

Zimbabwe

**Demographic and
Health Survey**

1999

Central Statistical Office

MEASURE *DHS+*

Macro International Inc.

World Summit for Children Indicators: Zimbabwe 1999

BASIC INDICATORS		Value
Childhood mortality	Infant mortality rate (adjusted rate)	65 per 1,000
	Under-five mortality rate	102 per 1,000
Childhood undernutrition	Percent stunted	27
	Percent wasted	6
	Percent underweight	13
Clean water supply	Percent of households within 15 minutes of a safe water supply ¹	63
Sanitary excreta disposal	Percent of households with flush toilets or VIP latrines	60
Basic education	Percent of women 15-49 with completed primary education	73
	Percent of men 15-49 with completed primary education	82
	Percent of girls 6-12 attending school	87
	Percent of boys 6-12 attending school	86
	Percent of women 15-49 who are literate	90
Children in especially difficult situations	Percent of children who are orphans (both parents dead)	2.1
	Percent of children who do not live with their natural mother	27
	Percent of children who live in single adult households	14
SUPPORTING INDICATORS		
Women's Health		
Birth spacing	Percent of births within 24 months of a previous birth ²	11
Safe motherhood	Percent of births with medical prenatal care	73
	Percent of births with prenatal care in first trimester	21
	Percent of births with medical assistance at delivery	72
	Percent of births in a medical facility	62
	Percent of births at high risk	42
Family planning	Contraceptive prevalence rate (any method, currently married women)	54
	Percent of currently married women with an unmet demand for family planning	13
	Percent of currently married women with an unmet need for family planning to avoid a high-risk birth	10
Nutrition		
Maternal nutrition	Percent of mothers with low BMI	4
Low birth weight	Percent of births at low birth weight (of those reporting numeric weight)	10
Breastfeeding	Percent of children under 4 months who are exclusively breastfed	38
Child Health		
Vaccinations	Percent of children whose mothers received tetanus toxoid vaccination during pregnancy	62
	Percent of children 12-23 months with measles vaccination	79
	Percent of children 12-23 months fully vaccinated	75
Diarrhoea control	Percent of children with diarrhoea in preceding 2 weeks who received oral rehydration therapy (sugar-salt-water solution)	69
Acute respiratory infection	Percent of children with acute respiratory infection in preceding 2 weeks who were taken to a health facility or provider	50

¹ Excludes surface water

² First births are excluded

Zimbabwe Demographic and Health Survey 1999

Central Statistical Office
Harare, Zimbabwe

Macro International Inc.
Calverton, Maryland, U.S.A.

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Central Statistical Office



Macro International Inc

This report presents results from the 1999 Zimbabwe Demographic and Health Survey (ZDHS) conducted by the Central Statistical Office (CSO) of the Government of Zimbabwe. Financial assistance for the survey was provided by the U.S. Agency for International Development (USAID) and the United Nations Children's Fund (UNICEF); Macro International Inc. provided technical assistance. The ZDHS is part of the worldwide MEASURE Demographic and Health Surveys (*DHS+*) project which is designed to collect, analyse and disseminate data on fertility, family planning, maternal and child health, and HIV/AIDS.

Additional information about the 1999 ZDHS may be obtained from the Central Statistical Office, P.O. Box CY 342, Causeway, Harare, Zimbabwe (telephone: 706-681; fax: 708-854). Information about the MEASURE *DHS+* project may be obtained from Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999).

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PREFACE

The Central Statistical Office (CSO) conducted the third Zimbabwe Demographic and Health Survey (ZDHS) between August and November 1999. The last ZDHS was fielded in 1994. The surveys were undertaken as part of the worldwide Demographic and Health Surveys programme, which has been implemented in Africa, Asia, Latin America, and the Near East.

This report represents the major findings of the 1999 ZDHS; a preliminary report was published in March 2000. The 1999 ZDHS collected information on fertility, nuptuality, fertility preferences, family planning, infant and child mortality, and health-related matters such as breastfeeding practices, antenatal care, children's immunisations, childhood diseases, nutritional status of mothers and young children, awareness and behaviour regarding sexually transmitted diseases, including HIV/AIDS.

The Central Statistical Office extends its acknowledgment 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) and the Centre for Population Studies of the University of Zimbabwe for their significant technical inputs; the Zimbabwe Family Planning Council (ZNFPC) for logistical and technical support; the U.S. Agency for International Development (USAID) and the United Nations Children's Fund (UNICEF) for assisting with funding for the survey; Macro International Inc. (Maryland, USA) for providing funds and 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 1999 Zimbabwe Demographic and Health Survey (ZDHS) is a nationally representative survey that was implemented by the Central Statistical Office (CSO) from August to November 1999. Although significantly expanded in content, the 1999 ZDHS is a follow-on to the 1988 and 1994 ZDHS surveys and provides updated estimates of the basic demographic and health indicators covered in the earlier surveys. The 1999 ZDHS was conducted in all of the ten provinces of Zimbabwe. The ZDHS received technical guidance from the Ministry of Health and Child Welfare (MOH&CW), the Zimbabwe National Family Planning Council (ZNFPC), and the Centre for Population Studies, University of Zimbabwe. Macro International Inc. (USA) provided technical assistance throughout the course of the project in the context of the Demographic and Health Surveys (DHS) programme, while financial assistance was provided by the U.S. Agency for International Development (USAID/Harare). The project received additional funding from the UNICEF office in Zimbabwe.

