of the age pattern suggests that male circumcision has a small protective effect among men under age 25, but that this effect disappears among men age 25 and over. In general, the relationship between male circumcision and HIV prevalence conforms to the national pattern, i.e., circumcised men are more likely to be HIV-infected than uncircumcised men, in the other subgroups shown in Table 14.12.

14.5 HIV PREVALENCE AMONG COUPLES

More than 2,000 cohabiting couples were tested for HIV in the 2005-06 ZDHS. Results shown in Table 14.13 indicate that, among 72 percent of cohabiting couples, both partners tested negative for HIV. Both partners were HIV positive among 15 percent of cohabiting couples while 13 percent were discordant, that is, one partner was infected and the other was not. In 8 percent of couples, the male partner was infected and the woman was not, while in another 5 percent of couples, the woman was infected and the man was not.

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

Table 14.12 HIV prevalence by male circumcision

Among men age 15-49 who were tested for HIV, the percentage HIV positive by whether circumcised, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Circumcised		Not circumcised	
	Percentage HIV positive	Number	Percentage HIV positive	Number
Age				
15-19	2.1	125	3.1	1,562
20-24	3.5	128	6.1	1,117
25-29	13.9	111	12.9	795
30-34	27.2	107	29.8	607
35-39	(40.8)	44	31.1	499
40-44	(40.8)	45	31.8	358
45-49	(29.9)	37	25.7	297
Residence				
Urban	15.9	222	15.6	2,094
Rural	17.0	375	13.4	3,141
Province				
Manicaland	20.7	69	16.2	622
Mashonaland Central	*	35	13.7	582
Mashonaland East	19.4	68	13.6	418
Mashonaland West	11.6	68	15.8	534
Matabeleland North	16.8	66	13.4	281
Matabeleland South	(17.5)	24	15.4	230
Midlands	16.6	89	10.8	720
Masvingo	(15.1)	62	11.8	592
Harare	(17.3)	71	17.1	978
Bulawayo	15.0	46	12.5	278
Education				
No education	*	6	23.0	55
Primary	19.1	176	14.3	1,365
Secondary	15.1	391	14.2	3,537
More than secondary	*	24	12.2	278
Wealth quintile				
Lowest	17.4	120	12.4	774
Second	18.6	85	14.8	911
Middle	15.3	103	11.9	933
Fourth	15.1	188	17.4	1,424
Highest	18.2	101	13.0	1,194
Religion				
Roman Catholic	23.1	61	17.5	534
Protestant	15.8	109	10.0	890
Pentecostal	5.4	51	10.8	711
Apostolic Sect	12.5	129	12.8	1,175
Other Christian	*	17	12.9	196
Muslim	*	25	15.8	40
Traditional	(27.5)	36	20.4	402
Other	*	2	*	6
None	22.1	165	17.3	1,282
Total	16.6	597	14.2	5,235

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed. Five cases for which information on circumcision status is missing were excluded from the table.

Table 14.13 HIV prevalence among couples

Percent distribution of couples living in the same household, both of whom were tested for HIV, by the HIV status, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Both HIV positive	Man HIV positive, woman HIV negative	Woman HIV positive, man HIV negative	Both HIV negative	Total	Number of respondents
Woman's age						
15-19	13.0	2.9	1.5	82.6	100.0	174
20-29	14.9	7.7	5.3	72.0	100.0	957
30-39	17.6	8.7	6.1	67.7	100.0	599
40-49	8.6	11.0	5.2	75.2	100.0	276
Man's age						
15-19	*	*	*	100.0	100.0	3
20-29	8.6	3.7	3.8	83.8	100.0	606
30-39	21.5	8.0	4.9	65.5	100.0	782
40-49	12.4	13.0	7.8	66.8	100.0	470
50-54	10.7	10.5	4.0	74.9	100.0	145
Age difference between partners						
Woman older	27.0	1.7	7.6	63.6	100.0	83
Same age/man older by 0-4 years	13.4	6.8	3.7	76.1	100.0	810
Man older by 5-9 years	12.3	7.7	4.7	75.3	100.0	739
Man older by 10-14 years	16.6	12.9	9.4	61.2	100.0	266
Man older by 15+ years	26.7	13.2	7.3	52.9	100.0	107
Type of union						
Monogamous	14.6	8.1	4.8	72.4	100.0	1,760
Polygynous	11.4	9.6	10.5	68.5	100.0	164
Don't know/missing	22.5	3.5	2.3	71.7	100.0	81
Residence						
Urban	15.3	10.7	5.5	68.5	100.0	654
Rural	14.4	6.8	5.0	73.8	100.0	1,351
Province						
Manicaland	14.5	13.7	4.1	67.8	100.0	218
Mashonaland Central	14.5	8.3	4.2	73.0	100.0	258
Mashonaland East	14.8	5.8	4.0	75.5	100.0	161
Mashonaland West	13.2	5.7	6.7	74.4	100.0	230
Matabeleland North	15.7	7.4	6.7	70.2	100.0	115
Matabeleland South	19.4	9.2	4.9	66.5	100.0	77
Midlands	14.5	4.7	4.1	76.8	100.0	318
Masvingo	12.6	9.1	5.7	72.6	100.0	247
Harare	16.0	10.7	4.8	68.5	100.0	298
Bulawayo	16.3	3.4	11.4	68.8	100.0	84
Woman's education						
No education	9.3	6.9	2.2	81.6	100.0	78
Primary	11.9	5.3	6.2	76.6	100.0	774
Secondary	17.7	10.3	4.8	67.2	100.0	1,104
More than secondary	0.0	4.3	1.6	94.1	100.0	49
Man's education						
No education	12.9	8.6	12.0	66.4	100.0	44
Primary	12.4	7.8	5.3	74.5	100.0	671
Secondary	16.4	7.9	5.1	70.5	100.0	1,173
More than secondary	11.3	10.6	2.7	75.4	100.0	118
Wealth quintile						
Lowest	12.4	4.7	4.2	78.8	100.0	427
Second	16.1	7.1	5.2	71.6	100.0	429
Middle	13.3	8.7	5.6	72.4	100.0	306
Fourth	19.6	10.0	4.4	65.9	100.0	507
Highest	9.6	10.0	7.3	73.1	100.0	336
Total	14.7	8.1	5.2	72.1	100.0	2,005

Note: Table based on couples for which a valid test result (positive or negative) is available for both partners. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Earlier in this report, estimates of mortality during the first years of life were presented and discussed. Early childhood mortality varies substantially as an index of social and economic development and thus tends to be predictably high in disadvantaged settings. Mortality during later childhood and adolescence is, on the other hand, relatively low in all societies, but begins to rise with age starting in the late teenage years. The pattern and pace of the rise in adult mortality with increasing age is tied closely to the occupational profile, fertility pattern, and epidemiological characteristics of a population. Two aspects of adult mortality dynamics are of particular interest in the Zimbabwean context. First, given tremendous rises in the prevalence of HIV infection and AIDS (discussed in the previous chapter) over the last decade, Zimbabwe is expected to continue to suffer increases in both female and male adult mortality in the near term. Second, mortality related to pregnancy and childbearing (maternal mortality) is an important indicator for women's and reproductive health programmes in the country.

The 2005-06 ZDHS questionnaire included a sibling history, which is a detailed account of the survivorship of all of the live-born children of the respondent's mother (i.e., maternal siblings). These data allow direct estimation of overall adult mortality by sex, as well as maternal mortality in particular. The direct approach to estimating adult and maternal mortality maximises use of the available data, using information on the age of surviving siblings, the age at death of siblings who died, and the number of years ago the sibling died. This approach allows the data to be aggregated to determine the number of person-years of exposure to mortality risk and the number of sibling deaths occurring in defined calendar periods. Rates of maternal mortality are obtained by dividing maternal deaths in a calendar period by person-years of exposure to death. Similarly, adult mortality rates are obtained by dividing female or male adult deaths in a calendar period by person-years of exposure to death.

15.1 DATA

To obtain the sibling history, each respondent was first asked to give the total number of her mother's live births. The respondent was next asked to provide a list of all of the children born to her mother starting with the first-born. Then the respondent was asked whether each of these siblings was still alive at the survey date. For living siblings, current age was collected; for deceased siblings, age at death and years since death were collected. Interviewers were instructed that when a respondent could not provide precise information on age at death or years since death, approximate but quantitative answers were acceptable. For sisters who died at ages 12 years or above, three questions were used to determine whether the death was maternity-related: "Was [NAME OF SISTER] pregnant when she died?" and if negative, "Did she die during childbirth?" and if negative, "Did she die within two months after the end of a pregnancy or childbirth?" An additional question determined whether the death was due to an accident or other violent act.

The estimation of adult and maternal mortality by either direct or indirect means requires reasonably accurate reporting of the number of sisters and brothers the respondent ever had, the number who have died, and (for maternal mortality) the number of sisters who have died of maternity-related causes. There is no definitive procedure for establishing the completeness or accuracy of retrospective data on sibling survivorship. However, the 2005-06 ZDHS sibling history data do not show any obvious defects that would indicate poor data quality or systematic underreporting.

Table 15.1 shows the number of siblings reported by the respondents and the completeness of the data reported on current age, age at death, and years since death. Of the 47,069 siblings reported in the sibling histories of ZDHS respondents, survival status was not reported for 24 (less than 0.1 percent). Among surviving siblings, current ages (used to estimate exposure to death) were not reported for less than 1 percent of siblings. Among deceased siblings, complete reporting of age at death and years since death was nearly universal. For 98 percent of deceased siblings, both age at death and years since the death (or year of death) were reported. In 2 percent of cases, either the age at death or the years since death (or year of death) was missing, while for 1 percent of deceased siblings both of these items were missing. Rather than exclude siblings with missing data from further analysis, information on the birth order of siblings in conjunction with other information was used to impute the missing data.¹ The sibling survivorship data, including cases with imputed values, were used in the direct estimation of adult and maternal mortality.

	Females		Males		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
All siblings	23,720	100.0	23,349	100.0	47,069	100.0
Surviving	20,383	85.9	19,778	84.7	40,161	85.3
Deceased	3,327	14.0	3,557	15.2	6,884	14.6
Missing information	10	0.0	14	0.1	24	0.1
Surviving siblings	20,383	100.0	19,778	100.0	40,161	100.0
Age reported	20,256	99.4	19,665	99.4	39,920	99.4
Age missing	127	0.6	114	0.6	240	0.6
Deceased siblings	3,327	100.0	3,557	100.0	6,884	100.0
AD and YSD reported	3,246	97.6	3,464	97.4	6,710	97.5
Missing only AD	45	1.3	50	1.4	95	1.4
Missing only YSD	14	0.4	17	0.5	31	0.4
Missing both AD and YSD	23	0.7	26	0.7	49	0.7

15.2 DIRECT ESTIMATES OF ADULT MORTALITY

One way to assess the quality of the data used to estimate maternal mortality is to evaluate the plausibility and stability of overall adult mortality. It is reasoned that if estimated rates of overall adult mortality are implausible, rates based on a subset of deaths—i.e., maternal deaths in particular—are unlikely to be free of serious problems. As described above, levels and trends in overall adult mortality have very important implications in their own right for health and social programmes in Zimbabwe, especially given the AIDS epidemic.

¹ The imputation procedure is based on the assumption that the reported birth ordering of siblings in the history is correct. The first step is to calculate birth dates. For each living sibling with a reported age and each dead sibling with complete information on both age at death and years since death, the birth date was calculated. For a sibling missing these data, a birth date was imputed within the range defined by the birth dates of the bracketing siblings. In the case of living siblings, an age was then calculated from the imputed birth date. In the case of dead siblings, if either the age at death or years since death was reported, that information was combined with the birth date to produce the missing information. If both pieces of information were missing, the distribution of the ages at death for siblings for whom the years since death was unreported, but age at death was reported, was used as a basis for imputing the age at death.

15.2.1 Levels of Adult Mortality

Table 15.2 shows age-specific mortality rates for men and women age 15-49 for the period zero to six years before the 2005-06 ZDHS. These results allow an assessment of the recent level of mortality in the reproductive age population in Zimbabwe. Because the number of deaths on which the age-specific rates are based is not very large (between 100 and 700 deaths per age group for the total population), the estimated age-specific rates are subject to considerable sampling variation.

The results in Table 15.2 indicate that, overall, male mortality is slightly higher than female mortality in the reproductive-age population (13.3 and 12.7 deaths per 1,000 years of exposure, respectively). Mortality levels rise rapidly with age among both women and men. Rates plateau for women in the 35-49 year age group, while a levelling off in the rise for men is observed in the 40-49 year age group.

Table 15.3 Trends in adult mortality rates			
Age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of survey respondents, Zimbabwe 1985-2006			
Age	1994 ZDHS	1999 ZDHS	2005-06 ZDHS
WOMEN			
15-19	1.87	2.82	2.69
20-24	2.51	6.01	5.47
25-29	3.63	11.17	12.25
30-34	3.99	14.72	20.42
35-39	4.75	15.73	25.04
40-44	4.62	12.85	25.23
45-49	5.18	13.16	25.48
15-49	3.34	9.14	12.66 ^a
MEN			
15-19	1.44	1.49	1.74
20-24	2.59	4.63	3.36
25-29	3.78	9.63	9.03
30-34	5.26	19.81	20.06
35-39	5.41	22.36	27.74
40-44	9.56	23.50	37.10
45-49	11.9	29.05	36.46
15-49	4.17	11.35	13.30 ^a

Note: Rates for the 1994 ZDHS refer to the period 0-9 years before the survey, for the 1999 for the period 0-4 years before the survey, and for the 2005-06 ZDHS to the period 0-6 years before the survey.

^a Rates are age-standardised.

Table 15.2 Adult mortality rates

Age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of survey respondents for the period 0-6 years preceding the survey, Zimbabwe 2005-2006

Age	Deaths	Exposure	Mortality rates
WOMEN			
15-19	62	23,130	2.69
20-24	138	25,229	5.47
25-29	264	21,517	12.25
30-34	346	16,921	20.42
35-39	314	12,535	25.04
40-44	211	8,374	25.23
45-49	130	5,102	25.48
15-49	1,464	112,807	12.66 ^a
MEN			
15-19	37	21,374	1.74
20-24	80	23,983	3.36
25-29	195	21,567	9.03
30-34	338	16,867	20.06
35-39	324	11,664	27.74
40-44	266	7,176	37.10
45-49	158	4,320	36.46
15-49	1,398	106,951	13.30 ^a

^a Rates are age-standardised.

15.2.2 Trends in Adult Mortality

Table 15.3 shows the adult mortality rates observed in the 1994 ZDHS, the 1999 ZDHS, and the 2005-06 ZDHS. The table highlights the substantial rise that has occurred in adult deaths over the past 20 years in Zimbabwe. Mortality rates more than tripled among adults between 1994 and 2005-06. The rate of increase was extremely rapid between the 1994 and 1999 surveys when the impact of the AIDS epidemic was first being experienced. However, the comparison of the 2005-06 and 1999 rates suggests that adult mortality has continued to rise during the first half of this decade, by around 40 percent among women and 20 percent among men.

Figures 15.1 and 15.2 present the increases in the age-specific adult mortality between the 1994 ZDHS and the 2005-06 ZDHS. The largest increases in mortality rates are observed among women age 25 and over and among men age 30 and over. These age patterns are consistent with the age pattern of HIV infection in Zimbabwe (i.e., higher infection rates among women under age 30 than among men).

Figure 15.1 Trends in Age-specific Mortality among Women 15-49, Zimbabwe 1985-2006

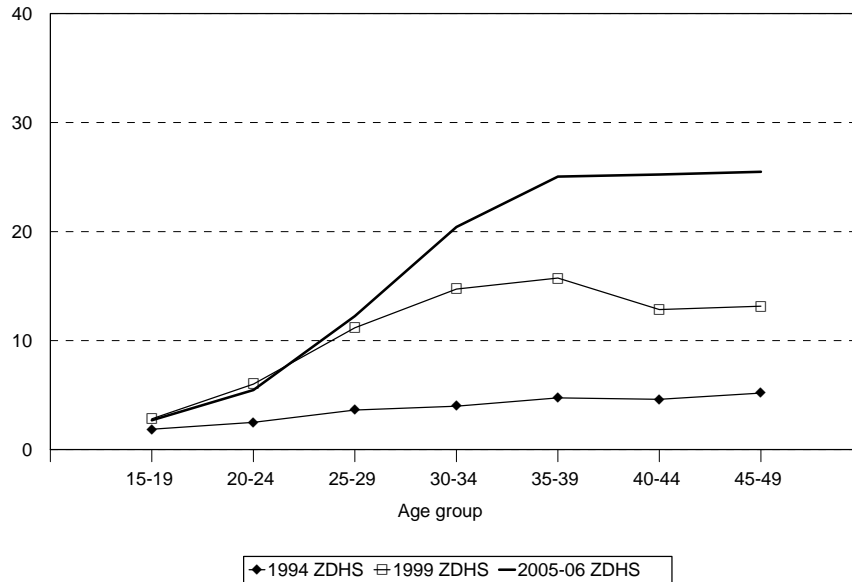
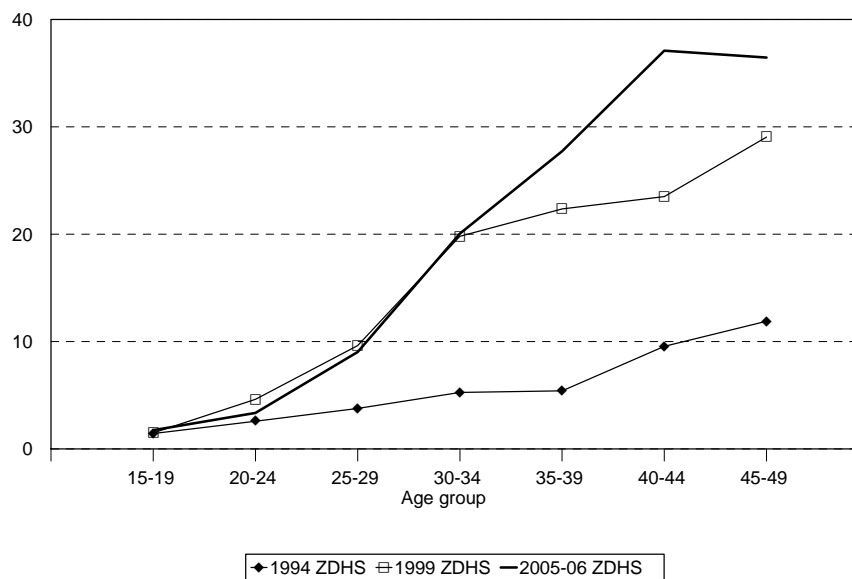


Figure 15.2 Trends in Age-specific Mortality among Men 15-49, Zimbabwe 1985-2006



15.3 DIRECT ESTIMATES OF MATERNAL MORTALITY

Maternal deaths are a subset of all female deaths and are associated with pregnancy and childbearing. Two survey methods are generally used to estimate maternal mortality in developing countries: the indirect sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied.

Age-specific estimates of maternal mortality from the reported survivorship of sisters are shown in Table 15.4 for the 10-year period before the survey. These rates were calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility for women interviewed in the survey is 49 years), the overall rate for women age 15-49 was standardised by the age distribution of survey respondents. Maternal deaths were defined as any death that was reported as occurring during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.² Estimates of maternal mortality are therefore based solely on the timing of the death in relationship to pregnancy.

Age	Maternal deaths	Exposure (years)	Mortality rates (1,000)
15-19	9	34,196	0.25
20-24	18	34,920	0.50
25-29	23	29,348	0.79
30-34	28	22,771	1.21
35-39	26	16,473	1.59
40-44	16	10,823	1.46
45-49	3	6,220	0.51
Total 15-49	122	154,751	0.76 ^a
General fertility rate ¹			0.137
Maternal mortality ratio ²			555

The results in Table 15.4 indicate that the rate of mortality associated with pregnancy and childbearing is 0.76 maternal deaths per 1,000 woman-years of exposure. The estimated age-specific mortality rates display a plausible pattern, being generally higher during the peak childbearing ages than at the younger and older age groups. However, the age-specific pattern should be interpreted with caution because of the small number of events—only 122 maternal deaths for women of all ages. Maternal deaths represent 7 percent of all deaths to women age 15-49 during the 10-year period preceding the survey (122 maternal deaths/1,704 female deaths). The low proportion of maternal deaths could be due to an increase in nonmaternal deaths (e.g., AIDS-related deaths) or to underreporting of maternal deaths in the survey.

The maternal mortality rate can be converted to a maternal mortality ratio by dividing the rate by the general fertility rate during the 10-year period prior to the 2005-06 ZDHS. The maternal mortality ratio is expressed per 100,000 live births in order to emphasise the obstetrical risk of pregnancy and childbearing. The estimate of the maternal mortality ratio for the 10-year period prior to the 2005-06 ZDHS is 555 deaths per 100,000 live births, i.e., for every 1,000 births in Zimbabwe, there are just under six maternal deaths.

It should be noted that maternal mortality is a difficult indicator to measure because of the large sample sizes required to calculate an accurate estimate. (This is evidenced by the fact that the maternal mortality ratio is expressed per 100,000 live births, demonstrating that it is a relatively rare event.) As a result, the maternal mortality estimates are subject to large sampling errors. Thus, although the 2005-06 ZDHS maternal mortality ratio is somewhat lower than the 1999 estimate of 578, the difference between the two figures is not statistically significant. Thus, it is not possible to conclude that there has been any change in maternal mortality in Zimbabwe.

² This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was due to nonmaternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths to women during the two-month period are due to maternal causes, and maternal deaths are more likely to be underreported than overreported.

In this chapter we explore women's status in terms of earnings, women's control over cash earnings, and the magnitude of their earnings relative to their partners. In addition, specific questions were posed to determine women's roles in household decisionmaking, on acceptance of wife beating, and on opinions about when a wife should be able to refuse sex with her husband. These questions are used to define three different indicators of women's status: women's participation in decisionmaking, the degree of acceptance of wife beating, and the degree of acceptance of a wife's right to refuse sex with her husband. The extent to which women's status influences maternal and child health and contraceptive decisionmaking is also examined. Finally, this chapter discusses the proportion of women who have ever been widowed and dispossessed of property belonging to their late husband.

16.1 EMPLOYMENT AND FORM OF EARNINGS

Table 16.1 shows the percent distribution of currently married women and men who were employed in the 12 months preceding the survey by type of earnings they received (cash, in-kind, or both). Employment is assumed to go hand-in-hand with payment for work. Not all women and men receive earnings for the work they do, and among those who do receive earnings, not all receive cash.

Table 16.1 Employment and cash earnings of currently married women and men

Percentage of currently married women and men who were employed at any time in the past 12 months and the percent distribution of currently married women and men employed in the past 12 months by type of earnings, according to age, Zimbabwe 2005-2006

Age	Currently married respondents:		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings					Total	Number
	Percentage employed	Number of women/men	Cash only	Cash and in-kind	In-kind only	Not paid	Missing		
WOMEN									
15-19	35.1	448	53.4	12.0	2.0	32.5	0.0	100.0	157
20-24	39.8	1,200	60.5	8.8	1.7	28.6	0.3	100.0	478
25-29	45.1	1,125	62.5	10.1	2.5	24.9	0.0	100.0	507
30-34	48.4	933	61.3	10.4	1.4	26.5	0.3	100.0	451
35-39	52.0	556	60.5	13.9	2.8	22.9	0.0	100.0	289
40-44	50.3	485	60.3	12.4	0.9	26.3	0.0	100.0	244
45-49	44.4	396	46.7	16.2	4.1	33.0	0.0	100.0	176
Total 15-49	44.8	5,143	59.5	11.2	2.1	27.0	0.1	100.0	2,303
MEN									
15-19	*	8	*	*	*	*	*	100.0	4
20-24	86.9	311	70.3	6.3	1.8	21.2	0.4	100.0	270
25-29	90.2	692	68.0	9.4	1.5	20.5	0.5	100.0	625
30-34	92.2	755	67.4	10.6	0.3	21.1	0.6	100.0	696
35-39	91.2	581	71.9	10.1	1.4	16.0	0.5	100.0	530
40-44	90.5	415	70.3	9.7	1.2	18.3	0.5	100.0	375
45-49	86.6	369	65.2	12.3	0.9	21.4	0.2	100.0	320
Total 15-49	90.1	3,132	68.8	9.9	1.1	19.7	0.5	100.0	2,821
Total 15-54	89.5	3,419	68.5	10.2	1.1	19.8	0.4	100.0	3,062

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

Forty-five percent of currently married women reported being employed. Six in ten women receive their payment in cash (60 percent), 11 percent receive both cash and payment in-kind, 2 percent receive in-kind payment only, and 27 percent do not receive any form of payment for their work. The percent of currently married women who are employed increases with age, peaking in the age group 35-39 (52 percent) and then declining in the two older age groups.

Nine in ten currently married men were employed during the 12-month period prior to the survey. Among employed men, more than three-quarters were paid at least some cash for the work they did.

16.2 CONTROL OVER AND RELATIVE MAGNITUDE OF WOMEN'S EARNINGS

As a means of assessing women's autonomy, currently married women who earned cash for their work in the 12 months preceding the survey were asked who the main decisionmaker is with regard to the use of their earnings. This information allows the assessment of women's control over their own earnings. Women who earned cash for their work were also asked the relative magnitude of their earnings compared with those of their husband or partner. It is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and perceive them as significant relative to those of their husband or partner.

Table 16.2.1 shows the degree of control women have over the use of their earnings, and their perception of the magnitude of their earnings relative to those of their husband or partner, by background characteristics. Almost one-third of currently married women who receive cash earnings reported that they alone decide how their earnings are used, while 62 percent said they decide jointly with their husband or partner. Only 6 percent of women report that their husband or partner alone decides how their earnings will be used. The proportion of currently married women who say that they decide by themselves how their earnings are used has decreased from what was observed in 1999 (49 percent in 1999 compared with 32 percent in 2006). The percentage of currently married women who said that they jointly decide with their husband or partner increased from 37 percent to 62 percent over the same period.

Women in the 40-44 year age group are more likely to make independent decisions on their earnings than women in the other age groups. Also, women who do not have any children or who have five or more children are more likely to decide on their own how to use their earnings than women with one to four children. This same group of women is also more likely to have their husband or partner decide how to use their earnings; 10 percent of women with no children and 7 percent of women with five or more children reported that their husband or partner decides how to use their earnings.

There is little variance by residence; one-third of both urban and rural currently married women reported that they make independent decisions on how they spend their earnings. However, the provincial data vary greatly in the way decisions are made on how women's earnings are used. The percentage of women who make independent decisions ranges from 13 percent in Midlands to 46 percent in Mashonaland Central. Furthermore, women in Midlands (79 percent) are most likely to decide jointly with their husband or partner on how to spend the money they earn while women in Mashonaland Central are least likely to do so.

About six in ten women with no education decide independently on how to spend their earnings (58 percent), compared with one in five women with more than a secondary education. Women in the latter group are most likely to jointly decide with their husband or partner how to spend their earnings (78 percent), while women with no education are least likely to do so (57 percent).

Table 16.2.1 Control over women's cash earnings and relative magnitude of women's earnings

Percent distribution of currently married women who received cash earnings for employment in the 12 months preceding the survey, by person who decides how earnings are used and by whether she earned more or less than her husband/partner, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Person who decides how woman's cash earnings are used:						Woman's cash earnings compared to husband/partner's cash earnings:						Number of women
	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Other	Missing	Total	More	Less	About the same	Husband/partner has no earnings	Don't know/missing	Total	
Age													
15-19	31.9	61.0	5.3	1.1	0.7	100.0	9.5	75.4	6.9	7.4	0.7	100.0	103
20-24	32.6	61.0	6.1	0.2	0.0	100.0	12.4	75.0	11.0	1.3	0.4	100.0	331
25-29	29.5	64.3	5.2	0.7	0.3	100.0	12.8	64.0	19.0	3.6	0.6	100.0	368
30-34	30.7	63.2	6.0	0.1	0.0	100.0	13.6	64.2	18.4	2.5	1.3	100.0	324
35-39	32.0	62.0	5.4	0.0	0.6	100.0	12.2	59.3	24.4	1.1	3.0	100.0	215
40-44	41.4	55.4	3.3	0.0	0.0	100.0	16.1	59.8	18.5	4.8	0.8	100.0	177
45-49	28.1	63.8	8.0	0.0	0.0	100.0	9.4	56.9	24.5	4.6	4.6	100.0	111
Number of living children													
0	34.3	55.3	9.5	0.8	0.0	100.0	11.9	74.0	12.9	1.2	0.0	100.0	129
1-2	31.3	63.0	5.3	0.1	0.3	100.0	13.8	66.7	15.3	3.2	0.9	100.0	827
3-4	29.6	65.8	3.8	0.6	0.2	100.0	11.8	62.4	21.5	3.1	1.2	100.0	421
5+	37.5	55.2	7.3	0.0	0.0	100.0	11.2	61.7	20.6	3.0	3.5	100.0	253
Residence													
Urban	30.6	64.6	4.4	0.2	0.2	100.0	13.6	66.7	16.1	2.3	1.3	100.0	787
Rural	33.4	59.3	6.6	0.4	0.2	100.0	11.9	64.2	18.9	3.7	1.3	100.0	842
Province													
Manicaland	28.8	70.8	0.4	0.0	0.0	100.0	7.1	75.9	13.3	0.9	2.8	100.0	223
Mashonaland Central	45.9	44.8	9.2	0.0	0.0	100.0	14.2	65.3	8.8	11.1	0.5	100.0	181
Mashonaland East	44.9	51.9	3.3	0.0	0.0	100.0	11.2	51.9	34.1	1.4	1.4	100.0	105
Mashonaland West	35.4	55.3	9.0	0.0	0.3	100.0	14.4	63.7	17.3	3.1	1.4	100.0	188
Matabeleland North	34.6	63.6	1.8	0.0	0.0	100.0	16.1	66.2	13.0	3.2	1.6	100.0	56
Matabeleland South	39.8	53.6	4.5	2.1	0.0	100.0	14.5	58.0	23.5	1.8	2.1	100.0	58
Midlands	13.3	78.9	7.2	0.0	0.6	100.0	12.5	65.5	21.1	0.0	0.9	100.0	228
Masvingo	41.8	54.4	1.6	2.1	0.0	100.0	10.3	69.8	18.6	1.3	0.0	100.0	111
Harare	31.3	61.6	6.6	0.4	0.1	100.0	15.8	62.8	16.6	3.4	1.4	100.0	375
Bulawayo	23.4	70.3	5.5	0.0	0.7	100.0	9.8	68.3	18.9	2.3	0.7	100.0	102
Education													
No education	58.4	36.6	5.1	0.0	0.0	100.0	7.6	64.7	18.6	3.1	5.9	100.0	59
Primary	35.0	56.8	7.4	0.6	0.1	100.0	13.6	63.0	19.9	2.9	0.7	100.0	508
Secondary	30.6	63.9	5.2	0.2	0.1	100.0	12.8	67.4	14.9	3.5	1.3	100.0	921
More than secondary	19.9	77.7	1.4	0.0	1.0	100.0	11.0	61.8	25.6	0.0	1.6	100.0	140
Wealth quintile													
Lowest	30.6	55.8	12.3	1.3	0.0	100.0	12.2	61.7	20.3	4.7	1.2	100.0	192
Second	38.8	52.6	8.1	0.5	0.0	100.0	15.5	59.5	16.0	8.3	0.7	100.0	225
Middle	26.4	69.1	4.2	0.0	0.3	100.0	8.3	68.3	19.3	1.9	2.2	100.0	241
Fourth	35.1	59.6	4.6	0.3	0.4	100.0	11.9	71.2	14.1	1.6	1.2	100.0	476
Highest	29.4	67.2	3.3	0.0	0.1	100.0	14.6	62.6	19.6	1.9	1.3	100.0	495
Total	32.0	61.9	5.5	0.3	0.2	100.0	12.7	65.4	17.5	3.0	1.3	100.0	1,629

Regarding relative magnitude of their earnings compared with those of their husband or partner, 65 percent of women believe that they earn less than their husband or partner, 18 percent believe that they earn about the same as their husband or partner, and 13 percent believe that they earn more. The majority of younger women believe they earn less than their husband or partner. Women with no children (74 percent), those who reside in urban areas (67 percent), those who reside in Manicaland (76 percent), and women with a secondary education (67 percent) are most likely to believe they earn less than their husband or partner. Table 16.2.1 shows that 3 percent of women say that their husband or partner did not receive any earnings.

A cross-tabulation by the person in the household who decides how the woman's cash earnings are used and how her husband or partner's cash earnings are used, by the woman's earnings relative to her husband or partner, may provide some insight into a woman's status in the family and the extent of her control over decisionmaking in the household.

Table 16.2.2 shows that currently married women who believe they earn more than their husband are more likely to decide how their husband's or partner's earnings are used (16 percent) than those who earn less (12 percent) or the same as their husband (9 percent). Women who earn the same as their husband or partner are most likely to make joint decisions on how their earnings (78 percent) and their husband's or partner's earnings (82 percent) are used. Husbands and partners are the most likely to make sole decisions on the use of their earnings among the group of women who reported that they earn more than their husband or partner (18 percent).

Table 16.2.2 Woman's control over her own earnings and over those of her husband/partner

Percent distribution of currently married women with cash earnings in the past 12 months by person who decides how a woman's cash earnings are used and the percent distribution by person who decides how the husband/partner's earnings are used, according to the relation between woman's and husband's earnings in past 12 months, if any, Zimbabwe 2005-2006

Woman's earnings relative to husband/partner's earnings	Person who decides how woman's cash earnings are used:						Person who decides how husband/partner's cash earnings are used:						Number of women
	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Other	Missing	Total	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Other	Missing	Total	
More than husband/partner	32.9	57.3	9.8	0.0	0.0	100.0	15.8	66.7	17.5	0.0	0.0	100.0	207
Less than husband/partner	34.6	59.8	5.3	0.4	0.0	100.0	12.1	73.1	14.3	0.2	0.2	100.0	1,065
Same as husband/partner	16.6	78.2	4.9	0.3	0.0	100.0	9.1	82.3	8.0	0.0	0.6	100.0	286
Husband/partner has no cash earnings/did not work	51.6	48.4	0.0	0.0	0.0	100.0	na	na	na	na	na	na	49
Woman has no cash earnings	na	na	na	na	na	na	9.7	55.4	13.9	1.2	0.6	80.8	3,515
Don't know/missing	(58.9)	(25.8)	(0.0)	(0.0)	(15.2)	100.0	(4.2)	(36.0)	(50.0)	(0.0)	(9.8)	100.0	22
Total ¹	10.1	19.6	1.8	0.1	0.1	31.7	10.3	60.4	13.8	0.9	0.5	85.9	5,143

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

na = Not applicable

¹ Excludes cases where a woman or her husband/partner has no earnings and includes cases where a woman does not know whether she earned more or less than her husband/partner

16.3 WOMAN'S PARTICIPATION IN DECISIONMAKING

Decisionmaking can be a complex process and the ability of women to make decisions that affect the circumstances of their own lives is essential to their status in the household and in society.

In order to assess women's decisionmaking autonomy, the 2005-06 ZDHS sought information on women's participation in four types of household decisions: respondent's own health care; making major household purchases; making household purchases for daily needs; and visits to family or relatives. Table 16.3.1 shows the percent distribution of currently married women according to the person in the household who usually makes decisions concerning these matters. Women are considered to participate in decisionmaking if they make decisions alone or jointly with their husband or someone else.

Table 16.3.1 Women's participation in decisionmaking

Percent distribution of currently married women by person who usually makes decisions about four specific issues, Zimbabwe 2005-2006

Decision	Mainly respondent	Respondent and husband/partner jointly	Mainly husband/partner	Someone else	Other	Missing	Total	Number of women
Own health care	18.6	63.1	17.0	0.6	0.3	0.4	100.0	5,143
Major household purchases	23.7	66.7	8.4	0.4	0.4	0.4	100.0	5,143
Daily household purchases	32.1	55.9	10.4	0.8	0.5	0.4	100.0	5,143
Visits to her family or relatives	12.6	76.6	9.1	0.5	0.8	0.4	100.0	5,143

The strength of the role of women in decisionmaking varies with the type of decision. In Zimbabwe, the majority of currently married women reported that most decisions in the household are made jointly between husband and wife. Thirty-two percent of currently married women reported that they alone make the final decision about daily household purchases, and 24 percent said that they mainly make the decision on major household purchases. Approximately one in five women reported that they solely make decisions on their own health care. Thirteen percent of women reported that they alone decide on the issue of visits to her relatives.

Table 16.3.2 shows the percentage of women who report that they alone or jointly participate in specific household decisions, according to background characteristics. The results indicate that 72 percent of currently married women participate in all of the four specified decisions. Only 4 percent of women report that they do not participate in any of the decisions. The majority of currently married women participate in making decisions on major household purchases (90 percent), visits to her relatives (89 percent), daily household purchases (88 percent), and her own health care (82 percent).

Younger women are least likely to have participated in all of the specified decisions as are women who are employed but do not earn cash, women with no children, women who reside in rural areas, those who reside in Mashonaland Central, women with no education, and women in the lowest wealth quintile.

Table 16.3.2 Women's participation in decisionmaking by background characteristics

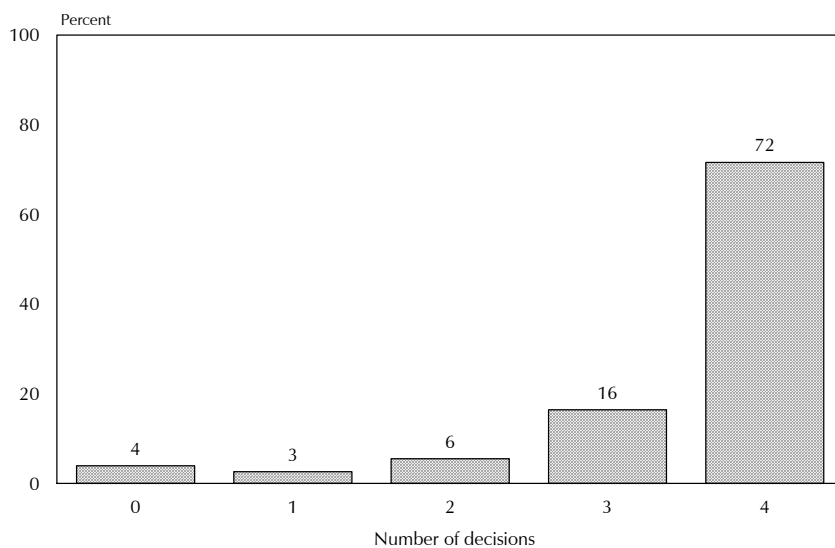
Percentage of currently married women who usually make decisions on four specific decisions either by themselves or jointly with their husband/partner, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Own health care	Making major household purchases	Making daily household purchases	Deciding when to visit her family or relatives	Percentage who participate in all specified decisions	Percentage who participate in none of the specified decisions	Number of women
Age							
15-19	78.6	87.3	82.0	85.6	63.8	5.6	448
20-24	82.7	90.3	87.6	88.9	72.1	4.5	1,200
25-29	81.8	91.5	87.2	89.4	71.8	3.8	1,125
30-34	81.5	91.2	89.2	89.3	73.0	3.8	933
35-39	82.2	90.9	91.5	90.9	73.5	2.6	556
40-44	83.3	88.5	90.0	90.3	73.5	3.6	485
45-49	79.8	89.9	87.9	89.4	69.9	2.4	396
Employment (past 12 months)							
Not employed	81.8	88.9	87.6	87.7	71.3	5.2	2,841
Employed for cash	82.3	93.5	91.1	92.3	74.2	1.7	1,629
Employed not for cash	79.9	88.8	82.1	88.0	66.3	3.8	671
Number of living children							
0	79.0	87.7	83.8	86.2	67.0	4.5	463
1-2	82.8	91.8	88.3	89.8	72.4	3.4	2,422
3-4	81.6	89.8	88.4	89.3	71.8	4.6	1,363
5+	80.3	88.5	88.6	89.0	71.5	3.7	896
Residence							
Urban	84.2	92.8	92.3	92.5	76.2	2.6	1,742
Rural	80.5	89.1	85.7	87.5	69.2	4.5	3,401
Province							
Manicaland	91.3	94.7	90.7	94.0	81.3	1.3	599
Mashonaland Central	63.3	87.7	80.3	79.3	49.8	5.8	572
Mashonaland East	85.3	87.9	89.7	89.3	77.5	6.2	442
Mashonaland West	79.4	92.9	88.7	89.3	70.2	3.4	514
Matabeleland North	87.8	83.7	88.5	85.5	76.1	6.4	323
Matabeleland South	74.4	80.4	78.7	80.8	57.4	7.1	208
Midlands	77.1	89.0	86.3	89.8	69.7	5.7	728
Masvingo	88.2	93.6	88.9	93.4	77.2	0.8	697
Harare	81.1	91.6	90.3	91.7	71.9	3.1	760
Bulawayo	92.5	92.5	95.1	90.2	82.7	2.6	301
Education							
No education	79.6	86.6	85.8	85.3	67.7	5.0	276
Primary	78.5	89.4	86.3	87.5	68.3	4.2	1,910
Secondary	83.7	91.0	88.8	90.2	73.4	3.7	2,788
More than secondary	88.4	97.3	96.1	97.1	85.3	0.5	169
Wealth quintile							
Lowest	79.8	85.8	83.6	85.2	66.0	5.3	1,034
Second	79.1	90.0	86.3	87.6	68.9	4.6	998
Middle	82.4	89.9	85.4	87.6	71.1	4.1	906
Fourth	83.3	93.4	91.2	92.2	74.9	2.6	1,183
Highest	83.8	92.1	92.5	92.7	76.5	2.9	1,023
Total	81.7	90.3	88.0	89.2	71.6	3.9	5,143

Note: Total includes 3 cases that are missing employment information on earnings for the 12-month period prior to the survey.

Women may have a say in some but not other decisions. To assess a woman’s overall decisionmaking autonomy, the decisions in which she participates—that is, in which she alone has the final say or does so jointly with her husband or partner—are added together. The total number of decisions in which a woman participates is one simple measure of her status. The number of decisions in which a woman jointly with her husband or partner has the final say is assumed to be directly related to the woman’s status and reflects the degree of decisionmaking control the woman is able to exercise in areas that affect her life and environment. Figure 16.1 shows the distribution of currently married women according to the number of decisions in which they participate. Seventy-two percent of currently married women participate in all four household decisions, 16 percent participate in three decisions, and 6 percent participate in two decisions. Seven percent of women participate in one decision or no decision at all.

Figure 16.1 Number of Household Decisions in Which Currently Married Women Participate



ZDHS 2005-2006

16.4 ATTITUDE TOWARDS WIFE BEATING

The critical problems that women face are many and diverse. One of these, and among the most serious, is the issue of violence against women. It can be described as the most serious because it concerns the personal security of women, and right of personal security is fundamental to all other rights. If violence against women is tolerated and accepted in a society, its eradication is made more difficult.

To assess women’s and men’s attitudes towards wife beating, women and men were asked whether a husband is justified in hitting or beating his wife in each of the following five situations: if she burns the food; if she argues with him; if she goes out without telling him; if she neglects the children; and if she refuses to have sexual relations with him. A lower score on the “number of reasons wife beating is justified” indicates a woman’s greater sense of entitlement, self-esteem, and status, and, therefore, is associated with a higher sense of empowerment. The results are summarised in Tables 16.4.1 and 16.4.2.

Slightly less than half of women (48 percent) believe that a husband is justified in beating his wife for at least one of the specified reasons. Thirty-three percent of women believe that a husband is justified in beating his wife if she goes out without telling him, 30 percent for neglecting the children, 26 percent for arguing with him, 24 percent for refusing to have sexual intercourse with him, and 12 percent if she burns the food. Table 16.4.2 shows that men are less likely to report that they find violence against women justifiable compared with women. Overall, 37 percent of men age 15-49 agree with at least one of the reasons for why a man is justified in beating his wife. Men are most likely to justify beating a wife if she goes out without telling him (23 percent), neglects the children (22 percent), or argues with him (21 percent). Like women, men are least likely to say that burning food (7 percent) is grounds for wife beating.

Table 16.4.1 shows that the highest percentages of women who are most likely to agree with the statements about wife beating are among women who are in the 15-19 and 45-49 year age groups; women who are employed, but do not earn cash; married women; women with five or more children; women with no education, and women in the lowest wealth quintile

Table 16.4.2 shows that the percentage of men who agree with all the statements is highest among younger men, never married men, men with no children, men with no education, and men in the lowest wealth quintile. Women and men who are employed but do not get paid in cash are most likely to agree with the statements, except with regard to burning food.

Rural women and men are generally around twice as likely to agree with the statements compared with their counterparts who reside in urban areas. Considerable variation in attitudes about wife beating is also observed by province. Bulawayo has the lowest percentage of women agreeing that wife beating is justified in at least one of the circumstances mentioned in the ZDHS questionnaire and Masvingo has the highest percentage (14 percent and 71 percent, respectively). Among men, Bulawayo and Matabeleland South have the lowest proportions agreeing that a husband is justified in beating his wife for at least one of the specified reasons (21 percent each) and Mashonaland Central has the highest (54 percent).

Table 16.4.1 Attitude towards wife beating: women

Percentage of all women 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	14.1	28.4	38.0	34.6	21.3	54.5	2,152
20-24	11.5	25.5	33.7	30.8	25.1	47.9	1,952
25-29	11.5	25.8	30.9	28.1	23.9	45.1	1,466
30-34	10.6	22.5	27.9	26.5	23.0	42.8	1,216
35-39	10.3	24.2	28.5	25.4	23.9	41.9	834
40-44	12.8	24.8	32.1	27.7	29.0	44.3	699
45-49	14.8	30.0	36.1	34.2	32.2	50.3	589
Employment (past 12 months)							
Not employed	11.6	25.6	33.3	30.4	23.9	48.2	5,027
Employed for cash	11.7	24.4	29.7	27.6	23.4	44.1	2,888
Employed not for cash	16.9	32.1	41.4	36.6	29.8	55.6	981
Missing	*	*	*	*	*	*	11
Marital status							
Never married	11.4	22.1	28.9	28.2	15.4	44.5	2,404
Married or living together	12.5	28.0	35.0	31.4	27.9	49.5	5,143
Divorced/separated/widowed	12.4	25.1	32.7	29.1	26.5	46.5	1,360
Number of living children							
0	11.7	23.9	31.6	29.3	18.4	47.1	2,724
1-2	11.3	25.7	33.2	29.5	24.6	46.6	3,295
3-4	12.6	25.7	31.4	29.7	27.4	46.1	1,775
5+	15.5	32.2	38.4	35.0	33.3	54.6	1,113
Residence							
Urban	7.8	14.3	20.4	19.3	13.9	31.6	3,502
Rural	15.1	33.5	41.2	37.2	31.1	58.0	5,405
Province							
Manicaland	12.6	31.3	40.8	35.8	36.3	59.5	1,043
Mashonaland Central	18.5	37.4	47.3	42.3	32.9	62.8	825
Mashonaland East	14.2	22.6	34.3	26.2	25.8	45.3	714
Mashonaland West	16.9	28.1	32.3	29.3	23.9	42.5	829
Matabeleland North	12.7	39.1	29.1	45.6	31.8	55.6	536
Matabeleland South	7.3	29.1	27.0	34.0	8.5	49.2	439
Midlands	12.4	22.0	30.1	25.5	19.9	38.8	1,193
Masvingo	13.0	36.2	51.2	38.0	36.6	71.4	1,137
Harare	8.5	14.4	23.0	22.0	15.6	36.2	1,492
Bulawayo	5.8	7.9	7.7	10.9	5.9	14.4	697
Education							
No education	24.8	46.8	49.3	45.4	47.5	64.4	380
Primary	16.1	35.4	42.8	38.3	33.8	59.7	2,902
Secondary	9.7	20.4	27.9	25.8	18.5	41.8	5,355
More than secondary	2.2	4.7	6.6	6.9	5.2	9.9	270
Wealth quintile							
Lowest	17.9	39.1	44.5	42.3	36.6	64.2	1,552
Second	17.7	39.3	46.7	42.0	36.1	64.1	1,500
Middle	13.1	27.6	37.6	32.2	26.3	52.5	1,546
Fourth	8.9	20.6	28.8	26.4	18.6	42.1	2,006
Highest	7.1	11.9	17.0	16.2	12.2	27.4	2,304
Total	12.2	26.0	33.0	30.2	24.3	47.7	8,907

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

Table 16.4.2 Attitude towards wife beating: men

Percentage of all men 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Husband is justified in hitting or beating his wife if she:					Percentage who agree with at least one specified reason	Number of men
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him		
Age							
15-19	12.0	27.8	30.3	30.7	11.6	49.6	1,899
20-24	6.3	22.9	24.6	24.2	7.9	40.7	1,459
25-29	4.4	23.0	23.0	22.0	5.7	37.9	1,082
30-34	4.0	17.0	17.3	13.9	5.5	29.4	882
35-39	3.3	13.1	13.9	13.4	6.3	22.2	663
40-44	2.5	10.8	14.5	11.0	5.5	21.4	469
45-49	1.9	14.3	15.7	10.0	4.4	23.3	409
Employment (past 12 months)							
Not employed	8.6	21.4	24.6	24.1	8.6	39.6	2,070
Employed for cash	4.7	18.8	19.9	18.5	6.6	32.9	3,638
Employed not for cash	8.3	27.9	28.1	26.1	9.8	46.0	1,109
Missing	(6.1)	(40.9)	(28.9)	(28.9)	(7.9)	(50.0)	46
Marital status							
Never married	9.1	24.3	26.5	26.2	9.4	43.6	3,404
Married or living together	3.7	17.7	18.5	16.2	5.9	29.9	3,132
Divorced/separated/widowed	5.7	22.8	23.1	23.7	8.6	38.6	327
Number of living children							
0	8.7	24.2	25.9	26.2	9.1	43.2	3,685
1-2	4.4	18.8	19.7	18.1	6.2	32.2	1,675
3-4	2.7	16.1	17.5	13.6	5.0	27.9	944
5+	4.2	17.3	19.2	14.7	7.8	27.3	560
Residence							
Urban	2.5	12.4	14.2	15.2	4.9	25.5	2,767
Rural	9.1	27.2	28.5	25.8	9.7	45.0	4,096
Province							
Manicaland	8.9	22.4	23.8	24.1	10.8	41.1	793
Mashonaland Central	12.6	32.3	34.5	33.5	12.1	53.8	681
Mashonaland East	5.8	14.6	12.3	14.1	8.1	27.5	570
Mashonaland West	5.5	23.3	19.9	14.4	6.9	33.9	691
Matabeleland North	7.5	24.9	28.0	28.7	8.2	41.7	416
Matabeleland South	8.3	9.6	10.0	9.5	2.9	20.8	306
Midlands	5.7	26.3	26.5	22.3	8.7	41.2	956
Masvingo	8.4	30.4	37.9	32.8	6.8	53.4	771
Harare	2.6	11.1	15.7	17.5	6.3	26.8	1,219
Bulawayo	1.7	13.1	9.3	11.1	3.1	21.0	460
Education							
No education	12.9	32.6	27.4	26.9	11.7	45.7	88
Primary	11.0	31.7	31.0	26.8	11.7	48.3	1,782
Secondary	5.1	18.3	20.7	20.7	6.7	34.8	4,588
More than secondary	0.5	5.6	8.1	6.6	1.1	12.7	405
Wealth quintile							
Lowest	12.4	35.2	34.6	31.1	12.4	53.6	1,042
Second	8.8	28.6	29.7	27.6	9.6	47.1	1,137
Middle	9.2	23.6	26.7	23.7	10.0	43.4	1,194
Fourth	4.1	17.8	19.1	18.6	6.2	31.4	1,892
Highest	1.7	9.2	11.2	12.7	3.6	21.4	1,599
Total 15-49	6.5	21.2	22.7	21.5	7.7	37.1	6,863
Total 15-54	6.3	20.8	22.1	20.9	7.6	36.3	7,175

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

16.5 ATTITUDE TOWARDS REFUSING SEX WITH HUSBAND

The extent of control women have over when and with whom they have sex has important implications for demographic and health outcomes such as transmission of HIV and other sexually transmitted infections (STIs). It is also an indicator of women's status because it measures women's level of acceptance of norms in certain societies that socialise them to believe that women do not have the right to refuse sexual intercourse with their husband for any reason. The number of reasons a wife can refuse to have sexual intercourse with her husband reflects perceptions of sexual roles and women's rights over their bodies, and relates positively to women's sense of self-empowerment.