Like the 1988 ZDHS and the 1994 ZDHS, the 1999 ZDHS was designed to provide information on levels and trends in fertility, family planning knowledge and use, infant and child mortality, and maternal and child health. Specific questions were also asked about the respondent's knowledge, attitude, and practice regarding the HIV/AIDS virus and other sexually transmitted diseases. Like the 1994 ZDHS, the 1999 ZDHS also collected data on mortality related to pregnancy and childbearing (i.e., maternal mortality). The ZDHS data are intended for use by programme managers and policymakers to evaluate and improve family planning and health programmes in Zimbabwe.

Fertility. The 1988, 1994, and 1999 ZDHS results show that Zimbabwe continues to experience a fairly rapid decline in fertility. At current fertility levels, a Zimbabwean woman will have on average 4.0 children during her reproductive years, 1.5 fewer children than the

number recorded in the 1988 ZDHS. In general, urban women tend to have smaller families than rural women (3.0 and 4.6 children per woman, 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 who on average have fewer than 3.0 children, compared with 4.0 or more children in other provinces. Fertility differentials by women's educational status are notable; women who had no formal education have on average more than 5.0 children, while women with higher than a secondary education have fewer than 2.0 children.

Marriage. The median age at first marriage in Zimbabwe has risen slowly over the past 30 years. Women age 20-24 marry about one year later than women 40-49 (19.7 years and 18.8 years, respectively). The proportion of women married by age 15 declined from 9 percent among those age 45-49 to 2 percent among women age 15-19 years.

Another indicator of later marriage among women in Zimbabwe is the decline in the proportion of women age 25-49 who were married by age 20 (62 percent in 1994 compared with 58 percent in 1999). Urban women marry more than one year later than rural women. Women who stay in school tend to marry later; women who have attended secondary school generally marry almost five years later (23.5 years) than women with no education (17.8 years). The median age at first marriage varies significantly across provinces, ranging from a low of 18.3 years in Mashonaland Central to 20.6 years or older in Bulawayo and Matabeleland South.

Men enter into first union at a much later age than women; the median age at first marriage for men is 24.5 years, compared with 19.4 years for women. Only 13 percent of men are married by age 20, compared with 58 percent of women.

Although men marry on average five years later than women, women and men become sexually active at about one year apart. The median age at first sexual intercourse is 19.7 years for men and 18.7 years for women.

Polygyny. One in six women in Zimbabwe reported being in a polygynous union. Older women and women who live in rural areas are more likely than other women to have cowives. The prevalence of polygyny varies across provinces. Bulawayo has the lowest level (5 percent), while Mashonaland Central and Manicaland show the highest levels (31 percent and 25 percent, respectively).

Fertility Preferences. More than half (53 percent) of the married women in Zimbabwe would like to have another child. Among these women, 19 percent want one child within two years and 32 percent would prefer to wait two or more years before having their next child. Two-fifths (41 percent) of married women want no more children or have been sterilised. Thus, the majority of women (73 percent) want either to space their next birth or to end childbearing altogether. This represents the proportion of women who are potentially in need of family planning services.

When asked how many children they would like to have if they could live their lives over and choose exactly, currently married women and monogamous men report an average ideal family size of 4.3 children. A man's marital status influences his ideal family size. Whereas the ideal number of children among all married men is 4.5, the corresponding number for men in a monogamous union is 4.3 and the number for men in multiple unions is 6.6 children.

Another measure of fertility preference is the wanted fertility rate, which is calculated in the same manner as the conventional total fertility rate, except that unwanted births are excluded from the numerator. For the three years preceding the survey, the wanted fertility rate was 3.4 children, compared with the actual average of 4 children. In other words, if all

unwanted births were avoided, the fertility rate in Zimbabwe would fall from 4.0 to 3.4 children per woman.

Family Planning. Since 1994, knowledge of family planning in Zimbabwe has been universal and has not varied across subgroups of the population. The pill, condoms, and injectables are the most widely known methods.

Currently, 54 percent of currently married women are using a method of contraception. Overall, there has been an upward trend in the current use of family planning methods since 1984. Moreover, use of modern methods has increased faster than overall use. The most dramatic increase in modern contraceptive use in the five years between 1994 and 1999 is shown by injectables (3 percent to 8 percent). During the same period, the use of the pill increased from 33 percent to 36 percent of married women. Use of traditional methods, however, declined from 6 percent to 3 percent.

Currently married women in rural areas are less likely to use modern family planning methods than their counterparts in urban areas (44 percent as opposed to 62 percent). Use of modern family planning methods is highest in the urban provinces of Harare (63 percent) and Bulawayo (60 percent). Manicaland has the lowest level of modern contraceptive use (34 percent). Modern contraceptive use is almost twice as high among women with a secondary education (66 percent) as among women with no education (35 percent).