To measure beliefs about sexual empowerment of women, the 2005-06 ZDHS included questions on whether the respondent thinks that a wife is justified in refusing to have sexual intercourse with her husband under three circumstances: she knows her husband has an STI; she knows her husband has sexual intercourse with other women; and when she is tired or not in the mood. These three circumstances have been chosen because they combine issues of women's rights and consequences for women's health. Tables 16.5.1 and 16.5.2 show the responses of all women and all men, respectively.

Overall, the majority of women and men agreed with each specified reason for refusing to have sex. More than half of women (54 percent) and men (51 percent) agreed that all of the above reasons are justification for a woman to refuse to have sexual relations with her husband. Women were almost three times more likely than men to disagree with all of the reasons for refusing intercourse with her husband; 13 percent of women and 5 percent of men did not agree with any of the specified reasons. The most accepted reason for refusing to have sex, among women (79 percent) and men (86 percent), was if the wife knows her husband has a sexually transmitted infection.

Women in the older age groups, those with no education, employed women who are not paid in cash, married women, those with more than five children, women in rural areas, and women in the lowest wealth quintile are least likely to agree with all of the reasons for refusing sex. Among men, those who are age 15-19, unemployed, employed but not paid in cash, never married, have no children, have no education, and are in the lowest wealth quintile are least likely to agree with all the reasons for a wife refusing sex from her husband.

Differences are notable by urban-rural residence. Sixty-two percent of urban women and 58 percent of urban men agree with all the specified reasons for a wife refusing sex with her husband, compared with 50 percent of rural women and 46 percent of rural men. Provincial results vary greatly, with women residing in Bulawayo being the most likely to agree with all of the specified reasons a wife is justified in refusing sex with her husband, and women from Masvingo being the least likely (83 percent and 39 percent, respectively). Men in Matabeleland South were the most likely to agree with all the reasons, while men in Manicaland were the least likely (75 percent and 39 percent, respectively).

Table 16.5.1 Attitude towards refusing sexual intercourse with husband: women

Percentage of all women 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of women
	Knows husband has a sexually transmitted infection	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	73.4	70.6	61.1	51.6	17.3	2,152
20-24	81.5	72.2	68.6	55.8	10.8	1,952
25-29	82.1	72.4	69.0	57.1	10.6	1,466
30-34	81.9	73.1	69.1	56.5	10.0	1,216
35-39	82.3	70.9	66.5	55.5	10.7	834
40-44	81.4	68.9	66.1	53.0	11.7	699
45-49	75.9	66.2	59.8	48.9	16.9	589
Employment (past 12 months)						
Not employed	78.9	70.9	65.3	54.9	13.8	5,027
Employed for cash	81.6	73.3	67.0	55.4	11.1	2,888
Employed not for cash	75.5	66.0	65.8	48.8	12.1	981
Missing	*	*	*	*	*	11
Marital status						
Never married	79.0	75.2	65.6	57.8	14.3	2,404
Married or living together	79.1	69.4	66.0	53.0	12.4	5,143
Divorced/separated/widowed	81.1	70.5	66.3	53.9	11.2	1,360
Number of living children						
0	77.4	72.8	63.4	55.0	15.1	2,724
1-2	81.0	72.2	68.5	55.7	10.9	3,295
3-4	80.3	69.7	67.2	53.9	11.4	1,775
5+	78.3	66.3	62.5	49.9	14.3	1,113
Residence						
Urban	84.1	78.8	70.2	61.6	9.5	3,502
Rural	76.4	66.3	63.2	49.7	14.8	5,405
Province						
Manicaland	77.7	57.5	56.9	45.1	17.1	1,043
Mashonaland Central	75.7	67.7	65.1	51.9	16.0	825
Mashonaland East	76.6	69.1	65.1	54.2	15.9	714
Mashonaland West	76.4	64.7	67.3	51.5	13.8	829
Matabeleland North	87.8	84.4	63.3	58.1	8.1	536
Matabeleland South	81.4	82.1	74.1	64.4	9.7	439
Midlands	86.5	73.1	72.7	61.0	7.7	1,193
Masvingo	67.1	60.0	57.3	39.0	18.0	1,137
Harare	79.4	76.2	63.7	53.1	11.5	1,492
Bulawayo	93.0	92.8	83.7	82.6	5.9	697
Education						
No education	68.7	55.1	52.1	39.1	23.2	380
Primary	72.4	62.3	61.5	45.8	16.9	2,902
Secondary	83.3	76.3	68.7	59.1	10.0	5,355
More than secondary	91.1	87.4	78.3	74.6	6.2	270
Wealth quintile						
Lowest	71.6	62.1	60.3	44.5	17.4	1,552
Second	75.8	64.6	61.1	48.7	16.6	1,500
Middle	78.5	67.8	65.2	51.7	12.9	1,546
Fourth	81.4	74.0	68.3	57.1	10.9	2,006
Highest	85.8	81.3	71.3	64.3	8.5	2,304
Total	79.4	71.2	65.9	54.4	12.7	8,907

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

Table 16.5.2 Attitude towards refusing sexual intercourse with husband: men

Percentage of all men 15-49 who believe that a wife is justified in refusing to have sexual intercourse with her husband in specific circumstances, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Wife is justified in refusing intercourse with her husband if she:			Percentage who agree with all of the specified reasons	Percentage who agree with none of the specified reasons	Number of men
	Knows husband has a sexually transmitted infection	Knows husband has intercourse with other women	Is tired or not in the mood			
Age						
15-19	78.2	67.0	62.8	40.8	7.6	1,899
20-24	85.5	69.5	69.4	51.0	5.9	1,459
25-29	86.7	71.2	72.0	51.9	3.2	1,082
30-34	89.5	77.2	74.8	57.2	2.6	882
35-39	92.9	78.1	73.3	58.0	2.3	663
40-44	93.8	83.4	77.2	65.2	1.1	469
45-49	86.2	76.2	71.1	54.7	4.5	409
Employment (past 12 months)						
Not employed	83.2	71.8	68.9	48.2	5.2	2,070
Employed for cash	87.6	73.1	71.1	53.4	4.1	3,638
Employed not for cash	82.9	70.6	66.8	48.1	5.7	1,109
Missing	(85.5)	(64.0)	(63.3)	(46.9)	(9.1)	46
Marital status						
Never married	82.4	69.9	67.1	47.1	6.1	3,404
Married or living together	88.6	75.0	71.9	54.9	3.4	3,132
Divorced/separated/widowed	88.6	70.4	74.7	53.1	4.1	327
Number of living children						
0	82.7	69.5	67.4	47.5	6.1	3,685
1-2	89.1	74.2	72.2	55.0	3.4	1,675
3-4	88.9	76.9	71.2	54.0	2.6	944
5+	87.7	76.5	74.4	56.2	3.3	560
Residence						
Urban	92.9	78.1	72.4	57.9	2.0	2,767
Rural	80.5	68.3	67.8	46.2	6.6	4,096
Province						
Manicaland	79.2	63.4	61.0	38.9	8.3	793
Mashonaland Central	77.7	61.5	64.5	39.5	7.9	681
Mashonaland East	88.1	70.8	72.1	53.6	4.4	570
Mashonaland West	87.9	68.1	67.1	47.5	4.9	691
Matabeleland North	88.4	83.0	82.7	65.9	2.1	416
Matabeleland South	88.9	87.3	89.1	74.6	0.4	306
Midlands	80.4	67.2	71.1	47.0	6.8	956
Masvingo	82.4	69.8	64.3	43.5	4.8	771
Harare	92.8	80.1	67.1	56.0	2.4	1,219
Bulawayo	92.9	85.4	81.6	68.6	1.1	460
Education						
No education	74.0	66.4	72.7	40.9	5.6	88
Primary	75.7	66.2	63.4	41.6	9.5	1,782
Secondary	88.7	73.7	70.9	52.9	3.2	4,588
More than secondary	95.4	84.0	83.3	71.7	1.4	405
Wealth quintile						
Lowest	76.5	66.2	64.9	42.1	8.7	1,042
Second	80.0	68.9	67.5	46.5	6.1	1,137
Middle	79.5	65.8	65.4	42.4	7.2	1,194
Fourth	90.7	73.6	72.8	54.5	3.0	1,892
Highest	93.7	81.7	73.8	62.0	1.4	1,599
Total men 15-49	85.5	72.2	69.7	51.0	4.7	6,863
Total men 15-54	85.6	72.4	69.9	51.3	4.7	7,175

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

To assess men's attitudes towards a husband's right to take specific actions when his wife refuses sexual intercourse, men were asked if the following behaviours were justified: getting angry and reprimanding her; refusing her financial support; using force to have sex; and having sex with another woman. Table 16.5.3 shows the percentage of men age 15-49 who consider that a husband has a right to certain behaviours when a woman refuses to have sex with him when he wants her to.

Background characteristic	When a woman refuses to have sex with her husband, he has the right to:				Percentage who agree with all of the specified behaviours	Percentage who agree with none of the specified behaviours	Number of men
	Get angry and reprimand her	Refuse her financial support	Use force to have sex	Have sex with another woman			
Age							
15-19	25.4	12.9	5.5	11.5	1.9	66.1	1,899
20-24	22.2	8.8	3.6	9.7	1.3	71.5	1,459
25-29	26.4	8.5	3.2	11.6	0.9	66.9	1,082
30-34	22.2	7.9	4.5	9.0	1.7	71.6	882
35-39	21.9	7.4	3.5	9.6	2.2	72.3	663
40-44	21.4	7.9	3.2	5.9	1.2	74.3	469
45-49	23.3	5.7	3.3	7.1	1.0	72.6	409
Employment (past 12 months)							
Not employed	21.4	10.2	3.9	10.1	1.4	71.0	2,070
Employed for cash	23.9	8.5	3.8	10.6	1.6	69.8	3,638
Employed not for cash	27.4	10.5	5.5	7.8	1.6	66.7	1,109
Missing	(23.3)	(17.2)	(11.0)	(7.1)	(0.0)	(63.7)	46
Marital status							
Never married	23.7	10.6	4.3	10.6	1.4	68.9	3,404
Married or living together	23.8	7.8	3.9	8.8	1.4	70.7	3,132
Divorced/separated/widowed	23.9	11.6	4.6	13.7	3.7	67.4	327
Number of living children							
0	23.7	10.8	4.5	10.6	1.6	68.9	3,685
1-2	23.7	7.9	3.7	10.1	1.3	69.8	1,675
3-4	23.6	7.1	3.5	8.3	1.1	70.1	944
5+	24.1	8.6	4.3	8.1	2.5	73.4	560
Residence							
Urban	20.9	6.8	2.1	9.3	1.0	72.9	2,767
Rural	25.6	11.1	5.5	10.4	1.9	67.5	4,096
Province							
Manicaland	33.7	11.7	6.5	10.4	2.7	60.0	793
Mashonaland Central	29.4	14.4	5.8	10.1	1.7	65.4	681
Mashonaland East	19.8	13.0	8.0	10.3	2.7	69.6	570
Mashonaland West	13.1	6.0	3.0	12.4	1.3	78.7	691
Matabeleland North	12.5	6.2	1.6	9.8	0.5	81.6	416
Matabeleland South	4.9	5.4	3.7	7.5	0.7	86.6	306
Midlands	24.5	7.8	3.9	8.7	1.4	69.8	956
Masvingo	34.4	10.8	4.7	10.2	1.4	60.3	771
Harare	27.6	9.2	2.4	12.0	1.3	64.8	1,219
Bulawayo	12.0	5.7	0.8	3.6	0.7	85.0	460
Education							
No education	26.7	11.2	5.7	9.2	1.4	68.5	88
Primary	27.5	12.2	5.7	10.4	1.8	65.8	1,782
Secondary	22.8	8.6	3.6	10.0	1.4	70.5	4,588
More than secondary	17.0	5.9	2.8	8.1	1.7	76.6	405
Wealth quintile							
Lowest	27.4	12.5	5.3	10.3	1.1	64.9	1,042
Second	25.3	12.1	5.4	10.0	2.7	68.5	1,137
Middle	28.1	11.0	5.8	11.3	2.0	65.2	1,194
Fourth	22.0	7.7	3.9	9.9	1.3	71.2	1,892
Highest	19.0	6.2	1.4	8.8	0.7	75.0	1,599
Total men 15-49	23.7	9.4	4.1	10.0	1.5	69.6	6,863
Total men 15-54	23.3	9.1	4.0	9.7	1.5	70.1	7,175

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

Overall, 70 percent of men did not agree that a man was justified to react according to any of the specified behaviours, and only 2 percent of men agreed that all of the specified behaviours were justified. Twenty-four percent said that a husband had the right to get angry and reprimand his wife if she refuses sex, 10 percent said a husband had the right to have sex with another woman, 9 percent said a husband had the right to refuse her financial support, and 4 percent said that a husband had the right to use force to have sex. The percentage who agree with none of the specified behaviours exceeds 60 percent in all population subgroups. Men in Matabeleland South (87 percent) and Bulawayo (85 percent) are most likely to say that a man would not be justified in reacting with any of the specified behaviours to a wife's refusal to have sex.

16.6 CURRENT USE OF CONTRACEPTION BY WOMEN'S STATUS

A woman's desire and ability to control her fertility and her choice of contraceptive method are in part affected by her status in the household and her own sense of empowerment. A woman who feels that she is unable to control her life may be less likely to feel she can make and carry out decisions about her fertility. She may also feel the need to choose methods that are less obvious or do not depend on her husband's cooperation. Table 16.6 presents the distribution of currently married women by contraceptive method use, according to the three status indicators.

The data indicate that there is a positive relationship between women's status and use of contraception. Use of any contraceptive method and any modern method is highest among women who participate in three to four household decisions, who agree that a woman can refuse sexual intercourse with her partner for all three specified reasons, and who believe that wife beating is not justified for any of the five specified reasons.

Empowerment indicator	Any method	Any modern method	Modern methods				Any traditional method	Not currently using	Total	Number of women
			Female sterilisation	Male sterilisation	Temporary female methods ¹	Male condom				
Number of decisions in which participate²										
0	51.8	49.7	1.6	0.0	48.1	0.0	2.2	48.2	100.0	199
1-2	48.3	46.0	0.7	0.0	42.7	2.6	2.3	51.7	100.0	419
3-4	61.7	60.0	2.2	0.1	56.4	1.4	1.7	38.3	100.0	4,526
Number of reasons given for refusing to have sexual intercourse with husband³										
0	52.4	50.4	0.9	0.0	48.5	0.9	2.1	47.6	100.0	635
1-2	58.1	56.3	1.7	0.0	52.4	2.2	1.9	41.9	100.0	1,785
3	63.4	61.7	2.5	0.1	58.1	1.1	1.7	36.6	100.0	2,723
Number of reasons for which wife beating is justified⁴										
0	64.2	62.6	2.6	0.1	58.1	1.8	1.6	35.8	100.0	2,599
1-2	56.7	55.2	1.5	0.0	52.4	1.3	1.5	43.3	100.0	1,232
3-4	55.6	53.8	1.2	0.0	51.8	0.8	1.9	44.4	100.0	942
5	55.6	51.9	2.0	0.0	48.7	1.2	3.7	44.4	100.0	369
Total	60.2	58.4	2.0	0.1	54.9	1.4	1.8	39.8	100.0	5,143

Note: If more than one method is used, only the most effective method is considered in this tabulation.

¹ Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly and lactational amenorrhoea method

² Restricted to currently married women. See Table 16.3.2 for the list of decisions.

³ See Table 16.5.1 for the list of reasons.

⁴ See Table 16.4.1 for the list of reasons.

16.7 WIDOWS DISPOSSESSED OF PROPERTY

Table 16.7 presents information on the percentage of women who have been widowed and the percentage of women who have been dispossessed of property, by background characteristics. Nine percent of women interviewed in the 2005-06 ZDHS were currently widowed or reported being widowed at some time. These women were asked questions about the disposal of their late husband's property after he died. Six in ten widowed women received their late husband's property (61 percent). If a widow did not receive her husband's property, it most often went to members of his family. Twenty-eight percent of widows reported that their husband's property went to his family, 7 percent to his children, 3 percent to other people, and 1 percent to another wife.

Background characteristics	Percentage of ever-widowed women	Number of women	Percentage of widows who were dispossessed of property ¹	Who received most of late husband's property				Number of ever-widowed women whose property was received by someone after husband's death
				Other wife	Spouse's children	Spouse's family	Other	
Age								
15-19	0.3	2,152	*	*	*	*	*	6
20-29	4.1	3,418	54.4	1.8	5.7	45.7	1.2	131
30-39	16.7	2,050	41.1	1.5	8.5	27.8	3.2	321
40-49	24.8	1,287	30.9	0.9	6.7	19.8	3.4	295
Marital status								
Married	2.5	5,143	70.4	3.0	12.0	51.1	4.2	114
Widowed	100.0	671	32.9	1.0	6.3	22.9	2.7	630
Age of youngest child								
No children	0.8	2,628	*	*	*	*	*	19
<18 years	12.2	6,097	39.4	1.4	7.9	27.0	3.2	695
18+ years	25.1	182	(36.7)	(1.2)	(0.0)	(35.5)	(0.0)	40
Residence								
Urban	8.3	3,502	25.9	0.2	5.8	19.0	0.9	289
Rural	9.5	5,405	47.4	2.0	8.2	33.0	4.1	465
Region								
Manicaland	12.3	1,043	51.3	0.8	9.4	36.8	4.3	116
Mashonaland Central	8.0	825	55.5	3.4	8.3	39.7	4.1	63
Mashonaland East	12.5	714	33.8	0.9	2.7	29.3	1.0	81
Mashonaland West	12.0	829	37.6	1.1	7.2	27.9	1.3	98
Matabeleland North	7.2	536	(21.3)	(0.0)	(0.0)	(17.8)	(3.5)	35
Matabeleland South	7.9	439	(34.3)	(1.4)	(0.0)	(27.1)	(5.8)	31
Midlands	6.8	1,193	32.0	2.7	6.1	21.4	1.7	79
Masvingo	9.2	1,137	54.2	2.1	16.6	28.5	7.1	88
Harare	7.9	1,492	33.2	0.0	7.9	23.8	1.4	115
Bulawayo	6.7	697	(14.6)	(1.4)	(1.6)	(11.6)	(0.0)	47
Education								
No education	22.5	380	48.2	0.8	13.9	29.4	4.2	62
Primary	12.1	2,902	41.4	1.3	7.5	29.1	3.6	330
Secondary	6.6	5,355	35.9	1.5	5.6	26.6	2.2	344
More than secondary	6.4	270	27.6	*	*	*	*	17
Wealth quintile								
Lowest	9.5	1,552	50.4	2.3	10.4	29.7	8.1	126
Second	8.6	1,500	51.8	3.8	7.1	36.1	4.7	114
Middle	10.2	1,546	47.2	0.6	7.8	37.5	1.3	149
Fourth	9.9	2,006	34.3	1.0	7.0	24.6	1.8	193
Highest	7.5	2,304	21.0	0.0	4.9	15.5	0.6	172
Total	9.1	8,907	39.1	1.3	7.3	27.6	2.9	753

Note: Table is based on de facto women, i.e., women who slept in household the night preceding the interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Dispossessed of property indicates that none of late husband's assets went to the respondent.

Women between the ages of 20 and 29 represent the age group with the highest proportion who have been dispossessed of their late husband's property. Rural women are almost twice as likely as urban women to be dispossessed of property (47 percent and 26 percent, respectively). More than half of widows in Mashonaland Central (56 percent), Masvingo (54 percent), and Manicaland (51 percent) did not receive their husband's property. Less than one-quarter of widows in Bulawayo and Matabeleland North were dispossessed of property (15 percent and 21 percent, respectively).

The 2005-06 ZDHS represents the first time Zimbabwe has included information on domestic violence in the survey. Domestic violence against women has been acknowledged worldwide as a violation of basic human rights, and an increasing amount of research highlights the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations General Assembly, 1991; Heise et al., 1994, 1998; Jejeebhoy, 1998). The inclusion of the domestic violence module in the 2005-06 ZDHS is in recognition of the presence of gender-based violence as an economic, human right, and health issue in Zimbabwe. Gender-based violence is defined as any act of violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, where occurring in public or private life (United Nations, 1993, 1995). Domestic violence includes physical, sexual, emotional, psychological, or economic abuse committed by a person against a spouse, child, or any other person who is a member of the household, dependent, or parent of a child of that household. Domestic violence has negative health consequences on the victims and especially on the reproductive health of women.

Despite ongoing efforts to protect women and vulnerable populations against violence, there is still much to be done to protect victims and to further inform and educate the population about the problem. Moreover, in addition to baseline indicators presented in this chapter, a mechanism is needed to keep a database with locally updated statistics (United Nations Development Fund for Women, 2005).

The 2005-06 ZDHS included a special module designed to obtain information on the extent to which women in Zimbabwe experience domestic violence. The domestic violence module was administered to one eligible woman randomly selected in each household with the use of the Kish-grid technique.

Questions were included in the module to obtain information from ever-married women as to whether or not they had ever experienced various forms of emotional, physical or sexual violence at the hands of their current (most recent) husband/partner. Marital emotional violence was assessed by asking the woman whether or not her husband had ever said or done something to humiliate her in front of others; threatened to hurt or harm her or someone close to her; or insulted her or made her feel bad about herself. To assess the extent of marital physical violence, women were asked if the husband/partner had ever done any of the following: (1) pushed her, shaken her, thrown something at her, twisted her arm or pulled her hair; (2) slapped her; (3) punched her with his fist or with something that could hurt her, kicked her, dragged her, or beaten her up; (4) tried to choke her or burn her; (5) threatened her with a knife, gun, or other type of weapon; and attacked her with a knife, gun, or other type of weapon. The extent of marital sexual violence was assessed by asking whether or not the husband or partner had ever physically forced her to have sexual intercourse or forced her to perform any other sexual acts. Women who reported that they had ever experienced any form of violence were asked about the frequency with which each of the specific acts had occurred during the 12 months prior to the survey.

Although the module focused on the extent of marital violence, information also was obtained on any physical violence involving perpetrators other than the woman's current (last) husband that a woman may have experienced since her fifteenth birthday. Women who reported recent marital violence were asked about assistance they may have sought at the time the most recent episode of violence occurred.

The collection of data on domestic violence is challenging because women may not disclose issues of domestic violence. Collection of such sensitive information requires the establishment of rapport between the interviewer and the respondent. To prepare field staff in collecting data on domestic violence, they received special training on gender-based violence, focusing on domestic violence. Interviewers were instructed that interviews could only proceed when maximum privacy had been ensured. If privacy was not assured, the questions in the domestic violence module were not to be asked.

17.1 WOMEN EXPERIENCING PHYSICAL VIOLENCE

There were 6,293 women who were asked questions on domestic violence in the 2005-06 ZHDS. In Zimbabwe, domestic violence occurs across all socioeconomic and cultural backgrounds. Table 17.1 presents the percent distribution of women age 15-49 who ever experienced any form of physical violence since the age 15, by background characteristics. The data show that over one-third of all women (36 percent) have experienced physical violence since they were 15.

Socioeconomic background has an impact on whether a woman has experienced physical violence in the past. There are many variations observed when reviewing the data by background characteristics. Forty percent of women in the 20-24 year age group have experienced physical violence at some point since age 15. They represent the age group with the highest prevalence of domestic violence experienced since the age of 15.

Fifty-five percent of divorced and separated women reported experiencing violence since age 15, compared with 39 percent for married women. Twenty-five percent of women who have never been married reported that they have experienced violence since age 15. One-third of divorced and separated women have experienced recent physical violence, compared with 24 percent of women who are married.

Twenty-eight percent of women with no children reported experience with violence since age 15; however, the percentages of reported violence in the same reference period for women with one or more children are between 39 and 41 percent.

Rural women were more likely than their urban counterparts to report having ever experienced violence (39 percent compared with 32 percent). The highest proportion of women ever subjected to physical violence is in Midlands where 55 percent of women reported that they had experienced physical violence since age 15. Women in Bulawayo reported the lowest percentages for ever experiencing physical violence since age 15 (18 percent).

Women who are employed but do not receive their payment in cash reported the highest percentage of ever experiencing violence since 15 years of age (50 percent).

Table 17.1 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 15, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who have ever experienced physical violence since age 15 ¹	Number of women
Current age		
15-19	29.4	1,387
20-24	40.3	1,467
25-29	38.3	1,023
30-39	37.4	1,485
40-49	35.4	931
Marital status		
Never married	25.1	1,635
Married or living together	38.8	3,694
Divorced/separated	55.0	495
Widowed	34.2	469
Number of living children		
0	27.6	1,881
1-2	39.8	2,369
3-4	40.5	1,292
5+	38.6	751
Residence		
Urban	31.7	2,489
Rural	39.1	3,804
Province		
Manicaland	32.2	745
Mashonaland Central	41.4	515
Mashonaland East	46.8	553
Mashonaland West	39.7	555
Matabeleland North	26.1	347
Matabeleland South	35.1	326
Midlands	54.6	797
Masvingo	32.5	836
Harare	29.8	1,159
Bulawayo	18.3	460
Employment		
Not employed	31.4	3,454
Employed for cash	39.3	2,120
Employed not for cash	49.6	716
Education		
No education	39.6	251
Primary	39.7	1,974
Secondary	34.6	3,848
More than secondary	28.3	220
Wealth quintile		
Lowest	37.9	1,013
Second	42.2	1,048
Middle	41.1	1,096
Fourth	36.3	1,510
Highest	27.7	1,627
Total	36.2	6,293

Note: Total includes 2 cases missing employment information.

¹ Includes women who experienced physical violence in the past 12 months

Experience of violence decreases with increasing education. For example, 40 percent of uneducated women and women with only a primary education reported that they have experienced some physical violence since age 15, compared with 28 percent of women with more than a secondary education.

Among wealth quintiles, there is no clear pattern with regard to experience with violence since age 15; however, women in the highest wealth quintile reported the lowest prevalence of violence (28 percent).

Table 17.2 Persons committing physical violence

Among women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's marital status, Zimbabwe 2005-2006

Person	Marital status		Total
	Ever married	Never married	
Current husband/partner	56.9	na	46.7
Former husband/partner	21.3	na	17.5
Current boyfriend	0.2	3.4	0.8
Former boyfriend	0.8	8.5	2.2
Father/stepfather	7.0	12.4	8.0
Mother/stepmother	9.6	21.2	11.7
Sister/brother	6.6	18.0	8.7
Daughter/son	0.4	0.1	0.4
Other relative	7.0	14.2	8.3
Mother-in-law	2.8	na	2.3
Father-in-law	0.3	na	0.3
Other in-law	3.6	na	3.0
Teacher	4.8	21.9	7.9
Employer/someone at work	1.1	1.8	1.3
Police/soldier	0.3	0.0	0.2
Other	3.0	4.3	3.2
Number of women	1,864	411	2,275

na = Not applicable

17.2 PERPETRATORS OF PHYSICAL VIOLENCE

Table 17.2 shows the percent distribution of women reporting any physical violence since age 15 by the person or persons who committed the acts of violence against them, according to marital status. Among women who experienced violence since age 15, a total of 47 percent reported that their current husband or partner was the perpetrator and 18 percent reported that the perpetrator was a former husband or partner. Twelve percent of all women who have experienced physical violence since age 15 reported that the perpetrator was their mother or stepmother.

Among ever-married women, 57 percent reported that their current husband was the perpetrator. For never-married women, 22 percent reported that a teacher was the perpetrator and 21 percent reported that their mother or stepmother was the perpetrator.

17.3 FORCE AT SEXUAL INITIATION

Table 17.3 presents the percentage of women age 15-49 who have ever had sexual intercourse and reported that their first sexual intercourse experience was forced against their will. Among women who have ever had sexual intercourse, 21 percent reported that their first sexual intercourse was forced against their will. Among the 453 women who reported that their first sexual intercourse occurred at age 15 or younger, 24 percent reported that sexual intercourse was forced against their will.

Table 17.3 Force at sexual initiation		
Percentage of women age 15-49 who have ever had sexual intercourse who say that their first experience of sexual intercourse was forced against their will, by age at first sexual intercourse and whether the first sexual intercourse was at the time of first marriage or before first marriage, Zimbabwe 2005-2006		
	Percentage whose first sexual intercourse was forced against their will	Number of women who ever had sex
Age at first sexual intercourse		
<15	23.7	453
15-19	22.0	3,192
20-24	19.3	1,063
25-29	6.4	108
30-49	*	9
Missing	16.1	205
First sexual intercourse was:		
At the time of first marriage/ first cohabitation	21.3	2,923
Before first marriage/ first cohabitation ¹	21.0	1,903
Missing	16.1	205
Total	21.0	5,031

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
¹ Includes never-married women

17.4 EXPERIENCE OF SEXUAL VIOLENCE

Overall, 25 percent of women reported that they have experienced sexual violence at some point in their lives (Table 17.4). Twenty-eight percent of women age 20-39 reported experience with sexual violence.

Women who are employed were more likely than unemployed women to report sexual violence experience: 30 percent for women who were employed for cash and 33 percent for women who were employed but did not receive payment in cash. In comparison, 20 percent of unemployed women reported ever experiencing sexual violence. Divorced and separated women reported the highest percentage of sexual violence (44 percent), married women reported 29 percent, widows reported 27 percent, and never-married women reported 10 percent.

Table 17.4 Experience of sexual violence

Percentage of women age 15-49 who have ever experienced sexual violence, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who have ever experienced sexual violence ¹	Number of women
Current age		
15-19	15.5	1,387
20-24	27.6	1,467
25-29	27.9	1,023
30-39	28.4	1,485
40-49	26.7	931
Employment		
Not employed	20.4	3,454
Employed for cash	29.9	2,120
Employed not for cash	32.9	716
Marital status		
Never married	9.8	1,635
Married or living together	29.0	3,694
Divorced/separated	44.1	495
Widowed	27.2	469
Residence		
Urban	20.8	2,489
Rural	27.8	3,804
Province		
Manicaland	25.3	745
Mashonaland Central	32.8	515
Mashonaland East	34.4	553
Mashonaland West	32.3	555
Matabeleland North	10.0	347
Matabeleland South	14.7	326
Midlands	31.2	797
Masvingo	23.9	836
Harare	23.7	1,159
Bulawayo	9.4	460
Education		
No education	27.7	251
Primary	29.0	1,974
Secondary	22.8	3,848
More than secondary	26.0	220
Wealth quintile		
Lowest	28.0	1,013
Second	29.8	1,048
Middle	27.3	1,096
Fourth	25.8	1,510
Highest	17.9	1,627
Total	25.0	6,293

Note: Total includes 2 cases missing employment information.

¹ Includes those whose sexual initiation was forced against their will

Rural women reported a higher percentage of experience with sexual violence than their counterparts in urban areas (28 percent compared with 21 percent, respectively). Women in Mashonaland East were almost four times more likely to report sexual violence than women in Bulawayo (34 percent and 9 percent, respectively).

Education and wealth do not have a great impact on ever-experience with sexual violence. Women in each education group and wealth quintile are similarly affected with the exception of women in the highest wealth quintile, who reported the lowest percentage of experience with sexual violence (18 percent).

Table 17.5 presents information on the women age 15-49 who have experienced sexual violence, by age at first experience of sexual violence according to current age. Six percent of women were age 14 or younger when they were first sexually assaulted, and 32 percent were between 15 and 19 years of age. Sixty-two percent of women who are currently 15-19 years of age reported that they have experienced their first sexual violence assault against them.

Table 17.5 Age at first experience of sexual violence

Percent distribution of women age 15-49 who have experienced sexual violence by age at first experience of sexual violence, according to current age, Zimbabwe 2005-2006

Current age	Age at first experience of sexual violence						Total	Number of women
	Less than 10 years	10-14 years	15-19 years	20-49 years	Don't know ¹	Missing		
15-19	0.7	9.4	62.1	na	15.3	12.4	100.0	215
20-24	0.5	2.8	31.5	14.4	23.3	27.6	100.0	405
25-29	3.6	5.8	23.9	13.6	25.4	27.6	100.0	285
30-39	0.6	4.1	24.6	16.2	29.6	24.7	100.0	421
40-49	0.3	3.8	27.4	8.7	32.9	26.9	100.0	248
Total	1.1	4.8	31.8	11.9	25.8	24.6	100.0	1,575

¹ Includes women who report having ever experienced sexual violence committed only by their current husband if currently married or by most recent husband if divorced, separated, or widowed, and whose sexual initiation was not forced against their will. For these women, the age at first experience of sexual violence is not known.
na = Not applicable

Table 17.6 presents information on women age 15-49 who have experienced sexual violence, and the percentage who reported specific persons committing sexual violence, according to age at first experience of sexual violence and marital status. Overall, the majority (65 percent) of women reported that their current or former husband, partner, or boyfriend committed the act of sexual violence. It is important to highlight that among women who were less than 15 years old when their first experience of sexual violence occurred, 7 percent reported that the perpetrators were a relative, 7 percent reported that the person was a family friend, and 4 percent reported that the person was a stepfather. Overall, 18 percent of the sexual violence against children is perpetrated by people who are probably trusted by the child's family.

Table 17.6 Persons committing sexual violence

Among women age 15-49 who have experienced sexual violence, percentage who report specific persons committing sexual violence according to age at first experience of sexual violence and current marital status, Zimbabwe 2005-2006

Person	Age at first experience of sexual violence				Marital status		Total
	<15 years	15 years older	Don't know ¹	Missing	Ever married	Never married	
Current husband/partner	21.6	40.5	71.3	0.8	41.7	na	37.5
Former husband/partner	17.7	23.7	20.6	0.2	18.6	na	16.7
Current/former boyfriend	8.9	23.6	0.0	0.0	5.3	60.3	10.8
Stepfather	3.7	0.3	0.0	0.0	0.4	0.0	0.3
Other relative	7.1	1.5	1.3	0.0	1.1	3.9	1.4
In-law	1.2	0.0	0.2	0.0	0.1	0.6	0.1
Own friend/acquaintance	3.1	0.9	0.0	0.0	0.6	0.7	0.6
Family friend	7.2	0.6	0.0	0.2	0.6	1.9	0.7
Teacher	0.0	0.1	0.1	0.0	0.1	0.0	0.1
Employer/someone at work	0.0	0.6	0.0	0.0	0.3	0.0	0.3
Police/soldier	0.0	0.4	0.0	0.0	0.2	0.0	0.2
Priest/religious leader	0.0	0.2	0.0	0.0	0.0	0.4	0.1
Stranger	9.2	2.7	0.1	0.0	1.3	5.4	1.8
Other	19.6	3.4	2.7	24.1	8.6	14.7	9.3
Missing	0.7	1.6	3.5	74.8	21.0	12.0	20.1
Number of women	92	689	406	388	1,416	160	1,575

¹ Includes women who report having ever experienced sexual violence committed only by their current husband if currently married or by most recent husband if divorced, separated, or widowed, and whose sexual initiation was not forced against their will. For these women, the age of first experience of sexual violence is not known.
na = Not applicable

17.5 EXPERIENCE OF DIFFERENT FORMS OF VIOLENCE

Table 17.7 shows information on the percentage of women age 15-49 who reported having experienced forms of physical violence, sexual violence, or both, by current age. Overall, 47 percent of women reported that they have experienced a form of physical or sexual violence whether it was physical abuse only, sexual abuse only, or both physical and sexual abuse. Almost two-fifths of women age 15-19 reported that they have experienced some form of physical or sexual violence (37 percent). Half of women between the ages of 20 and 39 years reported that they have experienced one or both forms of violence.

Table 17.7 Experience of different forms of violence

Percentage of women age 15-49 who have experienced different forms of violence by current age, Zimbabwe 2005-2006

Age	Physical violence only ¹	Sexual violence only ²	Both physical and sexual violence ³	Total percentage of women who reported physical and/or sexual violence ⁴	Number of women
15-19	21.6	7.8	7.7	37.1	1,387
15-17	23.5	6.2	5.7	35.4	806
18-19	19.1	9.9	10.5	39.6	581
20-24	21.9	9.2	18.4	49.5	1,467
25-29	21.0	10.7	17.2	48.9	1,023
30-39	22.8	13.7	14.6	51.1	1,485
40-49	20.6	11.9	14.8	47.3	931
Total	21.7	10.6	14.4	46.7	6,293

¹ Women who reported physical violence only

² Women who reported sexual violence only. Includes forced sexual initiation.

³ Women who reported that they were both physically and sexually abused. Includes forced sexual initiation.

⁴ Total women who reported physical abuse, sexual abuse, or physical and sexual abuse.

17.6 VIOLENCE DURING PREGNANCY

Women experience violence in all stages of their life. In the 2005-06 ZDHS, women who had had a pregnancy (whether it resulted in a live birth or not) and those who were currently pregnant at the time of the survey were asked whether they experienced any type of physical violence during any of their pregnancies and who administered that violence. Table 17.8 presents these findings according to selected background characteristics. Eight percent of women reported that they experienced violence when they were pregnant.

Violence during pregnancy occurs at all ages. Women in the 20-24 year age group reported the highest prevalence of experiencing violence while pregnant (11 percent). Divorced or separated women were more likely than married women to have experienced violence during pregnancy (18 percent and 7 percent, respectively). However, it is interesting that never-married women are also more likely than married women to have experienced violence during pregnancy (10 percent compared with 7 percent, respectively).

There is not much difference between women in rural and urban areas with respect to their risk of facing physical violence during pregnancy; 9 percent of rural women and 8 percent of urban women reported experiencing violence during pregnancy. However, there are notable variations by province. Women in Midlands (16 percent), Mashonaland West (11 percent), and Bulawayo (11 percent) reported the highest prevalence of violence during pregnancy.

Looking at education and wealth, women with a primary education and women in the second, middle, and fourth wealth quintiles reported the highest level of violence during pregnancy; 9 percent of women in each of these groups experienced physical violence when they were pregnant. Women with more than a secondary education and women in the highest wealth quintile were least likely to have experienced violence when they were pregnant (6 percent each).

Table 17.8 Violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage who have ever experienced physical violence during pregnancy	Number of women who have ever been pregnant
Current age		
15-19	7.1	296
20-24	11.2	1,074
25-29	7.0	945
30-39	8.4	1,444
40-49	6.5	914
Marital status		
Never married	9.8	201
Married or living together	7.3	3,553
Divorced/separated	18.0	461
Widowed	5.8	459
Number of living children		
0	2.2	262
1-2	8.6	2,369
3-4	9.2	1,292
5+	7.9	751
Residence		
Urban	7.6	1,652
Rural	8.7	3,022
Province		
Manicaland	5.4	580
Mashonaland Central	8.1	419
Mashonaland East	6.1	470
Mashonaland West	10.6	431
Matabeleland North	6.7	268
Matabeleland South	9.3	243
Midlands	16.2	605
Masvingo	5.8	632
Harare	5.8	745
Bulawayo	10.5	280
Education		
No education	7.8	242
Primary	9.3	1,676
Secondary	7.9	2,589
More than secondary	6.0	167
Wealth quintile		
Lowest	8.3	837
Second	9.4	870
Middle	8.9	820
Fourth	8.6	1,158
Highest	6.4	989
Total	8.3	4,674

17.7 MARITAL CONTROL BY HUSBAND OR PARTNER

Marital violence refers to violence perpetuated by partners in a marital union. A series of questions were included in the 2005-06 ZDHS to elicit the degree of marital control exercised by the spouse or partner over the respondent. Attempts by male spouses/partners to closely control and monitor their female counterparts have been found to be among the most important early warning signs, as well as correlates of violence in a relationship. Controlling behaviours most often manifest themselves in terms of extreme possessiveness, jealousy, and attempts to isolate the woman from her family and friends. Because the accumulation of such behaviours is more significant than the display of any single behaviour, the proportion of women whose husbands display at least three of the specified behaviours is highlighted.

In order to determine the degree of marital control by husbands of their wives, women were asked whether they experienced any of a list of specific acts of controlling behaviours by their husbands, such as the husband is jealous or gets angry if she talks to other men, accuses her of being unfaithful, does not permit meetings with female friends, tries to limit contact with her family, insists on knowing where she is at all times, and does not trust her with any money. Table 17.9 presents the percentage of ever-married women whose husbands or partners display each of the listed behaviours, by selected background characteristics.

Table 17.9 shows that the main controlling behaviours women experienced from their husbands were being jealous or angry if she talks to other men and her husband's insistence on knowing where she is at all times (57 percent and 44 percent, respectively). Just under one-quarter of ever-married women said that their husbands frequently accuse them of being unfaithful (23 percent), 17 percent said their husbands do not permit them to meet their female friends, 14 percent report that their husbands do not trust them with money, and 13 percent said that their husbands try to limit their contact with their families. One in four women reported that their spouses display three or more of the specific behaviours, while one-third of women reported that their spouses do not display any of the behaviours.

Overall, differences in the proportions reporting various controlling behaviours are not extremely large across the demographic and socioeconomic categories shown in Table 17.9. Divorced or separated women are, however, noticeably more likely to report that their last husband or partner displayed three or more controlling behaviours.

Table 17.9 Degree of marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husband/partner ever demonstrates specific types of controlling behaviours, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of women whose husband:								Number of women
	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money	Displays 3 or more of the specific behaviours	Displays none of the specific behaviours	
Current age									
15-19	55.6	23.3	19.4	10.2	44.2	10.6	27.8	31.8	317
20-24	60.5	24.6	19.1	15.7	47.9	15.2	29.1	29.2	1,053
25-29	59.1	23.1	16.7	13.6	44.9	13.7	26.9	31.2	928
30-39	57.0	21.8	16.5	12.3	41.8	13.0	24.1	33.1	1,436
40-49	53.5	22.5	14.9	12.0	39.9	14.1	23.6	39.3	923
Employment									
Not employed	55.8	22.7	15.9	12.6	41.9	12.2	24.7	35.0	2,337
Employed for cash	60.9	23.8	19.1	14.6	46.3	15.5	28.0	29.4	1,707
Employed not for cash	53.6	21.3	15.3	11.0	42.4	14.5	24.5	35.2	612
Number of living children									
0	53.6	22.6	16.2	11.0	41.8	9.8	22.9	35.2	413
1-2	60.2	22.5	17.7	14.1	46.0	14.2	27.9	30.2	2,218
3-4	57.9	24.0	17.3	12.1	40.9	13.9	24.7	33.4	1,279
5+	50.3	22.4	14.9	13.0	41.8	14.1	23.8	39.5	748
Marital status and duration									
Currently married	55.2	21.1	14.4	11.2	42.3	12.0	23.5	34.6	3,694
Married only once	53.8	19.7	13.3	10.3	41.5	11.4	22.2	35.7	3,180
0-4 years	55.4	19.7	14.9	10.8	43.4	11.8	25.1	33.6	968
5-9 years	56.7	19.5	15.1	10.6	44.1	12.0	23.4	32.7	792
10+ years	51.1	19.8	11.3	9.6	38.7	10.8	19.6	38.8	1,420
Married more than once	63.6	30.1	21.2	17.2	47.2	15.7	31.3	27.3	514
Divorced/separated	71.9	38.0	35.4	28.0	54.8	26.4	46.1	21.3	495
Widowed	59.7	21.1	18.0	12.6	41.9	13.8	23.7	33.0	469
Residence									
Urban	58.8	21.0	16.9	12.1	43.4	13.8	25.8	33.0	1,638
Rural	56.6	24.0	17.1	13.7	43.7	13.7	26.0	33.0	3,020
Province									
Manicaland	64.7	27.7	23.6	21.0	42.8	17.3	32.5	28.8	585
Mashonaland Central	60.4	28.8	21.4	16.2	49.1	16.1	29.7	29.4	430
Mashonaland East	49.7	22.3	16.8	14.1	38.7	15.8	26.7	39.0	475
Mashonaland West	63.7	25.3	16.9	13.7	40.4	10.8	24.3	28.4	429
Matabeleland North	54.1	25.7	9.5	4.8	44.4	10.2	21.7	33.6	246
Matabeleland South	45.5	18.8	10.3	8.0	47.0	7.3	20.3	35.5	222
Midlands	57.4	19.6	14.7	8.5	52.8	12.7	22.8	27.4	614
Masvingo	57.4	22.1	18.4	16.5	42.8	12.7	26.4	35.6	645
Harare	58.0	19.3	14.4	9.1	38.1	13.4	24.3	35.8	753
Bulawayo	51.2	21.2	17.8	14.3	42.7	17.4	25.8	40.9	259
Education									
No education	52.3	23.4	20.5	14.7	44.3	17.4	27.7	39.0	243
Primary	55.3	24.3	17.3	13.3	44.5	13.9	26.2	33.9	1,692
Secondary	60.1	22.2	16.7	13.2	43.1	13.2	25.7	31.1	2,549
More than secondary	45.3	20.1	13.7	9.1	41.0	14.2	23.1	43.0	173
Wealth quintile									
Lowest	55.7	26.8	17.1	13.8	45.0	15.3	26.8	33.6	827
Second	58.7	24.8	18.4	12.2	44.3	14.2	27.5	30.6	865
Middle	55.8	21.5	16.4	15.5	44.4	13.0	25.8	34.1	827
Fourth	61.6	23.6	18.5	14.9	47.5	14.5	28.0	29.4	1,168
Highest	53.9	18.4	14.4	9.3	36.4	11.6	21.4	38.1	971
Total	57.4	22.9	17.0	13.1	43.6	13.7	25.9	33.0	4,658

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Total includes 2 cases missing employment information.

17.8 FORMS OF SPOUSAL VIOLENCE

Table 17.10 shows the percentage of ever-married women by their experience of physical, sexual, and emotional spousal violence. It should be noted that different types of violence are not mutually exclusive and women may report multiple forms of violence. Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and, in one-third to over half of cases, by sexual abuse (Krug et al., 2002). The data show that 30 percent of ever-married women reported having ever experienced any form of physical violence, 19 percent reported any sexual violence, and 27 percent reported any emotional violence.