Government-sponsored facilities remain the chief providers of contraceptive methods in Zimbabwe. The distribution of sources of contraceptive supplies for current users shows that most users (77 percent) obtain their contraceptives from the public sector, followed by 17 percent who obtain their methods from the private medical sector. The participation of the private medical sector in family planning service delivery increased by more than a third between 1994 and 1999 (from 12 to 17 percent).

The level of unmet need for family planning changed slightly in the past five years (15 percent in 1994 compared with 13 percent in 1999). The decline is primarily for spacing births. Combined with 54 percent of married women who are currently using a contraceptive method, the total demand for family planning comprises two-thirds of the married women in Zimbabwe. Thus, if all married women who say they want to space or limit their children were to use family planning methods, the contraceptive prevalence rate would increase from 54 percent to 68 percent.

Antenatal Care. Utilisation of antenatal services is high in Zimbabwe; in the five years before the survey, mothers received antenatal care from a trained medical professional for 93 percent of their most recent births; 13 percent from a doctor and 80 percent from a trained nurse or a midwife. The median number of antenatal care visits is 4.7, which is fewer than the six visits recommended by the goal-oriented antenatal protocols in Zimbabwe. Furthermore, one in four women attended the first antenatal care visit during the sixth to seventh month of pregnancy, while 3 percent attended at eight months or later. Data from the 1999 ZDHS show that the percentage of mothers who had four or more antenatal visits (64 percent) is lower than that recorded in the 1994 ZDHS (75 percent).

Among women who went for an antenatal visit, nine in ten had their blood pressure measured, eight in ten gave a urine sample, three in four gave a blood sample, eight in ten received a tetanus toxoid (TT) injection, and six in ten received iron tablets.

Delivery Characteristics. In 1999, the percentage of births delivered in health facilities (72 percent) was slightly higher than the percentage recorded in the 1994 ZDHS (69 percent). Place of delivery varies greatly by urban-rural residence; urban women are more likely to deliver in a health facility than rural women (89 percent compared with 64 percent). This differential is also reflected by province; where-

as nine in ten babies in Harare and Bulawayo were born in a health facility, four in ten babies in Manicaland were delivered at home.

In the 1999 ZDHS, 73 percent of live births in the past five years were assisted by skilled personnel during delivery; 12 percent were assisted by a doctor, 61 percent were assisted by a nurse or midwife, and 18 percent were assisted by a traditional birth attendant.

Childhood Vaccination. Three in four children 12-23 months have been vaccinated against six diseases (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles). Two in three children completed the vaccination schedule by the time they turned one year.

Comparison with data from the 1994 ZDHS shows that there has been a decline in vaccination as well as vaccination card coverage. For vaccination, coverage declined from 80 percent in 1994 to 75 percent in 1999. For vaccination cards, coverage declined from 79 percent in 1994 to 69 percent in 1999. The decline may be attributed to various factors including the government's reduced capacity for financing health services.

Childhood Diseases. In the 1999 ZDHS, mothers were asked whether their children under the age of five years had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. Based on the mother's report, 16 percent of the children had had the illness. One in two children with respiratory illness were taken to a health facility for treatment.

Overall, 14 percent of the children under age five had experienced diarrhoea at some time in the two weeks preceding the survey. One in three of these children was taken to a health provider for treatment. A large proportion of mothers did not practice proper management of childhood disease. Only about half of the children with diarrhoea were given increased fluid intake, one-fourth were given less fluid, and one-fourth were given the same amount of fluid.

Since fever is the major symptom of malaria, in the ZDHS, mothers were asked whether their children under five years had had a fever in the two weeks preceding the survey. Overall, one in four children was reported to have had a fever in the two weeks before to the survey. The use of treated bednets is a principal means of health intervention to control the mosquitoes that transmit malaria. Information on the availability of bednets in the house and whether any of the children under five years in the household slept under the bednet the night before the survey was also collected in the 1999 ZDHS. Overall, only 10 percent of households have a bednet. In 3 percent of the households with children under five, the children slept under a bednet the night before the survey.

Childhood Mortality. Data from surveys since 1988 indicate that early childhood mortality in Zimbabwe declined until the late 1980s, after which there was stagnation and an upward trend in the past five years. From the 1999 survey, infant mortality was estimated at 65 per 1,000 and under-five mortality was estimated at 102 per 1,000 for the 1994-99 period.

Previous studies found that elevated childhood mortality is associated with short birth intervals. Data from the 1999 ZDHS support this theory; children born less than two years after a preceding sibling are more than twice as likely to die in infancy as those born 2 to 3 years after a preceding sibling (112 compared with 44 per 1,000). There is a strong negative association between a mother's level of education and children's survival; whereas the under-five mortality rate of children whose mothers have had no education is 119 per 1,000 live births, that of children whose mothers have a secondary education is only 21 per 1,000.

Adult and Maternal Mortality. As in 1994, the 1999 ZDHS collected information that allows estimation of adult and maternal mortality. Adult mortality rose sharply from the period of the late 1980s-early 1990s to the mid-late 1990s.