Table 17.10 Forms of spousal violence				
Percentage of ever-married women age 15-49 who have experienced various forms of violence, ever or in the 12 months preceding the survey, committed by their husband/partner, Zimbabwe 2005-2006				
	Ever	In the past 12 months ¹		
		Often	Sometimes	Often or sometimes
Physical violence				
Any	29.5	7.1	18.2	25.3
Pushed her, shook her, threw something at her, twisted her arm, or pulled her hair	12.0	3.2	7.1	10.3
Slapped her	25.3	5.3	16.2	21.6
Punched her with his fist or with something that could hurt her; kicked, dragged, or beat her	12.1	3.6	6.9	10.5
Tried to choke her or burn her on purpose	7.5	2.5	4.3	6.7
Threatened her or attacked her with a knife, gun, or any other weapon	2.5	1.0	1.3	2.3
Sexual violence				
Any	18.9	4.8	7.9	12.7
Physically forced her to have sexual intercourse with him even when she did not want to	10.5	3.9	6.0	10.0
Forced her to perform any sexual acts she did not want to	10.9	4.0	6.2	10.1
Sexual initiation was with current or most recent husband and was forced ²	8.1	na	na	na
Emotional violence				
Any	27.3	8.2	19.7	27.9
Said or did something to humiliate her in front of others	10.7	3.6	7.2	10.8
Threatened to hurt or harm her or someone close to her	9.7	3.5	6.2	9.7
Insulted her or made her feel bad about herself	23.0	6.7	16.8	23.6
Any form of physical and/or sexual violence	38.2	9.9	20.5	30.5
Any form of physical and sexual violence	10.2	4.2	5.2	9.3
Any form of emotional, physical, and/or sexual violence	47.1	13.7	27.5	41.2
Any form of emotional, physical, and sexual violence	6.5	4.1	2.7	6.8
Number of ever-married women	4,658	4,188	4,188	4,188
Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women.				
na = Not applicable				
¹ Excludes widows				
² Excludes women who have been married more than once because their sexual initiation could not have been with the current/most recent partner				

The most common forms of spousal physical violence are slapping (25 percent), followed by punching, kicking, dragging, or beating (12 percent), and pushing, shaking, throwing, twisting arm, or pulling hair (12 percent). Twenty-two percent of women reported that they had been slapped within 12 months preceding the survey.

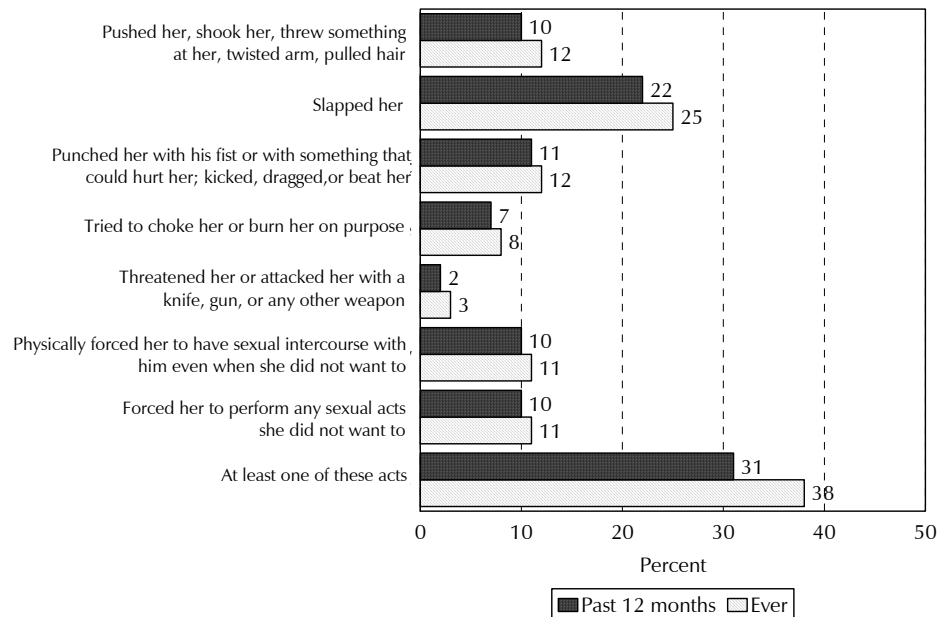
With respect to spousal sexual violence, 11 percent of women reported their spouse or partner forced them to have sexual intercourse and the same percentage said they were made to perform other sexual acts against their will. Ten percent of ever-married women reported experiencing both acts of spousal sexual violence during the 12 months preceding the survey.

The most common form of emotional spousal violence is a spouse insulting or making his wife feel bad about herself (23 percent), followed by humiliating her in front of others (11 percent) and threatening to harm her or someone close to her (10 percent). The percentages are similar for wives experiencing all three of these forms of emotional violence during the 12 months preceding the survey.

During the past year, 41 percent of ever-married women reported that they had experienced some form of spousal emotional, physical, and/or sexual violence. Thirty-one percent reported experiencing any form of physical and/or sexual violence within the same period.

Figure 17.1 shows the proportion of ever-married women who have ever experienced different forms of violence by their current or last husbands and experienced violence during the 12 months preceding the survey.

Figure 17.1 Percentage of Ever-married Women Who Have Experienced Violence by Their Current or Last Husband (Ever and in the Past 12 Months)



ZDHS 2005-2006

Table 17.11 presents the percentage of ever-married women by their experience of emotional, physical, or sexual spousal violence, according to selected background characteristics. Women age 15-24 are more likely than older women to have experienced emotional, physical, or sexual violence (51 percent). Sixty-two percent of women who are employed but do not receive payment in cash reported that they have ever experienced any form of spousal abuse. Women with five or more children are more likely than women with fewer children to experience any form of spousal abuse (50 percent). Divorced and separated women reported the largest percentage of all three forms of spousal violence (64 percent). There is little variation by duration of marriage.

Rural women are more likely than their urban counterparts to have experienced emotional, physical, or sexual violence (50 percent and 41 percent, respectively). There is much variation by province, with women in Midlands reporting the highest percentage of spousal abuse (64 percent) and women in Bulawayo (28 percent) reporting the lowest percentage.

Overall, women with a secondary or higher education reported a lower percentage of spousal violence than uneducated women or those with a primary education. While a higher wealth status is also associated with a lower occurrence of spousal violence, it is important to note that over one-third of women in the highest wealth quintile have experienced some form of spousal emotional, physical, or sexual violence. Over half of ever-married women who reported experiencing any form of spousal abuse also reported that their father beat their mother (54 percent).

Table 17.11 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 by whether they have ever experienced emotional, physical, or sexual violence committed by their husband/partner, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Current age						
15-19	25.1	25.9	30.3	44.0	50.7	317
20-24	30.9	33.2	20.9	41.5	50.5	1,053
25-29	30.9	30.3	17.2	37.1	47.3	928
30-39	25.2	27.2	17.1	35.0	44.3	1,436
40-49	23.5	29.3	17.2	38.7	46.0	923
Employment						
Not employed	22.9	27.5	15.6	34.5	42.0	2,337
Employed for cash	28.3	30.5	21.4	40.4	48.6	1,707
Employed not for cash	41.4	34.6	24.8	46.3	62.4	612
Number of living children						
0	21.1	23.1	21.8	34.7	42.3	413
1-2	28.7	28.9	19.1	37.2	46.9	2,218
3-4	26.2	31.9	17.2	39.3	47.2	1,279
5+	28.4	30.8	19.8	41.3	50.0	748
Marital status and duration						
Currently married	28.2	28.0	18.2	36.9	46.7	3,694
Married only once	26.9	27.7	18.6	37.0	46.2	3,180
0-4 years	24.5	24.8	20.2	35.6	43.6	968
5-9 years	28.3	31.2	18.5	38.8	47.6	792
10+ years	27.8	27.8	17.6	37.0	47.1	1,420
Married more than once	36.3	29.7	15.3	36.1	49.9	514
Divorced/separated	46.0	44.6	26.8	53.7	63.8	495
Widowed	0.3	25.3	16.6	32.4	32.4	469
Residence						
Urban	23.8	26.1	14.5	32.8	41.2	1,638
Rural	29.2	31.4	21.3	41.2	50.3	3,020
Province						
Manicaland	23.2	22.1	25.0	35.9	42.8	585
Mashonaland Central	24.3	34.7	24.3	45.9	49.2	430
Mashonaland East	24.4	38.5	22.9	47.7	54.9	475
Mashonaland West	31.5	33.6	18.6	40.5	51.0	429
Matabeleland North	26.1	24.9	4.2	26.6	39.4	246
Matabeleland South	27.0	26.6	9.7	30.9	43.1	222
Midlands	46.3	33.9	27.8	47.6	64.2	614
Masvingo	26.2	29.8	15.3	35.9	44.0	645
Harare	21.1	27.1	16.3	34.9	41.0	753
Bulawayo	17.1	17.0	7.2	19.8	27.6	259
Education						
No education	28.4	34.5	19.1	42.1	47.2	243
Primary	27.3	32.5	19.6	41.9	49.9	1,692
Secondary	27.4	28.0	18.8	36.5	45.9	2,549
More than secondary	23.7	16.3	13.7	23.1	36.7	173
Wealth quintile						
Lowest	31.1	32.7	21.0	42.3	51.0	827
Second	31.8	35.6	21.3	44.9	53.9	865
Middle	28.7	29.3	24.2	41.1	52.4	827
Fourth	25.0	28.9	17.8	37.3	44.9	1,168
Highest	21.6	22.2	11.8	27.5	35.8	971
Respondent's father beat her mother						
Yes	32.5	36.2	22.8	44.9	54.3	1,562
No	24.1	26.1	15.9	34.0	42.6	2,645
Don't know	28.6	27.4	23.9	41.5	49.7	424
Total	27.3	29.5	18.9	38.2	47.1	4,658

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Total includes 2 cases missing employment information.

17.9 VIOLENCE BY SPOUSAL CHARACTERISTICS AND WOMEN'S INDICATORS

Because the most frequent perpetrator of spousal violence is the woman's husband, it is important to observe the husband's characteristics to help understand their relationship with the violence. Table 17.12 presents information on ever-married women's spousal violence by husband's characteristics and empowerment indicators. Although differentials vary somewhat by the plethora of characteristics presented in the table, there is no clear pattern among the characteristics. Spousal violence in Zimbabwe is universal in that it cuts across all socioeconomic groups. As expected, alcohol consumption is highly associated with spousal violence.

	Emotional violence	Physical violence	Sexual violence	Physical or sexual violence	Emotional, physical, or sexual violence	Number of women
Husband's/partner's education						
No education	24.1	29.6	17.2	38.3	42.3	178
Primary	30.2	34.1	20.3	43.8	52.3	1,281
Secondary+	26.4	27.5	18.5	36.1	45.3	3,099
Don't know/missing	23.5	32.8	16.4	34.1	42.5	99
Husband's/partner's alcohol consumption						
Does not drink	20.4	16.0	13.2	24.2	35.0	3,777
Drinks/never gets drunk	41.8	88.5	32.7	100.0	100.0	43
Gets drunk sometimes	50.8	87.3	42.9	98.9	99.1	504
Gets drunk very often	69.2	88.4	46.4	97.8	98.4	317
Don't know/missing	*	*	*	*	*	16
Spousal age difference¹						
Wife older	26.1	34.7	16.2	42.5	48.1	116
Wife same age	30.4	37.6	14.0	41.1	48.9	101
Wife 1-4 years younger	28.5	28.2	18.5	37.4	47.3	1,245
Wife 5-9 years younger	25.9	28.0	18.7	37.4	45.7	1,362
Wife 10+ years younger	31.2	25.8	17.4	34.2	46.9	854
Missing	*	*	*	*	*	17
Spousal education difference						
Husband better educated	27.2	30.4	19.5	39.5	47.5	2,134
Wife better educated	31.3	31.9	20.4	41.7	51.4	884
Both equally educated	25.7	27.0	17.5	35.0	44.6	1,441
Neither is educated	19.7	26.1	20.1	38.3	40.7	69
Don't know/missing	23.7	28.5	14.3	29.5	40.6	130
Number of marital control behaviours displayed by husband/partner						
0	12.0	14.3	10.3	21.8	28.0	1,537
1-2	24.5	25.1	16.5	34.8	45.3	1,914
3-4	45.0	50.5	31.0	59.7	71.0	796
5-6	63.0	66.3	39.1	74.2	80.3	411
Number of decisions in which wife participates						
0	34.2	33.2	19.0	40.8	49.7	132
1-2	31.1	36.4	23.4	47.0	54.3	289
3-4	27.7	27.1	17.7	35.9	45.9	3,273
Number of reasons given for refusing to have sexual intercourse with husband						
0	23.4	29.1	18.9	38.5	44.8	532
1-2	28.8	30.6	19.1	39.3	48.6	1,655
3	27.2	28.9	18.8	37.5	46.5	2,470
Number of reasons for which wife beating is justified						
0	24.2	24.4	14.8	32.2	41.5	2,431
1-2	29.6	33.6	22.2	43.6	51.9	1,082
3-4	30.8	34.0	21.7	42.6	52.0	824
5	33.7	42.5	31.7	54.9	60.2	321
Total	27.3	29.5	18.9	38.2	47.1	4,658

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Includes only currently married women

17.10 FREQUENCY OF SPOUSAL VIOLENCE

The frequency of spousal violence is an indicator of the prevalence of domestic violence. Table 17.13 shows the percent distribution of ever-married women reporting any kind of emotional, physical, or sexual violence by how often it occurred in the 12 months prior to the survey, according to their background characteristics. The data show that 8 percent of ever-married women who have ever experienced emotional violence by their husband/partner did not experience any at all during the past 12 months, while 65 percent experienced emotional violence sometimes and 27 percent experienced it often. Among ever-married women who have experienced physical or sexual violence by their husband/partner, 13 percent reported that this did not happen within the past year, 59 percent reported that it occurred sometimes, and 28 percent reported that physical or sexual violence occurred often during the past year.

Table 17.13 Frequency of spousal violence among those who report violence

Percent distribution of ever-married women age 15-49 (excluding widows) who have ever suffered emotional violence committed by their husband/partner, by frequency of violence in the 12 months preceding the survey, and percent distribution of those who have ever suffered physical or sexual violence committed by their husband/partner, by frequency of violence in the 12 months preceding the survey, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Frequency of emotional violence in the past 12 months				Number of women	Frequency of physical or sexual violence in the past 12 months				Number of women
	Often	Sometimes	Not at all	Total		Often	Sometimes	Not at all	Total	
Current age										
15-19	23.0	64.2	12.8	100.0	80	22.4	70.9	6.7	100.0	105
20-24	27.8	65.5	6.8	100.0	326	25.8	65.2	9.0	100.0	391
25-29	26.4	68.3	5.3	100.0	287	26.5	64.5	9.0	100.0	307
30-39	26.9	63.3	9.8	100.0	363	33.0	50.3	16.7	100.0	409
40-49	28.4	62.4	9.2	100.0	215	29.2	49.0	21.9	100.0	254
Employment										
Not employed	29.8	62.9	7.3	100.0	535	30.2	56.9	12.9	100.0	671
Employed for cash	30.0	61.3	8.6	100.0	481	30.5	56.5	12.9	100.0	563
Employed not for cash	15.6	75.6	8.8	100.0	254	17.6	67.8	14.6	100.0	233
Number of living children										
0	24.8	69.7	5.6	100.0	87	22.6	72.5	4.9	100.0	108
1-2	27.7	62.8	9.5	100.0	637	25.8	61.3	12.9	100.0	709
3-4	27.1	66.5	6.4	100.0	335	33.6	54.9	11.5	100.0	406
5+	25.6	66.9	7.5	100.0	211	29.4	49.8	20.8	100.0	242
Marital status and duration										
Currently married	24.9	69.6	5.5	100.0	1,043	26.3	62.9	10.8	100.0	1,223
Married only once	22.8	71.7	5.5	100.0	856	25.2	63.8	11.0	100.0	1,038
0-4 years	29.4	65.4	5.2	100.0	238	20.5	73.4	6.1	100.0	282
5-9 years	24.5	71.6	3.9	100.0	224	27.9	64.9	7.2	100.0	284
10+ years	17.9	75.5	6.6	100.0	395	26.5	57.3	16.1	100.0	471
Married more than once	34.6	59.8	5.6	100.0	186	32.1	57.9	10.0	100.0	186
Divorced/separated	36.7	43.5	19.9	100.0	227	38.5	36.4	25.2	100.0	243
Residence										
Urban	26.9	65.2	7.9	100.0	388	29.7	57.5	12.8	100.0	439
Rural	27.1	64.8	8.2	100.0	882	27.7	58.9	13.4	100.0	1,028
Province										
Manicaland	34.8	64.3	0.9	100.0	136	43.1	55.5	1.4	100.0	154
Mashonaland Central	33.3	55.5	11.1	100.0	105	21.6	61.5	17.0	100.0	161
Mashonaland East	44.2	52.0	3.8	100.0	116	36.5	50.4	13.0	100.0	187
Mashonaland West	20.8	70.6	8.6	100.0	135	21.5	63.1	15.4	100.0	151
Matabeleland North	13.7	58.1	28.2	100.0	64	7.0	59.8	33.2	100.0	61
Matabeleland South	5.6	79.1	15.4	100.0	60	5.0	67.4	27.6	100.0	59
Midlands	15.9	81.5	2.6	100.0	284	21.2	75.3	3.5	100.0	248
Masvingo	30.4	52.2	17.4	100.0	169	26.3	50.8	22.9	100.0	194
Harare	40.5	54.2	5.3	100.0	157	41.3	48.8	9.9	100.0	204
Bulawayo	20.8	76.1	3.1	100.0	44	38.3	47.7	14.0	100.0	48

Continued...

Table 17.13—Continued

Background characteristic	Frequency of emotional violence in the past 12 months				Number of women	Frequency of physical or sexual violence in the past 12 months				Number of women
	Often	Sometimes	Not at all	Total		Often	Sometimes	Not at all	Total	
Education										
No education	23.1	70.6	6.3	100.0	69	28.9	53.0	18.2	100.0	81
Primary	29.6	62.0	8.4	100.0	461	28.1	56.3	15.6	100.0	578
Secondary	26.4	65.9	7.7	100.0	699	28.4	60.9	10.7	100.0	781
More than secondary	(14.7)	(70.6)	(14.7)	100.0	41	(29.3)	(52.5)	(18.1)	100.0	27
Wealth quintile										
Lowest	25.8	66.6	7.6	100.0	258	26.2	60.0	13.8	100.0	292
Second	29.9	63.2	6.9	100.0	275	26.0	61.1	12.9	100.0	331
Middle	23.2	66.8	10.0	100.0	237	32.1	52.2	15.7	100.0	272
Fourth	25.9	64.8	9.3	100.0	291	25.7	61.1	13.2	100.0	353
Highest	30.6	63.0	6.4	100.0	210	34.0	56.2	9.8	100.0	218
Total	27.0	64.9	8.1	100.0	1,270	28.3	58.5	13.2	100.0	1,466

Note: Table excludes widows who were not asked about spousal violence in the past 12 months. Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Total of women who have experienced emotional violence in the past 12 months includes 1 case missing employment information. Figures in parentheses are based on 25-49 unweighted cases.

17.11 ONSET OF SPOUSAL VIOLENCE

To study the timing of the onset of marital violence, the 2005-06 ZDHS asked ever-married women who experienced physical or sexual spousal violence when the first episode of violence took place after marriage. Table 17.14 shows the interval between marriage and the first episode of spousal physical or sexual violence.

Table 17.14 Onset of spousal violence

Percent distribution of ever-married women by number of years between marriage and first experience of physical or sexual violence by their husband/partner, if ever, according to marital status and duration, Zimbabwe 2005-2006

Marital status and duration	Years between marriage and first experience of violence ¹								Total	Number of women
	Experienced no violence	Before marriage	<1 year	1-2 years	3-5 years	6-9 years	10+ years	Don't know/missing ²		
Currently married	63.1	0.7	8.7	11.7	8.6	3.6	2.6	1.0	100.0	3,694
Married only once	63.0	0.7	9.1	11.6	8.4	3.5	2.7	1.0	100.0	3,180
<1 year	73.2	2.7	20.9	na	na	na	na	3.2	100.0	256
1-2 years	65.6	1.8	17.0	14.5	na	na	na	1.0	100.0	396
3-5 years	55.7	0.6	9.0	22.3	11.0	na	na	1.4	100.0	502
6-9 years	62.9	0.2	6.1	13.2	12.4	4.4	na	0.8	100.0	606
10+ years	63.0	0.3	6.0	8.5	9.5	6.1	6.1	0.5	100.0	1,420
Married more than once	63.9	0.4	6.1	12.2	10.3	4.2	2.1	0.8	100.0	514
Divorced/separated	46.3	1.8	15.3	21.6	9.8	3.6	0.9	0.7	100.0	495
Widowed	67.6	0.0	5.2	6.8	12.1	3.8	4.1	0.6	100.0	469
Total	61.8	0.7	9.0	12.3	9.1	3.6	2.6	0.9	100.0	4,658

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women.

na = Not applicable

¹ For couples who are not married but are living together as if married, the time of marriage refers to the time when the respondent first started living together with her partner.

² Includes women for whom the timing of the first experience of violence and duration of marriage are inconsistent

The results indicate that the majority of ever-married women experienced no violence (62 percent). However, for those who did experience spousal violence, 12 percent of women reported that violence began to occur one to two years after marriage. Nine percent of women reported that violence initiated less than a year into the marriage and the same proportion said that violence began three to five years after marriage. Less than 1 percent reported that violence began prior to marriage.

17.12 TYPES OF INJURIES TO WOMEN DUE TO SPOUSAL VIOLENCE

Table 17.15 presents information on the types of injuries ever-married women have endured as a result of spousal violence, and whether they have experienced them in the 12 months preceding the survey. The data show that the percentages of ever-married women who report having ever suffered from any of the types of injuries are very similar to the percentages of women who reported enduring the same injuries within the 12 months preceding the survey. More than one-third of women suffered cuts, bruises, or aches as a result of physical and/or sexual violence. Among women who experienced physical violence, 12 percent suffered from eye injuries, sprains, dislocations, or burns within the 12 months prior to the survey. Nine percent of women who experienced sexual violence in the past year suffered from the same types of injuries in the past 12 months. Seven percent of women reported having ever suffered from deep wounds, broken bones, broken teeth, or any other serious injury, and the same proportion reported that these types of injuries occurred during the 12 months preceding the survey.

Table 17.15 Injuries to women due to spousal violence					
Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from what their husband/partner did to them, according to the type of violence and whether they have experienced the violence ever and in the 12 months preceding the survey, Zimbabwe 2005-2006					
Violence experienced	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of ever-married women
Experienced physical violence¹					
Ever ²	38.0	10.8	6.9	41.4	1,374
In the past 12 months ³	39.3	11.5	7.3	43.1	1,060
Experienced sexual violence					
Ever ²	35.8	9.8	6.6	38.2	628
In the past 12 months ³	35.6	9.2	6.8	38.0	532
Experienced physical or sexual violence¹					
Ever ²	34.2	9.3	6.0	37.2	1,602
In the past 12 months ³	34.9	9.7	6.3	38.1	1,276

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women.

¹ Excludes women who experienced physical violence only during pregnancy

² Includes in the past 12 months

³ Excludes widows

17.13 VIOLENCE BY WOMEN AGAINST THEIR SPOUSE

In cases of domestic violence, either person can be the instigator of violent behaviour. Ever-married women who reported that they experienced some form of spousal violence were also asked about instances when they said or did something to physically or emotionally harm their spouse at times when he was not already emotionally or physically hurting them. Table 17.16 presents the percentage of ever-married women who have committed physical violence against their husband or partner when he was not already harming them, by selected characteristics.

	Percentage of women who have committed physical violence against their current or most recent husband/partner			Number of ever-married women (excluding widows)
	Number of ever-married women		In the past 12 months ¹	
	Ever			
Table 17.16 Violence by women against their spouse				
Percentage of ever-married women age 15-49 who have committed physical violence against their husband/partner when he was not already beating or physically hurting them, ever and in the past 12 months, according to women's own experience of spousal violence and their own and husband's/partner's characteristics, Zimbabwe 2005-2006				
Woman's experience of spousal physical violence				
Ever	6.2	1,261	4.6	1,255
In the past 12 months	6.0	1,060	5.3	1,057
Not in past 12 months/widow/missing	7.3	200	0.8	199
Never	1.3	3,397	0.7	2,933
Current age				
15-19	1.4	317	1.4	315
20-24	2.7	1,053	1.7	1,030
25-29	2.7	928	2.0	881
30-39	1.7	1,436	1.3	1,248
40-49	4.2	923	2.9	713
Employment				
Not employed	2.4	2,337	1.7	2,149
Employed for cash	3.3	1,707	2.3	1,487
Employed not for cash	1.7	612	1.3	551
Number of living children				
0	4.4	413	3.3	393
1-2	2.3	2,218	1.7	2,057
3-4	2.4	1,279	1.6	1,094
5+	2.8	748	1.7	644
Residence				
Urban	3.6	1,638	2.3	1,454
Rural	2.1	3,020	1.6	2,735
Province				
Manicaland	1.3	585	0.8	504
Mashonaland Central	1.3	430	1.4	401
Mashonaland East	4.9	475	3.0	422
Mashonaland West	2.2	429	1.4	384
Matabeleland North	2.8	246	2.8	230
Matabeleland South	2.0	222	1.1	201
Midlands	3.6	614	3.0	572
Masvingo	1.3	645	0.5	577
Harare	3.7	753	2.2	669
Bulawayo	2.1	259	2.4	228
				<i>Continued...</i>

Table 17.16—Continued

	Percentage of women who have committed physical violence against their current or most recent husband/partner			Number of ever-married women (excluding widows)
	Number of ever-married women		In the past 12 months ¹	
	Ever			
Wealth quintile				
Lowest	1.5	827	1.2	752
Second	2.6	865	2.0	794
Middle	2.3	827	1.4	741
Fourth	2.3	1,168	2.0	1,045
Highest	4.2	971	2.3	857
Marital status and duration				
Currently married	2.6	3,694	1.8	3,694
Married only once	2.4	3,180	1.6	3,180
0-4 years	2.4	968	1.5	968
5-9 years	1.6	792	1.2	792
10+ years	2.8	1,420	1.9	1,420
Married more than once	4.2	514	2.8	514
Divorced/separated	3.3	495	2.3	495
Widowed	1.6	469	na	na
Education				
No education	2.1	243	1.7	197
Primary	2.2	1,692	1.8	1,493
Secondary	2.7	2,549	1.7	2,344
More than secondary	5.0	173	4.4	155
Husband's/partner's education				
No education	2.5	178	2.3	145
Primary	2.1	1,281	1.3	1,143
Secondary+	2.9	3,099	2.0	2,826
Don't know/missing	0.8	99	1.1	74
Husband's/partner's alcohol consumption				
Does not drink	1.7	3,777	1.2	3,308
Drinks/never gets drunk	(7.6)	43	(5.9)	43
Gets drunk sometimes	6.0	504	4.1	504
Gets drunk very often	6.8	317	4.4	317
Spousal age difference²				
Wife older	3.3	116	2.8	116
Wife same age	1.7	101	1.7	101
Wife 1-4 years younger	3.2	1,245	2.1	1,245
Wife 5-9 years younger	2.7	1,362	1.7	1,362
Wife 10+ years younger	1.7	854	1.4	854
Spousal education difference				
Husband better educated	3.1	2,134	2.2	1,914
Wife better educated	2.9	884	2.2	793
Both equally educated	2.0	1,441	1.3	1,320
Neither is educated	0.0	69	0.0	60
Don't know/missing	1.3	130	0.8	102
Total	2.6	4,658	1.8	4,188

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Total includes 2 cases for which information on employment is missing, 16 cases for which information on the husband's or partner's alcohol consumption is missing, and 17 cases for which the spousal age difference is missing. Figures in parentheses are based on 25-49 unweighted cases.

¹ Excludes widows

² Currently married women

Three percent of ever-married women reported that they have committed physical violence against their current or most recent husband. Women who are 40-49 years old (4 percent), employed for cash (3 percent), do not have any children (4 percent), live in urban areas (4 percent), live in Mashonaland East (5 percent), are in the highest wealth quintile (4 percent), have been married more than once (4 percent), have more than a secondary education (5 percent), and have husbands who drink without getting drunk (8 percent) are most likely to have reported committing physical violence against their husband.

17.14 WOMEN WHO EXPERIENCED VIOLENCE AND SOUGHT HELP

Table 17.17 presents information on women who reported they have ever experienced violence and whether they have sought help to stop the violence, by selected characteristics. More than one-third of women have sought some source of help (36 percent). Among women who have never sought help, 21 percent have told someone that they were victims of violence and 35 percent have never told anyone that they were victims of violence.

Women who experienced both physical and sexual violence (42 percent) were more likely to seek help than women who experienced only physical (34 percent) or sexual violence (26 percent). Divorced or separated women were also most likely to seek help (50 percent). With regard to residence, urban women reported a slightly higher percentage of seeking help than their rural counterparts (38 percent compared with 35 percent, respectively). Women living in Bulawayo and Harare, the two urban areas, had the highest percentages of seeking assistance to end domestic violence (45 percent and 44 percent, respectively). Although there is no strong pattern when considering wealth status, women in the fourth wealth quintile reported the highest percentage of help-seeking behaviour (41 percent).

Table 17.17 Seeking help to stop violence

Percent distribution of women age 15-49 who have ever experienced physical or sexual violence by whether they have told anyone about the violence and whether they have ever sought help from any source to end the violence, according to type of violence and background characteristics, Zimbabwe 2005-2006

Background characteristic	Never sought help		Have sought help from any source	Missing/don't know	Total	Number of women
	Never told anyone	Percentage who told someone				
Type of violence						
Physical only	33.5	22.1	34.1	10.3	100.0	1,321
Sexual only	47.4	16.5	25.5	10.6	100.0	314
Both physical and sexual	31.9	21.3	42.1	4.7	100.0	889
Current age						
15-19	36.8	24.9	29.0	9.4	100.0	452
20-24	36.2	18.2	37.0	8.6	100.0	627
25-29	27.8	22.3	39.2	10.7	100.0	434
30-39	34.6	19.6	38.4	7.4	100.0	638
40-49	37.8	23.0	33.8	5.5	100.0	373
Employment						
Not employed	35.3	21.5	35.1	8.1	100.0	1,190
Employed for cash	32.1	19.7	38.1	10.1	100.0	943
Employed not for cash	39.1	23.6	32.5	4.8	100.0	390
Number of living children						
0	36.8	21.8	31.5	9.9	100.0	591
1-2	34.0	18.3	38.6	9.2	100.0	1,031
3-4	32.7	23.1	36.5	7.8	100.0	582
5+	36.7	25.8	33.7	3.8	100.0	320
Marital status and duration						
Never married	36.1	22.2	30.4	11.3	100.0	446
Currently married woman	35.6	22.2	34.2	7.9	100.0	1,604
Married only once	36.6	22.4	33.0	8.0	100.0	1,354
0-4 years	36.7	19.5	36.8	7.1	100.0	410
5-9 years	34.3	23.3	32.8	9.6	100.0	359
10+ years	37.9	23.8	30.6	7.6	100.0	585
Married more than once	30.5	21.4	40.6	7.6	100.0	250
Divorced/separated	26.0	16.4	49.8	7.8	100.0	301
Widowed	37.2	16.8	40.6	5.5	100.0	173
Residence						
Urban	32.2	17.2	37.9	12.6	100.0	877
Rural	36.0	23.3	34.7	6.1	100.0	1,647
Province						
Manicaland	34.2	31.6	31.2	3.0	100.0	280
Mashonaland Central	34.1	20.7	39.9	5.3	100.0	240
Mashonaland East	37.1	14.1	41.0	7.9	100.0	295
Mashonaland West	25.8	21.8	38.4	14.0	100.0	251
Matabeleland North	36.5	24.1	37.8	1.6	100.0	90
Matabeleland South	35.2	35.4	25.1	4.3	100.0	123
Midlands	44.8	20.3	31.0	3.9	100.0	479
Masvingo	35.2	25.6	28.1	11.1	100.0	296
Harare	29.1	11.8	44.0	15.1	100.0	390
Bulawayo	18.8	18.6	45.0	17.6	100.0	79
Education						
No education	39.5	22.9	34.6	3.0	100.0	103
Primary	36.7	22.2	35.2	6.0	100.0	877
Secondary	34.3	20.2	36.0	9.6	100.0	1,466
More than secondary	14.0	25.0	42.6	18.4	100.0	78
Wealth quintile						
Lowest	36.4	21.3	36.3	6.0	100.0	418
Second	37.3	24.6	32.9	5.2	100.0	487
Middle	38.7	23.6	32.1	5.6	100.0	502
Fourth	30.7	19.8	40.7	8.8	100.0	610
Highest	31.4	17.0	36.1	15.4	100.0	506
Total	34.7	21.1	35.8	8.3	100.0	2,524

Note: Women who experienced forced sexual initiation but not other forms of physical or sexual violence were not asked the questions about seeking help and are, thus, excluded from this table. Total includes 1 case missing employment information.

Table 17.18 presents information on the sources of help by type of violence. The majority of women who have experienced any form of violence and sought help did so from a family member (50 percent). One-third of women sought assistance from their in-laws, and 10 percent sought help from a friend, neighbour, or the police.

Sought help from	Type of violence			Total
	Physical only	Sexual only	Both physical and sexual	
Own family	52.9	56.7	45.8	50.3
In-laws	28.0	9.3	42.8	32.5
Husband/partner/boyfriend	0.8	0.3	1.4	1.0
Friend/neighbour	10.3	12.4	8.4	9.7
Religious leader	3.5	10.5	4.5	4.5
Doctor/medical personnel	0.5	1.1	1.1	0.8
Police	11.3	4.4	9.7	10.0
Lawyer	0.0	0.0	0.1	0.0
Social service organization	2.3	4.3	2.3	2.5
Other	3.5	3.9	1.7	2.8
Number of women	450	80	374	904

One of the outcomes of the AIDS epidemic has been an increased number of children who have been orphaned or whose social and economic vulnerability has been increased because of the serious illness of a parent or other adult in the family. This chapter looks first at the prevalence of orphans and vulnerable children (OVCs) in Zimbabwe. The chapter next examines the extent to which children who are orphaned and vulnerable are disadvantaged in comparison to other children on several key measures of children's welfare, including school attendance. The chapter then reviews information on the care and support given to households in which there are orphaned and vulnerable children.

In reviewing the 2005-06ZDHS results, it is important to remember that the survey obtained information only for OVCs living in households. Children who are living in institutions or other nonhousehold settings, including children living on the street, are not included in the ZDHS OVC results. Thus, the ZDHS results should be considered as a minimum estimate of the problem of OVCs in Zimbabwe.

18.1 ORPHANS AND VULNERABLE CHILDREN

18.1.1 Children's Living Arrangements and Orphanhood

Information was collected in the household questionnaire on the living arrangements and survival status of all children under age 18 resident in the households included in the ZDHS sample. These data are presented in Table 18.1.

Around six in ten Zimbabwean children under age 18 in the households sampled for the ZDHS surveyed were not living with both parents. More than one-quarter of children were not living with either parent. Just under one-quarter of children under age 18 were orphaned, that is, one or both parents were dead.

The percentage of children who were not living with both parents increased with age, from just under half of children age 0-4 years to around 70 percent of children age 15-17 years. Looking just at children who were orphaned, the percentage rises rapidly with age, from 9 percent of children under age 5 to 36 percent of children age 15-17. Rural children (26 percent) were more likely to be orphaned than urban children (19 percent). Harare (18 percent) and Bulawayo (17 percent) had the lowest proportions of children orphaned, and Manicaland and Mashonaland East (28 percent each) had the highest. The percentage of children with one or both parents dead decreased with the wealth quintile.

Earlier ZDHS surveys obtained information on orphanhood only for children under age 15. A comparison of the results from the 1994 and 2005-2006 surveys for this age group indicates that there has been a dramatic increase in orphanhood. The proportion of children orphaned, i.e., with one or both parents dead, more than doubled between the two surveys from 9 percent to 22 percent. The proportion of paternal orphans, i.e., those whose father had died, increased from 7 percent to 19 percent during this period, while the proportion of maternal orphans rose from 3 percent to 9 percent between the 1994 and 2005-2006 surveys. The proportion of children with both parents dead increased from less than 1 percent to 6 percent.

Table 18.1 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by children's living arrangements and survival status of parents, and the percentage of children with one or both parents dead, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Living with both parents	Living with mother but not father		Living with father but not mother		Not living with either parent				Missing information on father/mother ¹	Total	Percentage with one or both parents dead	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead				
Age													
0-4	53.0	27.4	4.3	1.0	0.3	9.0	1.0	1.7	1.0	1.2	100.0	8.5	5,809
<2	57.7	33.4	3.3	0.5	0.1	3.1	0.4	0.3	0.2	1.0	100.0	4.4	2,265
2-4	50.1	23.6	5.0	1.4	0.4	12.8	1.3	2.6	1.5	1.3	100.0	11.1	3,544
5-9	39.8	17.6	7.6	3.2	1.1	15.6	2.0	5.8	4.8	2.5	100.0	22.0	6,283
10-14	33.1	13.9	11.8	3.4	1.7	13.4	2.7	7.2	10.7	2.0	100.0	35.0	6,083
15-17	28.3	11.5	11.7	3.2	2.2	16.8	3.1	7.4	11.3	4.4	100.0	36.4	2,734
Sex													
Male	40.5	18.3	8.7	2.8	1.3	12.7	1.9	5.4	6.2	2.1	100.0	24.1	10,561
Female	39.6	18.6	8.2	2.6	1.0	13.9	2.2	5.1	6.4	2.4	100.0	23.6	10,344
Residence													
Urban	48.8	14.6	7.9	4.6	1.4	11.5	1.7	3.7	4.1	1.7	100.0	19.1	5,413
Rural	36.9	19.8	8.7	2.0	1.1	13.9	2.2	5.9	7.1	2.4	100.0	25.6	15,495
Province													
Manicaland	34.6	21.5	10.6	2.0	1.1	11.8	2.0	6.1	7.8	2.5	100.0	28.2	2,751
Mashonaland Central	45.4	17.0	7.2	1.2	1.1	10.4	2.8	4.9	8.0	1.9	100.0	24.7	2,305
Mashonaland East	33.8	20.7	10.7	3.0	0.8	13.5	2.6	6.9	6.4	1.5	100.0	27.6	1,949
Mashonaland West	45.1	13.1	9.6	3.3	1.6	11.6	1.7	4.8	6.6	2.7	100.0	25.0	2,126
Matabeleland North	36.6	19.8	7.3	2.9	0.5	16.0	1.9	6.1	4.8	4.1	100.0	21.3	1,653
Matabeleland South	24.3	24.8	7.3	2.4	0.9	19.9	2.4	7.0	6.9	4.1	100.0	25.2	1,214
Midlands	42.2	18.3	6.7	2.9	1.4	14.9	2.3	5.0	5.0	1.4	100.0	20.8	3,037
Masvingo	35.4	21.0	9.7	2.2	1.4	12.6	2.1	5.6	7.9	2.0	100.0	27.3	2,610
Harare	54.5	12.9	7.4	3.3	1.6	10.2	1.3	2.8	4.3	1.6	100.0	17.9	2,183
Bulawayo	42.1	16.2	7.0	4.7	1.0	17.9	1.2	3.8	3.7	2.5	100.0	17.1	1,079
Wealth quintile													
Lowest	41.1	19.1	9.0	2.1	1.8	11.2	1.9	4.6	6.4	2.9	100.0	24.5	4,758
Second	39.2	20.1	7.0	1.8	0.7	13.7	2.5	6.2	6.9	2.0	100.0	23.9	4,625
Middle	29.1	20.4	10.0	1.2	0.9	17.0	2.6	7.5	8.7	2.6	100.0	30.4	4,495
Fourth	44.9	16.6	9.2	3.9	1.2	11.8	1.5	4.1	5.0	1.7	100.0	21.4	3,609
Highest	48.9	14.7	7.0	5.3	1.4	12.4	1.5	3.4	3.5	1.8	100.0	17.1	3,421
Total <15	41.8	19.5	8.0	2.6	1.0	12.8	1.9	5.0	5.6	1.9	100.0	22.0	18,174
Total <18	40.0	18.5	8.5	2.7	1.2	13.3	2.1	5.3	6.3	2.3	100.0	23.9	20,908

Note: Total includes 3 children for whom information on sex is missing.

¹ Includes children whose mother or father may have died but who were missing information on living arrangements

18.1.2 Orphaned and Vulnerable Children

Children whose parents are ill for an extended period or who live in households where other adults suffer from chronic illness can experience significant hardships, as serious illness may limit the resources available to feed, clothe, and educate a family's youngest members. The ZDHS included several questions to determine if any adults in the household (including the child's parents) had been chronically ill during the 12-month period before the survey. Members of a household were considered to be chronically ill if they had been very sick, i.e., too sick to work or do normal activities, for a period of at least three months during the 12-month period before the survey. Questions were included for children whose parents were not living in the same household at the time of the survey to determine if the parent(s) had been chronically ill in the 12-month period before the survey.

Table 18.2 presents the proportion of children considered vulnerable because of chronic illness of a parent or other adult during the 12-month period prior to the ZDHS. The table also shows the overall proportion of children identified in the ZDHS as orphaned or vulnerable. As Table 18.2 shows, among children under age 18, 4 percent had a parent who was chronically ill during the year prior to the survey, 6 percent lived in a household in which at least one adult (a parent or other household member) was chronically ill during the period, and 4 percent lived in a household where at least one adult who had been chronically ill had died during the 12 months preceding the survey. Overall, 1 in 10 children under age 18 was considered as vulnerable, i.e., they lived in a household in which at least one adult had been chronically ill during the year before the survey or they had at least one parent living in the household or elsewhere who had suffered from a chronic illness.

Background characteristic	Percentage of children who are considered vulnerable:					OVC children	
	Orphaned children Percentage of children with one or both parents dead	Have a very sick parent for at least 3 months in the past 12 months ¹	Live in a household where at least 1 adult has been very sick for at least 3 months in the past 12 months ²	Live in a household where at least 1 adult died in the past 12 months and had been very sick for at least 3 months before he/she died ²	Have a very sick parent or live in a household where an adult has been very sick or died in the past 12 months ²	Percentage of children who are orphans and/or vulnerable	Number of children
Age							
0-4	8.5	3.4	5.0	3.6	8.8	15.2	5,809
<2	4.4	2.9	4.3	3.3	7.8	11.0	2,265
2-4	11.1	3.7	5.4	3.8	9.4	17.9	3,544
5-9	22.0	4.5	6.3	3.8	10.6	28.9	6,283
10-14	35.0	4.7	5.9	4.5	11.0	40.7	6,083
15-17	36.4	4.6	5.1	4.5	10.4	42.0	2,734
Sex							
Male	24.1	4.3	5.9	3.9	10.2	30.4	10,561
Female	23.6	4.2	5.4	4.2	10.2	30.0	10,344
Residence							
Urban	19.1	2.9	3.8	2.3	6.6	23.2	5,413
Rural	25.6	4.7	6.3	4.6	11.4	32.7	15,495
Province							
Manicaland	28.2	5.3	7.4	3.7	11.6	35.4	2,751
Mashonaland Central	24.7	4.3	6.4	2.7	9.4	31.2	2,305
Mashonaland East	27.6	2.3	2.6	4.1	7.3	31.3	1,949
Mashonaland West	25.0	5.3	6.9	5.9	12.2	32.6	2,126
Matabeleland North	21.3	3.0	5.3	6.2	11.3	29.1	1,653
Matabeleland South	25.2	5.0	7.4	3.5	11.0	32.9	1,214
Midlands	20.8	3.9	5.1	3.0	9.1	27.0	3,037
Masvingo	27.3	4.8	5.3	5.9	12.2	33.7	2,610
Harare	17.9	4.6	5.9	2.7	9.5	24.1	2,183
Bulawayo	17.1	3.1	3.5	2.4	6.1	20.6	1,079
Wealth quintile							
Lowest	24.5	6.0	7.9	5.5	13.5	33.4	4,758
Second	23.9	4.5	6.1	4.5	11.1	31.0	4,625
Middle	30.4	4.3	5.9	5.0	11.7	37.3	4,495
Fourth	21.4	3.5	4.2	2.8	7.4	25.9	3,609
Highest	17.1	2.2	3.1	1.6	5.2	20.2	3,421
Total <15	22.0	4.2	5.8	4.0	10.1	28.5	18,174
Total <18	23.9	4.2	5.7	4.0	10.2	30.2	20,908

Table 18.2 also shows that, taken together, three in ten Zimbabwean children are orphaned or vulnerable. The percentage of children under age 18 who were orphaned or vulnerable increased markedly with age, from 11 percent of children under age 2 years to 42 percent of children age 15-17 years. Rural children (33 percent) were more likely to be orphaned or vulnerable than urban children (23 percent). Bulawayo (21 percent) had the lowest proportions of children orphaned and vulnerable and Manicaland (35 percent) had the highest. The percentage of orphaned or vulnerable children decreased with the wealth quintile.

18.2 SOCIAL AND ECONOMIC SITUATION OF ORPHANED AND VULNERABLE CHILDREN

Information collected in the ZDHS household questionnaire can be used to look at several important aspects of the social and economic situation of orphaned and vulnerable children including information on school attendance, possession of items considered basic for meeting a child's material needs, residence with siblings, and nutritional status. These results provide a means for assessing the impact on children's welfare of the chronic illness and/or death of parents or other adult household members and of monitoring and evaluating OVC programmes (UNICEF, 2005).

18.2.1 School Attendance

Orphaned and vulnerable children may be at greater risk of dropping out of school. This can happen for many reasons, such as the inability to pay school fees, the need to help with household labour, or to stay at home to care for sick parents or younger siblings. Table 18.3 presents data on school attendance rates among children age 10-14. The first several columns of the table contrast the situation among the two groups of children at the extremes of the orphanhood continuum—children whose parents are both dead and children whose parents are both alive and the child is living with at least one parent. The final columns compare school attendance for the entire population of OVCs to that of children who are neither orphaned nor vulnerable.

The results in the table indicate that, in general, orphaned and vulnerable children are only very slightly disadvantaged with respect to school attendance in comparison to other children; 89 percent of OVCs were currently attending school, compared with 91 percent of the other children. Double orphans (i.e., children whose father and mother are dead) are also only slightly less likely than children whose parents are both alive and who live with at least one parent to be currently in school (88 percent and 92 percent, respectively).

Table 18.3 School attendance by survivorship of parents and by OVC status

For children 10-14 years of age, the percentage attending school by parental survival and by OVC status, and the ratios of the percentages attending school for parental survival and OVC status, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage attending school by survivorship of parents					OVC		Not OVC		
	Both parents dead	Number	Both parents alive and living with at least one parent	Number	Ratio ¹	Percentage attending school	Number	Percentage attending school	Number	Ratio ²
Sex										
Male	84.6	311	92.5	1,520	0.92	87.3	1,243	90.6	1,774	0.96
Female	90.9	342	92.3	1,544	0.98	89.8	1,232	92.2	1,833	0.97
Residence										
Urban	88.9	103	96.8	839	0.92	93.1	466	96.3	985	0.97
Rural	87.7	550	90.7	2,224	0.97	87.5	2,010	89.6	2,622	0.98
Province										
Manicaland	89.2	107	94.2	364	0.95	91.3	388	93.3	408	0.98
Mashonaland Central	74.7	92	85.6	346	0.87	78.4	282	83.8	383	0.93
Mashonaland East	94.5	67	94.8	311	1.00	93.7	293	94.0	371	1.00
Mashonaland West	85.7	75	89.6	306	0.96	85.2	268	86.9	345	0.98
Matabeleland North	(89.0)	39	85.2	265	1.04	85.0	183	84.7	326	1.00
Matabeleland South	(85.6)	41	94.6	159	0.91	87.3	156	93.4	226	0.93
Midlands	91.8	83	94.1	472	0.98	87.0	313	93.1	559	0.94
Masvingo	89.5	89	92.9	361	0.96	90.1	330	92.6	419	0.97
Harare	(95.7)	41	97.4	311	0.98	97.0	177	97.2	333	1.00
Bulawayo	*	18	96.7	167	0.94	95.4	85	96.1	237	0.99
Wealth quintile										
Lowest	83.6	152	86.1	727	0.97	82.5	603	86.2	809	0.96
Second	90.9	160	92.1	682	0.99	89.5	604	90.0	777	0.99
Middle	86.4	202	92.8	558	0.93	90.0	651	92.3	716	0.97
Fourth	86.4	89	94.0	499	0.92	89.7	366	91.1	595	0.98
Highest	(100.0)	49	98.5	597	1.02	95.6	252	98.3	709	0.97
Total	87.9	653	92.4	3,063	0.95	88.6	2,476	91.4	3,607	0.97

Note: Table is based on de jure household members, i.e., usual household members. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Ratio of the percentage with both parents deceased to the percentage with both parents alive and living with a parent

² Ratio of the percentage for OVC to the percentage for not OVC

18.2.2 Basic Material Needs

The ZDHS obtained information as to whether or not the minimum basic material needs of children age 5-17 were being met. Basic material needs were considered to have been met if the child had a pair of shoes, two sets of clothes, and a blanket. Table 18.4 shows that basic minimum material needs were met in the case of only 61 percent of all children age 5-17. In terms of the basic items, children were least likely to have a pair of shoes (64 percent) and most likely to have two sets of clothes (85 percent).

Table 18.4 Possession of basic material needs by orphans and vulnerable children

Among children age 5-17 years, the percentage possessing three minimum basic material needs, the percentages of OVC and non-OVC who possess all three basic material needs, and the ratio of the percentage for OVC to the percentage for not OVC, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Among children 5-17 years of age, percentage possessing:					OVC		Not OVC		Ratio ²
	Shoes	Two sets of clothing	Blanket	All three basic needs ¹	Number of children	Percentage possessing all three basic needs ¹	Number	Percentage possessing all three basic needs ¹	Number	
Age										
5-9	63.0	85.3	83.1	59.9	6,283	47.0	1,817	65.1	4,465	0.72
10-14	61.5	85.7	83.2	59.0	6,083	50.5	2,476	64.8	3,607	0.78
15-17	69.5	84.9	83.1	66.7	2,734	62.0	1,147	70.1	1,587	0.89
Sex										
Male	62.8	84.9	83.0	60.0	7,650	50.3	2,771	65.6	4,879	0.77
Female	64.4	85.8	83.2	61.5	7,446	53.3	2,666	66.0	4,780	0.81
Residence										
Urban	90.1	92.4	90.6	87.8	3,855	84.7	1,102	89.1	2,753	0.95
Rural	54.5	83.0	80.6	51.5	11,244	43.4	4,338	56.5	6,906	0.77
Province										
Manicaland	62.4	92.3	90.6	60.4	1,998	54.7	832	64.5	1,167	0.85
Mashonaland Central	64.5	92.4	91.9	63.3	1,641	56.0	620	67.7	1,021	0.83
Mashonaland East	54.4	73.2	67.8	51.5	1,465	44.1	548	55.9	917	0.79
Mashonaland West	56.7	78.5	74.7	51.7	1,523	38.9	579	59.6	944	0.65
Matabeleland North	50.6	76.6	77.0	47.4	1,221	39.3	408	51.4	813	0.77
Matabeleland South	51.7	65.7	62.1	45.4	908	31.6	340	53.7	568	0.59
Midlands	73.9	94.0	92.1	72.2	2,169	64.7	705	75.9	1,464	0.85
Masvingo	46.1	84.4	81.4	42.7	1,863	36.2	753	47.1	1,110	0.77
Harare	87.6	89.9	87.7	85.1	1,504	81.2	456	86.9	1,049	0.93
Bulawayo	94.8	95.2	95.0	93.1	807	90.1	200	94.1	607	0.96
Wealth quintile										
Lowest	39.6	79.2	75.9	36.5	3,375	30.8	1,317	40.1	2,058	0.77
Second	51.8	81.0	79.9	48.2	3,322	38.7	1,227	53.7	2,096	0.72
Middle	62.5	86.0	82.4	60.1	3,376	53.5	1,475	65.2	1,901	0.82
Fourth	83.8	91.0	88.9	80.4	2,512	75.4	817	82.8	1,694	0.91
Highest	92.6	93.2	92.4	91.2	2,514	87.5	605	92.4	1,910	0.95
Total	63.6	85.4	83.1	60.7	15,099	51.7	5,440	65.8	9,659	0.79

Note: Table is based on de jure household members, i.e., usual household members. Total includes three children for whom information on sex is missing.

¹ Shoes, two sets of clothing, and a blanket

² Ratio of the percentage for OVC to the percentage for not OVC.

Table 18.4 shows that rural OVCs were much less likely than urban OVCs to have all three minimum basic material needs met (43 percent and 85 percent, respectively). There was also a very marked difference by province in the likelihood that basic needs of OVCs were being met. Matabeleland South (32 percent) had the lowest proportion of OVCs whose needs were being met, and Bulawayo had the highest proportion (90 percent). Wealth clearly determined whether or not the basic needs of OVCs were met; the percentage with all three basic needs met increased from 31 percent among those in the lowest quintile to 88 percent in the highest quintile.

Orphaned and vulnerable children were more disadvantaged than other children; all three basic material needs were being met for 66 percent of non-OVCs compared with 52 percent of OVCs. Looking at the ratios in Table 18.4, the gap between OVCs and other children was greatest in Matabeleland South.

18.2.3 Orphans Living with Siblings

Sibling connections are particularly close in situations where a parent dies, and maintaining these bonds can be particularly helpful in assisting children to deal with the loss of a parent. Table 18.5 assesses the success of families and communities in keeping orphaned siblings together. Overall, 27 percent of orphans were not living with all their siblings under age 18. Maternal orphans and double orphans were much less likely than paternal orphans to be living with all siblings under age 18. The likelihood that an orphan was not living with all other siblings under age 18 increased with the child's age, was somewhat greater among urban than rural children, and tended to increase with the wealth quintile although the pattern was not uniform. Matabeleland South (16 percent) had the lowest proportion of orphans living apart from other siblings under age 18, and Bulawayo and Mashonaland East had the highest proportion (35 percent each).

18.2.4 Nutritional Status

Table 18.6 considers the effect of orphanhood on the nutritional status of children under age five. Twenty-one percent of OVCs were underweight, compared with 16 percent of other children. Urban OVCs, particularly those living in Harare, were particularly disadvantaged with respect to their nutritional status compared with rural children. Looking just at the status of OVCs, the percentage underweight was greatest in Mashonaland Central (33 percent).

Table 18.5 Orphans not living with siblings

Among orphans under age 18 years who have one or more siblings under age 18 years, the percentage who do not live with all their siblings under age 18, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of orphans not living with all siblings	Number of orphans living with one or more siblings
Age		
0-4	19.5	338
5-9	23.9	956
10-14	28.1	1,436
15-17	34.9	654
Sex		
Male	27.8	1,703
Female	26.9	1,681
Orphanhood status		
Maternal orphan	36.7	471
Paternal orphan	21.7	2,125
Both parents dead	37.1	788
Residence		
Urban	30.1	679
Rural	26.7	2,706
Province		
Manicaland	27.0	520
Mashonaland Central	31.9	382
Mashonaland East	34.5	364
Mashonaland West	26.5	381
Matabeleland North	32.9	260
Matabeleland South	15.9	191
Midlands	24.4	433
Masvingo	24.6	500
Harare	22.2	246
Bulawayo	34.9	107
Wealth quintile		
Lowest	23.7	832
Second	28.1	769
Middle	25.6	888
Fourth	31.1	532
Highest	33.0	364
Total	27.4	3,384

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

Table 18.6 Underweight orphans and vulnerable children

Percentage of de jure children under age five years who slept in the household the night before who are underweight, total and by OVC status, according to background characteristics, Zimbabwe 2005-2006

Background characteristic	Children under age 5		OVC		Not OVC		Ratio ²
	Percentage of children under 5 who are underweight ¹	Number of children	Percentage underweight ¹	Number of OVC	Percentage underweight ¹	Number of non-OVC	
Age							
<1 year	8.2	823	9.1	79	8.1	744	1.13
1-2 years	21.1	1,851	24.9	281	20.4	1,570	1.22
3-4 years	16.2	2,082	21.4	376	15.0	1,706	1.43
Sex							
Male	17.2	2,386	21.8	367	16.3	2,019	1.34
Female	16.2	2,370	21.0	369	15.3	2,001	1.37
Residence							
Urban	11.3	1,160	18.5	123	10.5	1,036	1.77
Rural	18.4	3,596	22.0	613	17.7	2,984	1.25
Province							
Manicaland	16.1	627	17.8	115	15.8	512	1.13
Mashonaland Central	22.5	569	33.4	87	20.6	482	1.63
Mashonaland East	21.1	408	28.4	53	20.0	356	1.42
Mashonaland West	15.4	454	21.4	82	14.0	372	1.53
Matabeleland North	15.7	371	22.7	63	14.3	308	1.59
Matabeleland South	14.7	265	18.1	51	13.9	214	1.30
Midlands	17.2	748	19.0	99	17.0	648	1.12
Masvingo	16.8	636	14.3	108	17.3	527	0.83
Harare	10.0	480	22.3	59	8.3	421	2.70
Bulawayo	13.7	198	*	19	12.6	179	1.94
Wealth quintile							
Lowest	20.9	1,162	24.9	219	19.9	943	1.25
Second	19.3	1,090	18.1	172	19.6	917	0.92
Middle	15.4	962	22.8	177	13.7	785	1.67
Fourth	14.8	892	18.7	98	14.3	793	1.31
Highest	9.3	651	19.0	69	8.1	581	2.34
Total	16.7	4,756	21.4	736	15.8	4,020	1.35

Note: Table is based on de jure household members who slept in household the night preceding the interview. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

¹ Two or more standard deviations below mean on WHO/CDC/NCHS reference standard for weight by age

² Ratio of the percentage for OVC to the percentage for non-OVC

18.2.5 Sex before Age 15

Teenage orphans and vulnerable children frequently may be at high risk of early sexual activity because they lack adult guidance to help them to protect themselves. Table 18.7 shows that OVCs were somewhat more likely than non-OVC children in the 15-17 year age group to have initiated sexual activity before age 15. This gap was somewhat greater among young women than young men.

Table 18.7 Sexual intercourse before age 15 of orphans and vulnerable children

Percentage of de jure children age 15-17 who had sexual intercourse before exact age 15, total and by OVC status, and ratio of the percentage for OVC to the percentage for non-OVC, by sex, Zimbabwe 2005-2006

OVC status	Women		Men	
	Percentage who had sexual intercourse before exact age 15	Number	Percentage who had sexual intercourse before exact age 15	Number
OVC	6.0	478	7.2	489
Non-OVC	3.4	717	5.5	655
Total	4.4	1,195	6.2	1,144
Ratio ¹	1.74	na	1.30	na

Note: Table is based on de jure household members who slept in household the night preceding the interview
na = Not applicable
¹ Ratio of the percentage for OVC to the percentage for not OVC

18.3 CARE AND SUPPORT FOR OVCs

One of the important challenges in countries like Zimbabwe that have greatly increased OVC populations, principally due to the AIDS epidemic, is the need to assist families to care for these children. The ZDHS obtained several indicators of the extent to which families and communities are recognising and addressing the need to care for young children.

18.3.1 Succession Planning

Succession planning is important in ensuring that children will receive appropriate care and support in the event of the death of a parent or primary caregiver. Table 18.8 looks at the extent to which women and men who identified themselves as primary caregivers for at least one child under age 18 had identified a guardian for the child(ren). Overall, 4 in 10 respondents age 15-49 said that they were a primary caregiver for a child under the age of 18. Table 18.8 shows that, among these primary caregivers, 22 percent had made arrangements for care to be provided to a child in the event they were unable to provide care due to illness or death. There was little difference by age and sex in the proportions of caregivers who had made succession arrangements. However, urban caregivers were more likely than those in rural areas to have a succession plan (27 percent and 18 percent, respectively). Matabeleland South (33 percent) had the highest proportion of caregivers who had made succession arrangements, followed by Bulawayo (29 percent).

Table 18.8 Succession planning

Among de facto women and men age 15-49 who were primary caregivers of children under age 18, the percentage who have made arrangements for someone else to care for the children in the event of their own inability to do so due to illness or death, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of women and men who are primary caregivers of children under age 18	Number of women and men 15-49	Percentage of caregivers of children under age 18 who have made succession arrangements	Number of primary caregivers of children under age 18
Age				
15-19	6.7	4,051	22.3	272
20-29	42.2	5,959	21.8	2,516
30-39	66.6	3,595	21.4	2,393
40-49	68.3	2,166	21.0	1,479
Sex				
Male	37.3	6,863	21.5	2,561
Female	46.0	8,907	21.5	4,100
Education				
No education	59.1	468	13.6	276
Primary	46.2	4,685	17.0	2,164
Secondary	38.8	9,943	22.6	3,854
More than secondary	54.4	675	43.1	367
Residence				
Urban	44.0	6,270	27.0	2,762
Rural	41.0	9,500	17.7	3,899
Province				
Manicaland	29.4	1,835	17.3	540
Mashonaland Central	53.0	1,507	12.4	798
Mashonaland East	39.6	1,285	18.6	509
Mashonaland West	45.6	1,520	23.7	693
Matabeleland North	45.7	952	13.7	435
Matabeleland South	41.1	746	32.7	306
Midlands	36.3	2,149	22.0	780
Masvingo	40.8	1,908	22.0	778
Harare	51.0	2,711	25.5	1,383
Bulawayo	37.8	1,158	28.9	437
Wealth quintile				
Lowest	44.1	2,594	14.9	1,145
Second	43.9	2,636	15.8	1,158
Middle	36.0	2,740	20.6	987
Fourth	44.5	3,897	22.7	1,734
Highest	42.0	3,903	29.6	1,637
Total	42.2	15,770	21.5	6,661

Note: Table is based on de facto household members, i.e., who slept in the household the night preceding the interview

18.3.2 External Support for Households with OVCs

The ZDHS collected information on the extent to which free external care and support services are reaching OVC. Table 18.9 first shows the percentage of adults age 18-59 who were chronically ill or died after a chronic illness during the year before the survey whose households had received certain types of free external support during the month prior to the survey (or to person's death). The table shows that medical support was received in the case of 18 percent of these individuals, 23 percent received emotional support, and 19 percent received social or material support. Only 3 percent got all three types of support, and 59 percent did not receive any medical, emotional, or social or material support. Support was somewhat more likely to have been received in the case of women than men. Support was also somewhat more common in rural than urban areas.

Table 18.9 External support for very sick persons

Percentage of women and men age 18-59 who have been either very sick or who died within the past 12 months after being very sick whose households received certain free basic external support to care for them within the past year, by background characteristics, Zimbabwe 2005-2006

Background characteristic	Percentage of very sick persons whose households received:						Number of persons
	Medical support at least once a month during illness	Emotional support in the past 30 days ¹	Social/material support in the past 30 days ²	At least one type of support in the past 30 days	All three types of support in the past 30 days	None of the three types of support	
Age							
18-29	15.2	21.3	17.5	36.1	2.9	63.9	177
30-39	19.1	25.5	15.7	42.0	2.8	58.0	264
40-49	21.9	22.5	19.9	43.3	2.8	56.7	199
50-59	15.4	21.8	23.5	41.8	2.9	58.2	164
Sex							
Male	18.9	18.7	14.5	35.6	1.7	64.4	316
Female	17.7	26.0	21.5	44.5	3.5	55.5	488
Residence							
Urban	13.9	25.3	16.1	38.6	2.9	61.4	188
Rural	19.5	22.4	19.5	41.7	2.8	58.3	616
Province							
Manicaland	18.8	25.9	23.3	45.2	3.5	54.8	123
Mashonaland Central	11.5	15.3	24.5	39.5	1.5	60.5	82
Mashonaland East	19.1	17.1	22.2	34.2	3.5	65.8	60
Mashonaland West	15.9	31.3	17.0	42.0	3.1	58.0	96
Matabeleland North	24.5	22.3	17.2	38.5	5.7	61.5	60
Matabeleland South	25.9	17.0	11.8	42.4	3.5	57.6	51
Midlands	18.7	28.8	18.5	45.5	2.9	54.5	95
Masvingo	25.3	23.3	22.7	46.1	4.0	53.9	106
Harare	13.9	24.8	12.1	39.8	0.0	60.2	95
Bulawayo	3.6	10.0	8.0	17.6	0.0	82.4	37
Wealth quintile							
Lowest	19.9	22.0	16.2	40.8	2.2	59.2	208
Second	19.0	20.0	20.5	39.8	2.9	60.2	178
Middle	16.8	25.0	24.1	44.2	3.0	55.8	201
Fourth	19.7	19.5	13.0	35.6	3.4	64.4	141
Highest	12.1	35.2	18.0	45.8	2.7	54.2	76
Total	18.2	23.1	18.7	41.0	2.8	59.0	805

Note: Table is based on de jure household members, i.e., usual household members who were very sick (unable to work or do normal activities) in the past 12 months or who died in the past 12 months and were very sick at least 3 of the 12 months before death. Support in the past 30 days includes the past 30 days for living persons and the 30 days preceding death for dead persons.

¹ Support such as companionship, counselling from a trained counsellor, or spiritual support for which there was no payment

² Support such as help with household work, training for a caregiver, legal services, clothing, food, or financial support for which there was no payment

Table 18.10 looks at the extent to which free external care and support was received by households that included at least one OVC member. The table shows that around seven in ten orphaned and vulnerable children lived in households that did not receive any type of support. Among those households that did receive some type of support, the household was most likely to have received schooling support for the children, followed by social/material support.

Table 18.10 External support for orphans and vulnerable children								
Percentage of orphans and vulnerable children (OVC) under age 18 years whose household received certain free basic external support to care for the child in the past 12 months, by background characteristics, Zimbabwe 2005-2006								
Background characteristic	Percentage of orphans and vulnerable children whose households received:							Number of OVC children
	Medical support in the past 12 months ¹	Emotional support in the past 3 months ²	Social/material support in the past 3 months ³	School-related assistance in the past 12 months ⁴	At least one type of support	All of the types of support ⁵	None of the types of support	
Age								
0-4	8.2	4.8	9.4	0.0	18.4	0.0	81.6	882
5-9	5.8	5.6	12.1	13.3	28.0	0.1	72.0	1,817
10-14	6.4	6.6	15.1	24.9	38.6	0.0	61.4	2,476
15-17	6.4	6.1	14.3	16.0	30.3	0.0	69.7	1,147
Sex								
Male	6.2	5.7	13.2	16.0	30.6	0.0	69.4	3,212
Female	6.7	6.3	13.3	17.0	31.7	0.1	68.3	3,107
Residence								
Urban	2.6	8.7	10.7	12.6	23.9	0.1	76.1	1,254
Rural	7.5	5.3	13.9	17.4	33.0	0.0	67.0	5,068
Province								
Manicaland	4.3	7.0	17.1	18.1	36.0	0.0	64.0	974
Mashonaland Central	14.0	5.8	7.4	18.8	35.5	0.0	64.5	718
Mashonaland East	5.5	4.8	8.2	17.7	27.3	0.0	72.7	609
Mashonaland West	1.9	5.4	4.4	12.6	21.1	0.0	78.9	693
Matabeleland North	8.4	4.9	6.6	9.4	22.6	0.0	77.4	482
Matabeleland South	6.9	3.7	9.1	9.2	22.9	0.0	77.1	399
Midlands	3.9	6.9	15.2	18.3	33.0	0.1	67.0	819
Masvingo	11.1	4.8	32.5	26.2	49.5	0.0	50.5	880
Harare	3.2	8.3	8.7	8.6	18.7	0.1	81.3	525
Bulawayo	2.8	9.4	7.0	12.3	22.9	0.0	77.1	222
Wealth quintile								
Lowest	7.3	3.7	13.4	15.9	29.1	0.0	70.9	1,589
Second	8.1	7.3	12.7	18.4	35.1	0.1	64.9	1,436
Middle	7.8	4.1	15.2	18.2	34.5	0.0	65.5	1,674
Fourth	2.4	8.6	13.2	16.0	29.7	0.0	70.3	933
Highest	3.6	9.5	9.7	10.1	22.3	0.1	77.7	690
Total	6.5	6.0	13.3	16.5	31.2	0.0	68.8	6,322

Note: Table is based on de jure household members, i.e., usual household members. Total includes three children for whom information on sex is missing.

¹ Medical care, supplies, or medicine

² Companionship, counselling from a trained counsellor, or spiritual support for which there was no payment

³ Help with household work, training for a caregiver, legal services, clothing, food, or financial support for which there was no payment

⁴ Allowance, free admission, books, or supplies for which there was no payment. Percentage calculated for ages 5-17 years

⁵ Four types of support for those age 5-17, three types of support (i.e., excluding school support) received by those age 0-4

The percentage receiving some form of assistance increased with the age of the child, which likely reflects in part the fact that school-related assistance was the most common form of care and support. Rural OVCs were more likely than urban OVCs to live in a household that received some form of support. Orphaned and vulnerable children in Harare were the least likely to be living in a household receiving external support, while OVCs in Masvingo were the most likely to be in a household that had been given some type of support.

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SAMPLE IMPLEMENTATION

Appendix A

Table A.1 Sample implementation: women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall response rates, according to urban-rural residence and region, Zimbabwe 2006

Result	Residence		Province										Total
	Urban	Rural	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo	
Selected households													
Completed (C)	88.5	85.4	86.1	81.8	80.5	80.9	88.6	85.1	89.7	86.2	90.2	94.7	86.4
Household present but no competent respondent at home (HP)	2.2	1.5	1.1	3.5	1.8	1.3	1.5	2.1	2.1	0.3	2.8	0.8	1.8
Postponed (P)	0.1	0.1	0.2	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.0	0.1
Refused (R)	2.5	0.2	0.1	0.5	0.3	1.5	0.2	0.5	0.5	0.2	2.8	2.2	0.9
Dwelling not found (DNF)	0.8	2.4	1.2	3.2	4.6	2.6	1.5	3.2	0.7	1.3	0.8	0.1	1.9
Household absent (HA)	2.0	3.9	3.3	2.9	5.5	4.2	3.0	4.8	2.2	4.9	1.6	0.9	3.3
Dwelling vacant/address not a dwelling (DV)	2.4	5.9	6.9	4.4	7.3	7.3	4.0	4.2	4.2	6.4	1.4	1.1	4.8
Dwelling destroy (DD)	1.5	0.7	1.0	3.3	0.0	2.2	1.2	0.0	0.5	0.6	0.5	0.1	0.9
Other (O)	0.0	0.1	0.2	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	3,455	7,297	1,258	1,022	1,082	1,102	821	805	1,246	1,152	1,407	857	10,752
Household response rate (HRR)	94.1	95.4	97.1	91.9	92.3	93.6	96.5	93.6	96.5	97.8	93.4	96.8	95.0
Eligible women													
Completed (EWC)	85.1	93.4	93.8	93.1	89.5	88.3	94.9	90.3	95.2	93.7	82.9	85.9	90.2
Not at home (EWNH)	9.2	4.7	4.4	4.7	8.9	8.0	2.7	6.4	2.6	3.8	11.9	7.7	6.4
Postponed (EWP)	0.2	0.0	0.0	0.0	0.3	0.2	0.0	0.1	0.0	0.0	0.1	0.1	0.1
Refused (EWR)	4.4	0.4	0.4	0.9	0.6	1.8	0.7	1.1	1.0	0.8	4.2	5.5	1.9
Partly completed (EWPC)	0.3	0.1	0.3	0.2	0.3	0.3	0.0	0.1	0.2	0.1	0.3	0.2	0.2
Incapacitated (EWI)	0.5	1.2	0.9	1.1	0.5	1.1	1.6	1.7	0.9	1.4	0.5	0.5	1.0
Other (EWO)	0.2	0.1	0.3	0.0	0.0	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,763	6,107	1,108	807	778	880	708	698	1,185	1,039	1,683	984	9,870
Eligible women response rate (EWRR)	85.1	93.4	93.8	93.1	89.5	88.3	94.9	90.3	95.2	93.7	82.9	85.9	90.2
Overall response rate (ORR)	80.1	89.1	91.1	85.5	82.5	82.6	91.6	84.5	91.8	91.7	77.4	83.1	85.7

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{100 * EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO}$$

³ The overall response rate (ORR) is calculated as:

$$ORR = HRR * EWRR/100$$

Table A.2 Sample implementation: men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall response rates, according to urban-rural residence and region, Zimbabwe 2006

Result	Residence		Province										Total
	Urban	Rural	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo	
Selected households													
Completed (C)	88.5	85.4	86.1	81.8	80.5	80.9	88.6	85.1	89.7	86.2	90.2	94.7	86.4
Household present but no competent respondent at home (HP)	2.2	1.5	1.1	3.5	1.8	1.3	1.5	2.1	2.1	0.3	2.8	0.8	1.8
Postponed (P)	0.1	0.1	0.2	0.0	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.0	0.1
Refused (R)	2.5	0.2	0.1	0.5	0.3	1.5	0.2	0.5	0.5	0.2	2.8	2.2	0.9
Dwelling not found (DNF)	0.8	2.4	1.2	3.2	4.6	2.6	1.5	3.2	0.7	1.3	0.8	0.1	1.9
Household absent (HA)	2.0	3.9	3.3	2.9	5.5	4.2	3.0	4.8	2.2	4.9	1.6	0.9	3.3
Dwelling vacant/address not a dwelling (DV)	2.4	5.9	6.9	4.4	7.3	7.3	4.0	4.2	4.2	6.4	1.4	1.1	4.8
Dwelling destroy (DD)	1.5	0.7	1.0	3.3	0.0	2.2	1.2	0.0	0.5	0.6	0.5	0.1	0.9
Other (O)	0.0	0.1	0.2	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	3,455	7,297	1,258	1,022	1,082	1,102	821	805	1,246	1,152	1,407	857	10,752
Household response rate (HRR)	94.1	95.4	97.1	91.9	92.3	93.6	96.5	93.6	96.5	97.8	93.4	96.8	95.0
Eligible men													
Completed (EMC)	71.9	88.3	85.0	89.7	83.5	80.5	89.8	81.8	88.8	91.4	66.7	74.9	81.9
Not at home (EMNH)	19.4	8.8	12.5	8.7	12.7	15.9	5.7	12.5	8.3	6.3	23.8	12.8	12.9
Postponed (EMP)	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Refused (EMR)	6.9	0.8	0.9	0.4	1.4	1.9	0.7	3.9	1.4	0.9	7.7	9.0	3.2
Partly completed (EMPC)	0.2	0.1	0.1	0.0	0.0	0.2	0.0	0.0	0.1	0.2	0.1	0.8	0.2
Incapacitated (EMI)	1.3	1.8	1.2	1.2	2.3	1.3	3.8	1.8	1.2	1.1	1.3	2.0	1.6
Other (EMO)	0.3	0.1	0.2	0.0	0.0	0.1	0.0	0.0	0.3	0.0	0.4	0.5	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	3,421	5,340	929	804	692	830	609	567	1,077	852	1,547	854	8,761
Eligible mAen response rate (EMRR)	71.9	88.3	85.0	89.7	83.5	80.5	89.8	81.8	88.8	91.4	66.7	74.9	81.9
Overall response rate (ORR)	67.6	84.2	82.6	82.4	77.1	75.3	86.7	76.6	85.6	89.5	62.3	72.5	77.8

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

² Using the number of eligible men falling into specific response categories, the eligible man response rate (EWRR) is calculated as:

$$\frac{100 * EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO}$$

³ The overall response rate (ORR) is calculated as:

$$ORR = HRR * EMRR/100$$

The estimates from a sample survey are affected by two types of errors: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2005-06 Zimbabwe Demographic and Health Survey (ZDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2005-06 DHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2005-06 ZDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2005-06 DHS is the ISSA Sampling Error Module. This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

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

in which

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

where h represents the stratum which varies from 1 to H ,
 m_h is the total number of clusters selected in the h^{th} stratum,
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum, and
 f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2005-06 DHS, there were 398 non-empty clusters. Hence, 398 replications were created. The variance of a rate r is calculated as follows:

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

in which

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

where r is the estimate computed from the full sample of 398 clusters,
 $r_{(i)}$ is the estimate computed from the reduced sample of 397 clusters (i^{th} cluster excluded),
and
 k is the total number of clusters.

In addition to the standard error, ISSA computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. ISSA also computes the relative error and confidence limits for the estimates.

Sampling errors for the 2005-06 DHS are calculated for selected variables considered to be of primary interest for woman's survey and for man's surveys, respectively. The results are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the eleven regions. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 to B.15 present the value of the statistic (R), its standard error (SE), the number of unweighted (N-UNWE) and weighted (N-WEIG) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 2SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1). In the case of the total fertility rate, the number of unweighted cases is not relevant, as there is no known unweighted value for woman-years of exposure to child-bearing.

The confidence interval (e.g., as calculated for *children ever born to women aged 40-49*) can be interpreted as follows: the overall average from the national sample is 5.236 and its standard error is 0.117. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $5.236 \pm 2 \times 0.117$. There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 40 to 49 is between 5.002 and 5.470.

Sampling errors are analyzed for two separate groups of estimates: (1) means and proportions, and (2) complex demographic rates. At the national level, mostly relative standard error values (SE/R) for the means and proportions are below 10 percent, however the highest relative standard error values are for indicators with very low values (i.e. less than 2 percent). So in general, the relative standard errors for most estimates for the country as a whole are small, except for indicators with very small values, i.e. for estimates which are rare in the population. For example, the relative standard error for the total fertility rate (TFR 0-3 years) is small (2.9 percent) since births are a fairly common event. However, for the mortality rates which are rarer events, the average relative standard error value is higher; for example, the relative standard error for the 0-4 year estimate of infant mortality is 7.2.

The relative standard error varies across sub-populations. For example, for the variable *children ever born to women aged 40-49*, the relative standard errors as a percent of the estimated mean for the whole country, for the urban areas and for the rural areas are 2.2 percent, 2.8 percent and 2.5 percent, respectively.

For the total sample, the value of the design effect (DEFT), averaged over all selected variables, is 1.43 which means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.43 over that in an equivalent simple random sample.

Table B.1 List of selected variables for sampling errors, Zimbabwe 2005-2006

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women
Literate	Proportion	All women
No education	Proportion	All women
Secondary education or higher	Proportion	All women
Net attendance ratio for primary school	Ratio	Children with primary school
Never married	Proportion	All women
Currently married/in union	Proportion	All women
Married before age 20	Proportion	All women 20 years or more
Currently pregnant	Proportion	All women
Children ever born	Mean	All women
Children surviving	Mean	All women
Children ever born to women age 40-49	Mean	All women 40-49
Knows any contraceptive method	Proportion	Currently married women
Ever using contraceptive method	Proportion	Currently married women
Currently using any contraceptive method	Proportion	Currently married women
Currently using pill	Proportion	Currently married women
Currently using IUD	Proportion	Currently married women
Currently using female sterilisation	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Obtained method from public sector source	Proportion	Currently users modern method
Want no more children	Proportion	Currently married women
Want to delay birth at least 2 years	Proportion	Currently married women
Ideal family size	Proportion	All women
Mothers received tetanus 2+ injection for last birth	Proportion	Last birth in last 5 years
Mothers received medical assistance at delivery	Proportion	Births in last 5 years
Had diarrhoea in two weeks before survey	Proportion	Children under age 5 years
Treated with oral rehydration salts (ORS)	Proportion	Child with diarrhoea in last two weeks
Taken to a health provider	Proportion	Child with diarrhoea in last two weeks
Vaccination card seen	Proportion	Children age 12-23 months
Received BCG	Proportion	Children age 12-23 months
Received DPT (3 doses)	Proportion	Children age 12-23 months
Received polio (3 doses)	Proportion	Children age 12-23 months
Received measles	Proportion	Children age 12-23 months
Fully immunised	Proportion	Children age 12-23 months
Height-for-age (below -2SD)	Proportion	Children 0-59 months measured
Weight-for-height (below -2SD)	Proportion	Children 0-59 months measured
Weight-for-age (below -2SD)	Proportion	Children 0-59 months measured
Any anaemia for children	Proportion	Children 6-59 months
Any anaemia for women	Proportion	All women
BMI <18.5 for women	Proportion	All women
Use condom at last high-risk sex	Proportion	Women having high-risk sex last year
Use condom at last high-risk sex (youth)	Proportion	Women 15-24 having high-risk sex last year
Had high risk Intercourse	Proportion	All women
Abstinence among youth	Proportion	Women 15-24 who never had sex
Sexually active in last 12 months (youth)	Proportion	Women 15-24 who had sex in last months
Total Fertility Rate (TFR) for last three years	Mean	All women
Neonatal mortality last 5 (10) years ¹	Rate	All births last 5(10) years
Post-neonatal mortality last 5(10) years ¹	Rate	All births last 5(10) years
Infant mortality last 5(10) years ¹	Rate	All births last 5(10) years
Child mortality last 5(10) years ¹	Rate	All births last 5(10) years
Under 5 mortality last 5(10) years ¹	Rate	All births last 5(10) years
HIV prevalence rate	Proportion	All women 15-49
MEN		
Urban residence	Proportion	All men 15-54
Literate	Proportion	All men 15-54
No education	Proportion	All men 15-54
Secondary education or higher	Proportion	All men 15-54
Never married	Proportion	All men 15-54
Currently married/in union	Proportion	All men 15-54
Married before age 20	Proportion	All men 20-54
Want no more children	Proportion	Currently married men 15-49
Want to delay birth at least 2 years	Proportion	Currently married men 15-49
Ideal family size	Proportion	Currently married men 15-49
Has heard of HIV/AIDS	Proportion	All men 15-49
Knows about condoms	Proportion	All men 15-49
Knows about limiting partners	Proportion	All men 15-49
Multiple partners in past 12 months	Proportion	All men 15-49
Condom use in last higher-risk intercourse	Proportion	Men 15-49 having high-risk sex last year
Condom use in last higher-risk intercourse (youth)	Proportion	Men 15-24 having high-risk sex last year
Sexually active in past 12 months (youth)	Proportion	Men 15-24
Sexually active in past 12 months	Proportion	Never married men 15-24
HIV prevalence rate	Proportion	All men 15-49

¹ Five years for national sample and 10 years for residential and provincial subgroups

Table B.2 Sampling errors for National sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.393	0.015	8907	8907	2.875	0.038	0.363	0.423
Literate	0.912	0.006	8907	8907	2.162	0.007	0.899	0.925
No education	0.043	0.004	8907	8907	1.964	0.099	0.034	0.051
Secondary education or higher	0.631	0.014	8907	8907	2.812	0.023	0.603	0.660
Net attendance ratio for primary school	0.914	0.006	7379	7267	1.589	0.007	0.902	0.927
Never married	0.270	0.006	8907	8907	1.341	0.023	0.257	0.283
Currently married/in union	0.577	0.007	8907	8907	1.433	0.013	0.562	0.592
Married before age 20	0.572	0.010	6777	6755	1.639	0.017	0.552	0.592
Currently pregnant	0.066	0.003	8907	8907	1.164	0.046	0.060	0.072
Children ever born	2.153	0.030	8907	8907	1.288	0.014	2.092	2.213
Children surviving	1.993	0.029	8907	8907	1.325	0.014	1.935	2.050
Children ever born to women age 40-49	5.236	0.117	1338	1287	1.705	0.022	5.002	5.470
Knows any contraceptive method	0.993	0.001	5118	5143	1.139	0.001	0.991	0.996
Ever using contraceptive method	0.872	0.009	5118	5143	1.820	0.010	0.855	0.889
Currently using any contraceptive method	0.602	0.011	5118	5143	1.583	0.018	0.581	0.624
Currently using pill	0.430	0.011	5118	5143	1.585	0.026	0.408	0.452
Currently using IUD	0.003	0.001	5118	5143	1.135	0.291	0.001	0.005
Currently using female sterilisation	0.020	0.002	5118	5143	1.137	0.111	0.016	0.025
Currently using periodic abstinence	0.002	0.001	5118	5143	0.992	0.310	0.001	0.003
Obtained method from public sector source	0.678	0.013	3399	3446	1.632	0.019	0.652	0.705
Want no more children	0.423	0.010	5118	5143	1.422	0.023	0.404	0.443
Want to delay birth at least 2 years	0.321	0.008	5118	5143	1.175	0.024	0.305	0.336
Ideal family size	3.800	0.052	8792	8800	2.488	0.014	3.696	3.904
Mothers received tetanus 2+ injection for last birth	0.545	0.012	4073	4099	1.482	0.021	0.522	0.568
Mothers received medical assistance at delivery	0.685	0.014	5246	5231	1.914	0.021	0.657	0.713
Had diarrhoea in two weeks before survey	0.124	0.007	4875	4871	1.340	0.053	0.111	0.138
Treated with oral rehydration salts (ORS)	0.056	0.011	614	606	1.110	0.192	0.035	0.078
Taken to a health provider	0.320	0.026	614	606	1.286	0.081	0.269	0.372
Vaccination card seen	0.723	0.015	989	1019	1.050	0.021	0.693	0.753
Received BCG	0.757	0.015	989	1019	1.094	0.020	0.727	0.787
Received DPT (3 doses)	0.620	0.019	989	1019	1.257	0.031	0.582	0.659
Received polio (3 doses)	0.657	0.017	989	1019	1.159	0.026	0.623	0.692
Received measles	0.656	0.018	989	1019	1.214	0.028	0.620	0.693
Fully immunised	0.526	0.019	989	1019	1.218	0.036	0.487	0.564
Height-for-age (below -2SD)	0.294	0.009	4914	4860	1.327	0.031	0.276	0.313
Weight-for-height (below -2SD)	0.064	0.004	4914	4860	1.083	0.061	0.056	0.072
Weight-for-age (below -2SD)	0.166	0.007	4914	4860	1.184	0.040	0.153	0.180
Any anaemia for children	0.583	0.011	4378	4354	1.407	0.018	0.562	0.605
Any anaemia for women	0.378	0.009	7636	7634	1.604	0.024	0.360	0.395
BMI <18.5 for women	0.092	0.004	8020	8004	1.123	0.039	0.085	0.100
Use condom at last high-risk sex	0.467	0.023	680	655	1.225	0.050	0.420	0.514
Use condom at last high-risk sex (youth)	0.424	0.030	352	333	1.143	0.071	0.363	0.484
Abstinence among youth	0.811	0.010	2233	2195	1.258	0.013	0.790	0.832
Sexually active last (youth)	0.125	0.008	2233	2195	1.181	0.066	0.108	0.142
Total fertility rate (TFR) for last 3 years	3.798	0.111	na	24853	1.579	0.029	3.576	4.021
Neonatal mortality last 5 years	23.781	2.476	5286	5271	1.106	0.104	18.828	28.733
Postneonatal mortality last 5 years	36.083	3.110	5296	5282	1.078	0.086	29.863	42.304
Infant mortality last 5 years	59.864	4.299	5297	5283	1.158	0.072	51.266	68.461
Child mortality last 5 years	23.216	2.476	5329	5311	1.138	0.107	18.264	28.168
Under 5 mortality last 5 years	81.690	5.077	5341	5323	1.212	0.062	71.537	91.843
MEN								
Urban residence	0.405	0.013	7175	7175	2.200	0.032	0.379	0.430
Literate	0.951	0.003	7175	7175	1.197	0.003	0.945	0.957
No education	0.015	0.002	7175	7175	1.166	0.110	0.012	0.019
Secondary education or higher	0.712	0.010	7175	7175	1.950	0.015	0.691	0.733
Never married	0.475	0.007	7175	7175	1.203	0.015	0.460	0.489
Currently married/in union	0.477	0.007	7175	7175	1.209	0.015	0.462	0.491
Married before age 20	0.163	0.008	4871	4964	1.563	0.051	0.146	0.179
Want no more children	0.363	0.011	3067	3132	1.217	0.029	0.342	0.384
Want to delay birth at least 2 years	0.405	0.012	3067	3132	1.404	0.031	0.380	0.430
Ideal family size	4.541	0.080	2968	3035	1.399	0.018	4.381	4.700
Has heard of HIV/AIDS	0.992	0.001	6849	6863	1.015	0.001	0.990	0.994
Knows about condoms	0.814	0.006	6849	6863	1.319	0.008	0.802	0.826
Knows about limiting partners	0.847	0.007	6849	6863	1.707	0.009	0.832	0.862
Multiple partners in past 12 months	0.141	0.007	4311	4373	1.230	0.046	0.128	0.154
Sexually active in past 12 months (youth)	0.555	0.049	234	233	1.498	0.088	0.457	0.652
Sexually active in past 12 months	0.281	0.012	3050	2988	1.468	0.043	0.257	0.305

na = Not applicable

Table B.3 Sampling errors for Urban sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	3203	3502	na	0.000	1.000	1.000
Literate	0.976	0.003	3203	3502	1.095	0.003	0.970	0.982
No education	0.010	0.002	3203	3502	0.967	0.170	0.007	0.013
Secondary education or higher	0.846	0.009	3203	3502	1.333	0.010	0.829	0.863
Net attendance ratio for primary school	0.937	0.013	1677	1777	1.918	0.014	0.911	0.962
Never married	0.350	0.011	3203	3502	1.270	0.031	0.328	0.371
Currently married/in union	0.497	0.010	3203	3502	1.136	0.020	0.477	0.518
Married before age 20	0.460	0.014	2424	2654	1.394	0.031	0.432	0.488
Currently pregnant	0.044	0.004	3203	3502	1.104	0.091	0.036	0.052
Children ever born	1.557	0.031	3203	3502	1.049	0.020	1.495	1.620
Children surviving	1.463	0.029	3203	3502	1.025	0.020	1.405	1.521
Children ever born to women age 40-49	3.960	0.111	379	410	1.142	0.028	3.739	4.182
Knows any contraceptive method	0.998	0.001	1571	1742	0.645	0.001	0.996	0.999
Ever using contraceptive method	0.912	0.008	1571	1742	1.187	0.009	0.895	0.929
Currently using any contraceptive method	0.698	0.013	1571	1742	1.114	0.018	0.672	0.724
Currently using pill	0.477	0.015	1571	1742	1.161	0.031	0.447	0.506
Currently using IUD	0.008	0.002	1571	1742	1.105	0.314	0.003	0.013
Currently using female sterilisation	0.034	0.005	1571	1742	1.062	0.143	0.024	0.044
Currently using periodic abstinence	0.002	0.001	1571	1742	0.981	0.541	0.000	0.004
Obtained method from public sector source	0.492	0.019	1293	1429	1.372	0.039	0.454	0.530
Want no more children	0.476	0.013	1571	1742	1.013	0.027	0.450	0.501
Want to delay birth at least 2 years	0.263	0.012	1571	1742	1.104	0.047	0.238	0.287
Ideal family size	3.132	0.029	3171	3467	1.146	0.009	3.073	3.191
Mothers received tetanus 2+ injection for last birth	0.581	0.019	1135	1284	1.306	0.032	0.543	0.619
Mothers received medical assistance at delivery	0.937	0.009	1340	1513	1.319	0.010	0.919	0.956
Had diarrhoea in two weeks before survey	0.091	0.011	1259	1417	1.336	0.118	0.070	0.113
Treated with oral rehydration salts (ORS)	0.102	0.033	111	129	1.176	0.321	0.036	0.167
Taken to a health provider	0.391	0.057	111	129	1.262	0.145	0.278	0.505
Vaccination card seen	0.746	0.028	271	309	1.074	0.037	0.691	0.802
Received BCG	0.790	0.030	271	309	1.222	0.037	0.731	0.850
Received DPT (3 doses)	0.672	0.033	271	309	1.197	0.050	0.605	0.739
Received polio (3 doses)	0.733	0.028	271	309	1.062	0.038	0.677	0.789
Received measles	0.716	0.031	271	309	1.151	0.043	0.654	0.778
Fully immunised	0.580	0.036	271	309	1.231	0.062	0.507	0.652
Height-for-age (below -2SD)	0.238	0.016	1109	1186	1.183	0.066	0.207	0.270
Weight-for-height (below -2SD)	0.045	0.007	1109	1186	1.113	0.151	0.031	0.059
Weight-for-age (below -2SD)	0.113	0.010	1109	1186	1.058	0.092	0.092	0.134
Any anaemia for children	0.580	0.018	963	1025	1.119	0.031	0.544	0.617
Any anaemia for women	0.389	0.012	2535	2762	1.225	0.031	0.365	0.413
BMI <18.5 for women	0.068	0.005	2948	3222	1.065	0.072	0.058	0.078
Use condom at last high-risk sex	0.553	0.032	324	349	1.170	0.059	0.488	0.617
Use condom at last high-risk sex (youth)	0.512	0.041	174	180	1.089	0.081	0.430	0.595
Abstinence among youth	0.803	0.017	1043	1098	1.372	0.021	0.769	0.836
Sexually active last (youth)	0.137	0.014	1043	1098	1.282	0.100	0.110	0.164
Total fertility rate (TFR) for last 3 years	2.582	0.084	na	9856	1.122	0.033	2.413	2.751
Neonatal mortality in past 10 years	20.432	3.229	2537	2854	1.061	0.158	13.973	26.890
Postneonatal mortality in past 10 years	26.077	3.890	2539	2857	1.115	0.149	18.296	33.858
Infant mortality in past 10 years	46.509	5.261	2539	2857	1.138	0.113	35.987	57.030
Child mortality in past 10 years	18.239	3.564	2542	2861	1.217	0.195	11.112	25.366
Under-five mortality in past 10 years	63.900	5.820	2544	2864	1.088	0.091	52.260	75.539
MEN								
Urban residence	1.000	0.000	2459	2904	na	0.000	1.000	1.000
Literate	0.987	0.003	2459	2904	1.308	0.003	0.980	0.993
No education	0.002	0.001	2459	2904	0.976	0.471	0.000	0.003
Secondary education or higher	0.893	0.010	2459	2904	1.561	0.011	0.873	0.912
Never married	0.473	0.011	2459	2904	1.110	0.024	0.451	0.495
Currently married/in union	0.481	0.011	2459	2904	1.070	0.022	0.460	0.503
Married before age 20	0.124	0.013	1814	2161	1.692	0.106	0.098	0.150
Want no more children	0.437	0.018	1054	1271	1.190	0.042	0.401	0.474
Want to delay birth at least 2 years	0.330	0.018	1054	1271	1.251	0.055	0.293	0.366
Ideal family size	3.745	0.057	1019	1230	0.878	0.015	3.631	3.860
Has heard of HIV/AIDS	0.998	0.001	2336	2767	1.058	0.001	0.996	1.000
Knows about condoms	0.852	0.008	2336	2767	1.037	0.009	0.837	0.867
Knows about limiting partners	0.799	0.016	2336	2767	1.874	0.019	0.768	0.830
Multiple partners in past 12 months	0.141	0.009	1526	1793	1.012	0.064	0.123	0.159
Sexually active in past 12 months (youth)	0.743	0.037	94	97	0.823	0.050	0.669	0.818
Sexually active in past 12 months	0.284	0.015	996	1153	1.078	0.054	0.254	0.315