The maternal mortality ratio referring to the 1995-1999 period is estimated to be 695 maternal deaths per 100,000 live births. This estimate is more than double the estimate from the 1994 ZDHS (283 maternal deaths per 100,000 live births). If the trend is evaluated based on sibling history data in the 1999 ZDHS, a twofold increase is observed. The proportion of all female deaths that are maternal has changed from 15 percent based on data from the pre-1995 period to about 10 percent based on the most recent estimate from the 1999 ZDHS. This change indicates that nonmaternal female mortality (e.g., AIDS-related) has risen more rapidly than overall mortality.

Perceived Problems in Accessing Women's Health Care. Women are sometimes perceived to have problems in seeking health care services for themselves. The 1999 ZDHS data indicate that urban women are, in general, less likely than rural women to perceive problems in getting health care. In both rural and urban areas, the majority of women did not perceive knowing where to go, getting permission, and lack of a female service provider as problems to accessing women's health care. Whereas one in four urban women perceived getting the money needed for treatment as a problem, the corresponding proportion among rural women is 39 percent. However, rural women cited lack of a nearby facility and having to take transport as major problems (45 percent and 43 percent, respectively). It is worth noting that fear of verbal abuse by the health service provider was reported by 14 percent of women regardless of residence.

Nutrition. Breastfeeding is nearly universal in Zimbabwe; 98 percent of the children born in the past five years were breastfed at some time. Overall, 63 percent of the children were breastfed within an hour of birth. In Zimbabwe, supplementation starts early and exclusive breastfeeding is not common. Within four months after birth, 27 percent of children had received water, and 34 percent were given other supplements.

Half of the children under age 3 in

Zimbabwe were breastfed until 19.6 months. Although the median duration of breastfeeding varies only slightly by the child's sex, urban or rural residence, and mother's education, it varies by region, ranging from 18 months in Bulawayo to 23 months in Matabeleland North. Overall, 93 percent of children under 6 months old were breastfed 6 times or more in the 24 hours preceding the interview.

In the ZDHS, all female respondents and all children under five were weighed and measured to obtain data for estimating the levels of undernutrition. The results indicate that 27 percent of the children under five are *stunted* (i.e., short for their age), a condition reflecting chronic undernutrition; 6 percent are *wasted* (i.e., thin for their height), a problem indicating acute or short-term food deficit; and 13 percent are underweight, which may reflect stunting, wasting, or both. There are substantial provincial variations in the nutritional status of children. The prevalence of stunting ranges from 35 percent in Manicaland to 16 percent in Bulawayo. Wasting varies from 19 percent in Mashonaland West to 1 percent in Bulawayo.

The nutritional status of women is represented by two indices: the height and body mass index (BMI). The BMI is computed as the ratio of weight in kilograms to the square height in centimetres (kg/cm^2). Women whose BMI falls below 18.5 and women whose height is below 145 cm are considered at nutritional risk. The mean BMI for women in the 1999 ZDHS sample is 23.6 and 6 percent of women have a BMI of less than 18.5. The average height of women is 159.4 cm, and less than 2 percent of women are shorter than 145 cm.

AIDS-related Knowledge and Behaviour. Although practically all Zimbabwean women and men have heard of AIDS, the quality of that knowledge is sometimes poor; 17 percent of women and 7 percent of men could not cite a single means to avoid getting HIV/AIDS. The percentage of female respondents who know someone who has the AIDS virus or someone who has died from AIDS, increased from 50 percent in 1994 to 60

percent in 1999. The corresponding proportions for male respondents are 49 percent and 64 percent, respectively.

For both men and women, condom use and limiting sexual activity to one partner or fewer were the two most widely cited means of avoiding HIV/AIDS. Based on 1999 ZDHS data, men are about three times more likely than women to have used a condom during their last sexual encounter with any partner (28 percent and 9 percent, respectively). Condoms are used much less frequently during sex with cohabiting partners (includes mostly spouses) for both women (4 percent) and men (7 percent), compared with sex with noncohabiting partners (women, 42 percent; men, 70 percent). It is clear that both women and men understand that sex outside of a stable relationship entails greater risk.

An important and troubling finding is that one-half of the women and one-third of the men in the age group 15-19 do not know where to get a condom. Since the 1994 ZDHS, knowledge of a source for condoms has much improved in all age groups, except this most vulnerable group, within which knowledge has worsened. Between 1994 and 1999, the percentage of respondents age 15-19 *not* knowing a source for condoms has increased from 40 to 50 percent (women) and from 24 to 32 percent (men).

ZDHS respondents were asked whether they had ever been tested for HIV or the AIDS virus. Twelve percent of women and 9 percent of men reported that they had already been tested for HIV. Respondents who said that they had not were asked whether they would like to be tested. More than six in ten women and men who have never been tested wanted to be tested. With 12 percent of women already having had the test, 17 percent of the demand for AIDS testing has been satisfied. The corresponding figure for men is lower (14 percent). Furthermore, respondents who had not been tested were asked whether they knew of a specific place where they could go to get the test for the AIDS virus. The results show

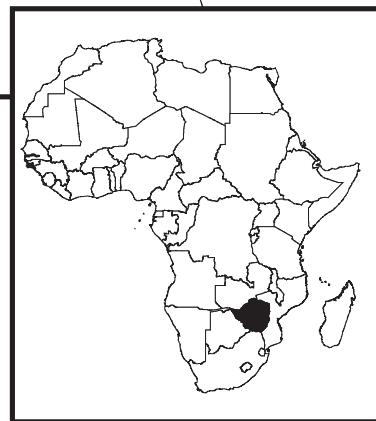
that 63 percent of women and 67 percent of men were not aware of a place where they could be tested.