na = Not applicable

Table B.4 Sampling errors for Rural sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.000	0.000	5704	5405	na	na	0.000	0.000
Literate	0.871	0.009	5704	5405	2.072	0.011	0.852	0.889
No education	0.064	0.006	5704	5405	1.893	0.096	0.052	0.076
Secondary education or higher	0.493	0.019	5704	5405	2.831	0.038	0.455	0.530
Net attendance ratio for primary school	0.907	0.007	5702	5490	1.498	0.007	0.894	0.921
Never married	0.218	0.007	5704	5405	1.280	0.032	0.204	0.232
Currently married/in union	0.629	0.010	5704	5405	1.502	0.015	0.610	0.648
Married before age 20	0.645	0.012	4353	4102	1.630	0.018	0.621	0.668
Currently pregnant	0.080	0.004	5704	5405	1.128	0.051	0.072	0.088
Children ever born	2.538	0.039	5704	5405	1.206	0.015	2.460	2.616
Children surviving	2.336	0.036	5704	5405	1.232	0.016	2.263	2.409
Children ever born to women age 40-49	5.832	0.144	959	878	1.754	0.025	5.544	6.119
Knows any contraceptive method	0.991	0.002	3547	3401	1.220	0.002	0.987	0.995
Ever using contraceptive method	0.851	0.011	3547	3401	1.877	0.013	0.829	0.874
Currently using any contraceptive method	0.553	0.013	3547	3401	1.599	0.024	0.527	0.580
Currently using pill	0.406	0.014	3547	3401	1.743	0.035	0.377	0.434
Currently using IUD	0.000	0.000	3547	3401	0.813	0.631	0.000	0.001
Currently using female sterilisation	0.013	0.002	3547	3401	1.154	0.167	0.009	0.018
Currently using periodic abstinence	0.002	0.001	3547	3401	0.993	0.377	0.000	0.003
Obtained method from public sector source	0.811	0.015	2106	2016	1.794	0.019	0.780	0.841
Want no more children	0.396	0.012	3547	3401	1.510	0.031	0.371	0.421
Want to delay birth at least 2 years	0.351	0.009	3547	3401	1.178	0.027	0.332	0.370
Ideal family size	4.234	0.067	5621	5334	2.388	0.016	4.099	4.369
Mothers received tetanus 2+ injection for last birth	0.529	0.014	2938	2815	1.551	0.027	0.501	0.557
Mothers received medical assistance at delivery	0.582	0.016	3906	3718	1.791	0.028	0.550	0.614
Had diarrhoea in two weeks before survey	0.138	0.008	3616	3454	1.386	0.060	0.121	0.154
Treated with oral rehydration salts (ORS)	0.044	0.010	503	476	1.068	0.236	0.023	0.065
Taken to a health provider	0.301	0.029	503	476	1.320	0.097	0.243	0.359
Vaccination card seen	0.713	0.018	718	710	1.056	0.025	0.677	0.748
Received BCG	0.743	0.017	718	710	1.037	0.023	0.709	0.776
Received DPT (3 doses)	0.598	0.024	718	710	1.332	0.040	0.550	0.646
Received polio (3 doses)	0.625	0.022	718	710	1.246	0.036	0.580	0.669
Received measles	0.631	0.022	718	710	1.240	0.035	0.586	0.675
Fully immunised	0.502	0.023	718	710	1.254	0.046	0.456	0.548
Height-for-age (below -2SD)	0.312	0.011	3805	3674	1.340	0.035	0.291	0.334
Weight-for-height (below -2SD)	0.070	0.005	3805	3674	1.081	0.067	0.061	0.079
Weight-for-age (below -2SD)	0.184	0.008	3805	3674	1.193	0.043	0.168	0.199
Any anaemia for children	0.584	0.013	3415	3329	1.496	0.022	0.558	0.610
Any anaemia for women	0.371	0.012	5101	4872	1.846	0.034	0.346	0.396
BMI <18.5 for women	0.108	0.005	5072	4782	1.102	0.044	0.099	0.118
Use condom at last high-risk sex	0.369	0.032	356	306	1.257	0.087	0.305	0.434
Use condom at last high-risk sex (youth)	0.319	0.038	178	153	1.079	0.119	0.243	0.395
Abstinence among youth	0.820	0.012	1190	1097	1.087	0.015	0.796	0.844
Sexually active last (youth)	0.113	0.009	1190	1097	1.025	0.083	0.094	0.132
Total fertility rate (TFR) for last 3 years	4.584	0.130	na	14997	1.469	0.028	4.323	4.844
Neonatal mortality in past 10 years	21.627	2.172	7284	6932	1.172	0.100	17.283	25.970
Postneonatal mortality in past 10 years	28.929	2.438	7286	6933	1.123	0.084	24.053	33.804
Infant mortality in past 10 years	50.555	3.731	7287	6934	1.277	0.074	43.093	58.017
Child mortality in past 10 years	22.126	2.256	7311	6954	1.193	0.102	17.615	26.637
Under-five mortality in past 10 years	71.563	4.831	7315	6957	1.410	0.068	61.901	81.225
MEN								
Urban residence	0.000	0.000	4716	4271	na	na	0.000	0.000
Literate	0.926	0.005	4716	4271	1.186	0.005	0.917	0.935
No education	0.025	0.003	4716	4271	1.206	0.110	0.019	0.030
Secondary education or higher	0.589	0.015	4716	4271	2.042	0.025	0.560	0.618
Never married	0.476	0.009	4716	4271	1.263	0.019	0.457	0.494
Currently married/in union	0.473	0.009	4716	4271	1.306	0.020	0.454	0.492
Married before age 20	0.193	0.011	3057	2803	1.541	0.057	0.171	0.215
Want no more children	0.312	0.012	2013	1861	1.206	0.040	0.288	0.337
Want to delay birth at least 2 years	0.456	0.016	2013	1861	1.474	0.036	0.424	0.489
Ideal family size	5.083	0.114	1949	1804	1.427	0.023	4.854	5.312
Has heard of HIV/AIDS	0.988	0.002	4513	4096	1.057	0.002	0.985	0.991
Knows about condoms	0.788	0.009	4513	4096	1.481	0.011	0.770	0.806
Knows about limiting partners	0.879	0.006	4513	4096	1.339	0.007	0.866	0.892
Multiple partners in past 12 months	0.141	0.009	2785	2580	1.380	0.065	0.123	0.159
Condom use last higher-risk intercourse	0.498	0.027	949	883	1.674	0.055	0.443	0.552
Condom use last higher-risk intercourse (youth)	0.533	0.041	587	563	2.008	0.078	0.451	0.616
Sexually active in past 12 months (youth)	0.420	0.065	140	136	1.562	0.156	0.289	0.550
Sexually active in past 12 months	0.278	0.017	2054	1835	1.710	0.061	0.245	0.312

na = Not applicable

Table B.5 Sampling errors for Manicaland sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.218	0.039	1039	1043	3.072	0.180	0.140	0.297
Literate	0.915	0.020	1039	1043	2.321	0.022	0.875	0.955
No education	0.044	0.015	1039	1043	2.304	0.333	0.015	0.073
Secondary education or higher	0.575	0.029	1039	1043	1.894	0.051	0.517	0.633
Net attendance ratio for primary school	0.904	0.023	975	992	2.101	0.026	0.857	0.950
Never married	0.225	0.020	1039	1043	1.506	0.087	0.186	0.264
Currently married/in union	0.574	0.023	1039	1043	1.475	0.039	0.529	0.619
Married before age 20	0.609	0.020	804	812	1.168	0.033	0.568	0.649
Currently pregnant	0.074	0.008	1039	1043	1.024	0.112	0.058	0.091
Children ever born	2.483	0.079	1039	1043	1.046	0.032	2.324	2.642
Children surviving	2.247	0.066	1039	1043	0.957	0.029	2.115	2.379
Children ever born to women age 40-49	5.489	0.248	185	185	1.244	0.045	4.993	5.985
Knows any contraceptive method	0.991	0.007	603	599	1.818	0.007	0.977	1.005
Ever using contraceptive method	0.832	0.023	603	599	1.533	0.028	0.785	0.879
Currently using any contraceptive method	0.524	0.032	603	599	1.579	0.061	0.460	0.588
Currently using pill	0.377	0.030	603	599	1.523	0.080	0.317	0.437
Currently using IUD	0.004	0.003	603	599	1.298	0.855	0.000	0.010
Currently using female sterilisation	0.013	0.004	603	599	0.958	0.335	0.004	0.022
Currently using periodic abstinence	0.001	0.001	603	599	0.783	1.003	0.000	0.003
Obtained method from public sector source	0.705	0.039	328	334	1.550	0.055	0.627	0.783
Want no more children	0.385	0.023	603	599	1.168	0.060	0.338	0.431
Want to delay birth at least 2 years	0.306	0.023	603	599	1.201	0.074	0.261	0.351
Ideal family size	4.220	0.119	1015	1017	1.772	0.028	3.982	4.458
Mothers received tetanus 2+ injection for last birth	0.516	0.026	508	497	1.154	0.050	0.464	0.568
Mothers received medical assistance at delivery	0.613	0.031	704	679	1.372	0.051	0.551	0.675
Had diarrhoea in two weeks before survey	0.149	0.016	633	610	1.056	0.105	0.118	0.180
Treated with oral rehydration salts (ORS)	0.147	0.047	87	91	1.159	0.318	0.053	0.240
Taken to a health provider	0.242	0.054	87	91	1.175	0.225	0.133	0.351
Vaccination card seen	0.643	0.047	140	137	1.119	0.072	0.550	0.736
Received BCG	0.614	0.044	140	137	1.033	0.071	0.527	0.701
Received DPT (3 doses)	0.502	0.053	140	137	1.219	0.105	0.396	0.607
Received polio (3 doses)	0.551	0.049	140	137	1.139	0.089	0.453	0.649
Received measles	0.545	0.053	140	137	1.241	0.098	0.438	0.652
Fully immunised	0.412	0.053	140	137	1.252	0.129	0.306	0.518
Height-for-age (below -2SD)	0.349	0.015	641	643	0.728	0.044	0.319	0.380
Weight-for-height (below -2SD)	0.054	0.010	641	643	1.072	0.178	0.035	0.074
Weight-for-age (below -2SD)	0.162	0.017	641	643	1.032	0.105	0.128	0.196
Any anaemia for children	0.554	0.032	555	568	1.419	0.057	0.490	0.617
Any anaemia for women	0.307	0.020	881	877	1.250	0.064	0.268	0.346
BMI <18.5 for women	0.053	0.010	935	937	1.336	0.184	0.034	0.073
Use condom at last high-risk sex	0.485	0.063	45	55	0.839	0.130	0.359	0.612
Use condom at last high-risk sex (youth)	0.375	0.098	15	18	0.755	0.261	0.179	0.570
Abstinence among youth	0.893	0.016	225	215	0.793	0.018	0.861	0.926
Sexually active last (youth)	0.060	0.012	225	215	0.781	0.207	0.035	0.084
Total fertility rate (TFR) for last 3 years	4.220	0.275	na	2922	1.377	0.065	3.671	4.770
Neonatal mortality in past 10 years	38.081	5.289	1269	1231	0.876	0.139	27.503	48.659
Postneonatal mortality in past 10 years	32.589	6.167	1269	1231	1.015	0.189	20.255	44.924
Infant mortality in past 10 years	70.670	7.969	1269	1231	0.874	0.113	54.733	86.607
Child mortality in past 10 years	31.974	5.339	1277	1238	0.990	0.167	21.297	42.652
Under-five mortality in past 10 years	100.385	8.388	1277	1238	0.805	0.084	83.609	117.161
MEN								
Urban residence	0.229	0.041	790	829	2.761	0.181	0.146	0.311
Literate	0.926	0.011	790	829	1.176	0.012	0.904	0.948
No education	0.018	0.004	790	829	0.939	0.247	0.009	0.027
Secondary education or higher	0.655	0.036	790	829	2.144	0.055	0.583	0.728
Never married	0.504	0.020	790	829	1.113	0.039	0.465	0.544
Currently married/in union	0.443	0.019	790	829	1.081	0.043	0.405	0.482
Married before age 20	0.137	0.027	488	541	1.751	0.199	0.083	0.192
Want no more children	0.354	0.035	305	335	1.284	0.099	0.283	0.424
Want to delay birth at least 2 years	0.401	0.036	305	335	1.272	0.089	0.330	0.473
Ideal family size	4.767	0.159	294	322	0.964	0.033	4.448	5.085
Has heard of HIV/AIDS	0.988	0.004	753	793	0.978	0.004	0.980	0.996
Knows about condoms	0.754	0.021	753	793	1.325	0.028	0.712	0.796
Knows about limiting partners	0.851	0.018	753	793	1.369	0.021	0.816	0.887
Multiple partners in past 12 months	0.168	0.015	419	459	0.810	0.088	0.138	0.198
Sexually active in past 12 months (youth)	0.711	0.110	16	20	0.940	0.155	0.491	0.931
Sexually active in past 12 months	0.217	0.023	368	372	1.057	0.105	0.172	0.263

na = Not applicable

Table B.6 Sampling errors for Mashonaland Central sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.070	0.023	751	825	2.492	0.332	0.024	0.116
Literate	0.828	0.018	751	825	1.314	0.022	0.791	0.864
No education	0.098	0.014	751	825	1.328	0.147	0.069	0.127
Secondary education or higher	0.489	0.042	751	825	2.281	0.085	0.406	0.573
Net attendance ratio for primary school	0.865	0.024	622	755	1.468	0.028	0.816	0.914
Never married	0.166	0.023	751	825	1.703	0.139	0.120	0.213
Currently married/in union	0.693	0.033	751	825	1.947	0.047	0.627	0.758
Married before age 20	0.703	0.029	580	624	1.515	0.041	0.646	0.761
Currently pregnant	0.086	0.009	751	825	0.919	0.109	0.067	0.105
Children ever born	2.375	0.091	751	825	1.143	0.038	2.193	2.558
Children surviving	2.167	0.073	751	825	1.010	0.034	2.021	2.314
Children ever born to women age 40-49	5.119	0.411	112	117	1.753	0.080	4.296	5.941
Knows any contraceptive method	0.992	0.004	513	572	0.960	0.004	0.985	1.000
Ever using contraceptive method	0.855	0.041	513	572	2.632	0.048	0.773	0.937
Currently using any contraceptive method	0.614	0.023	513	572	1.066	0.037	0.568	0.660
Currently using pill	0.488	0.029	513	572	1.291	0.058	0.431	0.545
Currently using IUD	0.000	0.000	513	572	na	na	0.000	0.000
Currently using female sterilisation	0.011	0.007	513	572	1.490	0.629	0.000	0.024
Currently using periodic abstinence	0.004	0.003	513	572	0.948	0.627	0.000	0.010
Obtained method from public sector source	0.789	0.030	338	366	1.366	0.039	0.728	0.849
Want no more children	0.395	0.030	513	572	1.375	0.075	0.335	0.454
Want to delay birth at least 2 years	0.376	0.025	513	572	1.154	0.066	0.327	0.425
Ideal family size	4.049	0.093	740	815	1.295	0.023	3.863	4.234
Mothers received tetanus 2+ injection for last birth	0.582	0.029	426	457	1.204	0.050	0.524	0.640
Mothers received medical assistance at delivery	0.604	0.041	533	585	1.725	0.067	0.523	0.685
Had diarrhoea in two weeks before survey	0.108	0.028	499	548	1.990	0.260	0.052	0.165
Treated with oral rehydration salts (ORS)	0.000	0.000	65	59	na	na	0.000	0.000
Taken to a health provider	0.298	0.062	65	59	0.977	0.207	0.175	0.422
Vaccination card seen	0.784	0.041	94	111	1.001	0.052	0.702	0.866
Received BCG	0.813	0.038	94	111	0.974	0.046	0.738	0.889
Received DPT (3 doses)	0.608	0.056	94	111	1.152	0.092	0.496	0.720
Received polio (3 doses)	0.646	0.068	94	111	1.428	0.105	0.510	0.782
Received measles	0.720	0.053	94	111	1.186	0.074	0.614	0.826
Fully immunised	0.566	0.056	94	111	1.144	0.100	0.453	0.679
Height-for-age (below -2SD)	0.348	0.043	501	577	1.883	0.125	0.261	0.435
Weight-for-height (below -2SD)	0.062	0.006	501	577	0.547	0.102	0.049	0.074
Weight-for-age (below -2SD)	0.223	0.026	501	577	1.433	0.117	0.171	0.275
Any anaemia for children	0.590	0.058	392	474	2.418	0.099	0.474	0.707
Any anaemia for women	0.371	0.018	584	652	0.898	0.048	0.335	0.406
BMI <18.5 for women	0.120	0.014	669	737	1.136	0.119	0.091	0.148
Use condom at last high-risk sex	0.727	0.069	36	34	0.913	0.094	0.590	0.865
Use condom at last high-risk sex (youth)	0.701	0.092	22	20	0.926	0.132	0.516	0.886
Abstinence among youth	0.889	0.025	121	130	0.867	0.028	0.839	0.939
Sexually active last (youth)	0.092	0.023	121	130	0.873	0.251	0.046	0.137
Total fertility rate (TFR) for last 3 years	4.561	0.235	na	2245	1.097	0.052	4.090	5.031
Neonatal mortality in past 10 years	15.090	5.242	954	1052	1.255	0.347	4.606	25.574
Postneonatal mortality in past 10 years	30.392	4.161	954	1052	0.735	0.137	22.070	38.713
Infant mortality in past 10 years	45.482	5.990	954	1052	0.821	0.132	33.501	57.463
Child mortality in past 10 years	29.189	7.058	957	1055	1.098	0.242	15.073	43.306
Under-five mortality in past 10 years	73.344	6.711	957	1055	0.700	0.091	59.922	86.765
MEN								
Urban residence	0.083	0.013	721	702	1.287	0.159	0.057	0.110
Literate	0.925	0.008	721	702	0.824	0.009	0.909	0.941
No education	0.023	0.007	721	702	1.340	0.325	0.008	0.038
Secondary education or higher	0.597	0.026	721	702	1.411	0.043	0.546	0.649
Never married	0.446	0.025	721	702	1.360	0.056	0.396	0.497
Currently married/in union	0.517	0.023	721	702	1.255	0.045	0.470	0.564
Married before age 20	0.246	0.044	518	502	2.313	0.178	0.159	0.334
Want no more children	0.276	0.025	357	342	1.050	0.090	0.226	0.326
Want to delay birth at least 2 years	0.489	0.050	357	342	1.895	0.103	0.388	0.589
Ideal family size	5.275	0.350	354	340	1.404	0.066	4.576	5.975
Has heard of HIV/AIDS	0.983	0.005	696	681	1.082	0.005	0.973	0.994
Knows about condoms	0.791	0.022	696	681	1.408	0.027	0.747	0.834
Knows about limiting partners	0.870	0.018	696	681	1.374	0.020	0.835	0.905
Multiple partners in past 12 months	0.168	0.023	469	462	1.355	0.140	0.121	0.214
Sexually active in past 12 months (youth)	0.556	0.149	20	18	1.308	0.268	0.258	0.854
Sexually active in past 12 months	0.329	0.044	278	278	1.561	0.134	0.240	0.417

na = Not applicable

Table B.7 Sampling errors for Mashonaland East sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.159	0.031	696	714	2.223	0.194	0.097	0.220
Literate	0.907	0.010	696	714	0.869	0.011	0.888	0.926
No education	0.030	0.009	696	714	1.343	0.291	0.012	0.047
Secondary education or higher	0.632	0.024	696	714	1.305	0.038	0.584	0.680
Net attendance ratio for primary school	0.937	0.009	685	715	0.871	0.009	0.920	0.955
Never married	0.212	0.019	696	714	1.217	0.089	0.175	0.250
Currently married/in union	0.619	0.023	696	714	1.246	0.037	0.573	0.665
Married before age 20	0.611	0.030	545	562	1.419	0.048	0.552	0.671
Currently pregnant	0.077	0.013	696	714	1.323	0.174	0.050	0.104
Children ever born	2.281	0.104	696	714	1.289	0.046	2.072	2.489
Children surviving	2.127	0.098	696	714	1.289	0.046	1.932	2.323
Children ever born to women age 40-49	5.073	0.271	118	114	1.303	0.053	4.530	5.615
Knows any contraceptive method	0.995	0.003	423	442	1.027	0.003	0.988	1.002
Ever using contraceptive method	0.897	0.021	423	442	1.452	0.024	0.854	0.940
Currently using any contraceptive method	0.640	0.029	423	442	1.259	0.046	0.581	0.699
Currently using pill	0.459	0.032	423	442	1.307	0.069	0.396	0.523
Currently using IUD	0.003	0.002	423	442	0.834	0.748	0.000	0.007
Currently using female sterilisation	0.008	0.004	423	442	0.958	0.517	0.000	0.016
Currently using periodic abstinence	0.000	0.000	423	442	na	na	0.000	0.000
Obtained method from public sector source	0.842	0.026	301	308	1.231	0.031	0.790	0.894
Want no more children	0.488	0.020	423	442	0.829	0.041	0.448	0.528
Want to delay birth at least 2 years	0.317	0.024	423	442	1.074	0.077	0.268	0.365
Ideal family size	3.735	0.087	694	712	1.235	0.023	3.561	3.909
Mothers received tetanus 2+ injection for last birth	0.694	0.027	308	319	1.030	0.039	0.641	0.748
Mothers received medical assistance at delivery	0.686	0.043	376	387	1.583	0.063	0.599	0.772
Had diarrhoea in two weeks before survey	0.126	0.016	355	367	0.844	0.128	0.093	0.158
Treated with oral rehydration salts (ORS)	0.054	0.031	46	46	0.923	0.578	0.000	0.117
Taken to a health provider	0.219	0.058	46	46	0.916	0.266	0.103	0.336
Vaccination card seen	0.687	0.061	79	77	1.132	0.089	0.564	0.810
Received BCG	0.946	0.026	79	77	0.994	0.028	0.894	0.998
Received DPT (3 doses)	0.845	0.045	79	77	1.060	0.053	0.756	0.934
Received polio (3 doses)	0.845	0.045	79	77	1.060	0.053	0.756	0.934
Received measles	0.873	0.045	79	77	1.167	0.052	0.783	0.963
Fully immunised	0.796	0.055	79	77	1.164	0.069	0.687	0.905
Height-for-age (below -2SD)	0.308	0.023	402	419	0.917	0.075	0.262	0.354
Weight-for-height (below -2SD)	0.111	0.019	402	419	1.139	0.174	0.072	0.150
Weight-for-age (below -2SD)	0.212	0.020	402	419	0.936	0.094	0.172	0.252
Any anaemia for children	0.631	0.031	399	412	1.228	0.049	0.569	0.693
Any anaemia for women	0.336	0.024	641	657	1.302	0.072	0.288	0.385
BMI <18.5 for women	0.093	0.013	626	638	1.102	0.139	0.067	0.118
Use condom at last high-risk sex	0.370	0.080	30	35	0.888	0.215	0.211	0.529
Use condom at last high-risk sex (youth)	0.245	0.131	11	13	0.965	0.535	0.000	0.508
Abstinence among youth	0.824	0.031	139	139	0.965	0.038	0.761	0.887
Sexually active last (youth)	0.080	0.025	139	139	1.064	0.306	0.031	0.130
Total fertility rate (TFR) for last 3 years	3.690	0.280	na	2030	1.360	0.076	3.131	4.249
Neonatal mortality in past 10 years	26.879	5.491	782	799	0.863	0.204	15.896	37.861
Postneonatal mortality in past 10 years	20.318	5.221	782	799	1.052	0.257	9.876	30.759
Infant mortality in past 10 years	47.196	6.527	782	799	0.810	0.138	34.143	60.249
Child mortality in past 10 years	24.854	5.251	788	805	0.888	0.211	14.352	35.356
Under-five mortality in past 10 years	70.877	8.834	788	805	0.904	0.125	53.208	88.545
MEN								
Urban residence	0.146	0.029	578	598	1.958	0.197	0.089	0.204
Literate	0.953	0.011	578	598	1.289	0.012	0.930	0.976
No education	0.020	0.005	578	598	0.926	0.267	0.009	0.031
Secondary education or higher	0.765	0.023	578	598	1.276	0.029	0.720	0.810
Never married	0.460	0.023	578	598	1.128	0.051	0.413	0.507
Currently married/in union	0.473	0.025	578	598	1.187	0.052	0.424	0.522
Married before age 20	0.173	0.025	399	418	1.299	0.143	0.123	0.222
Want no more children	0.399	0.026	248	259	0.841	0.066	0.347	0.452
Want to delay birth at least 2 years	0.388	0.026	248	259	0.846	0.068	0.335	0.440
Ideal family size	4.194	0.120	243	253	1.095	0.029	3.954	4.433
Has heard of HIV/AIDS	0.985	0.006	550	570	1.177	0.006	0.973	0.997
Knows about condoms	0.813	0.020	550	570	1.190	0.024	0.773	0.852
Knows about limiting partners	0.874	0.019	550	570	1.322	0.021	0.836	0.911
Multiple partners in past 12 months	0.042	0.016	315	331	1.375	0.369	0.011	0.074
Sexually active in past 12 months (youth)	1.000	0.000	4	5	na	0.000	1.000	1.000
Sexually active in past 12 months	0.183	0.033	232	242	1.302	0.181	0.117	0.250

na = Not applicable

Table B.8 Sampling errors for Mashonaland West sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.361	0.037	777	829	2.140	0.102	0.287	0.434
Literate	0.846	0.017	777	829	1.327	0.020	0.812	0.881
No education	0.075	0.014	777	829	1.472	0.186	0.047	0.103
Secondary education or higher	0.560	0.032	777	829	1.810	0.058	0.496	0.625
Net attendance ratio for primary school	0.863	0.017	754	748	1.153	0.019	0.829	0.896
Never married	0.210	0.015	777	829	1.050	0.073	0.180	0.241
Currently married/in union	0.620	0.020	777	829	1.148	0.032	0.580	0.660
Married before age 20	0.668	0.029	615	655	1.512	0.043	0.610	0.725
Currently pregnant	0.067	0.010	777	829	1.093	0.146	0.047	0.087
Children ever born	2.316	0.070	777	829	0.912	0.030	2.176	2.455
Children surviving	2.127	0.052	777	829	0.747	0.024	2.023	2.231
Children ever born to women age 40-49	5.306	0.232	124	126	1.069	0.044	4.843	5.770
Knows any contraceptive method	0.992	0.005	498	514	1.099	0.005	0.983	1.001
Ever using contraceptive method	0.911	0.017	498	514	1.301	0.018	0.877	0.944
Currently using any contraceptive method	0.620	0.031	498	514	1.413	0.050	0.558	0.681
Currently using pill	0.485	0.024	498	514	1.075	0.050	0.436	0.533
Currently using IUD	0.000	0.000	498	514	na	na	0.000	0.000
Currently using female sterilisation	0.011	0.005	498	514	1.104	0.470	0.001	0.021
Currently using periodic abstinence	0.001	0.001	498	514	0.695	1.007	0.000	0.003
Obtained method from public sector source	0.705	0.045	344	362	1.819	0.063	0.616	0.795
Want no more children	0.429	0.028	498	514	1.254	0.065	0.373	0.485
Want to delay birth at least 2 years	0.313	0.024	498	514	1.176	0.078	0.264	0.362
Ideal family size	3.842	0.089	766	817	1.217	0.023	3.663	4.020
Mothers received tetanus 2+ injection for last birth 0.566	0.036	0.389	413	1.437	0.064	0.493	0.638	
Mothers received medical assistance at delivery	0.605	0.039	498	519	1.550	0.064	0.527	0.682
Had diarrhoea in two weeks before survey	0.141	0.027	459	481	1.534	0.189	0.088	0.194
Treated with oral rehydration salts (ORS)	0.032	0.025	66	68	1.156	0.805	0.000	0.083
Taken to a health provider	0.395	0.091	66	68	1.402	0.231	0.213	0.578
Vaccination card seen	0.710	0.051	87	90	1.032	0.072	0.608	0.812
Received BCG	0.705	0.055	87	90	1.106	0.078	0.595	0.815
Received DPT (3 doses)	0.637	0.063	87	90	1.203	0.099	0.510	0.763
Received polio (3 doses)	0.658	0.054	87	90	1.034	0.081	0.551	0.765
Received measles	0.649	0.048	87	90	0.920	0.074	0.553	0.745
Fully immunised	0.563	0.056	87	90	1.027	0.099	0.452	0.675
Height-for-age (below -2SD)	0.271	0.030	449	464	1.342	0.110	0.212	0.330
Weight-for-height (below -2SD)	0.094	0.014	449	464	0.981	0.147	0.066	0.121
Weight-for-age (below -2SD)	0.156	0.016	449	464	0.873	0.102	0.124	0.187
Any anaemia for children	0.591	0.027	367	387	1.094	0.046	0.536	0.645
Any anaemia for women	0.378	0.016	657	696	0.865	0.043	0.345	0.411
BMI <18.5 for women	0.097	0.011	686	735	0.954	0.111	0.075	0.118
Use condom at last high-risk sex	0.662	0.098	45	55	1.368	0.147	0.467	0.857
Use condom at last high-risk sex (youth)	0.718	0.151	15	17	1.253	0.210	0.417	1.019
Abstinence among youth	0.832	0.056	140	157	1.761	0.067	0.720	0.944
Sexually active last (youth)	0.085	0.032	140	157	1.367	0.381	0.020	0.149
Total fertility rate (TFR) for last 3 years	3.739	0.291	na	2320	1.264	0.078	3.158	4.321
Neonatal mortality in past 10 years	17.176	5.028	964	997	1.051	0.293	7.119	27.232
Postneonatal mortality in past 10 years	38.561	6.839	965	999	0.929	0.177	24.883	52.238
Infant mortality in past 10 years	55.736	9.758	965	999	1.099	0.175	36.221	75.251
Child mortality in past 10 years	22.893	6.155	967	1001	1.086	0.269	10.583	35.202
Under-five mortality in past 10 years	77.353	11.571	968	1003	1.113	0.150	54.211	100.496
MEN								
Urban residence	0.297	0.039	668	726	2.183	0.130	0.219	0.374
Literate	0.947	0.009	668	726	1.011	0.009	0.929	0.964
No education	0.016	0.004	668	726	0.919	0.277	0.007	0.025
Secondary education or higher	0.682	0.025	668	726	1.409	0.037	0.631	0.733
Never married	0.400	0.021	668	726	1.103	0.052	0.358	0.442
Currently married/in union	0.523	0.021	668	726	1.105	0.041	0.480	0.566
Married before age 20	0.230	0.029	480	528	1.488	0.125	0.172	0.287
Want no more children	0.321	0.039	312	348	1.466	0.121	0.243	0.398
Want to delay birth at least 2 years	0.412	0.043	312	348	1.543	0.105	0.326	0.498
Ideal family size	4.284	0.155	293	328	1.257	0.036	3.975	4.593
Has heard of HIV/AIDS	0.992	0.003	637	691	1.000	0.003	0.986	0.999
Knows about condoms	0.848	0.025	637	691	1.787	0.030	0.798	0.899
Knows about limiting partners	0.883	0.017	637	691	1.320	0.019	0.849	0.917
Multiple partners in past 12 months	0.160	0.026	417	462	1.424	0.160	0.108	0.211
Sexually active in past 12 months (youth)	0.615	0.101	15	15	0.780	0.165	0.413	0.818
Sexually active in past 12 months	0.237	0.034	255	263	1.291	0.145	0.168	0.306

na = Not applicable

Table B.9 Sampling errors for Matabeleland North sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.142	0.033	672	536	2.451	0.233	0.076	0.208
Literate	0.883	0.014	672	536	1.167	0.016	0.854	0.912
No education	0.068	0.012	672	536	1.260	0.179	0.044	0.093
Secondary education or higher	0.472	0.031	672	536	1.617	0.066	0.410	0.534
Net attendance ratio for primary school	0.916	0.012	733	618	0.945	0.013	0.892	0.939
Never married	0.292	0.018	672	536	1.002	0.060	0.257	0.328
Currently married/in union	0.602	0.019	672	536	1.027	0.032	0.563	0.640
Married before age 20	0.528	0.027	496	393	1.197	0.051	0.474	0.581
Currently pregnant	0.061	0.010	672	536	1.070	0.162	0.041	0.081
Children ever born	2.505	0.120	672	536	1.194	0.048	2.265	2.745
Children surviving	2.302	0.113	672	536	1.231	0.049	2.077	2.527
Children ever born to women age 40-49	5.891	0.253	115	87	0.957	0.043	5.384	6.397
Knows any contraceptive method	0.998	0.002	402	323	0.904	0.002	0.994	1.002
Ever using contraceptive method	0.815	0.029	402	323	1.471	0.035	0.758	0.872
Currently using any contraceptive method	0.457	0.040	402	323	1.615	0.088	0.376	0.537
Currently using pill	0.244	0.043	402	323	1.995	0.175	0.159	0.330
Currently using IUD	0.006	0.006	402	323	1.523	1.021	0.000	0.017
Currently using female sterilisation	0.039	0.011	402	323	1.108	0.275	0.017	0.060
Currently using periodic abstinence	0.000	0.000	402	323	na	na	0.000	0.000
Obtained method from public sector source	0.775	0.040	197	160	1.329	0.051	0.696	0.855
Want no more children	0.463	0.027	402	323	1.102	0.059	0.408	0.518
Want to delay birth at least 2 years	0.265	0.025	402	323	1.153	0.096	0.215	0.316
Ideal family size	3.863	0.118	670	534	1.632	0.030	3.627	4.098
Mothers received tetanus 2+ injection for last birth	0.457	0.031	336	263	1.123	0.067	0.396	0.519
Mothers received medical assistance at delivery	0.583	0.056	439	340	2.101	0.095	0.472	0.694
Had diarrhoea in two weeks before survey	0.097	0.019	414	320	1.233	0.194	0.059	0.134
Treated with oral rehydration salts (ORS)	0.000	0.000	40	31	na	na	0.000	0.000
Taken to a health provider	0.438	0.091	40	31	1.088	0.208	0.256	0.621
Vaccination card seen	0.818	0.043	68	54	0.925	0.053	0.732	0.905
Received BCG	0.849	0.030	68	54	0.684	0.035	0.790	0.909
Received DPT (3 doses)	0.682	0.066	68	54	1.177	0.097	0.549	0.815
Received polio (3 doses)	0.719	0.054	68	54	0.983	0.074	0.612	0.826
Received measles	0.701	0.062	68	54	1.124	0.089	0.577	0.826
Fully immunised	0.499	0.062	68	54	1.019	0.124	0.375	0.622
Height-for-age (below -2SD)	0.280	0.024	457	376	1.039	0.085	0.233	0.328
Weight-for-height (below -2SD)	0.059	0.018	457	376	1.503	0.296	0.024	0.095
Weight-for-age (below -2SD)	0.159	0.019	457	376	0.990	0.118	0.121	0.196
Any anaemia for children	0.585	0.036	401	333	1.408	0.062	0.512	0.657
Any anaemia for women	0.357	0.024	592	470	1.217	0.067	0.309	0.405
BMI <18.5 for women	0.169	0.016	615	489	1.075	0.096	0.137	0.202
Use condom at last high-risk sex	0.264	0.077	82	68	1.568	0.291	0.110	0.417
Use condom at last high-risk sex (youth)	0.174	0.065	49	41	1.192	0.375	0.043	0.304
Abstinence among youth	0.603	0.036	173	140	0.964	0.060	0.531	0.674
Sexually active last (youth)	0.294	0.028	173	140	0.793	0.094	0.239	0.349
Total fertility rate (TFR) for last 3 years	4.227	0.308	na	1494	1.162	0.073	3.611	4.843
Neonatal mortality in past 10 years	11.176	4.210	801	628	1.036	0.377	2.757	19.596
Postneonatal mortality in past 10 years	35.022	5.692	802	628	0.867	0.163	23.638	46.405
Infant mortality in past 10 years	46.198	6.756	802	628	0.912	0.146	32.686	59.710
Child mortality in past 10 years	21.564	7.238	806	630	1.330	0.336	7.088	36.039
Under-five mortality in past 10 years	66.765	8.966	807	631	0.960	0.134	48.834	84.697
MEN								
Urban residence	0.146	0.030	547	434	2.016	0.209	0.085	0.207
Literate	0.891	0.018	547	434	1.338	0.020	0.855	0.926
No education	0.038	0.010	547	434	1.201	0.258	0.019	0.058
Secondary education or higher	0.475	0.039	547	434	1.819	0.082	0.398	0.553
Never married	0.461	0.034	547	434	1.579	0.073	0.393	0.528
Currently married/in union	0.487	0.030	547	434	1.395	0.061	0.427	0.547
Married before age 20	0.162	0.021	355	286	1.057	0.128	0.121	0.204
Want no more children	0.329	0.045	239	194	1.469	0.136	0.240	0.419
Want to delay birth at least 2 years	0.431	0.039	239	194	1.213	0.090	0.353	0.509
Ideal family size	4.632	0.155	223	182	0.864	0.033	4.322	4.941
Has heard of HIV/AIDS	0.997	0.002	525	416	0.911	0.002	0.992	1.001
Knows about condoms	0.806	0.022	525	416	1.275	0.027	0.762	0.850
Knows about limiting partners	0.937	0.013	525	416	1.236	0.014	0.910	0.963
Multiple partners in past 12 months	0.132	0.022	378	304	1.281	0.169	0.087	0.177
Sexually active in past 12 months (youth)	0.336	0.156	31	22	1.811	0.465	0.024	0.649
Sexually active in past 12 months	0.452	0.035	235	182	1.085	0.078	0.381	0.522

na = Not applicable

Table B.10 Sampling errors for Matabeleland South sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.193	0.019	630	439	1.177	0.096	0.156	0.230
Literate	0.928	0.013	630	439	1.247	0.014	0.902	0.954
No education	0.036	0.008	630	439	1.024	0.211	0.021	0.051
Secondary education or higher	0.575	0.040	630	439	2.048	0.070	0.494	0.655
Net attendance ratio for primary school	0.919	0.018	679	454	1.419	0.020	0.882	0.955
Never married	0.389	0.028	630	439	1.444	0.072	0.333	0.445
Currently married/in union	0.473	0.023	630	439	1.175	0.049	0.426	0.519
Married before age 20	0.451	0.036	461	317	1.550	0.080	0.379	0.523
Currently pregnant	0.053	0.008	630	439	0.852	0.143	0.038	0.068
Children ever born	2.236	0.148	630	439	1.550	0.066	1.940	2.532
Children surviving	2.125	0.143	630	439	1.572	0.067	1.840	2.410
Children ever born to women age 40-49	4.995	0.214	123	82	0.922	0.043	4.566	5.424
Knows any contraceptive method	0.978	0.011	311	208	1.343	0.011	0.956	1.001
Ever using contraceptive method	0.840	0.028	311	208	1.359	0.034	0.784	0.897
Currently using any contraceptive method	0.472	0.024	311	208	0.862	0.052	0.423	0.521
Currently using pill	0.211	0.033	311	208	1.442	0.158	0.144	0.278
Currently using IUD	0.000	0.000	311	208	na	na	0.000	0.000
Currently using female sterilisation	0.031	0.013	311	208	1.356	0.432	0.004	0.057
Currently using periodic abstinence	0.000	0.000	311	208	na	na	0.000	0.000
Obtained method from public sector source	0.761	0.057	174	121	1.764	0.075	0.646	0.875
Want no more children	0.517	0.042	311	208	1.466	0.080	0.434	0.600
Want to delay birth at least 2 years	0.255	0.027	311	208	1.107	0.108	0.200	0.309
Ideal family size	3.681	0.097	604	422	1.174	0.026	3.488	3.874
Mothers received tetanus 2+ injection for last birth	0.482	0.035	274	184	1.149	0.073	0.412	0.553
Mothers received medical assistance at delivery	0.632	0.035	371	243	1.216	0.055	0.563	0.702
Had diarrhoea in two weeks before survey	0.146	0.016	353	232	0.806	0.109	0.114	0.178
Treated with oral rehydration salts (ORS)	0.096	0.045	53	34	1.072	0.476	0.005	0.187
Taken to a health provider	0.374	0.062	53	34	0.857	0.167	0.249	0.499
Vaccination card seen	0.790	0.057	72	46	1.109	0.071	0.677	0.904
Received BCG	0.750	0.059	72	46	1.086	0.078	0.633	0.867
Received DPT (3 doses)	0.592	0.085	72	46	1.400	0.144	0.422	0.763
Received polio (3 doses)	0.642	0.070	72	46	1.179	0.109	0.502	0.782
Received measles	0.632	0.062	72	46	1.038	0.098	0.508	0.756
Fully immunised	0.495	0.094	72	46	1.523	0.190	0.307	0.683
Height-for-age (below -2SD)	0.277	0.023	412	271	1.011	0.085	0.230	0.324
Weight-for-height (below -2SD)	0.039	0.012	412	271	1.213	0.298	0.016	0.063
Weight-for-age (below -2SD)	0.144	0.018	412	271	0.943	0.123	0.109	0.179
Any anaemia for children	0.612	0.035	381	246	1.289	0.057	0.543	0.682
Any anaemia for women	0.450	0.020	529	367	0.916	0.044	0.410	0.490
BMI <18.5 for women	0.124	0.014	579	405	1.033	0.114	0.096	0.152
Use condom at last high-risk sex	0.302	0.066	104	74	1.459	0.219	0.170	0.434
Use condom at last high-risk sex (youth)	0.310	0.065	61	44	1.095	0.211	0.179	0.441
Abstinence among youth	0.614	0.056	202	150	1.621	0.091	0.503	0.726
Sexually active last (youth)	0.263	0.037	202	150	1.207	0.143	0.188	0.338
Total fertility rate (TFR) for last 3 years	4.046	0.233	na	1194	0.923	0.058	3.579	4.513
Neonatal mortality in past 10 years	11.533	4.406	716	465	1.075	0.382	2.722	20.345
Postneonatal mortality in past 10 years	20.460	6.015	717	466	0.973	0.294	8.431	32.489
Infant mortality in past 10 years	31.993	8.024	717	466	1.060	0.251	15.944	48.042
Child mortality in past 10 years	13.764	4.518	718	467	0.990	0.328	4.729	22.799
Under-five mortality in past 10 years	45.317	9.908	719	467	1.111	0.219	25.502	65.132
MEN								
Urban residence	0.256	0.043	464	325	2.114	0.168	0.170	0.341
Literate	0.971	0.007	464	325	0.925	0.007	0.956	0.985
No education	0.019	0.008	464	325	1.245	0.411	0.003	0.035
Secondary education or higher	0.604	0.032	464	325	1.395	0.053	0.541	0.667
Never married	0.595	0.026	464	325	1.144	0.044	0.543	0.647
Currently married/in union	0.359	0.026	464	325	1.182	0.073	0.306	0.412
Married before age 20	0.109	0.035	260	190	1.788	0.317	0.040	0.178
Want no more children	0.544	0.044	140	99	1.033	0.080	0.457	0.632
Want to delay birth at least 2 years	0.228	0.044	140	99	1.246	0.194	0.140	0.317
Ideal family size	3.990	0.194	133	94	0.792	0.049	3.603	4.378
Has heard of HIV/AIDS	0.990	0.005	437	306	1.107	0.005	0.979	1.000
Knows about condoms	0.899	0.014	437	306	0.966	0.016	0.871	0.927
Knows about limiting partners	0.889	0.013	437	306	0.879	0.015	0.862	0.915
Multiple partners in past 12 months	0.024	0.013	232	164	1.313	0.547	0.000	0.051
Sexually active in past 12 months (youth)	0.688	0.127	20	16	1.198	0.185	0.434	0.943
Sexually active in past 12 months	0.272	0.042	242	166	1.478	0.156	0.188	0.357

na = Not applicable

Table B.11 Sampling errors for Midlands sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.308	0.023	1128	1193	1.663	0.074	0.262	0.353
Literate	0.936	0.012	1128	1193	1.691	0.013	0.911	0.960
No education	0.034	0.009	1128	1193	1.676	0.266	0.016	0.052
Secondary education or higher	0.645	0.027	1128	1193	1.896	0.042	0.591	0.699
Net attendance ratio for primary school	0.927	0.016	952	1069	1.623	0.018	0.894	0.960
Never married	0.253	0.011	1128	1193	0.858	0.044	0.231	0.275
Currently married/in union	0.610	0.019	1128	1193	1.302	0.031	0.572	0.648
Married before age 20	0.596	0.026	864	913	1.554	0.044	0.544	0.648
Currently pregnant	0.073	0.010	1128	1193	1.238	0.131	0.054	0.093
Children ever born	2.265	0.065	1128	1193	0.954	0.029	2.136	2.394
Children surviving	2.106	0.060	1128	1193	0.959	0.029	1.985	2.226
Children ever born to women age 40-49	5.652	0.213	158	160	1.150	0.038	5.227	6.077
Knows any contraceptive method	0.990	0.003	698	728	0.785	0.003	0.985	0.996
Ever using contraceptive method	0.874	0.014	698	728	1.144	0.016	0.846	0.903
Currently using any contraceptive method	0.634	0.020	698	728	1.100	0.032	0.594	0.674
Currently using pill	0.449	0.023	698	728	1.217	0.051	0.403	0.495
Currently using IUD	0.002	0.002	698	728	1.129	0.994	0.000	0.006
Currently using female sterilisation	0.027	0.007	698	728	1.077	0.245	0.014	0.040
Currently using periodic abstinence	0.006	0.003	698	728	1.078	0.519	0.000	0.013
Obtained method from public sector source	0.677	0.044	458	485	2.023	0.065	0.588	0.765
Want no more children	0.409	0.027	698	728	1.435	0.065	0.355	0.462
Want to delay birth at least 2 years	0.349	0.022	698	728	1.198	0.062	0.305	0.392
Ideal family size	3.832	0.110	1121	1187	1.925	0.029	3.612	4.051
Mothers received tetanus 2+ injection for last birth	0.610	0.032	566	584	1.560	0.053	0.545	0.675
Mothers received medical assistance at delivery	0.639	0.036	761	774	1.779	0.057	0.566	0.712
Had diarrhoea in two weeks before survey	0.128	0.014	705	722	1.117	0.112	0.100	0.157
Treated with oral rehydration salts (ORS)	0.022	0.014	97	93	0.916	0.653	0.000	0.051
Taken to a health provider	0.279	0.056	97	93	1.168	0.202	0.166	0.392
Vaccination card seen	0.742	0.036	148	155	0.972	0.048	0.671	0.813
Received BCG	0.747	0.047	148	155	1.281	0.062	0.654	0.841
Received DPT (3 doses)	0.563	0.050	148	155	1.203	0.088	0.464	0.663
Received polio (3 doses)	0.576	0.043	148	155	1.057	0.075	0.489	0.663
Received measles	0.559	0.052	148	155	1.269	0.094	0.454	0.664
Fully immunised	0.426	0.052	148	155	1.278	0.123	0.321	0.531
Height-for-age (below -2SD)	0.273	0.022	701	764	1.237	0.081	0.228	0.317
Weight-for-height (below -2SD)	0.053	0.009	701	764	1.040	0.171	0.035	0.071
Weight-for-age (below -2SD)	0.169	0.013	701	764	0.896	0.080	0.142	0.196
Any anaemia for children	0.577	0.023	688	753	1.156	0.040	0.531	0.622
Any anaemia for women	0.377	0.019	1076	1127	1.257	0.049	0.340	0.414
BMI <18.5 for women	0.102	0.009	1001	1060	0.928	0.087	0.084	0.120
Use condom at last high-risk sex	0.351	0.074	62	60	1.217	0.212	0.202	0.500
Use condom at last high-risk sex (youth)	0.256	0.090	31	32	1.133	0.353	0.075	0.436
Abstinence among youth	0.863	0.022	253	281	1.032	0.026	0.818	0.908
Sexually active last (youth)	0.085	0.018	253	281	1.029	0.212	0.049	0.121
Total fertility rate (TFR) for last 3 years	4.235	0.252	na	3324	1.373	0.060	3.730	4.740
Neonatal mortality in past 10 years	28.041	4.057	1398	1422	0.831	0.145	19.927	36.155
Postneonatal mortality in past 10 years	25.113	4.244	1399	1423	0.947	0.169	16.625	33.600
Infant mortality in past 10 years	53.154	6.625	1399	1423	0.976	0.125	39.903	66.404
Child mortality in past 10 years	13.030	3.314	1401	1424	0.949	0.254	6.402	19.658
Under-five mortality in past 10 years	65.491	8.430	1402	1425	1.099	0.129	48.631	82.351
MEN								
Urban residence	0.349	0.033	956	1003	2.156	0.095	0.283	0.416
Literate	0.948	0.009	956	1003	1.251	0.009	0.930	0.966
No education	0.013	0.003	956	1003	0.805	0.229	0.007	0.019
Secondary education or higher	0.682	0.029	956	1003	1.926	0.043	0.624	0.740
Never married	0.476	0.018	956	1003	1.143	0.039	0.439	0.513
Currently married/in union	0.486	0.017	956	1003	1.074	0.036	0.451	0.521
Married before age 20	0.179	0.021	631	669	1.380	0.118	0.137	0.221
Want no more children	0.387	0.029	427	446	1.229	0.075	0.329	0.446
Want to delay birth at least 2 years	0.421	0.032	427	446	1.338	0.076	0.357	0.485
Ideal family size	4.724	0.153	417	434	1.129	0.032	4.417	5.030
Has heard of HIV/AIDS	0.992	0.003	910	956	0.875	0.003	0.986	0.997
Knows about condoms	0.762	0.021	910	956	1.519	0.028	0.719	0.805
Knows about limiting partners	0.883	0.021	910	956	1.968	0.024	0.841	0.925
Multiple partners in past 12 months	0.134	0.019	573	599	1.325	0.141	0.096	0.171
Sexually active in past 12 months (youth)	0.343	0.091	28	27	0.994	0.265	0.161	0.525
Sexually active in past 12 months	0.257	0.033	408	431	1.506	0.127	0.192	0.322

na = Not applicable

Table B.12 Sampling errors for Masvingo sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.077	0.017	974	1137	1.947	0.217	0.043	0.110
Literate	0.875	0.033	974	1137	3.101	0.038	0.809	0.941
No education	0.050	0.018	974	1137	2.534	0.354	0.015	0.086
Secondary education or higher	0.459	0.063	974	1137	3.960	0.138	0.332	0.585
Net attendance ratio for primary school	0.936	0.014	838	874	1.449	0.015	0.908	0.964
Never married	0.234	0.012	974	1137	0.856	0.050	0.211	0.257
Currently married/in union	0.613	0.017	974	1137	1.109	0.028	0.578	0.648
Married before age 20	0.647	0.035	721	822	1.961	0.054	0.578	0.717
Currently pregnant	0.080	0.010	974	1137	1.129	0.123	0.060	0.100
Children ever born	2.463	0.102	974	1137	1.265	0.042	2.258	2.667
Children surviving	2.280	0.109	974	1137	1.455	0.048	2.063	2.497
Children ever born to women age 40-49	6.462	0.431	140	168	2.096	0.067	5.601	7.323
Knows any contraceptive method	0.997	0.002	597	697	0.921	0.002	0.993	1.001
Ever using contraceptive method	0.848	0.031	597	697	2.092	0.036	0.787	0.910
Currently using any contraceptive method	0.541	0.047	597	697	2.290	0.086	0.448	0.635
Currently using pill	0.390	0.044	597	697	2.195	0.112	0.302	0.478
Currently using IUD	0.000	0.000	597	697	na	na	0.000	0.000
Currently using female sterilisation	0.011	0.004	597	697	0.932	0.355	0.003	0.020
Currently using periodic abstinence	0.000	0.000	597	697	na	na	0.000	0.000
Obtained method from public sector source	0.851	0.034	359	411	1.813	0.040	0.783	0.919
Want no more children	0.307	0.025	597	697	1.302	0.080	0.258	0.356
Want to delay birth at least 2 years	0.381	0.019	597	697	0.960	0.050	0.343	0.419
Ideal family size	4.554	0.216	964	1127	2.942	0.047	4.123	4.985
Mothers received tetanus 2+ injection for last birth	0.455	0.033	501	609	1.530	0.073	0.388	0.522
Mothers received medical assistance at delivery	0.669	0.055	662	790	2.596	0.082	0.559	0.778
Had diarrhoea in two weeks before survey	0.155	0.018	608	738	1.158	0.117	0.119	0.192
Treated with oral rehydration salts (ORS)	0.025	0.015	92	115	0.952	0.597	0.000	0.056
Taken to a health provider	0.364	0.079	92	115	1.418	0.216	0.207	0.522
Vaccination card seen	0.719	0.034	123	170	0.903	0.048	0.651	0.787
Received BCG	0.724	0.032	123	170	0.837	0.044	0.661	0.787
Received DPT (3 doses)	0.616	0.059	123	170	1.451	0.096	0.498	0.735
Received polio (3 doses)	0.665	0.042	123	170	1.071	0.064	0.580	0.750
Received measles	0.636	0.044	123	170	1.086	0.069	0.548	0.723
Fully immunised	0.502	0.056	123	170	1.337	0.111	0.391	0.614
Height-for-age (below -2SD)	0.289	0.021	609	653	1.101	0.073	0.247	0.332
Weight-for-height (below -2SD)	0.071	0.013	609	653	1.152	0.177	0.046	0.096
Weight-for-age (below -2SD)	0.167	0.017	609	653	1.099	0.100	0.134	0.200
Any anaemia for children	0.585	0.019	535	570	0.877	0.032	0.547	0.623
Any anaemia for women	0.475	0.031	884	1046	1.831	0.064	0.413	0.536
BMI <18.5 for women	0.096	0.010	851	994	0.975	0.102	0.076	0.116
Use condom at last high-risk sex	0.442	0.106	40	47	1.337	0.241	0.229	0.655
Use condom at last high-risk sex (youth)	0.433	0.175	15	22	1.324	0.405	0.082	0.784
Abstinence among youth	0.869	0.020	219	258	0.879	0.023	0.829	0.909
Sexually active last (youth)	0.072	0.023	219	258	1.302	0.317	0.026	0.117
Total fertility rate (TFR) for last 3 years	4.897	0.554	na	3162	2.058	0.113	3.790	6.004
Neonatal mortality in past 10 years	15.494	5.592	1209	1447	1.470	0.361	4.309	26.678
Postneonatal mortality in past 10 years	26.751	8.857	1208	1446	1.746	0.331	9.036	44.465
Infant mortality in past 10 years	42.244	13.336	1209	1447	2.132	0.316	15.573	68.916
Child mortality in past 10 years	16.541	5.877	1211	1449	1.414	0.355	4.786	28.295
Under-five mortality in past 10 years	58.086	17.930	1212	1450	2.447	0.309	22.226	93.947
MEN								
Urban residence	0.123	0.023	779	800	1.932	0.185	0.078	0.169
Literate	0.945	0.011	779	800	1.305	0.011	0.923	0.966
No education	0.021	0.008	779	800	1.633	0.398	0.004	0.038
Secondary education or higher	0.636	0.049	779	800	2.832	0.077	0.539	0.734
Never married	0.495	0.023	779	800	1.259	0.046	0.449	0.540
Currently married/in union	0.473	0.026	779	800	1.456	0.055	0.421	0.525
Married before age 20	0.156	0.018	504	511	1.084	0.112	0.121	0.191
Want no more children	0.302	0.026	338	352	1.047	0.087	0.250	0.354
Want to delay birth at least 2 years	0.447	0.037	338	352	1.348	0.082	0.374	0.520
Ideal family size	5.452	0.354	332	347	1.440	0.065	4.744	6.161
Has heard of HIV/AIDS	0.994	0.002	754	771	0.880	0.003	0.989	0.999
Knows about condoms	0.838	0.014	754	771	1.037	0.017	0.810	0.866
Knows about limiting partners	0.920	0.007	754	771	0.669	0.007	0.906	0.933
Multiple partners in past 12 months	0.189	0.024	461	497	1.307	0.126	0.141	0.236
Sexually active in past 12 months (youth)	0.291	0.135	23	36	1.395	0.464	0.021	0.561
Sexually active in past 12 months	0.299	0.055	352	359	2.256	0.184	0.189	0.410

na = Not applicable

Table B.13 Sampling errors for Harare sample, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	1395	1492	na	0.000	1.000	1.000
Literate	0.979	0.004	1395	1492	1.101	0.004	0.971	0.988
No education	0.005	0.001	1395	1492	0.615	0.229	0.003	0.008
Secondary education or higher	0.874	0.007	1395	1492	0.784	0.008	0.860	0.888
Net attendance ratio for primary school	0.953	0.011	700	698	1.236	0.011	0.931	0.974
Never married	0.338	0.017	1395	1492	1.364	0.051	0.303	0.372
Currently married/in union	0.509	0.015	1395	1492	1.116	0.029	0.480	0.539
Married before age 20	0.475	0.020	1067	1142	1.326	0.043	0.434	0.515
Currently pregnant	0.053	0.006	1395	1492	1.022	0.116	0.040	0.065
Children ever born	1.491	0.044	1395	1492	1.012	0.030	1.402	1.580
Children surviving	1.394	0.040	1395	1492	0.977	0.029	1.314	1.475
Children ever born to women age 40-49	4.080	0.153	137	146	1.013	0.038	3.774	4.386
Knows any contraceptive method	0.996	0.001	709	760	0.545	0.001	0.994	0.999
Ever using contraceptive method	0.918	0.011	709	760	1.031	0.012	0.897	0.939
Currently using any contraceptive method	0.719	0.016	709	760	0.974	0.023	0.686	0.752
Currently using pill	0.538	0.021	709	760	1.103	0.038	0.496	0.579
Currently using IUD	0.008	0.004	709	760	1.087	0.459	0.001	0.015
Currently using female sterilisation	0.018	0.005	709	760	1.106	0.311	0.007	0.028
Currently using periodic abstinence	0.003	0.002	709	760	0.849	0.599	0.000	0.006
Obtained method from public sector source	0.448	0.025	592	637	1.236	0.056	0.398	0.499
Want no more children	0.458	0.019	709	760	1.022	0.042	0.420	0.497
Want to delay birth at least 2 years	0.302	0.020	709	760	1.176	0.067	0.262	0.343
Ideal family size	3.123	0.033	1384	1482	0.901	0.011	3.056	3.190
Mothers received tetanus 2+ injection for last birth	0.527	0.028	521	566	1.297	0.053	0.471	0.583
Mothers received medical assistance at delivery	0.937	0.012	610	666	1.171	0.013	0.912	0.961
Had diarrhoea in two weeks before survey	0.089	0.015	572	620	1.217	0.164	0.060	0.118
Treated with oral rehydration salts (ORS)	0.099	0.050	52	55	1.198	0.504	0.000	0.200
Taken to a health provider	0.307	0.067	52	55	1.037	0.218	0.173	0.442
Vaccination card seen	0.672	0.046	113	123	1.060	0.069	0.579	0.765
Received BCG	0.773	0.050	113	123	1.291	0.065	0.672	0.874
Received DPT (3 doses)	0.601	0.053	113	123	1.158	0.088	0.495	0.707
Received polio (3 doses)	0.673	0.048	113	123	1.100	0.071	0.577	0.769
Received measles	0.685	0.056	113	123	1.294	0.082	0.573	0.797
Fully immunised	0.513	0.057	113	123	1.233	0.112	0.398	0.628
Height-for-age (below -2SD)	0.251	0.019	487	490	0.939	0.075	0.213	0.288
Weight-for-height (below -2SD)	0.039	0.009	487	490	1.098	0.241	0.020	0.058
Weight-for-age (below -2SD)	0.102	0.013	487	490	0.941	0.127	0.076	0.128
Any anaemia for children	0.563	0.021	420	421	0.846	0.037	0.521	0.604
Any anaemia for women	0.356	0.020	1104	1175	1.413	0.057	0.315	0.396
BMI <18.5 for women	0.069	0.008	1265	1355	1.145	0.118	0.053	0.085
Use condom at last high-risk sex	0.513	0.056	113	124	1.190	0.110	0.401	0.625
Use condom at last high-risk sex (youth)	0.495	0.080	59	63	1.215	0.161	0.336	0.655
Abstinence among youth	0.843	0.017	434	453	0.986	0.020	0.808	0.877
Sexually active last (youth)	0.099	0.016	434	453	1.094	0.158	0.068	0.131
Total fertility rate (TFR) for last 3 years	2.533	0.131	na	4203	1.172	0.052	2.271	2.795
Neonatal mortality in past 10 years	23.526	5.081	1159	1264	1.067	0.216	13.365	33.687
Postneonatal mortality in past 10 years	22.329	5.932	1159	1264	1.167	0.266	10.464	34.194
Infant mortality in past 10 years	45.855	8.623	1159	1264	1.267	0.188	28.609	63.101
Child mortality in past 10 years	19.543	5.704	1159	1264	1.354	0.292	8.135	30.950
Under-five mortality in past 10 years	64.502	8.832	1159	1264	1.143	0.137	46.838	82.166
MEN								
Urban residence	1.000	0.000	1032	1274	na	0.000	1.000	1.000
Literate	0.990	0.004	1032	1274	1.236	0.004	0.982	0.998
No education	0.001	0.001	1032	1274	1.079	1.007	0.000	0.003
Secondary education or higher	0.914	0.012	1032	1274	1.315	0.013	0.891	0.937
Never married	0.458	0.017	1032	1274	1.110	0.038	0.423	0.492
Currently married/in union	0.493	0.017	1032	1274	1.115	0.035	0.458	0.527
Married before age 20	0.129	0.021	775	968	1.709	0.160	0.088	0.170
Want no more children	0.410	0.028	461	574	1.230	0.069	0.353	0.466
Want to delay birth at least 2 years	0.346	0.027	461	574	1.195	0.077	0.293	0.399
Ideal family size	3.870	0.105	446	556	0.916	0.027	3.659	4.081
Has heard of HIV/AIDS	0.997	0.002	978	1219	1.075	0.002	0.993	1.001
Knows about condoms	0.840	0.012	978	1219	0.990	0.014	0.817	0.864
Knows about limiting partners	0.651	0.028	978	1219	1.808	0.042	0.596	0.706
Multiple partners in past 12 months	0.154	0.014	624	775	0.997	0.094	0.125	0.182
Sexually active in past 12 months (youth)	0.698	0.065	31	39	0.780	0.094	0.567	0.829
Sexually active in past 12 months	0.248	0.024	386	476	1.108	0.098	0.199	0.297

na = Not applicable

Table B.14 Sampling errors for Bulawayo sample, Zimbabwe 2005-2006

Variable	Value (R)	Stand-ard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weight-ed (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	1.000	0.000	845	697	na	0.000	1.000	1.000
Literate	0.983	0.004	845	697	0.844	0.004	0.975	0.990
No education	0.017	0.004	845	697	0.963	0.250	0.009	0.026
Secondary education or higher	0.868	0.011	845	697	0.976	0.013	0.845	0.891
Net attendance ratio for primary school	0.942	0.014	441	345	1.210	0.015	0.914	0.970
Never married	0.440	0.017	845	697	0.991	0.038	0.406	0.474
Currently married/in union	0.432	0.015	845	697	0.869	0.034	0.402	0.461
Married before age 20	0.353	0.019	624	514	0.999	0.054	0.315	0.392
Currently pregnant	0.024	0.004	845	697	0.769	0.168	0.016	0.032
Children ever born	1.465	0.051	845	697	0.861	0.035	1.364	1.567
Children surviving	1.406	0.050	845	697	0.876	0.036	1.306	1.506
Children ever born to women age 40-49	3.632	0.216	126	102	1.269	0.060	3.200	4.065
Knows any contraceptive method	0.997	0.003	364	301	1.067	0.003	0.990	1.003
Ever using contraceptive method	0.893	0.023	364	301	1.393	0.025	0.848	0.939
Currently using any contraceptive method	0.670	0.029	364	301	1.167	0.043	0.613	0.728
Currently using pill	0.408	0.034	364	301	1.307	0.083	0.340	0.475
Currently using IUD	0.009	0.005	364	301	1.053	0.594	0.000	0.019
Currently using female sterilisation	0.069	0.014	364	301	1.085	0.208	0.041	0.098
Currently using periodic abstinence	0.000	0.000	364	301	na	na	0.000	0.000
Obtained method from public sector source	0.455	0.033	308	260	1.145	0.072	0.389	0.520
Want no more children	0.556	0.026	364	301	0.989	0.046	0.505	0.608
Want to delay birth at least 2 years	0.210	0.016	364	301	0.763	0.078	0.177	0.242
Ideal family size	3.093	0.043	834	688	0.789	0.014	3.006	3.179
Mothers received tetanus 2+ injection for last birth	0.563	0.035	244	207	1.111	0.062	0.494	0.633
Mothers received medical assistance at delivery	0.951	0.012	292	248	0.976	0.013	0.926	0.975
Had diarrhoea in two weeks before survey	0.061	0.015	277	234	1.054	0.246	0.031	0.092
Treated with oral rehydration salts (ORS)	0.171	0.083	16	14	0.913	0.482	0.006	0.336
Taken to a health provider	0.455	0.128	16	14	1.071	0.281	0.199	0.711
Vaccination card seen	0.790	0.061	65	56	1.224	0.077	0.668	0.912
Received BCG	0.831	0.060	65	56	1.315	0.072	0.711	0.952
Received DPT (3 doses)	0.772	0.072	65	56	1.404	0.093	0.628	0.916
Received polio (3 doses)	0.805	0.065	65	56	1.345	0.081	0.675	0.936
Received measles	0.765	0.071	65	56	1.364	0.093	0.623	0.906
Fully immunised	0.718	0.077	65	56	1.393	0.107	0.564	0.872
Height-for-age (below -2SD)	0.239	0.025	255	203	0.898	0.107	0.188	0.290
Weight-for-height (below -2SD)	0.054	0.015	255	203	1.075	0.282	0.023	0.084
Weight-for-age (below -2SD)	0.138	0.027	255	203	1.102	0.196	0.084	0.193
Any anaemia for children	0.559	0.037	240	189	1.080	0.065	0.486	0.632
Any anaemia for women	0.380	0.016	688	567	0.887	0.043	0.347	0.412
BMI <18.5 for women	0.060	0.006	793	654	0.727	0.102	0.048	0.073
Use condom at last high-risk sex	0.575	0.035	123	103	0.781	0.061	0.505	0.645
Use condom at last high-risk sex (youth)	0.561	0.036	74	63	0.619	0.064	0.489	0.633
Abstinence among youth	0.746	0.044	327	271	1.811	0.059	0.658	0.833
Sexually active last (youth)	0.210	0.040	327	271	1.769	0.190	0.131	0.290
Total fertility rate (TFR) for last 3 years	2.326	0.191	na	1960	1.347	0.082	1.945	2.708
Neonatal mortality in past 10 years	5.057	2.932	569	480	1.001	0.580	0.000	10.920
Postneonatal mortality in past 10 years	29.316	8.278	570	481	0.989	0.282	12.759	45.872
Infant mortality in past 10 years	34.372	8.334	570	481	0.944	0.242	17.705	51.039
Child mortality in past 10 years	11.349	5.489	569	480	1.183	0.484	0.371	22.327
Under-five mortality in past 10 years	45.331	9.246	570	481	0.909	0.204	26.839	63.822
MEN								
Urban residence	1.000	0.000	640	483	na	0.000	1.000	1.000
Literate	0.987	0.004	640	483	0.883	0.004	0.979	0.995
No education	0.003	0.002	640	483	1.041	0.721	0.000	0.008
Secondary education or higher	0.895	0.015	640	483	1.272	0.017	0.864	0.926
Never married	0.537	0.021	640	483	1.056	0.039	0.495	0.578
Currently married/in union	0.423	0.024	640	483	1.212	0.056	0.376	0.471
Married before age 20	0.072	0.009	461	351	0.764	0.128	0.054	0.090
Want no more children	0.422	0.019	240	183	0.589	0.045	0.384	0.460
Want to delay birth at least 2 years	0.396	0.042	240	183	1.313	0.105	0.313	0.480
Ideal family size	3.770	0.119	233	178	1.080	0.032	3.531	4.008
Has heard of HIV/AIDS	1.000	0.000	609	460	na	0.000	1.000	1.000
Knows about condoms	0.851	0.014	609	460	0.955	0.016	0.823	0.878
Knows about limiting partners	0.935	0.011	609	460	1.075	0.011	0.914	0.957
Multiple partners in past 12 months	0.115	0.016	423	321	1.058	0.143	0.082	0.148
Sexually active in past 12 months (youth)	0.738	0.034	46	33	0.519	0.046	0.670	0.806
Sexually active in past 12 months	0.441	0.029	294	218	1.011	0.066	0.383	0.500

na = Not applicable

Table B.15 Sampling errors for HIV prevalence rates by sex, urban-rural residence, and province, Zimbabwe 2005-2006

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN 15-49								
Residence								
Urban	0.216	0.009	2448	2670	1.138	0.044	0.197	0.235
Rural	0.208	0.011	5046	4277	1.856	0.051	0.187	0.229
Province								
Manicaland	0.223	0.018	862	823	1.291	0.082	0.186	0.260
Mashonaland Central	0.229	0.036	583	665	2.079	0.158	0.157	0.302
Mashonaland East	0.213	0.018	628	560	1.112	0.085	0.176	0.249
Mashonaland West	0.225	0.022	655	666	1.346	0.098	0.181	0.269
Matebeleland North	0.228	0.016	570	421	0.927	0.072	0.195	0.260
Matebeleland South	0.246	0.021	531	345	1.134	0.086	0.204	0.289
Midlands	0.201	0.018	1074	935	1.472	0.090	0.165	0.237
Masvingo	0.173	0.025	872	898	1.980	0.147	0.122	0.223
Harare	0.211	0.013	1047	1169	1.010	0.060	0.186	0.237
Bulawayo	0.196	0.017	672	466	1.083	0.085	0.163	0.229
Total	0.211	0.007	7494	6947	1.589	0.035	0.196	0.226
MEN 15-49								
Residence								
Urban	0.157	0.011	1609	2319	1.265	0.073	0.134	0.180
Rural	0.138	0.008	3697	3529	1.452	0.060	0.121	0.154
Province								
Manicaland	0.166	0.022	613	693	1.454	0.132	0.122	0.210
Mashonaland Central	0.138	0.025	460	617	1.580	0.185	0.087	0.188
Mashonaland East	0.144	0.021	468	488	1.321	0.149	0.101	0.186
Mashonaland West	0.154	0.017	535	604	1.083	0.110	0.120	0.188
Matebeleland North	0.144	0.021	395	349	1.193	0.146	0.102	0.187
Matebeleland South	0.156	0.035	298	259	1.648	0.222	0.087	0.226
Midlands	0.115	0.017	838	809	1.519	0.146	0.081	0.148
Masvingo	0.121	0.019	589	654	1.413	0.157	0.083	0.159
Harare	0.173	0.016	683	1052	1.107	0.093	0.141	0.205
Bulawayo	0.128	0.021	427	324	1.322	0.167	0.085	0.171
Total	0.145	0.007	5306	5848	1.388	0.046	0.132	0.159
WOMEN AND MEN 15-49								
Residence								
Urban	0.189	0.009	4057	4990	1.384	0.045	0.172	0.206
Rural	0.176	0.008	8743	7806	2.025	0.047	0.160	0.193
Province								
Manicaland	0.197	0.017	1475	1516	1.620	0.085	0.164	0.231
Mashonaland Central	0.185	0.030	1043	1282	2.510	0.163	0.125	0.246
Mashonaland East	0.180	0.016	1096	1048	1.365	0.088	0.149	0.212
Mashonaland West	0.191	0.016	1190	1270	1.401	0.084	0.159	0.223
Matebeleland North	0.190	0.014	965	770	1.128	0.075	0.161	0.218
Matebeleland South	0.208	0.023	829	604	1.652	0.112	0.161	0.254
Midlands	0.161	0.016	1912	1744	1.900	0.099	0.129	0.193
Masvingo	0.151	0.019	1461	1552	2.077	0.129	0.112	0.190
Harare	0.193	0.010	1730	2221	1.093	0.054	0.172	0.214
Bulawayo	0.168	0.012	1099	789	1.045	0.070	0.145	0.192
Total	0.181	0.006	12800	12796	1.771	0.033	0.169	0.193

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Zimbabwe 2005-2006

Age	Female		Male		Age	Female		Male	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	578	2.7	579	3.0	36	194	0.9	147	0.8
1	545	2.5	549	2.8	37	184	0.9	195	1.0
2	569	2.7	567	2.9	38	172	0.8	146	0.8
3	569	2.7	577	3.0	39	149	0.7	138	0.7
4	600	2.8	635	3.3	40	159	0.7	113	0.6
5	601	2.8	651	3.3	41	147	0.7	105	0.5
6	614	2.9	689	3.5	42	184	0.9	110	0.6
7	555	2.6	611	3.1	43	165	0.8	130	0.7
8	605	2.8	668	3.4	44	110	0.5	98	0.5
9	598	2.8	585	3.0	45	156	0.7	130	0.7
10	620	2.9	639	3.3	46	137	0.6	99	0.5
11	610	2.9	633	3.3	47	133	0.6	88	0.5
12	548	2.6	504	2.6	48	122	0.6	103	0.5
13	665	3.1	632	3.3	49	101	0.5	84	0.4
14	582	2.7	599	3.1	50	175	0.8	73	0.4
15	409	1.9	415	2.1	51	165	0.8	106	0.5
16	545	2.6	461	2.4	52	156	0.7	75	0.4
17	420	2.0	464	2.4	53	154	0.7	101	0.5
18	483	2.3	475	2.4	54	102	0.5	42	0.2
19	476	2.2	403	2.1	55	128	0.6	104	0.5
20	425	2.0	377	1.9	56	122	0.6	106	0.5
21	463	2.2	377	1.9	57	86	0.4	82	0.4
22	452	2.1	340	1.7	58	111	0.5	92	0.5
23	456	2.1	344	1.8	59	76	0.4	62	0.3
24	337	1.6	304	1.6	60	92	0.4	74	0.4
25	360	1.7	321	1.7	61	56	0.3	58	0.3
26	357	1.7	276	1.4	62	64	0.3	60	0.3
27	290	1.4	211	1.1	63	106	0.5	82	0.4
28	301	1.4	271	1.4	64	70	0.3	51	0.3
29	331	1.5	250	1.3	65	87	0.4	97	0.5
30	315	1.5	241	1.2	66	60	0.3	59	0.3
31	266	1.2	219	1.1	67	61	0.3	57	0.3
32	263	1.2	214	1.1	68	48	0.2	49	0.3
33	274	1.3	274	1.4	69	50	0.2	43	0.2
34	230	1.1	158	0.8	70+	702	3.3	550	2.8
35	255	1.2	219	1.1	Don't know/ missing	9	0.0	2	0.0
					Total	21,361	100.0	19,441	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54, number and percent distribution of interviewed women age 15-49, and percent of eligible women who were interviewed (weighted), by five-year age groups, Zimbabwe 2005-2006

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percent of eligible women interviewed
		Number	Percent	
10-14	3,024	na	na	na
15-19	2,335	2,125	24.0	91.0
20-24	2,134	1,926	21.7	90.3
25-29	1,639	1,467	16.6	89.5
30-34	1,348	1,219	13.7	90.4
35-39	954	848	9.6	88.9
40-44	765	697	7.9	91.1
45-49	649	582	6.6	89.6
50-54	751	na	na	na
15-49	9,824	8,863	100.0	90.2

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-64, number and percent distribution of interviewed men age 15-54 and percent of eligible men who were interviewed (weighted), by five-year age groups, Zimbabwe 2005-2006

Age group	Household population of men age 10-64	Interviewed men age 15-54		Percent of eligible men interviewed
		Number	Percent	
10-14	3,007	na	na	na
15-19	2,219	1,938	27.2	87.4
20-24	1,742	1,438	20.1	82.5
25-29	1,329	1,063	14.9	80.0
30-34	1,106	864	12.1	78.2
35-39	844	665	9.3	78.8
40-44	556	455	6.4	81.9
45-49	504	406	5.7	80.6
50-54	397	308	4.3	77.6
55-59	445	na	na	na
60-64	325	na	na	na
15-59	9,142	7,138	100.0	78.1

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the household schedule.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Zimbabwe 2005-2006

Subject	Reference group	Percentage with missing information	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		0.4	13,409
Month and year		0.1	13,409
Age at death	Deceased children born in the 15 years preceding the survey	1.6	888
Age/date at first union¹	Ever-married interviewed women age 15-49	0.4	6,503
Respondent's education	All interviewed women age 15-49	<.01	8,907
Diarrhoea in last 2 weeks	Living children age 0-59 months of interviewed women	2.9	4,871
Anthropometry	Living children age 0-59 months in household		
Height		7.8	5,729
Weight		6.8	5,729
Height or weight		8.0	5,729
Anaemia			
Children	Living children age 0-59 months in household	15.8	5,174
Women	Interviewed women age 15-49	22.8	9,824

¹ Both year and age missing

Table C.4 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Zimbabwe 2005-2006

Age at death (days)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	50	37	25	33	145
1	16	15	12	6	48
2	7	8	7	2	24
3	9	5	6	2	21
4	5	3	4	1	14
5	2	1	1	2	6
6	1	1	1	0	3
7	12	4	4	6	27
9	3	0	0	0	3
10	1	1	0	0	2
11	1	0	0	0	1
14	3	4	7	0	14
16	0	1	0	0	1
17	0	0	1	0	1
20	0	1	0	0	1
21	11	3	2	1	16
29	0	1	0	0	1
Total 0-30	121	85	69	52	327
Percent early neonatal ¹	74.1	82.5	79.9	86.6	79.5

¹ 0-6 days /0-30 days

Table C.5 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for five-year periods of birth preceding the survey, Zimbabwe 2005-2006

Age at death (months)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	121	85	69	52	327
1	30	11	10	4	55
2	11	15	9	7	43
3	40	10	11	5	66
4	22	7	4	4	37
5	15	11	5	3	34
6	14	8	4	11	38
7	12	4	5	11	32
8	6	8	3	2	18
9	9	12	9	7	36
10	1	4	0	4	10
11	12	1	4	0	17
12	20	12	14	9	55
13	1	0	0	0	1
14	1	1	0	1	3
15	1	0	0	0	1
16	1	0	0	0	1
17	1	2	0	0	2
18	1	2	2	0	5
19	0	0	0	1	1
20	0	0	2	0	2
23	1	0	0	0	1
Missing	2	0	0	1	3
1 year	9	9	8	9	34
Total 0-11	293	177	133	111	713
Percent neonatal ¹	41.2	48.2	51.9	47.4	45.9

^a Includes deaths under one month reported in days

¹ Under one month/under one year

Table C.6 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living (L), dead (D), and total (T) children (weighted), Zimbabwe 2005-2006

Calendar year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar year ratio ³		
	L	D	T	L	D	T	L	D	T	L	D	T
2006	27	1	28	100.0	100.0	100.0	105.8	na	na	na	na	na
2005	904	41	945	100.0	100.0	100.0	111.8	119.8	112.1	na	na	na
2004	1,004	72	1,077	100.0	100.0	100.0	100.2	121.4	101.5	108.6	111.9	108.8
2003	946	89	1,035	100.0	100.0	100.0	104.9	83.5	102.9	96.5	123.3	98.4
2002	955	72	1,027	100.0	100.0	100.0	97.5	133.2	99.6	102.9	88.2	101.8
2001	910	74	984	99.9	97.9	99.8	107.3	89.4	105.8	96.6	96.2	96.6
2000	928	81	1,010	100.0	100.0	100.0	112.9	124.5	113.7	98.1	116.9	99.4
1999	983	66	1,048	99.7	96.8	99.5	107.3	131.5	108.7	110.8	104.7	110.4
1998	846	44	890	98.8	98.6	98.8	97.0	134.5	98.6	94.1	78.5	93.2
1997	815	47	861	99.4	98.8	99.4	110.9	68.8	108.1	102.7	98.1	102.4
2002-2006	3,836	275	4,111	100.0	100.0	100.0	103.3	111.0	103.8	na	na	na
1997-2001	4,481	311	4,793	99.6	98.4	99.5	107.0	107.7	107.1	na	na	na
1992-1996	3,547	245	3,792	99.3	98.6	99.3	101.1	147.9	103.6	na	na	na
1987-1991	2,632	198	2,829	99.6	95.0	99.3	100.4	119.1	101.6	na	na	na
< 1986	3,253	395	3,648	98.8	95.5	98.4	96.9	94.7	96.6	na	na	na
All	17,749	1,424	19,173	99.5	97.5	99.3	102.1	111.8	102.8	na	na	na

na = Not applicable

¹ Both year and month of birth given

² $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

³ $[2B_x / (B_{x-1} + B_{x+1})] \times 100$, where B_x is the number of births in calendar year x

**PERSONS INVOLVED IN THE 2005-06
ZIMBABWE DEMOGRAPHIC AND
HEALTH SURVEY**

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ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION																										
PROVINCE _____ DISTRICT _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER LARGE CITY/SMALL CITY/TOWN/RURAL (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4)	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																									

INTERVIEWER VISITS																		
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INTERVIEWER'S NAME	_____	_____	_____	ID NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>														
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>														
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TIME	_____	_____																
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														
LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH 4 OTHER LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH D OTHER TRANSLATOR USED: 1 YES 2 NO				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____										
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 15 OR OLDER	CIRCLE LINE	CIRCLE LINE	CIRCLE LINE
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING NAMES, RELATIONSHIPS, AND SEX ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.</p>	<p>What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>			<p>How old is (NAME)?</p>	<p>What is (NAME'S) current marital status? SEE CODES BELOW.</p>	<p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p>	<p>CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.</p>	<p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-54</p>	<p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
01		<input type="text"/>	M F 1 2	YES NO 1 2	YES NO 1 2	IN YEARS <input type="text"/>	<input type="text"/>	01	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	02	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	03	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	04	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	05	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	06	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	07	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	08	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	09	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	10	10	10	10

CODES FOR Q. 3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = NIECE/NEPHEW BY BLOOD
 10 = NIECE/NEPHEW BY MARRIAGE
 11 = OTHER RELATIVE
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = NOT RELATED
 98 = DON'T KNOW

CODES FOR Q. 8
 1 MARRIED
 2 LIVING WITH PARTNER
 3 DIVORCED
 4 SEPARATED
 5 WIDOWED
 6 NEVER MARRIED/NEVER LIVED WITH PARTNER

LINE NO.	SICK PERSON IF AGE 18-59	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS FOR PERSONS AGE 0-17 YEARS								NATURAL BROTHERS AND SISTERS AGE 0-17 YEARS FOR PERSONS AGE 0-17 YEARS			
	Has (NAME) been very sick for at least 3 months during the past 12 months? By very sick I mean (NAME) was too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK QS. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
01	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	Y N DK 1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	Y N DK 1 2 8	<input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 ↓ GO TO 26	Y N DK 1 2 8 ↓ GO TO 24	Y N 1 2	Y N DK 1 2 8 ↓ GO TO 26	Y N 1 2
02	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
03	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
04	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
05	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
06	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
07	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
08	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
09	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
10	1 2 8	1 2 8 ↓ GO TO 17	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	1 2 8 ↓ GO TO 20	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK
01	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
02	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
03	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
04	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
05	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
06	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
07	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
08	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
09	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
10	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

CODES FOR Qs. 27, 29 AND 31
EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
(NOT ALLOWED FOR Qs. 29 AND 31)
98 = DON'T KNOW

CODES FOR Q.35
C = HAS CERTIFICATE
R = REGISTERED, NO CERTIFICATE
N = BIRTH NOT REGISTERED
DK = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS (NAMES)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?			IF AGE 15 OR OLDER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE MODULE USING Q38.	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING NAMES, RELATIONSHIPS, AND SEX ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-35 FOR EACH MEMBER OF THE HOUSEHOLD.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?				What is (NAME'S) current marital status? SEE CODES BELOW.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
			M F	YES NO	YES NO	IN YEARS					
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	11	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20	20

TICK HERE IF ADDITIONAL QUESTIONNAIRE USED

PROBE TO IDENTIFY ADDITIONAL HOUSEHOLD RESIDENTS.

Just to make sure that I have a complete household listing:

- 2A) Are there any other persons such as small childrer or infants that we have not listed? YES ENTER EACH IN TABLE NO
- 2B) In addition, are there any other people who may not be members of you family, such as domestic servants, or friends who usually live here? YES ENTER EACH IN TABLE NO
- 2C) Are there any guests or temporary visitors staying here, or anyone else whc slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

LINE NO.	SICK PERSON IF AGE 18-59	PARENTAL SURVIVORSHIP, RESIDENCE, AND HEALTH STATUS FOR PERSONS AGE 0-17 YEARS								NATURAL BROTHERS AND SISTERS AGE 0-17 YEARS FOR PERSONS AGE 0-17 YEARS			
		Is (NAME)'s biological mother alive?	IF ALIVE Does (NAME)'s biological mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR MOTHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological mother been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	Is (NAME)'s biological father alive?	IF ALIVE Does (NAME)'s biological father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN SCHEDULE.	FOR FATHERS NOT IN HOUSEHOLD ASK: Has (NAME)'s biological father been very sick for at least 3 months during the past 12 months, that is, too sick to work or do normal activities around the house for at least 3 months during the past 12 months?	CHECK QS. 13-19. RECORD LINE NUMBER FOR ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED (Q 14 AND 17) OR IS VERY SICK (Q16 AND Q19).	CHECK Q.14 AND Q.17 IF BOTH YES (BOTH ALIVE), CIRCLE '1'. IF ELSE, CIRCLE '2'.	Does (NAME) have any natural brothers under the age of 18? By natural brothers, I mean brothers who have the same biological mother and the same father.	Do all of (NAME)'s natural brothers under the age of 18 live in this household?	Does (NAME) have any natural sisters under the age of 18? By natural sisters I mean sisters who have the same biological mother and the same father.	Do all of (NAME)'s natural sisters under the age of 18 live in this household?
	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
	Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8		Y N 1 2	Y N DK 1 2 8	Y N 1 2	Y N DK 1 2 8	Y N 1 2
11	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
12	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
13	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
14	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
15	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
16	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
17	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
18	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
19	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
20	1 2 8 ↓ GO TO 17	1 2 8 ↓ GO TO 17		1 2 8	1 2 8 ↓ GO TO 20		1 2 8		1 2 ↓ GO TO 26	1 2 8 ↓ GO TO 24	1 2	1 2 8 ↓ GO TO 26	1 2
36 CHECK COLUMN 13 AND RECORD TOTAL NUMBER OF VERY SICK HOUSEHOLD MEMBERS AGE 18-59. IF NONE, RECORD '00'. <input type="text"/>								37 CHECK COLUMN 20 AND RECORD TOTAL NUMBER OF CHILDREN WHOSE MOTHER AND/OR FATHER HAS DIED OR WAS VERY SICK. IF NONE, RECORD '00'. <input type="text"/>					

LINE NO.	EDUCATION						BASIC MATERIAL NEEDS			BIRTH REGISTRATION
	IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 3-17 YEARS			IF AGE 0-4
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the current 2005 school year?	During this school year, what level and grade [is/was] (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, in 2004?	During that school year, what level and grade did (NAME) attend?	Is there something that (NAME) can use to cover (himself/herself) when (he/she) is sleeping?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothing?	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority?
	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	Y N DK	Y N DK	Y N DK	C R N DK
11	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
12	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
13	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
14	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
15	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
16	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
17	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
18	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
19	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8
20	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 30	<input type="text"/> <input type="text"/>	1 2 ↓ GO TO 32	<input type="text"/> <input type="text"/>	1 2 8	1 2 8	1 2 8	1 2 3 8

CODES FOR Qs. 27, 29 AND 31

EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
(NOT ALLOWED FOR Qs. 29 AND 31)
98 = DON'T KNOW

CODES FOR Q.35
C = HAS CERTIFICATE
R = REGISTERED, NO CERTIFICATE
N = BIRTH NOT REGISTERED
DK = DON'T KNOW

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

38 LOOK AT THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.
 CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.
 FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.
 CIRCLE THE LINE NUMBER FOR THIS WOMAN IN COLUMN 10.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS '36716', GO TO ROW '6'.
 IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.
 FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.
 SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking and cooking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO TAP IN YARD/PLOT 12 PUBLIC TAP 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED DUG WELL 31 UNPROTECTED DUG WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 106 → 103 → 106 → 103 → 103
102	What is the main source of water used by your household for other purposes such as handwashing or bathing?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO TAP IN YARD/PLOT 12 PUBLIC TAP 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED DUG WELL 31 UNPROTECTED DUG WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 OTHER 96 (SPECIFY)	→ 106 → 106
103	Where is the water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108
107	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH OTHER 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET... 21 NON-VIP PIT LATRINE WITH SLAB 22 NON-VIP PIT LATRINE WITHOUT SLAB 23 COMPOSTING TOILET/ ARBO LOO 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 51 OTHER 96 (SPECIFY)	→ 111
109	Do you share this facility with other households?	YES 1 NO 2	→ 111
110	Including this household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> 10 OR MORE HOUSEHOLDS . . . 95 DON'T KNOW 98	
111	Does your dwelling unit/household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator?	YES NO ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 MOBILE TELEPHONE . . . 1 2 NON-MOBILE TELEPHONE 1 2 REFRIGERATOR 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LIQUID PROPANE GAS 02 NATURAL GAS 03 BIOGAS 04 PARAFFIN/KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 MAIZE/OTHER CROP WASTE .. 10 ANIMAL DUNG 11 DO NOT COOK 12 OTHER 96 (SPECIFY)	→ 114 → 116
113	In this household, is food cooked on a stove or an open fire? PROBE FOR TYPE.	OPEN FIRE OR STOVE WITHOUT CHIMNEY/HOOD 1 OPEN FIRE OR STOVE WITH CHIMNEY/HOOD 2 CLOSED STOVE WITH CHIMNEY 3 OTHER 6 (SPECIFY)	
114	Is the cooking usually done in the same building where people sleep, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 116
115	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
116	TYPE OF DWELLING UNIT. RECORD OBSERVATION.	TRADITIONAL 01 MIXED 02 DETACHED 03 SEMI-DETACHED 04 FLAT/TOWNHOME 05 SHACK 06 OTHER 96 (SPECIFY)	
117	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND/DUNG 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
118	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH 12 RUDIMENTARY ROOFING RUSTIC MAT 21 WOOD PLANKS 23 FINISHED ROOFING METAL 31 WOOD 32 ASBESTOS 33 TILES 34 CEMENT 35 OTHER 96 (SPECIFY)																									
119	MAIN MATERIAL OF THE WALLS. RECORD OBSERVATION.	NATURAL WALLS CANE/TRUNKS 11 MUD 12 RUDIMENTARY WALLS STONE WITH MUD 22 PLYWOOD 23 CARTON 24 REUSED WOOD 25 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 WOOD PLANKS 35 OTHER 96 (SPECIFY)																									
120	TYPE OF WINDOWS. RECORD OBSERVATION.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ANY WINDOWS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH GLASS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH SCREENS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WINDOWS WITH CURTAINS/ SHUTTERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ANY WINDOWS	1	2	WINDOWS WITH GLASS	1	2	WINDOWS WITH SCREENS	1	2	WINDOWS WITH CURTAINS/ SHUTTERS	1	2										
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WINDOWS WITH CURTAINS/ SHUTTERS	1	2																									
121	How many rooms in this household are used for sleeping?	ROOMS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																									
122	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ANIMAL-DRAWN CART</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT WITH MOTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WHEEL BARREL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER	1	2	ANIMAL-DRAWN CART	1	2	CAR/TRUCK	1	2	BOAT WITH MOTOR	1	2	WHEEL BARREL	1	2	
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BOAT WITH MOTOR	1	2																									
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123	Do any members of this household have access to use land for agricultural purposes?	YES 1 NO 2	→ 125																								
124	How many acres of land are used by household members for agricultural purposes? IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'.	ACRES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Does this household own any livestock, herds, or farm animals?	YES 1 NO 2	→ 127
126	How many of the following animals does this household have? IF NONE, ENTER '00'. IF MORE THAN 97, ENTER '97'. IF UNKNOWN, ENTER '98'. Cattle? Horses, donkeys, or mules? Goats? Sheep? Chickens or other poultry? Pigs?	CATTLE <input type="text"/> HORSES/DONKEYS/MULES <input type="text"/> GOATS <input type="text"/> SHEEP <input type="text"/> POULTRY <input type="text"/> PIGS <input type="text"/>	
127	Does any member of this household have a bank account?	YES 1 NO 2	
128	During the past 12 months, has anyone sprayed the interior walls of your dwelling against mosquitoes? IF NOT SPRAYED, RECORD 95. IF YES: How many months ago was the house sprayed? RECORD '00' IF LESS THAN ONE MONTH.	MONTHS AGO <input type="text"/> NOT SPRAYED 95	→ 130
129	Who sprayed the house?	GOVERNMENT PROGRAM 1 PRIVATE COMPANY 2 HOUSEHOLD MEMBER 3 OTHER 6 (SPECIFY) DON'T KNOW 8	
130	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 201
131	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input type="text"/>	

132	ASK THE RESPONDENT TO SHOW YOU THE NET (S) IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	NET #1	NET #2	NET #3
		OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
133	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98
134	What type of mosquito net do you have?	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET 21 OTHER 31 (SPECIFY) NOT SURE 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET 21 OTHER 31 (SPECIFY) NOT SURE 98	'PERMANET/LONG-LASTING' NET 11 (SKIP TO 138) ← 'ORDINARY' NET 21 OTHER 31 (SPECIFY) NOT SURE 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
135	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	
136	Since you got the mosquito net, was it ever soaked or dipped in a liquid or chemical to repel mosquitos?	YES 1 NO ... 2 (SKIP to 138) ← NOT SURE 8	YES 1 NO ... 2 (SKIP to 138) ← NOT SURE 8	YES 1 NO ... 2 (SKIP to 138) ← NOT SURE 8	
137	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	MOS AGO <input type="text"/> <input type="text"/> MORE THAN 37 MONTHS AGO ... 96 NOT SURE 98	
138	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 (SKIP TO 140) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 140) ← NOT SURE 8	YES 1 NO 2 (SKIP TO 140) ← NOT SURE 8	
139	Who slept under this mosquito net last night? RECORD THE RESPECTIVE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
140		GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 201.	

SECTION 2: SUPPORT FOR SICK PEOPLE

201	CHECK Q36 IN HOUSEHOLD SCHEDULE AND RECORD NUMBER OF CHRONICALLY SICK HOUSEHOLD MEMBERS AGE 18-59. <div style="float:right; margin-top: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <p>AT LEAST ONE <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> NONE <input style="width: 20px; height: 15px; border: 1px solid black;" type="checkbox"/> → 301</p>													
202	ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SICK PERSON AGE 18-59, BEGINNING WITH WITH THE FIRST SICK PERSON LISTED IN THE HOUSEHOLD SCHEDULE. ASK THE QUESTIONS ABOUT ALL OF THESE PEOPLE. IF THERE ARE MORE THAN 3 SICK PEOPLE, USE ADDITIONAL QUESTIONNAIRE(S).													
203	LINE NUMBER AND NAME FROM COLUMNS 1 AND 2 OF THE HOUSEHOLD SCHEDULE	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">1ST SICK PERSON</th> <th style="width:33%;">2ND SICK PERSON</th> <th style="width:33%;">3RD SICK PERSON</th> </tr> </thead> <tbody> <tr> <td>NAME _____</td> <td>NAME _____</td> <td>NAME _____</td> </tr> <tr> <td>LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td>LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> <td>LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </tbody> </table>	1 ST SICK PERSON	2 ND SICK PERSON	3 RD SICK PERSON	NAME _____	NAME _____	NAME _____	LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>			
1 ST SICK PERSON	2 ND SICK PERSON	3 RD SICK PERSON												
NAME _____	NAME _____	NAME _____												
LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	LINE NUMBER <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>												
204	You told me that in your household, (NAME OF EACH SICK PERSON IN 203) has(ve) been very sick for at least three of the past 12 months. I would like to ask you about any formal, organized help or support that your household may have received for [that/each of those] person(s) for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.													
205	Now I would like to ask you about the support you received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>(SKIP TO 207) ←</td> <td>(SKIP TO 207) ←</td> <td>(SKIP TO 207) ←</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	(SKIP TO 207) ←	(SKIP TO 207) ←	(SKIP TO 207) ←	DK 8	DK 8	DK 8
YES 1	YES 1	YES 1												
NO 2	NO 2	NO 2												
(SKIP TO 207) ←	(SKIP TO 207) ←	(SKIP TO 207) ←												
DK 8	DK 8	DK 8												
206	Did your household receive any of this support at least once a month while (NAME) was sick?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	DK 8	DK 8	DK 8			
YES 1	YES 1	YES 1												
NO 2	NO 2	NO 2												
DK 8	DK 8	DK 8												
207	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>(SKIP TO 209) ←</td> <td>(SKIP TO 209) ←</td> <td>(SKIP TO 209) ←</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	(SKIP TO 209) ←	(SKIP TO 209) ←	(SKIP TO 209) ←	DK 8	DK 8	DK 8
YES 1	YES 1	YES 1												
NO 2	NO 2	NO 2												
(SKIP TO 209) ←	(SKIP TO 209) ←	(SKIP TO 209) ←												
DK 8	DK 8	DK 8												
208	Did your household receive any of this support in the past 30 days?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	DK 8	DK 8	DK 8			
YES 1	YES 1	YES 1												
NO 2	NO 2	NO 2												
DK 8	DK 8	DK 8												
209	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>(SKIP TO 211) ←</td> <td>(SKIP TO 211) ←</td> <td>(SKIP TO 211) ←</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	(SKIP TO 211) ←	(SKIP TO 211) ←	(SKIP TO 211) ←	DK 8	DK 8	DK 8
YES 1	YES 1	YES 1												
NO 2	NO 2	NO 2												
(SKIP TO 211) ←	(SKIP TO 211) ←	(SKIP TO 211) ←												
DK 8	DK 8	DK 8												
210	Did your household receive any of this support in the past 30 days?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	DK 8	DK 8	DK 8			
YES 1	YES 1	YES 1												
NO 2	NO 2	NO 2												
DK 8	DK 8	DK 8												
211	In the last 12 months, has your household received any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>(SKIP TO 213) ←</td> <td>(SKIP TO 213) ←</td> <td>(SKIP TO 213) ←</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	(SKIP TO 213) ←	(SKIP TO 213) ←	(SKIP TO 213) ←	DK 8	DK 8	DK 8
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NO 2	NO 2	NO 2												
(SKIP TO 213) ←	(SKIP TO 213) ←	(SKIP TO 213) ←												
DK 8	DK 8	DK 8												
212	Did your household receive any of this support in the past 30 days?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> <td style="width:33%;">YES 1</td> </tr> <tr> <td>NO 2</td> <td>NO 2</td> <td>NO 2</td> </tr> <tr> <td>DK 8</td> <td>DK 8</td> <td>DK 8</td> </tr> </table>	YES 1	YES 1	YES 1	NO 2	NO 2	NO 2	DK 8	DK 8	DK 8			
YES 1	YES 1	YES 1												
NO 2	NO 2	NO 2												
DK 8	DK 8	DK 8												

		1 ST SICK PERSON NAME _____	2 ND SICK PERSON NAME _____	3 RD SICK PERSON NAME _____
213	Now I would like to ask about health problems (NAME) may have recently had. In the last 30 days, has (NAME) had severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 215) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 215) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 215) ←
214	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3
215	In the last 30 days, did (NAME) suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 217) ←	YES, SEVERE . 1 YES, NEVER SEVERE ... 2 NO 3 (SKIP TO 217) ←
216	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3	MOST TIME ... 1 SOME TIME ... 2 NOT AT ALL ... 3
217		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE SICK PEOPLE, GO TO 301.		

SECTION 3: SUPPORT FOR PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES 1 NO 2 DON'T KNOW 8			→ 401 → 401
302	How many household members died in the last 12 months?	NO. OF PERSONS .. <input type="text"/> <input type="text"/>			
303	ASK 304-322 FOR ONE PERSON AT A TIME. IF MORE THAN 3 PEOPLE HAVE DIED, USE ADDITIONAL QUESTIONNAIRE.				
304	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____	
305	Was (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
306	How old was (NAME) when (he/she) died?	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	
307	Was (NAME) very sick for at least three of the 12 months before (he/she) died? By very sick, I mean that (NAME) was too sick to work or do normal activities around the house for at least three months.	YES 1 NO 2 (SKIP TO 322) ← DK 8	YES 1 NO 2 (SKIP TO 322) ← DK 8	YES 1 NO 2 (SKIP TO 322) ← DK 8	
308	CHECK 306: AGE OF PERSON AT DEATH	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ← 18-59 <input type="text"/> <input type="text"/>	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ← 18-59 <input type="text"/> <input type="text"/>	<18/60+ <input type="text"/> <input type="text"/> (SKIP TO 322) ← 18-59 <input type="text"/> <input type="text"/>	
309	I would like to ask you about any formal, organized help or support that your household may have received for [NAME] before (he/she) died, for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
310	In the last 12 months, did your household receive any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 312) ← DK 8	YES 1 NO 2 (SKIP TO 312) ← DK 8	YES 1 NO 2 (SKIP TO 312) ← DK 8	
311	Did your household receive any of this support at least once a month while (NAME) was sick?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
312	In the last 12 months, did your household receive any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support for which you did not have to pay?	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	YES 1 NO 2 (SKIP TO 314) ← DK 8	
313	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
314	In the last 12 months, did your household receive any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	YES 1 NO 2 (SKIP TO 316) ← DK 8	
315	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	
316	In the last 12 months, did your household receive any social support for (NAME), such as help in household work, training for a caregiver, or legal services, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	YES 1 NO 2 (SKIP TO 318) ← DK 8	
317	Did your household receive any of this support in the last 30 days before (NAME)'s death?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	

		NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
318	Now I would like to ask about health problems (NAME) may have recently had. In the 30 days before (NAME) died, did he/she have severe pain, mild pain, or no pain at all?	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 320) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 320) ←	SEVERE 1 MILD 2 NOT AT ALL 3 (SKIP TO 320) ←
319	When (NAME) was in pain, was he/she able to reduce or stop the pain most of the time, some of the time, or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
320	In the 30 days before (NAME) died, did he/she suffer from nausea, coughing, diarrhea, or constipation? IF YES: Was this problem (were any of these problems) ever severe?	YES, SEVERE 1 YES, NEVER SEVERE 2 NO 3 (SKIP TO 322) ←	YES, SEVERE 1 YES, NEVER SEVERE 2 NO 3 (SKIP TO 322) ←	YES, SEVERE 1 YES, NEVER SEVERE 2 NO 3 (SKIP TO 322) ←
321	Was (NAME) able to reduce or stop the (nausea/coughing/diarrhea/constipation) most of the time, some of the time or not at all?	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3	MOST TIME 1 SOME TIME 2 NOT AT ALL 3
322		GO BACK TO 304 IN NEXT COLUMN; OR, IF NO MORE PEOPLE HAVE DIED, GO TO 401.		