The 1999 ZDHS collected information on the respondent's drinking habits (including getting "drunk") over the past three months, which can be analysed against patterns of sexual activity. Drinking alcoholic beverages is associated with higher rates of both extramarital sexual activity and multiple partnering in

unmarried individuals. Men who get drunk more than once in 30 days are twice as likely to be engaged in sexuality activity outside their marriage(s) than married men who do not drink (24 percent compared with 11 percent). Among unmarried men, 5 percent who do not drink had two or more partners in the past 12 months, compared with 33 percent of those who had been drunk more than once in the past 30 days.



• Dots indicate location of sample points for 1999 ZDHS



1.1 GEOGRAPHY AND ECONOMY

Zimbabwe lies just north of the Tropic of Capricorn between the Limpopo and the 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, but 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, which could be harnessed for generation of electric power, irrigation of crops, and domestic and industrial use. Mineral resources are varied and extensive, including 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.

Zimbabwe is in the final phases of its second five-year economic development programme, the Zimbabwe Programme for Economic and Social Transformation 1996-2000 (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 has not been received. ZIMPREST advocated 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. These goals were to be achieved

through policy changes to encourage the use of labour-intensive technologies and market-friendly initiatives that enhance access to productive resources for a large part of the population. The government has been restructured for efficient delivery of key services to achieve economic growth targets.

1.2 POPULATION

In 1997, the population of Zimbabwe was 11.8 million, an increase of 1.4 million from 10.4 million in 1992. 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 nonAfricans. Table 1.1 shows that the average annual growth in the population reached a peak of 3.5 percent in 1951 and 1961 then dropped to 3.0 percent in 1982. The annual population growth rate between 1992 and 1997 was 2.5 percent.

Table 1.2 shows that the population of people of African descent was 99 percent in 1997. The population of Europeans, Asians, and Coloureds made up the remaining 1 percent in 1997. The 1997 Intercensal Demographic Survey (IDS) estimated the crude birth rate (CBR) and the crude death rate (CDR) to be about 35 births per thousand population and 12 deaths per thousand population, respectively, yielding a natural increase rate of about 23 per thousand. Forty-three percent of the population of Zimbabwe was below age 15, 53 percent was between the ages of 15 and 64, and a very small proportion (4 percent) was age 65 or more.

1.3 OBJECTIVES OF THE SURVEY

The 1999 Zimbabwe Demographic and Health Survey (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 Zimbabwe National Family Planning Council (ZNFPC), the Department of Population Studies of the University of

Table 1.1 Population size and growth rate

Population size and annual rate of increase in the population, Zimbabwe, 1901-1997

Year	Population (thousands)	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
1997	11,789	2.5

Source: Central Statistical Office, 1999

Table 1.2 Demographic indicators

Selected demographic indicators, Zimbabwe 1992 and 1997

Indicator	1992 Census	1997 IDS
Total population (thousands)	10,412	11,789
Distribution by ethnic group (percent)		
African	98.8	99.0
European	0.8	u
Coloured	0.3	u
Asian	0.1	u
Distribution by age group (percent)		
0-14	45.1	43.0
15-64	51.3	53.0
65+	3.3	4.0
Not stated	0.3	0.0
Crude birth rate (CBR) births per 1,000 population	34.5	34.7
Crude death rate (CDR) deaths per 1,000 population	9.5	12.2
Number of males per 100 females in the total population	95	92
Life expectancy at birth	61.0	57.0

U = Unknown (not available)

Source: Central Statistical Office, 1999

Zimbabwe (UZ), the National AIDS Coordinating Programme (NACP), and the Ministry of Health and Child Welfare (MOH&CW) contributed significantly to the design, implementation, and analysis of the ZDHS results. The U.S. Agency for International Development (USAID) provided funds for the implementation of the 1999 ZDHS. Macro International Inc. provided technical assistance through its contract with USAID. UNICEF/Zimbabwe supported the survey by providing additional funds for fieldwork transportation.

The primary objectives of the 1999 ZDHS were 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 and behaviour regarding AIDS and other sexually transmitted diseases.

The 1999 ZDHS is a followup of the 1988 and 1994 ZDHS surveys, also implemented by CSO. The 1999 ZDHS is significantly expanded in scope and provides updated estimates of basic demographic and health indicators covered in the earlier surveys.

1.4 ORGANISATION OF THE SURVEY

SAMPLE DESIGN AND IMPLEMENTATION

The sampling frame used for the 1999 ZDHS was the 1992 Zimbabwe Master Sample (ZMS92) developed by the CSO after the 1992 Population Census. The same enumeration areas (EAs) of the 1994 ZDHS were used in the 1999 ZDHS. The ZMS92 included 395 enumeration areas stratified by province and land use sector. For purposes of the ZDHS, 18 sampling strata were identified: urban and rural strata for each of the eight provinces, and Harare (including Chitungwiza) and Bulawayo provinces, which are exclusively urban strata.

The sample for the 1999 ZDHS was selected in two stages. In the first stage, 230 EAs were selected with equal probability. Then, within each of these 230 EAs, a complete household listing and mapping exercise was conducted in May 1999, forming the basis for the second-stage sampling. For the listing exercise, permanent CSO enumerators were trained in listing and cartographic methods. All private households were listed. The list excluded people living in institutional households (army barracks, hospitals, police camps, etc.).

Households to be included in the ZDHS were selected from the EA household lists, with the sample being proportional to the total number of households in the EA. All women age 15-49 years in those households were eligible to be interviewed in the ZDHS. Furthermore, a 50 percent systematic subsample of these households was selected, within which interviews with all males age 15-54 years were to be conducted as well.

Since the objective of the survey was to produce estimates of specific demographic and health indicators for each of the 10 provinces, the sample design allowed for an oversample of smaller strata. The overall target sample was 6,208 women and 2,970 men. The ZDHS sample is not self-weighting at the national level (i.e., weights are required to estimate national-level indicators).

Details concerning the ZDHS sample design are provided in Appendix A and estimations of sampling errors are included in Appendix B.

QUESTIONNAIRES

Four types of questionnaires were used for the ZDHS: the Household Questionnaire, the Women's Questionnaire, the Men's Questionnaire, and the Cluster Location form. The contents of these questionnaires were based on the DHS Model "A" Questionnaire, which is designed for use in countries with moderate to high levels of contraceptive use.

The Household Questionnaire was used to list all the usual members and visitors of selected households. Some basic information was collected on characteristics of each person listed, including his/her age, sex, education, and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. The Household Questionnaire also collected information on characteristics of the household's dwelling units, such as the source of water, type of toilet facilities, materials used for the floor of the house, and ownership of various consumer and durable goods.

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

- Background characteristics (education, residential history, etc.)
- Reproductive history
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal and delivery care
- Breastfeeding and weaning practices
- Vaccinations and health of children under age five
- Marriage and sexual activity
- Woman's status and husband's occupation
- Awareness and behaviour regarding AIDS and other sexually transmitted diseases
- Adult mortality including maternal mortality.

As in the 1994 ZDHS, a "calendar" was used in the 1999 ZDHS to collect information on the respondent's history since January 1994 concerning reproduction, contraceptive use, reasons for discontinuation of contraception, marriage, and migration. 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 living in every second household in the ZDHS sample (i.e., a 50 percent 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 questions on reproductive history and maternal and child health.

CSO Provincial Supervisors administered the Cluster Location Form. This exercise was carried out in January 2000. Global Positioning System (GPS) receivers were used to calculate the position (in terms of latitude and longitude) of each of the 230 clusters in the ZDHS. These positions can be used to link other data about Zimbabwe (e.g., average rainfall) to the information collected during the 1999 ZDHS.

TRAINING AND FIELDWORK

The ZDHS questionnaires were pretested in April 1999. Eleven qualified nurses and university graduates were trained to implement the pretest during a two-week training period. Three language versions of the questionnaires were produced: Shona, Ndebele, and English. The pretest fieldwork was conducted over a one-week period in areas surrounding Bulawayo and Gweru, where both Shona and Ndebele households could easily be identified. Approximately 150 pretest interviews were conducted, debriefing sessions were subsequently held with the pretest field staff, and modifications to the questionnaire 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 over a four-week period, in July 1999. Permanent CSO staff, as well as staff of ZNFPC, UZ, and Macro International Inc., trained 90 interviewer trainees, most of whom were trained nurses or university graduates. The training course consisted of instruction in general interviewing techniques, field procedures, a detailed review of items on the questionnaires, instruction and practice in weighing and measuring children, mock interviews between participants in the classroom, and practice interviews with real respondents in areas outside the 1999 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 coordination of fieldwork.

Ten interviewing teams carried out the fieldwork for the 1999 ZDHS; one team was designated for each province. Each team consisted of one team supervisor, one field editor, five or six female interviewers, one or two male interviewers, and one driver. In total, there were 10 team supervisors, 10 field editors, 54 female interviewers, 12 male interviewers, 7 data capture clerks, and 10 drivers. Six permanent senior CSO staff coordinated and supervised fieldwork activities. Data collection took place over a four-month period, from 15 August to 30 November 1999.

DATA PROCESSING

All questionnaires for the 1999 ZDHS were returned to the CSO for data processing, which consisted of office editing, coding of open-ended questions, data entry, and editing computer identified errors. The data were processed on five microcomputers. Data entry and editing were accomplished using the computer programme Integrated System for Survey Analysis (ISSA). Data processing commenced on 15 September 1999 and was completed on 21 January 2000.