SECTION 4: SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?</p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/></p> <p>NO CHILD AGE 0-17 <input type="checkbox"/></p>	<p>→ END</p>	
402	<p>CHECK Q36 IN HOUSEHOLD QUESTIONNAIRE: ANY VERY SICK ADULTS 18-59?</p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/></p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/></p>	<p>→ GO TO Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
403	<p>CHECK 306 IN SECTION 3: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</p> <p>NO ADULT AGE 18-59 IN 306 <input type="checkbox"/></p> <p>AT LEAST ONE ADULT 18-59 IN 306 <input type="checkbox"/></p>	<p>→ GO TO Q405 AND LIST ALL CHILDREN AGE 0-17 IN HOUSEHOLD</p>	
404	<p>CHECK Q37 IN HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LIVING IN THE HOUSEHOLD AND IS SICK?</p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER WHO HAS DIED OR IS SICK <input type="checkbox"/></p> <p>NO CHILD WITH MOTHER OR FATHER WHO HAS DIED OR IS VERY SICK <input type="checkbox"/></p> <p>GO TO 405 AND LIST ALL CHILDREN WHOSE LINE NUMBERS ARE RECORDED IN COLUMN 20</p>	<p>→ 501</p>	

405	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AS APPROPRIATE BEGINNING WITH WITH THE FIRST CHILD AND CONTINUING IN THE ORDER IN WHICH THE CHILDREN ARE LISTED IN THE SCHEDULE OR IN COLUMN 20. IF MORE THAN 8 CHILDREN, USE AN ADDITIONAL QUESTIONNAIRE.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
406 I would like to ask you about any formal, organized help or support that your household may have received for (NAME OF EACH CHILD IN 405) and for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based. ASK THE CARE AND SUPPORT QUESTIONS FOR EACH CHILD LISTED IN Q405, BEGINNING WITH THE CHILD LISTED IN THE FIRST COLUMN.				
407 Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
408 In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8
409 Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
410 In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8
411 Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
412 In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8
413 Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
414 CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>
415 In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
416	GO BACK TO 407 IN NEXT COLUMN; OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.			

405	CONTINUE LISTING OF CHILDREN	5TH CHILD		6TH CHILD		7TH CHILD		8TH CHILD	
		NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>	AGE <input type="text"/> <input type="text"/>	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>
407	In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
408	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8	YES 1 NO 2 (SKIP TO 410) ← DK 8
409	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
410	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8	YES 1 NO 2 (SKIP TO 412) ← DK 8
411	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
412	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8	YES 1 NO 2 (SKIP TO 414) ← DK 8
413	Did your household receive any of this support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
414	CHECK 405: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 416) ← AGE 5-17 <input type="checkbox"/>
415	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
416		GO BACK TO 407 IN NEXT COLUMN IN THIS QUESTIONNAIRE, OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); OR, IF NO MORE CHILDREN, CONTINUE WITH INDIVIDUAL INTERVIEW WITH ELIGIBLE RESPONDENT.							

CONSENT STATEMENT

As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.

To know more about this problem in Zimbabwe, we are asking in this survey that young children all over the country take a test for low blood levels. We would like (NAME OF CHILD[REN] BORN IN 2000 OR LATER, AND AT LEAST 6 MONTHS OF AGE) to take part in this test by giving a few drops of blood from his (her) finger or heel.

The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result(s) for (NAME OF CHILD[REN]) will be given to you right after the test is done.

We will not tell anyone else the results of the test.

Do you have any questions?

You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.

Do you agree that (NAME) may give blood for the anaemia test?
CIRCLE CODE AND SIGN.

HEMOGLOBIN MEASUREMENT OF CHILDREN 6-60 MONTHS				
RECORD NAME OF PARENT/RESPONSIBLE ADULT.	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	READ CONSENT STATEMENT TO PARENT/RESPONSIBLE ADULT* CIRCLE CODE (AND SIGN)	HEMOGLOBIN LEVEL (G/DL)	RESULT 1 MEASURED 2 REFUSED 3 NOT PRESENT 6 OTHER
(509)	(510)	(511)	(512)	(513)
	<input type="text"/>	GRANTED 1 SIGN _____ REFUSED 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	1 SIGN _____ 2 NEXT LINE ←	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>

514	<p>CHECK 512:</p> <p>NUMBER OF CHILDREN WITH HEMOGLOBIN LEVEL BELOW 7 G/DL.</p> <p style="text-align: center;"> ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> </p> <p style="text-align: center;"> ↓ ↓ </p> <p> GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 515 FOR ANY CHILD WITH A LEVEL BELOW 7 G/DL. GIVE EACH PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH HOUSEHOLD INTERVIEW. </p>
-----	---

515	<p>We detected a low level of hemoglobin in the blood of (NAME OF CHILD(REN)). This indicates that (NAME OF CHILD(REN)) have developed severe anemia, which is a serious health problem. We would like to inform the clinic at _____ about the condition of (NAME OF CHILD(REN)). This will assist you in obtaining appropriate treatment for the condition. Do you agree that the information about the level of hemoglobin in the blood of (NAME OF CHILD(REN)) may be given to the clinic?</p>
-----	---

NAME OF CHILD WITH HEMOGLOBIN BELOW THE CUTOFF POINT	NAME OF PARENT/RESPONSIBLE ADULT	AGREES TO REFERRAL?
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2
		YES 1 NO 2

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION																
PLACE NAME _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER PROVINCE LARGE CITY/SMALL CITY/TOWN/RURAL (HARARE=1, SMALL CITY=2, TOWN=3, RURAL=4) NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>															

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
NEXT VISIT: DATE	_____	_____		ID NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> </table>								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)												
LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER TRANSLATOR USED 1 YES 2 NO												
SUPERVISOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			FIELD EDITOR NAME _____ DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Organization. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 45 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, where did you live? RECORD NAME AND CODE TYPE OF AREA. PROBE: Is that a city, town, communal land or resettlement area? _____ NAME OF PLACE	CITY 1 TOWN 2 COMMUNAL LAND 3 RESETTLEMENT AREA 4 OTHER RURAL AREA 5 ABROAD 6	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest level of school you attended?	PRIMARY 1 SECONDARY 2 HIGHER 3	
110	What is the highest grade (number of years) you completed at that level?	GRADE/YEARS <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> →		115
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED CODE '1' OR '5' CIRCLED <input type="checkbox"/> →		116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	TRADITIONAL 01 ROMAN CATHOLIC 02 PROTESTANT 03 PENTECOSTAL 04 APOSTOLIC SECT 05 OTHER CHRISTIAN 06 MUSLIM 07 NONE 08 OTHER 96 (SPECIFY)	→ 201
119	How often have you attended religious services in the past month? RECORD '00' IF DID NOT ATTEND DURING MONTH.	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS ... 1 MONTHS 2 YEARS ... 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 NO ... 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES ... 1 NO ... 2				
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2000 OR LATER. IF NONE, RECORD '0'.									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 1, 2000, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JANUARY 2000 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JANUARY 2000		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
233	Have you ever had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2000. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before 2000 that did not result in a live birth?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2000 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
237	When did your last menstrual period start? <hr/> (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1230 142 1318 197"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1230 197 1318 252"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1230 252 1318 306"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1230 306 1318 361"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↘ 240								
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8									
240	Are you the primary care giver for any children?	YES 1 NO 2	→ 301								
241	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301								
242	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8									

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD (LOOP) Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTION Women can have an injection by a health provider that stops them from becoming pregnant for one or more months	YES 1 NO 2 ↘	YES 1 NO 2
06	IMPLANT Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↘	YES 1 NO 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2
12	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	YES 1 NO 2 ↘	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
14	EMERGENCY CONTRACEPTION (MORNING AFTER PILL/POSTINO 2) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→ 330
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN ... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION E IMPLANT F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD ... K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 316 → 315 → 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	May I see the package of pills you are using? RECORD NAME OF BRAND.	PACKAGE SEEN 01 PACKAGE NOT SEEN 02	→ 313A
313	MARK CODE FOR BRAND NAME.	OVRETTE 01 LO-FEMENAL 02 MICRONOR 03 MICRONOVUM 04 MARVELLON 05 DUOFEM 06 EXCLUTON 07 OTHER _____ 96 (SPECIFY)	→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP													
319	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 320	
319A	In what month and year did you start using (CURRENT METHOD) continuously? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>														
320	CHECK 319/319A, 215, 230 AND CALENDAR: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> ↓														
321	CHECK 319/319A: YEAR IS 2000 OR LATER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. ASK ABOUT SOURCE OF METHOD AT THE START OF USE AND ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH USE STARTED. THEN CONTINUE WITH 322.	YEAR IS 1999 OR EARLIER <input type="checkbox"/> ↓ ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000. THEN SKIP TO → 328														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
322	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2000. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>																																																														
323	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE.</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table border="0"> <tr><td>NO CODE CIRCLED</td><td>00</td><td>→</td><td>330</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td><td></td><td></td></tr> <tr><td>MALE STERILIZATION</td><td>02</td><td>→</td><td>332</td></tr> <tr><td>PILL</td><td>03</td><td></td><td></td></tr> <tr><td>IUD</td><td>04</td><td></td><td></td></tr> <tr><td>INJECTION</td><td>05</td><td></td><td></td></tr> <tr><td>IMPLANT</td><td>06</td><td></td><td></td></tr> <tr><td>MALE CONDOM</td><td>07</td><td>→</td><td>329</td></tr> <tr><td>FEMALE CONDOM</td><td>08</td><td></td><td></td></tr> <tr><td>DIAPHRAGM</td><td>09</td><td></td><td></td></tr> <tr><td>FOAM/JELLY</td><td>10</td><td></td><td></td></tr> <tr><td>LACTATIONAL AMEN. METHOD</td><td>11</td><td></td><td></td></tr> <tr><td>RHYTHM METHOD</td><td>12</td><td></td><td></td></tr> <tr><td>WITHDRAWAL</td><td>13</td><td>→</td><td>332</td></tr> <tr><td>OTHER METHOD</td><td>96</td><td></td><td></td></tr> </table>	NO CODE CIRCLED	00	→	330	FEMALE STERILIZATION	01			MALE STERILIZATION	02	→	332	PILL	03			IUD	04			INJECTION	05			IMPLANT	06			MALE CONDOM	07	→	329	FEMALE CONDOM	08			DIAPHRAGM	09			FOAM/JELLY	10			LACTATIONAL AMEN. METHOD	11			RHYTHM METHOD	12			WITHDRAWAL	13	→	332	OTHER METHOD	96			
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324	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At the time you obtained the method, were you told about side effects or problems you might have with the method?</p>	<table border="0"> <tr><td>YES</td><td>1</td><td></td><td></td></tr> <tr><td>NO</td><td>2</td><td>→</td><td>326</td></tr> </table>	YES	1			NO	2	→	326																																																					
YES	1																																																														
NO	2	→	326																																																												
325	<p>Were you told what to do if you experienced side effects or problems?</p>	<table border="0"> <tr><td>YES</td><td>1</td><td></td><td></td></tr> <tr><td>NO</td><td>2</td><td></td><td></td></tr> </table>	YES	1			NO	2																																																							
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	<p>CHECK 324:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p> <input type="checkbox"/> </div> </div> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 328</p>
327	<p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	
328	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTION 05</p> <p>IMPLANT 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 332</p> <p>→ 332</p>
329	<p>Where did you (or your partner) obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC CLINIC 14</p> <p>MOH MOBILE CLINIC 16</p> <p>ZNFPC CBD/DEPOT HOLDER 17</p> <p>OTHER PUBLIC 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>CBD 34</p> <p>OTHER PRIVATE DOCTOR 36</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET 42</p> <p>TUCK SHOP 43</p> <p>SERVICE STATION 44</p> <p>OTHER RETAIL 46</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH 51</p> <p>FRIEND/RELATIVE 52</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 332</p>
330	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 332</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A</p> <p>RURAL/MUNICIPAL CLINIC B</p> <p>RURAL HEALTH CENTRE C</p> <p>ZNFPC CLINIC D</p> <p>MOH MOBILE CLINIC E</p> <p>ZNFPC CBD/DEPOT HOLDER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>MISSION FACILITY H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... I</p> <p>PHARMACY J</p> <p>PRIVATE DOCTOR K</p> <p>CBD L</p> <p>OTHER PRIVATE DOCTOR M</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER N</p> <p>SUPERMARKET O</p> <p>TUCK SHOP P</p> <p>SERVICE STATION Q</p> <p>OTHER RETAIL R</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH S</p> <p>FRIEND/RELATIVE T</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
332	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES 1 NO 2	
333	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 335
334	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	
335	<p>CHECK 301 (07) KNOWS MALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">→</p>	337	
336	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	
337	<p>CHECK 301 (08) KNOWS FEMALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">→</p>	401	
338	If a female condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8	

SECTION 4 PREGNANCY, POSTNATAL CARE AND NUTRITION

401	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/> → 601			
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 431) ← LATER 2 NOT AT ALL 3 (SKIP TO 431) ←	THEN 1 (SKIP TO 431) ← LATER 2 NOT AT ALL 3 (SKIP TO 431) ←
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW ... 998 (GO TO 431)
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER X (SPECIFY) NO ONE Y (SKIP TO 414) ←		
408	Where did you receive antenatal care for this pregnancy? Anywhere else? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. RECORD ALL MENTIONED. _____ _____ (NAME OF PLACE(S))	HOME YOUR HOME A OTHER HOME B PUBLIC SECTOR CENTRAL HSP ... C PROVINCIAL HSP . D DIST/RURAL HSP. . E RURAL/MUNCPL CL. . F RURAL HLTH CNTR. . G OTHER PUBLIC _____ H (SPECIFY) MISSION FACILITY . . I PRIVATE MED. SECTOR PRIVATE HSP/CLC. J OTHER PRIV. MED. K OTHER X (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ... <input type="text"/> <input type="text"/> DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 BP 1 2 URINE 1 2 BLOOD 1 2		
412	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8		
413	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW ... 8		
414	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW ... 8		
415	During this pregnancy, how many times did you get this injection?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		
416	CHECK 415:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ← ↓		
417	Did you receive any tetanus injections at any time before this pregnancy?	YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8		
418	How many times did you get a tetanus injection before this pregnancy? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	During this pregnancy, were you given or did you buy any iron/folic acid tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
423	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8		
425	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 431) ← DON'T KNOW 8		
426	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE ... B DELTAPRIM C OTHER _____ X (SPECIFY) DON'T KNOW Z		
427	CHECK 426: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE <input type="text"/> CIRCLED A' NOT <input type="text"/> <input type="checkbox"/> CIRCLED ↓ (SKIP TO 431) ←		
428	How many times did you take SP/Fansidar during this pregnancy?	NUMBER OF TIMES <input type="text"/> <input type="text"/>		
429	CHECK 407: ANTENATAL CARE FROM HEALTH PROFESSIONAL DURING PREGNANCY	CODES OTHER <input type="text"/> A' OR 'B' <input type="text"/> CIRCLED ↓ (SKIP TO 431) ←		
430	Did you get the SP/Fansidar during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT 1 OTHER FACILITY VISIT 2 OTHER SOURCE 3		
431	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
432	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 434) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	How much did (NAME) weigh? ASK FOR HEALTH CARD. RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99.998
434	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D UNSURE ABOUT TRAINING E OTHER _____ X (SPECIFY) NO ONE Y
435	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 444) ←	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← OTHER _____ 96 (SPECIFY) (SKIP TO 445) ←	HOME YOUR HOME 11 (SKIP TO 444) ← OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL. . 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY . . 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE MED. _____ 42 (SPECIFY) (SKIP TO 438) ← OTHER _____ 96 (SPECIFY) (SKIP TO 445) ←
436	How many hours after your labor pains began, did you get to the facility? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS <input type="text"/> <input type="text"/> 25 HOURS OR MORE 25 DON'T KNOW 98		
437	How long after you arrived at the facility, did a health professional check on you? IF MORE THAN 24 HOURS RECORD '25'. RECORD '00' IF LESS THAN ONE HOUR.	HOURS <input type="text"/> <input type="text"/> 25 HOURS OR MORE 25 DON'T KNOW 98		
438	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
439	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	
440	Before you were discharged after (NAME) was born, did any health personnel check on your health?	YES 1 NO 2 (SKIP TO 443) ←	YES 1 (SKIP TO 455) ← NO 2 (SKIP TO 443) ←	YES 1 (SKIP TO 455) ← NO 2 (SKIP TO 443) ←	
441	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998			
442	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ 96 (SPECIFY) _____ (SKIP TO 453) ←			
443	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1 (SKIP TO 446) ← NO 2 (SKIP TO 453) ←	YES 1 (SKIP TO 455) ← NO 2	YES 1 (SKIP TO 455) ← NO 2	
444	Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED.	COST TOO MUCH ... A FACILITY NOT OPEN . B TOO FAR/NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE . D NO FEMALE PROVIDER AT FACILITY ... E HUSBAND/FAMILY DID NOT ALLOW . F NOT NECESSARY ... G NOT CUSTOMARY ... H OTHER _____ X (SPECIFY) _____			
445	After (NAME) was born did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 449) ←	YES 1 NO 2 (SKIP TO 455) ←	YES 1 NO 2 (SKIP TO 455) ←	
446	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS .. 2 <input type="text"/> <input type="text"/> WEEKS . 3 <input type="text"/> <input type="text"/> DON'T KNOW ... 998			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
447	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ (SPECIFY) 96														
448	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCPL CL...24 RURAL HLTH CNTR.. 25 OTHER PUBLIC _____ (SPECIFY) 26 MISSION FACILITY .. 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) OTHER _____ (SPECIFY) 96														
448A	CHECK 443:	YES NOT ASKED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 453)														
449	In the two months after (NAME) was born, did a health care provider or traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 453) ← DON'T KNOW 8														
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS.. 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998														
451	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE .. 12 TRADITIONAL MIDWIFE TRAINED 21 UNTRAINED 22 UNSURE ABOUT TRAINING 23 OTHER _____ (SPECIFY) 96														

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
452	Where did this first check of (NAME) take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR CENTRAL HSP ... 21 PROVINCIAL HSP . 22 DIST/RURAL HSP . 23 RURAL/MUNCL CL... 24 RURAL HLTH CNTR. . 25 OTHER PUBLIC _____ 26 (SPECIFY) MISSION FACILITY .. 31 PRIVATE MED. SECTOR PRIVATE HSP/CLC. 41 OTHER PRIVATE 42 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)		
453	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/ SYRUP.	YES 1 NO 2		
454	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 456) ← NO 2 (SKIP TO 457) ←		
455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 459) ←	YES 1 NO 2 (SKIP TO 459) ←
456	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 459) ←		
458	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 460) ←		
459	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? PROBE FOR LOCAL BELIEFS AND PRACTICES.	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←	YES 1 NO 2 (SKIP TO 467) ←
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER . C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H HONEY I OTHER _____ X (SPECIFY)
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 466) ←
465	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 468) ← NO 2	YES 1 (SKIP TO 470) ← NO 2	YES 1 (SKIP TO 470) ← NO 2
466	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW ... 98
467	CHECK 404: IS CHILD LIVING?	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472)	LIVING DEAD <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 470) (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYTIME FEEDINGS <input type="text"/> <input type="text"/>		
470	Did (NAME) drink anything from a feeding bottle yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 472.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 472.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
472	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 473</p> <p>_____</p> <p>(NAME)</p>				501
473	<p>Now I would like to ask you about the food (NAME FROM 472) and you ate yesterday during the day or at night, either separately or combined with other foods.</p> <p>ASK ABOUT EACH FOOD TYPE. FOR THOSE ITEMS WHERE INFORMATION IS SOUGHT FOR BOTH THE CHILD AND THE MOTHER, ASK ABOUT THE CHILD FIRST AND THEN THE MOTHER.</p> <p>a. Commercially produced infant formula?</p> <p>b. Any maize or meal-meal porridge or gruel?</p> <p>c. Any Celerac, Proneuro, or other commercially fortified baby food?</p> <p>d. Any sadza, bread, rice, noodles, or any foods made from grains?</p> <p>e. Any pumpkin, carrots, squash, or yams or sweet potatoes that are yellow or orange inside?</p> <p>f. Any white potatoes, white yams, manioc, cassava, or any other foods made from roots?</p> <p>g. Any dark, green, leafy vegetables such as spinach, pumpkin or okra leaves?</p> <p>h. Any ripe mangoes or paw paw?</p> <p>i. Any other fruits or vegetables?</p> <p>j. Any liver, kidney, heart or other organ meats?</p> <p>k. Any beef, pork, lamb, goat, rabbit or any game meat.</p> <p>l. Any chicken, duck or other birds?</p> <p>m. Any eggs?</p> <p>n. Any fresh or dried fish or shellfish?</p> <p>o. Any foods made from cowpeas, beans, other peas, or lentils?</p> <p>p. Any peanut butter or other food from nuts?</p> <p>q. Any cheese, yogurt, or milk products?</p> <p>r. Any foods made with other oil, fat, or butter?</p> <p>s. Any sugary foods such as pastries, cakes, chocolates, sweets, or candies?</p> <p>t. Any other solid or semi-solid food?</p> <p>u. Plain water?</p> <p>v. Milk, such as tinned, powdered, or fresh animal milk?</p> <p>w. Any sugary drinks such as mahewu, sodas or fruit juices?</p> <p>x. Tea or coffee?</p> <p>y. Any other liquids?</p>	473A CHILD Yesterday, during the day or night, did (NAME FROM 473) eat/drink:	473B MOTHER And you yourself, yesterday during the day or night, did you eat/drink:		
		YES NO DK	YES NO DK		
		a. 1 2 8			
		b. 1 2 8			
		c. 1 2 8			
		d. 1 2 8	1 2 8		
		e. 1 2 8	1 2 8		
		f. 1 2 8	1 2 8		
		g. 1 2 8	1 2 8		
		h. 1 2 8	1 2 8		
		i. 1 2 8	1 2 8		
		j. 1 2 8	1 2 8		
		k. 1 2 8	1 2 8		
		l. 1 2 8	1 2 8		
		m. 1 2 8	1 2 8		
		n. 1 2 8	1 2 8		
		o. 1 2 8	1 2 8		
		p. 1 2 8	1 2 8		
		q. 1 2 8	1 2 8		
		r. 1 2 8	1 2 8		
		s. 1 2 8	1 2 8		
		t. 1 2 8	1 2 8		
		u. 1 2 8	1 2 8		
		v. 1 2 8	1 2 8		
		w. 1 2 8	1 2 8		
		x. 1 2 8	1 2 8		
		y. 1 2 8	1 2 8		

474	CHECK 473A: AT LEAST ONE "YES" <input type="checkbox"/> ↓	NOT A SINGLE "YES" <input type="checkbox"/>	→ 501
475	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	

SECTION 5. IMMUNIZATION AND CHILD HEALTH

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input style="width:40px;" type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input style="width:40px;" type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input style="width:40px;" type="text"/>
503	FROM 212 AND 216	NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 561)	NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 561)	NAME _____ LIVING <input style="width:20px;" type="checkbox"/> DEAD <input style="width:20px;" type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO 561)
504	Has (NAME) ever received a vitamin A dose like this? SHOW AMPULE/ CAPSULE/SYRUP.	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 506) ← DON'T KNOW 8
505	How many months ago did (NAME) take the last dose?	MONTHS AGO <input style="width:40px;" type="text"/> DON'T KNOW 98	MONTHS AGO <input style="width:40px;" type="text"/> DON'T KNOW 98	MONTHS AGO <input style="width:40px;" type="text"/> DON'T KNOW 98
506	Do you have a child health card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3	YES, SEEN 1 (SKIP TO 508) ← YES, NOT SEEN 2 (SKIP TO 510) ← NO CARD 3
507	Did you ever have a child health card for (NAME)?	YES 1 (SKIP TO 510) ← NO 2	YES 1 (SKIP TO 510) ← NO 2	YES 1 (SKIP TO 510) ← NO 2
508	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.			
		LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR
	BCG	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	POLIO 4 BOOSTER	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	DPT 4 BOOSTER	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HEPATITIS B 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HEPATITIS B 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	HEPATITIS B 3	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	MEASLES 1	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	MEASLES 2	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	VITAMIN A (MOST RECENT)	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
	VITAMIN A (2nd MOST RECENT)	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
509	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-4, HEPATITIS B 1-3 AND/OR MEASLES 1-2 VACCINES	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ← NO 2 (SKIP TO 520) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ← NO 2 (SKIP TO 520) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 508) (SKIP TO 520) ← NO 2 (SKIP TO 520) ← DON'T KNOW 8
510	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 522) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 522) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 522) ← DON'T KNOW 8
511	Please tell me if (NAME) received any of the following vaccinations:			
511A	A BCG vaccination against tuberculosis, that is, an injection in the arm that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
512	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 515) ← DON'T KNOW 8
514	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
515	A DPT vaccination, that is, an injection given in the right thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8
516	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
517	A hepatitis B vaccination, that is, an injection given in the left thigh?	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 519) ← DON'T KNOW 8
518	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
519	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
520	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
523	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
524	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
525	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS .. 2 ABOUT THE SAME .. 3 MORE 4 STOPPED FOOD .. 5 NEVER GAVE FOOD 6 DON'T KNOW 8
526	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←	YES 1 NO 2 (SKIP TO 531) ←
527	Where did you seek advice or treatment? Anywhere else? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. RECORD ALL PLACES MENTIONED. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP .. C RURAL HLTH CNTR. . D MUNCPL CLINIC .. E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP .. C RURAL HLTH CNTR. . D MUNCPL CLINIC .. E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP .. B DIST/RURAL HSP .. C RURAL HLTH CNTR. . D MUNCPL CLINIC .. E VILLAGE COMMUNITY/ HEALTH WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY .. H PRIVATE SECTOR PRIVATE HSP/CLC . I PRIVATE DOCTOR . H PHARMACY J OTHER PRIVATE MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER .. M OTHER _____ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	CHECK 527:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 530) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 530) ←
529	Where did you first seek advice or treatment? USE LETTER CODE FROM 527.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
530	How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
531	Does (NAME) still have diarrhea?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
532	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a. An ORS satchet b. A homemade sugar-salt-water solution (SSS)? c. Any other liquid?	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8	YES NO DK ORS 1 2 8 SUGAR-SALT-WATER .. 1 2 8 OTHER LIQUID .. 1 2 8
533	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
534	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B OTHER TYPE OF PILL/SYRUP C UNKNOWN PILL/SYRUP D INJECTION ANTIBIOTIC E NON-ANTIBIOTIC G UNKNOWN F INJECTION G (IV) INTRAVENOUS H HOME REMEDY/ HERBAL MED-ICINE I OTHER X (SPECIFY)
535	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
536	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DON'T KNOW 8
537	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 540) ← DON'T KNOW 8
538	When (NAME) had this illness, did he/she have a problem in the chest or a blocked or runny nose?	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←	CHEST 1 NOSE 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 540) ←
539	CHECK 535: HAD FEVER?	"YES" OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ← (SKIP TO 557)	"YES" OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ← (SKIP TO 557)	"YES" OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ← (SKIP TO 557)
540	Now I would like to know how much (NAME) was given to drink during the (fever/cough/rapid breathing). Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
541	When (NAME) had (fever/cough/rapid breathing), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
542	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 547) ←	YES 1 NO 2 (SKIP TO 547) ←	YES 1 NO 2 (SKIP TO 547) ←

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP . . . B DIST/RURAL HSP. . . C RURAL HLTH CNTR. . . D MUNCPL CLINIC . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY . . H PRIVATE SECTOR PRIVATE HSP/CLC . . I PRIVATE DOCTOR . . . H PHARMACY J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER . . . M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP . . . B DIST/RURAL HSP. . . C RURAL HLTH CNTR. . . D MUNCPL CLINIC . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY . . H PRIVATE SECTOR PRIVATE HSP/CLC . . I PRIVATE DOCTOR . . . H PHARMACY J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER . . . M OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HSP . . . B DIST/RURAL HSP. . . C RURAL HLTH CNTR. . . D MUNCPL CLINIC . . . E VILLAGE COMMUNITY/ HEALTH WORKER . . . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY . . H PRIVATE SECTOR PRIVATE HSP/CLC . . I PRIVATE DOCTOR . . . H PHARMACY J OTHER PRIVATE _____ K MED. _____ K (SPECIFY) OTHER SOURCE SHOP L TRADITIONAL PRACTITIONER . . . M OTHER _____ X (SPECIFY)
544	CHECK 543:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> <input type="checkbox"/> CODES CODE <input type="checkbox"/> <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 546) ←
545	Where did you first seek advice or treatment? USE LETTER CODE FROM 543.	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
546	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
547	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8	FEVER ONLY 1 COUGH ONLY 2 BOTH COUGH AND FEVER 3 NO, NEITHER 4 DON'T KNOW 8
548	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 557) ← DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
553	For how many days did (NAME) take the SP/Fansidar? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	
554	CHECK 549: CHLOROQUINE	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557) ←	CODE 'B' CIRCLED <input type="checkbox"/> CODE 'B' NOT CIRCLED <input type="checkbox"/> (SKIP TO 557) ←	
555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER THE FEVER 2 THREE OR MORE DAYS AFTER THE FEVER 3 DON'T KNOW 8	
556	For how many days did (NAME) take chloroquine? IF 7 OR MORE DAYS, RECORD '7'.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	
557	CHECK 535: HAD FEVER	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 561) ←	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED (SKIP TO 561) ←	"YES" <input type="checkbox"/> OTHER <input type="checkbox"/> CIRCLED (SKIP TO 561) ←	
558	Did (NAME) get any injection or suppository for the (fever/cough/rapid breathing)?	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	INJECTION A SUPPOSITORY B NONE Y DON'T KNOW Z	
559	Was anything else done about (NAME'S) fever?	YES 1 NO 2 (SKIP TO 561) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 561) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 561) ← DON'T KNOW 8	
560	What was done about (NAME'S) fever?	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	CONSULTED TRADITIONAL HEALER A GAVE TEPID SPONGING B GAVE HERBS C OTHER Y (SPECIFY) DON'T KNOW Z (GO BACK TO 503 IN NEXT COLUMN; IF NO MORE BIRTHS, GO TO 561)	
561	CHECK 215 AND 218, ALL ROWS: ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>	NUMBER OF CHILDREN BORN IN 2000 OR LATER LIVING WITH THE RESPONDENT			601
562	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THREW INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY) DON'T KNOW 98			

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 604
603	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 2000. _____ →		619
604	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 610
605	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
606	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
607	Besides yourself, does your husband/partner have other wives, does he live with other women as if married, or does he maintain a small house?	YES 1 NO 2 DON'T KNOW 8	→ 610
608	How many other wives or partners does your husband live with now?	NUMBER OF OTHER WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
609	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
610	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
611	CHECK 610: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now I would like to ask about when you married or began living with a man as if married for the very <u>first</u> time.</p> <p>In what month and year did you <u>first</u> marry or start living with a man as if married?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 613
612	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
613	<p>DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 2000. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 2000.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	CHECK 604: NOT ASKED OR NOT WIDOWED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	617
615	CHECK 610. MARRIED MORE THAN ONCE <input type="checkbox"/>	MARRIED ONLY ONCE <input type="checkbox"/>	619
616	How did your previous marriage or union end?	DEATH/WIDOWHOOD 1 DIVORCE/SEPARATION 2	619
617	To whom did most of your late husband's property go?	RESPONDENT 1 OTHER WIFE 2 SPOUSE'S CHILDREN 3 SPOUSE'S FAMILY 4 OTHER 5 (SPECIFY) NO PROPERTY 6	619
618	Did you receive any of your late husband's assets or valuables?	YES 1 NO 2	
619	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
620	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you had sexual intercourse for the very first time?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	622 622
621	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES 1 NO 2 DON'T KNOW/UNSURE 8	647
622	CHECK 107: 15-24 YEARS OLD <input type="checkbox"/> 25-49 YEARS OLD <input type="checkbox"/>		627
623	The <u>first</u> time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	
624	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	627
625	Was this person older than you, younger than you, or about the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER 8	627
626	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER ... 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	
627	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	629 641

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
628	When was the last time you had sexual intercourse with this (second or third) person?		DAYS ... 1 <input type="text"/> MONTHS ... 2 <input type="text"/> YEARS ... 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS ... 2 <input type="text"/> YEARS ... 3 <input type="text"/>
629	The last time you had sexual intercourse with this (second/ third) person, was a condom used?	YES 1 NO 2 (SKIP TO 631) ←	YES 1 NO 2 (SKIP TO 631) ←	YES 1 NO 2 (SKIP TO 631) ←
630	What was the main reason you used a condom on that occasion?	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER 6 (SPECIFY) DON'T KNOW 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER 6 (SPECIFY) DON'T KNOW 8	PREVENT STD/HIV .. 1 PREVENT PREGNANCY ... 2 PREVENT BOTH ... 3 PARTNER INSISTED 4 OTHER 6 (SPECIFY) DON'T KNOW 8
631	The last time you had sexual intercourse with this (second/ third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 633) ←	YES 1 NO 2 (SKIP TO 633) ←	YES 1 NO 2 (SKIP TO 633) ←
632	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPNDNT ONLY 1 PARTNER ONLY .. 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
633	What was your relationship to this person with whom you had sexual intercourse? IF RESPONDENT IS GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER96 (SPECIFY)	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER96 (SPECIFY)	SPOUSE 01 (SKIP TO 638) ← LIVE-IN PARTNER .. 02 BOYFRIEND NOT LIVING WITH RESPONDENT .. 03 CASUAL ACQUAINTANCE .04 COMMERCIAL SEX WORKER .. 05 OTHER96 (SPECIFY)
634	For how long (have you had/did you have) sexual relations with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>	DAYS ... 1 <input type="text"/> MONTHS . 2 <input type="text"/> YEARS .. 3 <input type="text"/>
635	CHECK 107:	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓	15-24 Y. OLD <input type="text"/> 25-49 Y. OLD <input type="text"/> (SKIP TO 639) ↓
636	How old is this person?	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> (SKIP TO 639) ← DON'T KNOW 98
637	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 639) ←
638	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
639	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 628) ← IN NEXT COLUMN) NO 2 (SKIP TO 641) ←	YES 1 (GO BACK TO 628) ← IN NEXT COLUMN) NO 2 (SKIP TO 641) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	<p>In total, with how many different people have you had sexual intercourse in the last 12 months?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS LAST 12 MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
641	<p>In total, how many different people have you had sexual intercourse with in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
642	<p>CHECK 629 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER)</p> <p>YES <input type="checkbox"/> NO OR BLANK <input type="checkbox"/></p>		647
643	<p>You told me you used a condom the last time you had sexual intercourse.</p> <p>What brand of condom did you use that time?</p>	<p>MALE CONDOMS</p> <p>CHOICE ASSORTED 1</p> <p>DUREX 2</p> <p>ECSTASY 3</p> <p>PROTECTA 4</p> <p>PUBLIC SECTOR DIST. (BLUE CONDOM OR KAREX) ... 5</p> <p>ROUGH RIDER 6</p> <p>OTHER 7</p> <p>(SPECIFY)</p> <p>MALE CONDOM, DK ... 8</p> <p>FEMALE CONDOMS</p> <p>CARE 9</p> <p>OTHER 10</p> <p>(SPECIFY)</p> <p>FEMALE CONDOM, DK 12</p>	
644	<p>How many condoms did you (your spouse/partner) get that time?</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
645	<p>How much did the condom(s) cost?</p>	<p>COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 995</p> <p>DON'T KNOW 998</p>	
646	<p>From where was the condom obtained?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE.</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC ... 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC CLINIC 14</p> <p>MOH MOBILE CLINIC 15</p> <p>ZNFPC CBD/DEPOT HOLDER ... 16</p> <p>VILLAGE/FARM</p> <p>HEALTH WORKER 17</p> <p>OTHER PUBLIC 18</p> <p>(SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 31</p> <p>PHARMACY 32</p> <p>PRIVATE DOCTOR 33</p> <p>CBD 34</p> <p>OTHER PRIVATE</p> <p>DOCTOR 35</p> <p>(SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER 41</p> <p>SUPERMARKET 42</p> <p>TUCK SHOP 43</p> <p>SERVICE STATION 44</p> <p>OTHER RETAIL 45</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH 46</p> <p>FRIEND/RELATIVE 47</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW/NOT SURE 98</p>	<p>651</p> <p>647</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
647	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		651
648	Do you know of any place where a person can get a male condom?	YES 1 NO 2	651
649	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME OF PLACE(S)) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC B RURAL HEALTH CENTRE C ZNFPC CLINIC D MOH MOBILE CLINIC E ZNFPC CBD/DEPOT F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC _____ H (SPECIFY) MISSION FACILITY I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... J PHARMACY K PRIVATE DOCTOR L CBD M OTHER PRIVATE DOCTOR _____ N (SPECIFY) RETAIL OUTLET GENERAL DEALER O SUPERMARKET P TUCK SHOP Q SERVICE STATION R OTHER RETAIL _____ S (SPECIFY) OTHER PRIVATE SOURCE CHURCH T FRIEND/RELATIVE U OTHER _____ X (SPECIFY)	
650	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
651	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
652	Do you know of any place where a person can get a female condom?	YES 1 NO 2	→ 701
653	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC B RURAL HEALTH CENTRE C ZNFCP CLINIC D MOH MOBILE CLINIC E ZNFCP CBD/DEPOT F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC H (SPECIFY)</p> <p>MISSION FACILITY I</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC J PHARMACY K PRIVATE DOCTOR L CBD M OTHER PRIVATE DOCTOR N (SPECIFY)</p> <p>RETAIL OUTLET</p> <p>GENERAL DEALER O SUPERMARKET P TUCK SHOP Q SERVICE STATION R OTHER RETAIL S (SPECIFY)</p> <p>OTHER PRIVATE SOURCE</p> <p>CHURCH T FRIEND/RELATIVE U OTHER X (SPECIFY)</p>	
654	If you wanted to, could you yourself get a female condom?	YES 1 NO 2 DONT KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		713
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW: AND PREGNANT 4 AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DON'T KNOW 998	→ 708 → 713 → 708
704	CHECK 226 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		709
705	CHECK 310: NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		713
706	CHECK 703: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		→ 713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 711
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	→ 713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→ 722
717	CHECK 311/311A: NEITHER CODE B, G, NOR L CIRCLED, BUT ANY OTHER CODE(S) CIRCLED <input type="checkbox"/> CODE B, G, OR L CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 719 → 721
718	Does your husband/partner know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	→ 720
719	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 8 OTHER 6 (SPECIFY)	
720	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 722
721	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
722	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She is tired or not in the mood?	YES NO DK HAS STD 1 2 8 OTHER WOMEN 1 2 8 TIRED/NOT IN MOOD 1 2 8	
723	When a wife knows her husband has a sexually transmitted disease, is she justified in asking that he use a condom?	YES 1 NO 2 DON'T KNOW 8	
724	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 801
725	Can you say no to your husband/partner if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/UNSURE 8	
726	Could you ask your husband/partner to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/UNSURE 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/>	NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>	→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
803	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 806
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→ 806
805	What was the highest (grade/form/year) he completed at that level?	GRADE <input type="text"/> DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
807	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES 1 NO 2	→ 818
811	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/>	
812	CHECK 811: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 814
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
814	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
815	Do you usually work at home or away from home?	HOME 1 AWAY 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 823
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/>		→ 824
819	CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 822
820	Who decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
821	Would you say that the money that you bring into the household is more than what your husband/partner brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8	→ 823
822	Who decides how your husband's/partner's earnings will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6	
823	Who usually makes the following decisions: mainly you, mainly your husband/partner, you and you husband/partner jointly, or someone else? Who usually makes decisions about health care for yourself? Who usually makes decisions about making major household purchases? Who usually makes decisions about making purchases for daily household needs? Who usually makes decisions about visits to your family or relatives?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
824	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ LISTEN. PRES/ NOT LISTEN. NOT PRES CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES 1 2 8	
825	Now I would like your opinion about married couples. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of HIV or an illness called AIDS?	YES 1 NO 2	→ 1001
902	Can people reduce their chances of getting HIV, the virus that causes AIDS, by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people reduce their chance of getting HIV by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
907	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
908	Is there anything (else) a person can do to avoid or reduce the chances of getting HIV?	YES 1 NO 2 DON'T KNOW 8	↳ 910
909	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS ... I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
910	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 DON'T KNOW 8	
911	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
912	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
913	CHECK 912: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> → 915																	
914	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
915	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8																	
916	CHECK 215: LAST BIRTH SINCE <input type="checkbox"/> JANUARY 2002 ↓	NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2002 → 926																	
917	CHECK 407: YES, <input type="checkbox"/> PERSON SEEN ↓	NO ONE <input type="checkbox"/> → 926																	
918	During any of the antenatal visits for that pregnancy, did anyone talk to you about: Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HIV FROM MOTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>THINGS TO DO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TESTED FOR HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HIV FROM MOTHER	1	2	8	THINGS TO DO	1	2	8	TESTED FOR HIV	1	2	8	
	YES	NO	DK																
HIV FROM MOTHER	1	2	8																
THINGS TO DO	1	2	8																
TESTED FOR HIV	1	2	8																
919	Were you tested for HIV as part of your antenatal care?	YES 1 NO 2	→ 925																
920	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
921	Did you get the results of the test?	YES 1 NO 2																	
922	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE SOURCE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)																	
923	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 933																
924	When was the last time you were tested for HIV?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	→ 928																
925	Were you offered a test for HIV as part of your antenatal care?	YES 1 NO 2																	
926	Have you ever been tested to see if you have been infected with HIV?	YES 1 NO 2	→ 933																
927	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
928	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
929	Did you get the results of the test?	YES 1 NO 2	
930	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)	
931	CHECK 921 AND 929: GOT THE RESULTS OF HIV TEST YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 936
932	Did you tell your husband/partner the result of your test?	YES 1 NO 2 NO HUSBAND/PARTNER 3	→ 936
933	What is the main reason you have not been tested for HIV?	CAN'T AFFORD IT 01 DON'T KNOW WHERE TO GO 02 TESTING SITE DIFFICULT TO GET TO 03 AFRAID OF TEST RESULT 04 FATALISTIC/NOTHING CAN BE DONE 05 CONCERNED ABOUT CONFIDENTIALITY 06 NO RISK/NOT SEXUALLY ACTIVE 07 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 936
934	Do you know of a place where people can go to get tested for HIV, the virus that causes AIDS?	YES 1 NO 2	→ 936
935	Where is that? RECORD ALL SOURCES MENTIONED. IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME OF PLACE(S)) Any other place?	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT/RURAL HOSPITAL C RURAL HEALTH CENTRE D MUNICIPAL CLINIC E OTHER PUBLIC F (SPECIFY) MISSION FACILITY G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H NEW START CENTRE I OTHER PRIVATE VCT CENTRE J (SPECIFY) OTHER PRIVATE DOCTOR K (SPECIFY) OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
936	CHECK 601: CURRENTLY MARITAL STATUS CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 939
937	Did your husband/partner ever have a test for HIV?	YES 1 NO 2 DON'T KNOW 8	→ 939
938	Did he tell you the result of his test?	YES 1 NO 2	
939	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW 8	
940	If a member of your family got infected with HIV, would you want others to know about it?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
941	If a relative of yours became sick with HIV, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
942	If a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
942A	If a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
943	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2 DK ANYONE WITH AIDS 8	→ 948
944	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
945	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
946	CHECK 943, 944, AND 945 OTHER <input type="checkbox"/>	AT LEAST ONE 'YES' <input type="checkbox"/>	→ 948
947	Do you personally know someone who is suspected to have HIV or who has AIDS?	YES 1 NO 2	
948	Do you agree or disagree with the following statement: People with HIV should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
949	Do you agree or disagree with the following statement: People with HIV should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
950	Do you agree or disagree with the following statement: In a marriage, it is possible for one partner to be infected with HIV and the other person not be infected.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
951	Should children age 12-14 be taught about using a condom to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
952	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 10. OTHER HEALTH CARE ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>CHECK 901:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through sexual contact? <input type="checkbox"/></p>	<p>YES 1</p> <p>NO 2</p>	
1002	<p>CHECK 620:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 1010
1003	<p>CHECK 1001:</p> <p>HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p> <p>HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT <input type="checkbox"/></p>		→ 1005
1004	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1005	<p>Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling, abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1006	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1007	<p>CHECK 1004, 1005, AND 1006</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 1010
1008	<p>The last time you had (PROBLEM FROM 1004/1005/1006), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1010
1009	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL A</p> <p>PROVINCIAL HOSPITAL B</p> <p>DISTRICT/RURAL HOSPITAL C</p> <p>RURAL HEALTH CENTRE D</p> <p>RURAL/MUNICIPAL CLINIC E</p> <p>VILLAGE/FARM HEALTH WORKER F</p> <p>OTHER PUBLIC G</p> <p>(SPECIFY)</p> <p>MISSION FACILITY H</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC I</p> <p>PHARMACY J</p> <p>OTHER PRIVATE MEDICAL K</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP L</p> <p>RELATIVE/FRIEND M</p> <p>TRADITIONAL HEALER N</p> <p>OTHER X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
1010	CHECK 901 AND 1001 KNOWS ABOUT AIDS AND/OR OTHER STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/>	<input type="checkbox"/> → 1015	1015																											
1011	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> → 1013	1013																											
1012	Some people use male condoms to prevent sexually transmitted diseases. If a male condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8																												
1013	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> → 1015	1015																											
1014	Some people use female condoms to prevent sexually transmitted diseases. If a female condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 NOT AT ALL 3 DON'T KNOW/UNSURE 8																												
1015	Now I would like to ask some questions about medical care for yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider. Concern that there may not be any health provider. Concern that there may not be drugs available.	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">BIG PROB- LEM</th> <th style="text-align: center;">NOT A BIG PROB- LEM</th> </tr> </thead> <tbody> <tr> <td>PERMISSION TO GO ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GETTING MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TAKING TRANSPORT ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO FEMALE PROVIDER .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO HEALTH PROVIDER .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO DRUGS AVAILABLE .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ...	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPORT ...	1	2	GO ALONE	1	2	NO FEMALE PROVIDER .	1	2	NO HEALTH PROVIDER .	1	2	NO DRUGS AVAILABLE .	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																												
PERMISSION TO GO ...	1	2																												
GETTING MONEY	1	2																												
DISTANCE	1	2																												
TAKING TRANSPORT ...	1	2																												
GO ALONE	1	2																												
NO FEMALE PROVIDER .	1	2																												
NO HEALTH PROVIDER .	1	2																												
NO DRUGS AVAILABLE .	1	2																												
1016	Do you have medical aid?	YES 1 NO 2	→ 1018																											
1017	What type of medical aid do you have?	PRIVATELY PURCHASED BY INDIVIDUAL 1 THROUGH EMPLOYER ONLY 2 PARTIALLY THROUGH EMPLOYER . 3 NONE 4 OTHER _____ 6 (SPECIFY) DON'T KNOW/UNSURE 8																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1018	<p>Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1022</p>	
1019	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00 → 1022</p>	
1020	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p>	<p>PUBLIC SECTOR</p> <p>CENTRAL HOSPITAL 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT/RURAL HOSPITAL 13</p> <p>RURAL HEALTH CENTRE 14</p> <p>MUNICIPAL CLINIC 15</p> <p>OTHER PUBLIC 16</p> <p>_____ (SPECIFY)</p> <p>MISSION FACILITY 21</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 31</p> <p>NEW START CENTRE 32</p> <p>OTHER PRIVATE</p> <p>VCT CENTRE .. _____ 33</p> <p>_____ (SPECIFY)</p> <p>OTHER PRIVATE</p> <p>DOCTOR _____ 34</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p>_____ (SPECIFY)</p>	
1021	<p>Did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1022	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2 → 1024</p>	
1023	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1024	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES 1</p> <p>NO 2 → 1026</p>	
1025	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>PROBE: Any other?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER _____ X</p> <p>_____ (SPECIFY)</p>	
1026	<p>Now I would like to ask you some questions about tuberculosis.</p> <p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2 → 1101</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1027	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1028	<p>Can tuberculosis be cured?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
1029	<p>If a member of your family got tuberculosis, would you want others to know about it?</p>	<p>YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8</p>	