RESPONSE RATES

Table 1.3 shows response rates for the ZDHS. A total of 7,010 households were selected in the sample, of which 6,512 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 6,512 existing households, 6,369 were interviewed, yielding a household response rate of 97.8 percent.

In the interviewed households, 6,208 eligible women were identified and of these, 5,907 were interviewed, yielding a response rate of 95.2 percent. In a 50 percent subsample of households, 2,970 eligible men were identified, of which 2,609 were successfully interviewed (87.8 percent response). The principal reason for nonresponse among both eligible men and women was the failure to find them at home despite repeated visits to the household. The lower response rate among men than among women was due to the more frequent and longer absences of men.

Table 1.3 Results of the household and individual interviews

Number of households, number of interviews and response rates, according to urban-rural residence, Zimbabwe 1999

Result	Residence		Total
	Urban	Rural	
FEMALE			
Household interviews			
Households sampled	2,058	4,952	7,010
Households found	1,988	4,524	6,512
Households interviewed	1,923	4,446	6,369
Household response rate	96.7	98.3	97.8
Individual interviews: women			
Number of eligible women	1,940	4,268	6,208
Number of eligible women interviewed	1,809	4,098	5,907
Eligible woman response rate	93.2	96.0	95.2
MALE			
Household interviews			
Households sampled	1,021	2,467	3,488
Households found	977	2,270	3,247
Households interviewed	942	2,227	3,169
Household response rate	96.4	98.1	97.6
Individual interviews: men			
Number of eligible men	1,009	1,961	2,970
Number of eligible men interviewed	845	1,764	2,609
Eligible man response rate	83.7	90.0	87.8

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 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.

2.1 HOUSEHOLD POPULATION BY AGE, SEX, AND RESIDENCE

The 1999 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 1999 ZDHS household population by five-year age groups, according to sex and urban-rural residence. The ZDHS households constitute a population of 26,224 persons; 51 percent of the population are female and 49 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 5 to 9 years, which in turn is also less than the 10 to 14 age group, a finding that is consistent with a recent fertility decline (see Chapter 4).

2.2 POPULATION BY AGE ACCORDING TO SELECTED SOURCES

The population distribution by broad age groups in Table 2.2 shows that the proportion of children under 15 years of age has declined from around 46 percent in 1994 to 42 percent in 1999, while that of persons over 65 years of age is about 4 percent. The median age of the population has increased from 16.6 years in 1994 to 17.9 in 1999. There has been a general decline in the proportion of the population under 15 years and an increase in the median age since 1982. The dependency ratio² calculated from the 1999 ZDHS has declined to 87 from around 100 in 1994. This means that there are about 87 persons in the “dependent” age (under 15 years and over 65 years) for every 100 persons in the working force (age 15 to 64 years in Zimbabwe).

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).

² The *dependency ratio* is defined as the sum of all persons under age 15 years or over 64 years divided by the number of persons age 15 to 64, multiplied by 100.

Table 2.1 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age group, according to sex and urban-rural residence, Zimbabwe 1999

Age group	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	12.9	13.0	12.9	14.6	13.3	14.0	14.1	13.2	13.6
5-9	10.6	10.4	10.5	16.3	15.1	15.7	14.4	13.6	14.0
10-14	9.6	11.3	10.4	17.9	16.7	17.3	15.1	15.0	15.1
15-19	10.2	13.0	11.5	14.2	10.5	12.3	12.9	11.2	12.0
20-24	13.1	15.2	14.2	7.0	7.8	7.4	9.1	10.1	9.6
25-29	11.8	10.9	11.4	5.4	6.6	6.0	7.5	7.9	7.7
30-34	7.9	6.8	7.4	4.1	4.5	4.3	5.4	5.2	5.3
35-39	5.1	5.6	5.3	3.5	4.5	4.0	4.0	4.9	4.4
40-44	4.7	3.5	4.1	2.7	3.7	3.2	3.4	3.6	3.5
45-49	4.4	2.5	3.5	2.7	3.0	2.8	3.3	2.8	3.0
50-54	2.8	3.0	2.9	2.0	4.1	3.1	2.3	3.8	3.0
55-59	3.1	1.4	2.3	2.4	2.5	2.5	2.6	2.2	2.4
60-64	1.6	1.5	1.5	2.2	2.2	2.2	2.0	2.0	2.0
65-69	0.9	1.0	1.0	1.8	2.0	1.9	1.5	1.7	1.6
70-74	0.7	0.4	0.5	1.2	1.2	1.2	1.0	1.0	1.0
75-79	0.3	0.4	0.3	1.2	0.9	1.0	0.9	0.7	0.8
80 +	0.2	0.2	0.2	0.7	1.4	1.1	0.5	1.0	0.8
Missing/Don't know	0.0	0.0	0.0	0.1	0.1	0.1	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
Number	4,346	4,085	8,430	8,571	9,223	17,794	12,917	13,307	26,224

Figure 2.1 Population Pyramid, Zimbabwe 1999



ZDHS 1999

Table 2.2 Population by age, according to selected sources

Percent distribution of the population by age group, according to selected sources, Zimbabwe 1999