Section 11: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
1101	CHECK COVER PAGE OF WOMAN'S QUESTIONNAIRE. WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> → WOMAN NOT SELECTED <input type="checkbox"/> →		GO TO 1201																												
1102	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED 1 → ABSOLUTELY NOT POSSIBLE 2 →		1138																												
	<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.</p>																														
1103	CHECK 601 AND 602: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> → FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE) <input type="checkbox"/> → NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> →		1117																												
1104	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NOT MEET FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8	MONEY	1	2	8	
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1105	A (Does/did) your (last) husband/partner ever:	<table border="0"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>a) say or do something to humiliate you in front of others?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> <tr> <td>b) threaten to hurt or harm you or someone close to you?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> <tr> <td>c) insult you or make you feel bad about yourself?</td> <td>YES 1 → NO 2 ↓</td> <td>1</td> <td>2 3</td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	a) say or do something to humiliate you in front of others?	YES 1 → NO 2 ↓	1	2 3	b) threaten to hurt or harm you or someone close to you?	YES 1 → NO 2 ↓	1	2 3	c) insult you or make you feel bad about yourself?	YES 1 → NO 2 ↓	1	2 3	<p>CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN, SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN.</p> <p>How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>												
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																				
1106A	(Does/did) your (last) husband/partner ever do any of the following things to you: a) push you, shake you, throw something at you, or twist your arm or pull your hair? b) slap you? c) punch you with his fist or with something that could hurt you, kick you, drag you, or beat you up? d) try to choke you or burn you on purpose? e) threaten you with a knife, gun, or any other weapon? f) attack you with a knife, gun, or any other weapon? g) physically force you to have sexual intercourse with him? h) force you to perform any other sexual acts?	1106B CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES 1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO 2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		OFTEN	SOME-TIMES	NOT AT ALL	YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				YES 1 →	1	2	3	NO 2 ↓				
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1107	CHECK 1106A (a-h): AT LEAST ONE 'YES' <input type="checkbox"/> ALL ANSWERS ARE 'NO' <input type="checkbox"/>		1114A																																																				
1108	How long after you first got married to/started living with your (last) husband/partner did this (any of these things) first happen to you? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS <input type="text"/> <input type="text"/> BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	→ 1110																																																				
1109	How long before you got married to/started living with your (last) husband/partner did this (any of these things) first happen to you?	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> DON'T KNOW 98																																																					
1110	Does (did) your husband/partner drink alcohol or use other intoxicating substances?	YES 1 NO 2	→ 1113																																																				
1111	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3																																																					
1112	When he has (had) been drinking or using other intoxicating substances, how often do (did) these things happen to you?	OFTEN 1 SOMETIMES 2 NEVER 3																																																					
1113	Did the following ever happen as a result of what your (last) husband/partner did to you: a) You had cuts, bruises or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury? d) You were late or unable to go to work?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2																																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																
1114A	Have you ever done any of the following to your husband/partner at times when he was not already emotionally or physically hurting you? a) say or do something to humiliate him in front of others? b) threaten to hurt or harm him or someone close to him? c) insult him or make him feel bad about himself? d) hit, slapped, kicked, or done anything else to physically hurt him?	1114B CHECK 601: ASK ONLY IF RESPONDENT IS CURRENTLY MARRIED/LIVING WITH A MAN SEPERATED, OR DIVORCED. EXCLUDE WIDOWED WOMEN. How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="0"> <tr> <td></td> <td></td> <td style="text-align: center;">SOME-TIMES</td> <td style="text-align: center;">OFTEN</td> <td style="text-align: center;">NOT AT ALL</td> </tr> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>YES</td> <td>1 →</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </table>			SOME-TIMES	OFTEN	NOT AT ALL	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓							
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1115	CHECK 1114A a, b, c and d: AT LEAST ONE 'YES' FOR ANY OF a, b, c, or d <input type="checkbox"/> ALL ANSWERS ARE 'NO' FOR EACH OF a, b, c, and d <input type="checkbox"/>		1117																																																
1116	Have you done any of these things to your husband/partner in the last 12 months?	YES 1 NO 2																																																	
1117	CHECK 601 AND 602: <table border="0"> <tr> <td style="vertical-align: top;"> EVER MARRIED/LIVED WITH A MAN From the time you were 15 years old has anyone other than your (current/last) husband/partner ever: </td> <td style="vertical-align: top;"> NEVER MARRIED/ NEVER LIVED WITH A MAN From the time you were 15 years old has anyone ever: </td> </tr> </table> 1117a. slapped, hit, kicked, or done anything to physically hurt you? 1117b. insulted, humiliated, or done anything to emotionally hurt you?	EVER MARRIED/LIVED WITH A MAN From the time you were 15 years old has anyone other than your (current/last) husband/partner ever:	NEVER MARRIED/ NEVER LIVED WITH A MAN From the time you were 15 years old has anyone ever:	<table border="0"> <tr> <td>YES</td> <td>.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td>.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REFUSED TO ANSWER/ NO ANSWER</td> <td>.....</td> <td style="text-align: right;">3</td> </tr> </table> <table border="0"> <tr> <td>YES</td> <td>.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td>.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>REFUSED TO ANSWER/ NO ANSWER</td> <td>.....</td> <td style="text-align: right;">3</td> </tr> </table>	YES	1	NO	2	REFUSED TO ANSWER/ NO ANSWER	3	YES	1	NO	2	REFUSED TO ANSWER/ NO ANSWER	3	1117b 1120A																												
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1118	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	<table border="0"> <tr><td>MOTHER/STEP-MOTHER</td><td>.....</td><td style="text-align: right;">A</td></tr> <tr><td>FATHER/STEP-FATHER</td><td>.....</td><td style="text-align: right;">B</td></tr> <tr><td>SISTER/BROTHER</td><td>.....</td><td style="text-align: right;">C</td></tr> <tr><td>DAUGHTER/SON</td><td>.....</td><td style="text-align: right;">D</td></tr> <tr><td>OTHER RELATIVE</td><td>.....</td><td style="text-align: right;">E</td></tr> <tr><td>FORMER HUSBAND/PARTNER</td><td>..</td><td style="text-align: right;">F</td></tr> <tr><td>CURRENT BOYFRIEND</td><td>.....</td><td style="text-align: right;">G</td></tr> <tr><td>FORMER BOYFRIEND</td><td>.....</td><td style="text-align: right;">H</td></tr> <tr><td>MOTHER-IN-LAW</td><td>.....</td><td style="text-align: right;">I</td></tr> <tr><td>FATHER-IN-LAW</td><td>.....</td><td style="text-align: right;">J</td></tr> <tr><td>OTHER IN-LAW</td><td>.....</td><td style="text-align: right;">K</td></tr> <tr><td>TEACHER</td><td>.....</td><td style="text-align: right;">L</td></tr> <tr><td>EMPLOYER/SOMEONE AT WORK</td><td>..</td><td style="text-align: right;">M</td></tr> <tr><td>POLICE/SOLDIER</td><td>.....</td><td style="text-align: right;">N</td></tr> <tr><td>OTHER</td><td>_____</td><td style="text-align: right;">X</td></tr> <tr><td></td><td style="text-align: center;">(SPECIFY)</td><td></td></tr> </table>	MOTHER/STEP-MOTHER	A	FATHER/STEP-FATHER	B	SISTER/BROTHER	C	DAUGHTER/SON	D	OTHER RELATIVE	E	FORMER HUSBAND/PARTNER	..	F	CURRENT BOYFRIEND	G	FORMER BOYFRIEND	H	MOTHER-IN-LAW	I	FATHER-IN-LAW	J	OTHER IN-LAW	K	TEACHER	L	EMPLOYER/SOMEONE AT WORK	..	M	POLICE/SOLDIER	N	OTHER	_____	X		(SPECIFY)		
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1130	Who was the person who forced you at that time?	CURRENT HUSBAND/PARTNER . 01 FORMER HUSBAND/PARTNER . 02 CURRENT/FORMER BOYFRIEND . 03 FATHER . 04 STEP FATHER . 05 OTHER RELATIVE . 06 IN-LAW . 07 OWN FRIEND/ACQUAINTANCE . 08 FAMILY FRIEND . 09 TEACHER . 10 EMPLOYER/SOMEONE AT WORK . 13 POLICE/SOLDIER . 11 PRIEST/RELIGIOUS LEADER . 12 STRANGER . 14 OTHER _____ . 96 (SPECIFY)	
1131	CHECK1106A (a-h), 1117a-b, 1125 AND 1128: AT LEAST ONE <input type="checkbox"/> 'YES' NOT A SINGLE <input type="checkbox"/> 'YES' →		1136
1132	Have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES . 1 NO . 2	→ 1134
1133	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . A HUSBAND/PARTNER'S FAMILY . B CURRENT/LAST/LATE HUSBAND/PARTNER . C CURRENT/FORMER BOYFRIEND . D FRIEND . E NEIGHBOR . F RELIGIOUS LEADER . G DOCTOR/MEDICAL PERSONNEL . H POLICE . I LAWYER . J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	→ 1136
1134	What is the main reason you did not seek help?	DON'T KNOW WHO TO GO TO . 01 NO USE/FATALISTIC . 02 PART OF LIFE . 03 AFRAID OF DIVORCE/DESERTION . 04 AFRAID OF FURTHER ABUSE . 05 AFRAID OF GETTING PERSON ABUSING HER IN TROUBLE . 06 EMBARASSED . 07 DON'T WANT TO DISGRACE FAMILY . 08 OTHER _____ . 96 (SPECIFY)	
1135	Have you ever told any one else about this?	YES . 1 NO . 2	
1136	As far as you know, did your father ever beat your mother?	YES . 1 NO . 2 DON'T KNOW . 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

1137	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3
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1138	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE	<hr/> <hr/> <hr/>																

SECTION 12. MATERNAL AND ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
1201	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1202	<p>CHECK 1201:</p> <p>TWO OR MORE BIRTHS <input type="checkbox"/></p> <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>							1214
1203	<p>How many of these births did your mother have before you were born?</p>	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1204	<p>What was the name given to your oldest (next oldest) brother or sister?</p>	(1)	(2)	(3)	(4)	(5)	(6)	
1205	<p>Is (NAME) male or female?</p>	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
1206	<p>Is (NAME) still alive?</p>	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (2)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (3)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (4)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (5)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (6)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (7)) ←	
1207	<p>How old is (NAME)?</p>	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1208	<p>How many years ago did (NAME) die?</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
1209	<p>How old was (NAME) when he/she died?</p>	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1210	<p>Was (NAME) pregnant when she died?</p>	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	YES ... 1 (GO TO 1213) ← NO ... 2 DK ... 8	
1211	<p>Did (NAME) die during childbirth?</p>	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	YES ... 1 (GO TO 1214) ← NO ... 2	
1212	<p>Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
1213	<p>Was (NAME)'S death due to an accident or violence?</p>	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	
<p>IF NO MORE BROTHERS OR SISTERS, GO TO 1214.</p>								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
1204	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1205	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1206	Is (NAME) still alive?	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (8)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (9)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (10)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (11)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (12)) ←	YES ... 1 NO ... 2 (GO TO 1208) ← DK ... 8 (GO TO (13)) ←
1207	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1208	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1209	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1210	Was (NAME) pregnant when she died?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1211	Did (NAME) die during childbirth?	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2	YES ... 1 (GO TO 1213) ← NO ... 2
1212	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1213	Was (NAME)'S death due to an accident or violence?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 1214.							
1214	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/>					MINUTES <input type="text"/> <input type="text"/>

SECTION 13. ANTHROPOMETRY, ANAEMIA AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ANTHROPOMETRY			
1301	RECORD WEIGHT IN KILOGRAMS.	WEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1302	RECORD HEIGHT IN CENTIMETERS.	HEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
1303	RECORD RESULT FOR ANTHROPOMETRIC MEASUREMENT. (SPECIFY)	MEASURED 1 REFUSED 2 ABSENT 3 OTHER 6	
CONSENT FOR ANAEMIA AND HIV TESTS FOR NEVER-MARRIED YOUTH AGE 15-17			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, YOU MUST FIRST OBTAIN THE CONSENT OF A PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT.			
1304	CHECK 106: AGE AGE 15-17 <input type="checkbox"/> ↓ AGE 18-49 <input type="checkbox"/> → 1310		
1305	CHECK 601 AND 602: RESPONDENT NEVER EVER-MARRIED AND NEVER LIVED TOGETHER WITH A MAN CODE 3 IN BOTH QUESTIONS 601 AND 602 <input type="checkbox"/> ↓ CODE 1 OR CODE 2 IN QUESTION 601 OR IN QUESTION 602 <input type="checkbox"/> → 1310		
1306	CHECK HOUSEHOLD SCHEDULE (COLUMN 1) AND RECORD LINE NUMBER OF THE PARENT OR OTHER ADULT FROM WHOM CONSENT WILL BE REQUESTED. IF PARENT OR OTHER RESPONSIBLE ADULT IS NOT IN A HOUSEHOLD MEMBER, WRITE "00"	LINE NUMBER OF PARENT/OTHER ADULT <input type="text"/> <input type="text"/>	
1307	READ THE ANAEMIA CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD. As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children. To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from (NAME OF ADOLESCENT'S) finger. The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to (NAME) right after the test is done. We will not tell anyone else the results of the test. Do you have any questions? You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia. Do you agree that (NAME) may give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.	CONSENT OF PARENT/OTHER ADULT FOR ANEMIA TEST CONSENTED 1 SIGN REFUSED 2 PARENT/ADULT NOT PRESENT . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1308	<p>READ THE HIV CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like (NAME OF ADOLESCENT) to take part in the HIV test by allowing us to collect a few more drops of blood from her finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give (NAME) the result of the test and no one will be able to trace the test back to (NAME).</p> <p>If (NAME) wants to know her HIV status, I can tell (NAME) where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree that (NAME) may give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR HIV TEST</p> <p>CONSENT 1 SIGN</p> <p>REFUSED 2</p> <p>PARENT/ADULT NOT PRESENT . 8</p>	<p>1310</p>

1309	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>Some of the blood that (NAME) gives may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on (NAME'S) blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR STORAGE OF BLOOD</p> <p>CONSENT 1 SIGN</p> <p>REFUSED 2</p>	
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RESPONDENT CONSENT FOR ANAEMIA AND HIV TESTS			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS FROM RESPONDENT. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, ASK FOR CONSENT ONLY IF PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT HAS GRANTED CONSENT OR THE PARENT OR OTHER ADULT WAS NOT PRESENT.			
1310	CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS		
	<p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>		1312
1311	CHECK 1307: PARENTAL/ADULT CONSENT FOR ANEMIA TEST		
	<p>CONSENT FOR ANAEMIA TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/></p>		1313

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1312	<p>READ THE ANAEMIA CONSENT STATEMENT TO THE RESPONDENT.</p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from your finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to you right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree to give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT 1 (SIGN)</p> <p>REFUSED 2</p>	
1313	<p>CHECK 1304 AND 1305: RESPONDENT'S AGE AND UNION STATUS</p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1315</p>		
1314	<p>CHECK 1308: PARENTAL/ADULT CONSENT FOR HIV TEST</p> <p>CONSENT FOR HIV TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1317</p>		
1315	<p>READ THE HIV CONSENT STATEMENT TO THE RESPONDENT.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like you to take part in the HIV test by allowing us to collect a few more drops of blood from your finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give you the result of the test and no one will be able to trace the test back to you.</p> <p>If you want to know your HIV status, I can tell you where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree to give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS HIV TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT 1 (SIGN)</p> <p>REFUSED 2 → 1317</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1316	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ 1 (SIGN)</p> <p>REFUSED 2</p>	
1317	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED 1</p> <p>REFUSED 2</p>	
1318	<p>CHECK 1307, 1308, 1312 AND 1315 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1320 AND 1322.</p>	<p>CONSENTED TO BOTH 1</p> <p>ANAEMIA TEST ONLY 2</p> <p>HIV TEST ONLY 3</p> <p>BOTH REFUSED 4</p>	
1319	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div data-bbox="862 953 1289 1125" style="border: 1px solid black; height: 80px; margin: 10px 0;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1320	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1321	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1322	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1326</p>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTION
- 6 IMPLANT

- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM/JELLY
- K LACTATIONAL AMEN. METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL. 2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL/CLINIC
- 2 RURAL/MUNICIPAL CLINIC
- 3 RURAL HEALTH CENTRE
- 4 ZNFPC CLINIC
- 5 MOH MOBILE CLINIC
- 6 ZNFPC CBD/DEPOT HOLDER
- 7 OTHER PUBLIC _____
(SPECIFY)

- 8 MISSION FACILITY
- A PRIVATE HOSPITAL/CLINIC
- B PHARMACY
- C PRIVATE DOCTOR
- D GENERAL DEALER
- E SUPERMARKET
- F TUCK SHOP
- G SERVICE STATION
- H OTHER RETAIL _____
(SPECIFY)
- J OTHER PRIVATE
MEDICAL _____
(SPECIFY)
- K CHURCH
- L FRIEND/RELATIVE
- X OTHER _____
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

COL. 4: MARRIAGE/UNION

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

			1	2	3	4				
2	04	APR	01					01	APR	2
0	03	MAR	02					02	MAR	0
0	02	FEB	03					03	FEB	0
6	01	JAN	04					04	JAN	6
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	12	DEC	05					05	DEC	
	11	NOV	06					06	NOV	
	10	OCT	07					07	OCT	
	09	SEP	08					08	SEP	
2	08	AUG	09					09	AUG	2
0	07	JUL	10					10	JUL	0
0	06	JUN	11					11	JUN	0
5	05	MAY	12					12	MAY	5
	04	APR	13					13	APR	
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	09	SEP	20					20	SEP	
2	08	AUG	21					21	AUG	2
0	07	JUL	22					22	JUL	0
0	06	JUN	23					23	JUN	0
4	05	MAY	24					24	MAY	4
	04	APR	25					25	APR	
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2	08	AUG	33					33	AUG	2
0	07	JUL	34					34	JUL	0
0	06	JUN	35					35	JUN	0
3	05	MAY	36					36	MAY	3
	04	APR	37					37	APR	
	03	MAR	38					38	MAR	
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	12	DEC	41					41	DEC	
	11	NOV	42					42	NOV	
	10	OCT	43					43	OCT	
	09	SEP	44					44	SEP	
2	08	AUG	45					45	AUG	2
0	07	JUL	46					46	JUL	0
0	06	JUN	47					47	JUN	0
2	05	MAY	48					48	MAY	2
	04	APR	49					49	APR	
	03	MAR	50					50	MAR	
	02	FEB	51					51	FEB	
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	12	DEC	53					53	DEC	
	11	NOV	54					54	NOV	
	10	OCT	55					55	OCT	
	09	SEP	56					56	SEP	
2	08	AUG	57					57	AUG	2
0	07	JUL	58					58	JUL	0
0	06	JUN	59					59	JUN	0
1	05	MAY	60					60	MAY	1
	04	APR	61					61	APR	
	03	MAR	62					62	MAR	
	02	FEB	63					63	FEB	
	01	JAN	64					64	JAN	
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	12	DEC	65					65	DEC	
	11	NOV	66					66	NOV	
	10	OCT	67					67	OCT	
	09	SEP	68					68	SEP	
2	08	AUG	69					69	AUG	2
0	07	JUL	70					70	JUL	0
0	06	JUN	71					71	JUN	0
0	05	MAY	72					72	MAY	0
	04	APR	73					73	APR	
	03	MAR	74					74	MAR	
	02	FEB	75					75	FEB	
	01	JAN	76					76	JAN	

ZIMBABWE
2005 DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

CENTRAL STATISTICAL OFFICE

IDENTIFICATION																	
PROVINCE _____ DISTRICT _____ NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER HOUSEHOLD NUMBER HARARE=1; SMALL CITY=2; TOWN=3; RURAL=4 NAME AND LINE NUMBER OF MAN _____	<table border="1" style="margin: 0 auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>2</td><td>0</td><td>0</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	2	0	0					
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NEXT VISIT: DATE	_____	_____		INTER. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)												
LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER TRANSLATOR USED? 1 YES 2 NO												
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY								
NAME _____	NAME _____		NAME _____	NAME _____								
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>				DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>			DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions related to health. This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE MONTH, RECORD '00' MONTHS.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103	Just before you moved here, where did you live? RECORD NAME AND CODE TYPE OF AREA. PROBE: Is that a city, town, communal land or resettlement area? _____ NAME OF PLACE	CITY 1 TOWN 2 COMMUNAL LAND 3 RESETTLEMENT AREA 4 OTHER RURAL AREA 5 ABROAD 6	
104	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest level of school you attended?	PRIMARY 1 SECONDARY 2 HIGHER 5 DON'T KNOW 8	
110	What is the highest grade (number of years) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
112	Now I would like you to read this sentence. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	TRADITIONAL 01 ROMAN CATHOLIC 02 PROTESTANT 03 PENTECOSTAL 04 APOSTOLIC SECT 05 OTHER CHRISTIAN 06 MUSLIM 07 NONE 08 OTHER 96 (SPECIFY)	→ 120
119	How often have you attended religious services in the past month? RECORD '00' IF DID NOT ATTEND DURING MONTH.	NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW/NOT SURE 98	
120	Have you done any work in the last seven days?	YES 1 NO 2	→ 123

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Although you did not work in the last seven days, do you have any job or business from which you were absent for, leave illness, vacation, or any other such reason?	YES 1 NO 2	→ 123
122	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
123	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
124	CHECK 123: WORKS IN <input type="checkbox"/> AGRICULTURE ↓ DOES NOT WORK <input type="checkbox"/> IN AGRICULTURE		→ 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
126	Are you paid in cash or kind for the work you do, or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> →		→ 212 → 213								
210	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→ 212								
211	In all, with how many women have you fathered children?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	Are you the primary care giver for any children?	YES 1 NO 2	→ 301								
214	Are any of these children for whom you are the primary caregiver under the age of 18?	YES 1 NO 2	→ 301								
215	Now I would like to ask you about the children who are under the age of 18 and for whom you are the primary caregiver. Have you made arrangements for someone to care for these children in the event that you fall sick or are unable to care for them?	YES 1 NO 2 UNSURE 8									

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↓	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↓	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↓	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↓	
05	INJECTION Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↓	
06	IMPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 ↓	
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↓	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↓	YES 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↓	
10	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↓	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↓	YES 1 NO 2
12	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ↓	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 302 (02): MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		305A
304	Are you currently doing something or using any method with any partner to delay or avoid a pregnancy?	YES 1 NO 2	→ 306
305	Which method are you or your partner using to delay or avoid a pregnancy? Any other method (with any partner)? CIRCLE ALL MENTIONED.	FEMALE STERILISATION A MALE STERILISATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	
305A	CIRCLE 'B' FOR MALE STERILIZATION.		
306	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2	
307	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2	
308	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↳ 310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN 2 PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DEPENDS 3 DON'T KNOW 8	
311	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception.	DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8 WOMAN SHOULD BE ONE TO USE 1 2 8	
312	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		314
313	If a male condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	
314	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		401
315	If a female condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have more than one wife or do you have more than one woman with whom you are living as if married?	YES 1 NO 2 DON'T KNOW 8	→ 410															
406	Altogether, how many wives do you have or other partners do you live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> <p>RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE WIFE (WIVES) AND LIVE-IN PARTNER(S).</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> <tr> <td>-----</td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-----	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
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409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411B															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411B															
411	In what month and year did you start living with your wife (partner)?	MONTH <input type="text"/> <input type="text"/>																
411B	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner?	DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413															

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
422	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
423	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←	YES 1 NO 2 (SKIP TO 425) ←
423A	What was the main reason you used a condom on that occasion?	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)	PREVENT STI/HIV 1 PREVENT PREGNANCY 2 PREVENT BOTH 3 PARTNER INSISTED .. 4 OTHER 6 (SPECIFY)
424	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
425	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND Were you living together as if married? IF YES, CIRCLE '02' IF NO, CIRCLE '03'	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)	WIFE01 (SKIP TO 431) ← LIVE-IN PARTNER 02 GIRLFRIEND NOT LIVING WITH RESPONDENT 03 CASUAL ACQUAINTANCE... 04 COMMERCIAL SEX WORKER 05 OTHER96 (SPECIFY)
426	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
427	CHECK 107:	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> ↓ (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> ↓ (SKIP TO 431) ←	15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> ↓ (SKIP TO 431) ←
428	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> (SKIP TO 431) ← DON'T KNOW 98
429	Is this person older than you, younger than you, or about the same age?	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←	OLDER 1 YOUNGER 2 SAME AGE 3 DON'T KNOW ... 8 (SKIP TO 431) ←
430	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3	TEN OR MORE YEARS OLDER . 1 LESS THAN TEN YEARS OLDER . 2 OLDER, UNSURE HOW MUCH ... 3
431	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 433) ←
432	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
433	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 435) ←	YES 1 (GO BACK TO 422 ← IN NEXT COLUMN) NO 2 (SKIP TO 435) ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	How many condoms did you get the last time?	NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
448	How much did the condoms cost?	COST ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998	
449	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACES) RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 11 RURAL/MUNICIPAL CLINIC ... 12 RURAL HEALTH CENTRE 13 ZNFPC CLINIC 14 MOH MOBILE CLINIC 15 ZNFPC CBD/DEPOT HOLDER ... 16 OTHER PUBLIC 17 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 OTHER PRIVATE MEDICAL 36 (SPECIFY) RETAIL OUTLET GENERAL DEALER 41 SUPERMARKET 42 TUCK SHOP 43 SERVICE STATION 44 OTHER RETAIL 45 (SPECIFY) OTHER PRIVATE SOURCE CHURCH 46 FRIEND/RELATIVE 47 OTHER 48 (SPECIFY) DON'T KNOW/NOT SURE 98	
450	CHECK 302 (02) USING MALE STERILIZATION NO <input type="checkbox"/> YES <input type="checkbox"/>		453
451	The last time you had sex did you or your partner use any method (other than the condom) to avoid or prevent a pregnancy?	YES 1 NO 2 DK 8	453
452	What method did you (your partner) use? PROBE: Did you use any other method to prevent pregnancy?	FEMALE STERILIZATION A PILL C IUD D INJECTION E IMPLANT F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD ... K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
453	CHECK 423 COLUMN 1 (CONDOM USE WITH LAST SEXUAL PARTNER) NO <input type="checkbox"/> YES <input type="checkbox"/>		458
454	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		458
455	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 458
456	Where is that? Any other place? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC B RURAL HEALTH CENTRE C ZNFPC CLINIC D MOH MOBILE CLINIC E ZNFPC CBD/DEPOT HOLDER ... F OTHER PUBLIC G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... I PHARMACY J PRIVATE DOCTOR K CBD L OTHER PRIVATE MEDICAL M (SPECIFY) RETAIL OUTLET GENERAL DEALER N SUPERMARKET O TUCK SHOP P SERVICE STATION Q OTHER RETAIL R (SPECIFY) OTHER PRIVATE SOURCE CHURCH S FRIEND/RELATIVE T OTHER X (SPECIFY)	
457	If you wanted to, could you yourself get a condom?	YES 1 NO 2	
458	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 461
459	Where is that? Any other place? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ _____ _____ (NAME OF PLACE(S)) RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC A RURAL/MUNICIPAL CLINIC B RURAL HEALTH CENTRE C ZNFPC CLINIC D MOH MOBILE CLINIC E ZNFPC CBD/DEPOT HOLDER ... F OTHER PUBLIC G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... I PHARMACY J PRIVATE DOCTOR K CBD L OTHER PRIVATE MEDICAL M (SPECIFY) RETAIL OUTLET GENERAL DEALER N SUPERMARKET O TUCK SHOP P SERVICE STATION Q OTHER RETAIL R (SPECIFY) OTHER PRIVATE SOURCE CHURCH S FRIEND/RELATIVE T OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
460	If you wanted to, could you yourself get a female condom?	YES	1			
		NO	2			
461	<p>Now I would like to ask you a few questions regarding relationships between men and women.</p> <p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p>			BOTH EQUAL- LY	DON'T KNOW, DEPENDS	
		HUS- BAND	WIFE			
		a) 1	2	3	8	
		b) 1	2	3	8	
		c) 1	2	3	8	
		d) 1	2	3	8	
		e) 1	2	3	8	
462	<p>Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p>		YES	NO	DON'T KNOW, DEPENDS	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	
		e) 1	2		8	
463	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom?	YES	1			
		NO	2			
		DON'T KNOW	8			
464	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her husband has sex with other women?</p> <p>d) She knows her husband has a sexually transmitted disease?</p>		YES	NO	DON'T KNOW, DEPENDS	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	
465	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>		YES	NO	DON'T KNOW, DEPENDS	
		a) 1	2		8	
		b) 1	2		8	
		c) 1	2		8	
		d) 1	2		8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 405: HAS ONE OR MORE <input type="checkbox"/> WIVES/PARTNERS ↓	QUESTION <input type="checkbox"/> SKIPPED → 601	
502	(Is your wife/partner/Are any of your wives/partners) currently pregnant?	YES 1 NO 2 UNSURE 3	
503	CHECK 502: YES, WIFE/WIVES/ <input type="checkbox"/> PREGNANT ↓ Now I have some questions about the future. After the child(ren) your wife/wives/partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all? NO WIFE/PARTNER <input type="checkbox"/> PREGNANT OR UNSURE ↓ Now I have some questions the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children at all?	HAVE A/ANOTHER CHILD 1 NO MORE/NONE 2 WIFE/WIVES INFECUND/ STERILIZED 3 UNDECIDED/DON'T KNOW 8	→ 505
504	How long would you like to wait from now before the birth of (a/another) child ?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW993 AFTER MARRIAGE995 OTHER _____ 996 (SPECIFY) DON'T KNOW998	
505	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?	NONE 00 → 601 NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 → 601 (SPECIFY)	
506	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	BOYS GIRLS EITHER NUM- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BER OTHER _____ (SPECIFY)	

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/>	HAS NOT HAD ANY CHILDREN <input type="checkbox"/>	→ 701
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998	
604	Is (NAME OF CHILD) still living?	YES 1 NO 2 DON'T KNOW 8	→ 606 → 606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/> DON'T KNOW998	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00'	NAME OF CHILD'S MOTHER _____ LINE NUMBER IN HHQ. QUEST <input type="text"/> <input type="text"/>	
607	CHECK 603: (LAST) CHILD BORN IN 2000 OR LATER <input type="checkbox"/>	(LAST) CHILD BORN IN 1999 OR EARLIER <input type="checkbox"/>	→ 701
608	CHECK 606: LINE NUMBER IS '00' <input type="checkbox"/>	OTHER LINE NUMBER <input type="checkbox"/>	→ 610
609	What is your relationship with (NAME OF CHILD)'s mother?	CURRENT SPOUSE 01 FORMER SPOUSE 02 CURRENT LIVE-IN PARTNER ... 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER ... 05 WOMAN IS GIRLFRIEND/FIANCÉE ... 06 OCCASIONAL SEXUAL PARTNER ... 07 FRIEND/ACQUAINTANCE 08 OTHER 96 _____ (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
610	<p>ASK QUESTIONS 610A-612 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.</p> <p>Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).</p>	<p>PREGNANCY</p> <p>610A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 612) ← DK 8 (GO TO 610B IN NEXT COLUMN) ←</p>	<p>DELIVERY</p> <p>610B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 612) ← DK 8 (GO TO 610C IN NEXT COLUMN) ←</p>	<p>SIX WEEKS AFTER DELIVERY</p> <p>610C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?</p> <p>YES 1 NO 2 (SKIP TO 612) ← DK 8 (SKIP TO 613) ←</p>
611	<p>Who mainly provided the money or goods or services to pay for this care?</p>	<p>FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</p>	<p>FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</p>	<p>FREE 01 INSURANCE 02 RESPONDENT 03 CHILD'S MOTHER 04 RESPONDENT AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER _____ 96 (SPECIFY) (SKIP TO 613) ←</p>
612	<p>What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER _____ 96 (SPECIFY) (GO TO 610B IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER _____ 96 (SPECIFY) (GO TO 610C IN NEXT COLUMN) ←</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER _____ 96 (SPECIFY) (GO TO 613) ←</p>
613	<p>At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?</p>	<p>YES 1 NO 2</p>		

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 801
702	Can people reduce their chances of getting HIV by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
703	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
704	Can people reduce their chances of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chance of getting HIV by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
708	Is there anything (else) a person can do to avoid or reduce the chances of getting HIV or AIDS?	YES 1 NO 2 DON'T KNOW 8	└→ 710
709	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER . N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
710	Do you think your risk of getting infected with HIV is low, medium or high, or do you have no risk at all?	LOW 1 MEDIUM 2 HIGH 3 NO RISK 4 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
712	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY . 1 2 8 BREASTFEEDING ... 1 2 8	
713	CHECK 712: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	715
714	Are there any special medications that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
715	Is there any special medication that people infected with HIV can get from a doctor or a nurse?	YES 1 NO 2 DON'T KNOW 8	
716	Have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 723
717	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3	
718	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED ... 2 REQUIRED 3	
719	Did you get the results of the test?	YES 1 NO 2	
720	Where was the test done? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL .. 13 RURAL HEALTH CENTRE 14 MUNICIPAL CLINIC 15 OTHER PUBLIC 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 NEW START CENTRE 32 OTHER PRIVATE VCT CENTRE 33 (SPECIFY) OTHER PRIVATE DOCTOR 36 (SPECIFY) OTHER 96 (SPECIFY)	
721	CHECK 719: GOT THE RESULTS OF HIV TEST YES <input type="checkbox"/> ↓	NO <input type="checkbox"/> →	726
722	Did you tell your wife/partner the result of your test?	YES 1 NO 2 HAD NO WIFE/PARTNER 3	→ 726

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
723	What is the main reason you have not been tested for HIV?	CAN'T AFFORD IT 01 DON'T KNOW WHERE TO GO 02 TESTING SITE DIFFICULT TO GET TO 03 AFRAID OF TEST RESULT 04 FATALISTIC/NOTHING CAN BE DONE 05 CONCERNED ABOUT CONFIDENTIALITY 06 NO RISK/NOT SEXUALLY ACTIVE 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
724	Do you know of a place where people can go to get tested for HIV?	YES 1 NO 2	→ 729
725	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ _____ (NAME OF PLACES) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT/RURAL HOSPITAL .. C RURAL HEALTH CENTRE D MUNICIPAL CLINIC E OTHER PUBLIC F (SPECIFY) MISSION FACILITY G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H NEW START CENTRE I OTHER PRIVATE VCT CENTRE J (SPECIFY) OTHER PRIVATE DOCTOR K (SPECIFY) OTHER X (SPECIFY)	
726	CHECK 401: CURRENT MARITAL STATUS CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/>	NO <input type="checkbox"/>	→ 729
727	Did your wife/partner ever have a test for HIV?	YES 1 NO 2 DON'T KNOW 8	→ 729
728	Did she tell you the result of her test?	YES 1 NO 2	
729	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW 8	
730	If a member of your family got infected with HIV, would you want others to know about it?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
731	If a relative of yours became sick with HIV, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
732	If a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED ... 2 DK/NOT SURE/DEPENDS 8	
732A	If a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED ... 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	Do you personally know someone who has been denied health services in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2 DK ANYONE WITH AIDS 8	→ 738
734	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
735	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she is suspected to have HIV or AIDS?	YES 1 NO 2	
736	CHECK 733, 734, 735: OTHER <input type="checkbox"/> ↓ AT LEAST ONE 'YES' <input type="checkbox"/> →		738
737	Do you personally know someone who is suspected to have HIV or AIDS?	YES 1 NO 2	
738	Do you agree or disagree with the following statement: People with HIV should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION ... 8	
739	Do you agree or disagree with the following statement: People with HIV should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION ... 8	
740	Do you agree or disagree with the following statement: In a marriage, it is possible for one partner to be infected with HIV and the other person not be infected.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION ... 8	
741	Should children age 12-14 be taught about using a condom to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
742	Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV infection?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2	
802	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 806
803	CHECK 419: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 811
804	CHECK 802: KNOWS STI <input type="checkbox"/> DOES NOT KNOW STI <input type="checkbox"/>		→ 806
805	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
806	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
807	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
808	CHECK 805/806/807: AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 811
809	The last time you had (PROBLEM(S) FROM 805/806/807), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 811
810	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT/RURAL HOSPITAL .. C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E OTHER PUBLIC F (SPECIFY) MISSION FACILITY G PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PHARMACY I OTHER PRIVATE MEDICAL J (SPECIFY) OTHER SOURCE SHOP M RELATIVE/FRIEND N TRADITIONAL HEALER O OTHER X	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811	CHECK 701 AND 802 KNOWS ABOUT AIDS AND/OR OTHER STI <input type="checkbox"/> DOES NOT KNOW <input type="checkbox"/>		816
812	CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		814
813	Some people use male condoms to prevent sexually transmitted diseases. If a male condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	
814	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		816
815	Some people use female condoms to prevent sexually transmitted diseases. If a female condom is used correctly, do you think that it protects against these diseases most of the time, only sometimes, or not at all?	MOST OF THE TIME 1 SOMETIMES 2 DOES NOT PROTECT 3 DON'T KNOW/UNSURE 8	
816	Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> NONE 00	820
817	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 94, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . <input type="text"/> <input type="text"/> NONE 00	820
818	The last time you had an injection given to you by a health worker, where did you go to get the injection?	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . 11 RURAL/MUNICIPAL CLINIC 12 RURAL HEALTH CENTRE ... 13 ZNFPC CLINIC 14 MOH MOBILE CLINIC 15 ZNFPC CBD/DEPOT 16 OTHER PUBLIC 17 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC PHARMACY 31 PRIVATE DOCTOR 32 CBD 33 OTHER PRIVATE DOCTOR (SPECIFY) 34 RETAIL OUTLET GENERAL DEALER 35 SUPERMARKET TUCK SHOP SERVICE STATION 96 OTHER RETAIL (SPECIFY) OTHER PRIVATE SOURCE CHURCH FRIEND/RELATIVE OTHER (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	Did the person who gave you that injection take the syringe and needle from a new, unopened package?	YES 1 NO 2 DON'T KNOW 8	
820	Do you currently smoke cigarettes?	YES 1 NO 2	→ 822
821	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
822	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 824
823	What (other) type of tobacco do you currently smoke or use?	PIPE A CHEWING TOBACCO B SNUFF C OTHER _____ X (SPECIFY)	
824	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 901
825	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT ... E THROUGH MOSQUITO BITES ... F OTHER _____ X (SPECIFY) DON'T KNOW Z	
826	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
827	If a member of your family got tuberculosis, would you want others to know about it?	YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

SECTION 9. ADULT MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> → 914							
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	(1)	(2)	(3)	(4)	(5)	(6)	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (2)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (3)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (4)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (5)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (6)) ↖	YES... 1 NO... 2 (GO TO 908) ↗ DK... 8 (GO TO (7)) ↖	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
910	Was (NAME) pregnant when she died?	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	
911	Did (NAME) die during childbirth?	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	YES... 1 (GO TO 913) ↗ NO... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	
913	Was (NAME)'S death due to an accident or violence?	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	YES... 1 NO... 2	
IF NO MORE BROTHERS OR SISTERS, GO TO 914.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
904	What was the name given to your oldest (next oldest) brother or sister? _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
906	Is (NAME) still alive?	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (8))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (9))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (10))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (11))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (12))	YES... 1 NO ... 2 (GO TO 908) DK ... 8 (GO TO (13))
907	How old is (NAME)? [][]	[][] GO TO (8)	[][] GO TO (9)	[][] GO TO (10)	[][] GO TO (11)	[][] GO TO (12)	[][] GO TO (13)
908	How many years ago did (NAME) die? [][]	[][]	[][]	[][]	[][]	[][]	[][]
909	How old was (NAME) when he/she died? [][]	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	[][] IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
910	Was (NAME) pregnant when she died?	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2
911	Did (NAME) die during childbirth?	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2	YES... 1 (GO TO 913) NO ... 2
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2
913	Was (NAME)'S death due to an accident or violence?	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2	YES... 1 NO ... 2
IF NO MORE BROTHERS OR SISTERS, GO TO 914.							
914	RECORD THE TIME.	HOURS [][]					MINUTES [][]

SECTION 10. ANAEMIA AND HIV TESTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ANTHROPOMETRY			
CONSENT FOR ANAEMIA AND HIV TESTS FOR NEVER-MARRIED YOUTH AGE 15-17			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, YOU MUST FIRST OBTAIN THE CONSENT OF A PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT.			
1001	CHECK 105: AGE AGE 15-17 <input type="checkbox"/> AGE 18-49 <input type="checkbox"/>	→ 1007	
1002	CHECK 401 AND 402: RESPONDENT NEVER EVER-MARRIED AND NEVER LIVED TOGETHER WITH A WOMAN CODE 3 IN BOTH QUESTIONS 401 AND 402 <input type="checkbox"/> CODE 1 OR CODE 2 IN QUESTION 401 OR IN QUESTION 402 <input type="checkbox"/>	→ 1007	
1003	CHECK HOUSEHOLD SCHEDULE (COLUMN 1) AND RECORD LINE NUMBER OF THE PARENT OR OTHER ADULT FROM WHOM CONSENT WILL BE REQUESTED. IF PARENT OR OTHER RESPONSIBLE ADULT IS NOT IN A HOUSEHOLD MEMBER, WRITE "00"	LINE NUMBER OF PARENT/OTHER ADULT <input type="text"/> <input type="text"/>	
1004	READ THE ANAEMIA CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD. As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children. To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from (NAME OF ADOLESCENT'S) finger. The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to (NAME) right after the test is done. We will not tell anyone else the results of the test. Do you have any questions? You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia. Do you agree that (NAME) may give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.	CONSENT OF PARENT/OTHER ADULT FOR ANEMIA TEST CONSENTED..... 1 SIGN REFUSED 2 PARENT/ADULT NOT PRESENT . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	<p>READ THE HIV CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like (NAME OF ADOLESCENT) to take part in the HIV test by allowing us to collect a few more drops of blood from her finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give (NAME) the result of the test and no one will be able to trace the test back to (NAME).</p> <p>If (NAME) wants to know her HIV status, I can tell (NAME) where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree that (NAME) may give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR HIV TEST</p> <p>CONSENT 1 SIGN</p> <p>REFUSED 2</p> <p>PARENT/ADULT NOT PRESENT . 8</p>	<p>1007</p>

1006	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE PARENT OR ADULT RESPONSIBLE FOR THE CHILD.</p> <p>Some of the blood that (NAME) gives may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on (NAME'S) blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT OF PARENT/OTHER ADULT FOR STORAGE OF BLOOD</p> <p>CONSENT 1 SIGN</p> <p>REFUSED 2</p>	
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RESPONDENT CONSENT FOR ANAEMIA AND HIV TESTS			
ASK CONSENT FOR THE ANEMIA AND HIV TESTS FROM RESPONDENT. FOR NEVER-IN-UNION RESPONDENTS AGE 15-17, ASK FOR CONSENT ONLY IF PARENT OR OTHER ADULT RESPONSIBLE FOR THE YOUTH AT THE TIME OF YOUR VISIT HAS GRANTED CONSENT OR THE PARENT OR OTHER ADULT WAS NOT PRESENT.			
1007	CHECK 1001 AND 1002: RESPONDENT'S AGE AND UNION STATUS		
	<p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1009</p>		
1008	CHECK 1004: PARENTAL/ADULT CONSENT FOR ANEMIA TEST		
	<p>CONSENT FOR ANAEMIA TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1010</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	<p>READ THE ANAEMIA CONSENT STATEMENT TO THE RESPONDENT.</p> <p>As part of this survey, we are trying to find out more about anaemia, that is, low blood levels, in men, women, and children.</p> <p>To know more about this problem in Zimbabwe, we are asking people in this survey all over the country to take a test. For the test, I will take a few drops of blood from your finger.</p> <p>The test uses clean and completely safe equipment that is used only once and then thrown away. The blood will be tested with new equipment. The result will be given to you right after the test is done. We will not tell anyone else the results of the test.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of anaemia.</p> <p>Do you agree to give blood for the anaemia test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT 1 (SIGN)</p> <p>REFUSED 2</p>	
1010	<p>CHECK 1001 AND 1002: RESPONDENT'S AGE AND UNION STATUS</p> <p>AGE 15-17 AND NEVER-IN-UNION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/> → 1012</p>		
1011	<p>CHECK 1005: PARENTAL/ADULT CONSENT FOR HIV TEST</p> <p>CONSENT FOR HIV TEST OBTAINED FROM PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT NOT PRESENT <input type="checkbox"/></p> <p>PARENT/OTHER ADULT REFUSED <input type="checkbox"/> → 1014</p>		
1012	<p>READ THE HIV CONSENT STATEMENT TO THE RESPONDENT.</p> <p>We are also asking people in this survey to help us find out how big the HIV problem is in Zimbabwe. We would like you to take part in the HIV test by allowing us to collect a few more drops of blood from your finger.</p> <p>This blood will be tested later in the laboratory. We will not keep any name with the blood. Because there will be no name with the blood when it is tested, we will not be able to give you the result of the test and no one will be able to trace the test back to you.</p> <p>If you want to know your HIV status, I can tell you where to go to get tested for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes or you can say no; it is up to you. If you say yes, it will help the country to develop programs to fight the problem of HIV and AIDS.</p> <p>Do you agree to give blood for the HIV test? CIRCLE CODE AND SIGN. FURTHER DISCUSS ANAEMIA TESTING PROCESS TO PUT RESPONDENT AT EASE. CIRCLE CODE AND SIGN.</p> <p>FURTHER DISCUSS HIV TESTING PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT 1 (SIGN)</p> <p>REFUSED 2 → 1014</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	<p>READ THE BLOOD STORAGE CONSENT STATEMENT TO THE RESPONDENT.</p> <p>Some of the blood that you give may be left after the HIV test. We would like to keep that blood at the laboratory to use for other tests later on.</p> <p>Again, you can say yes or you can say no; it is up to you. If you say yes, it may help the country later to develop programs to fight HIV/AIDS and other health problems.</p> <p>Will you agree that we do other tests on your blood later? CIRCLE CODE AND SIGN</p> <p>FURTHER DISCUSS STORAGE PROCESS TO PUT RESPONDENT AT EASE.</p>	<p>CONSENT _____ 1 (SIGN)</p> <p>REFUSED 2</p>	
1014	<p>May I provide you with an informational brochure about voluntary HIV testing from the nearest facility offering VCT? PROVIDE BROCHURE TO ALL RESPONDENTS WHO WANT IT.</p>	<p>ACCEPTED 1</p> <p>REFUSED 2</p>	
1015	<p>CHECK 1004, 1005, 1009 AND 1012 AND INDICATE THE TESTS FOR WHICH CONSENT HAS BEEN GRANTED.</p> <p>IF BOTH REFUSED, COMPLETE QUESTIONS 1017 AND 1019.</p>	<p>CONSENTED TO BOTH 1</p> <p>ANAEMIA TEST ONLY 2</p> <p>HIV TEST ONLY 3</p> <p>BOTH REFUSED 4</p>	
1016	<p>FOR ALL RESPONDENTS WHERE CONSENT WAS OBTAINED, FOLLOW INSTRUCTIONS FOR PASTING THE BAR CODE LABELS AND TAKING THE DBS SPECIMEN.</p>	<p>PASTE FIRST LABEL HERE</p> <div style="border: 1px solid black; width: 150px; height: 60px; margin: 10px auto;"></div> <p>PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD TRANSMITTAL FORM.</p>	
1017	<p>OUTCOME OF HIV TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	
1018	<p>RECORD HEMOGLOBIN LEVEL</p>	<p>G/DL <input type="text"/> <input type="text"/> . <input type="text"/></p>	
1019	<p>OUTCOME OF ANAEMIA TEST</p>	<p>BLOOD SPECIMEN COLLECTED 1</p> <p>REFUSED 2</p> <p>ABSENT 3</p> <p>TECHNICAL PROBLEM 4</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>→ 1022</p>
1020	<p>CHECK 1018: THE CUTOFF POINT IS 9 G/DL.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HEMOGLOBIN LEVEL BELOW THE CUTOFF POINT</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1021.</p> </div> <div style="text-align: center;"> <p>HEMOGLOBIN LEVEL AT OR ABOVE CUTOFF</p> <p>↓ <input type="checkbox"/></p> <p>GIVE EACH MAN/PARENT/RESPONSIBLE ADULT RESULT OF HEMOGLOBIN MEASUREMENT AND PROCEED TO 1022.</p> </div> </div>		
1021	<p>We detected a low level of hemoglobin in your blood. This indicates that you have developed severe anaemia, which is a serious health problem. We would like to inform the clinic at _____ about your condition. This will assist you in obt</p> <p>AGREES TO REFERRAL? YES 1 NO 2</p>		
1022	<p>THANK THE RESPONDENT.</p>		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