Age group	1982 Census (De facto)	1987 ICDS ¹ (De jure)	1992 Census (De facto)	1994 ZDHS (De facto)	1999 ZDHS (De jure)
<15	47.7	47.7	45.1	46.2	42.4
15-64	49.2	49.1	51.3	50.0	53.3
65+	2.9	3.2	3.3	3.8	4.2
Missing/Don't know	0.3	-	0.3	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0
Median age	16.1	16.0	17.1	16.6	17.9
Dependency ratio	102.9	103.7	94.4	99.7	87.4

¹ Intercensal Demographic Survey

2.3 HOUSEHOLD COMPOSITION

Table 2.3 shows that a female heads about one in three households in Zimbabwe (34 percent). The proportion of female-headed households has increased slightly since 1994 from 39 to 40 percent and 19 to 23 percent in rural and urban areas, respectively. The average household size has declined slightly from 4.7 persons in 1994 to 4.2 persons in 1999. Urban households are on average smaller (3.5 persons) than rural households (4.6 persons). Overall, 21 percent of households have foster children, as do 11 percent of urban households and 27 percent of rural households. Foster children are those persons under 15 years of age that have no natural parent in the household.

2.4 FOSTERHOOD AND ORPHANHOOD

Detailed information on fosterhood and orphanhood of children under 15 years of age is presented in Table 2.4. Less than half (46 percent) of children under 15 years of age are living with both their parents, 26 percent are living with their mother (but not with their father), 5 percent with their father (but not their mother), and 20 percent are living with neither their natural mother nor their natural father. A higher proportion of children lives with both parents in urban areas (58 percent) than in rural areas (42 percent). Whereas 19 percent of children in urban areas live with their mother and 8 percent live

Table 2.3 Household composition

Percent distribution of households by sex of head of household, household size, and presence of foster children in household, according to urban-rural residence, Zimbabwe 1999

Characteristic	Residence		Total
	Urban	Rural	
Sex of head of household			
Male	76.9	60.2	66.5
Female	23.1	39.8	33.5
Total	100.0	100.0	100.0
Number of usual members			
0	0.0	0.1	0.0
1	21.0	12.2	15.6
2	17.9	10.8	13.5
3	18.4	14.2	15.8
4	14.1	15.3	14.8
5	11.2	14.6	13.3
6	7.3	11.8	10.1
7	4.3	8.3	6.8
8	2.4	5.2	4.1
9+	3.4	7.6	6.0
Total	100.0	100.0	100.0
Mean size	3.5	4.6	4.2
Percentage with foster children¹	11.2	27.4	21.2

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

¹ Foster children are children under age 15 living in households with neither their mother nor their father present.

with their father, in rural areas, the corresponding percentages are 29 percent and 4 percent, respectively.

Of the children under 15 years of age, 11 percent have lost their father and 5 percent have lost their mother. The proportion of children who have lost both parents has increased from 1 percent in 1994 to 2 percent in 1999. Children in Harare are the most likely to live with both parents, while those in Matabeleland South are the least likely. Children in Matabeleland South are also more likely than other children to live apart from their parents although the parents are still alive.

Table 2.4 Fosterhood and orphanhood

Percent distribution of de jure children under age 15 by survival status of parents and child's living arrangements, according to background characteristics, Zimbabwe 1999

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	Total	Number of children	
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Father alive/Mother dead	Mother alive/Father dead				Both dead
Age												
0-2	57.8	30.1	2.5	0.9	0.3	5.2	0.6	0.5	0.2	2.0	100.0	2,156
3-5	50.4	22.2	4.1	1.8	0.6	13.3	0.7	2.4	0.9	3.3	100.0	2,115
6-9	42.1	18.7	6.3	4.3	1.1	15.3	1.7	4.1	2.2	4.1	100.0	3,023
10-14	39.0	15.8	8.4	5.5	2.0	14.1	1.9	5.1	3.6	4.5	100.0	4,018
Sex												
Male	46.9	20.3	5.6	3.8	1.2	12.2	1.2	3.5	1.9	3.3	100.0	5,659
Female	44.3	20.7	6.2	3.5	1.1	12.9	1.6	3.4	2.2	4.1	100.0	5,653
Residence												
Urban	57.6	13.9	4.6	7.0	1.1	7.8	1.3	1.5	1.4	3.7	100.0	2,869
Rural	41.5	22.8	6.4	2.5	1.2	14.2	1.4	4.1	2.3	3.7	100.0	8,444
Province												
Manicaland	43.0	24.4	7.0	1.6	1.8	10.8	1.0	3.8	2.8	3.9	100.0	1,967
Mashonaland Central	55.0	17.4	5.2	2.4	0.7	10.2	1.3	2.9	2.5	2.4	100.0	1,028
Mashonaland East	40.6	23.4	4.6	4.5	0.4	14.9	2.7	4.6	1.7	2.7	100.0	1,089
Mashonaland West	49.2	12.9	7.4	4.9	3.0	11.8	1.0	3.3	2.3	4.1	100.0	1,114
Matabeleland North	39.7	23.4	5.5	2.3	0.6	16.8	1.0	3.5	1.3	5.9	100.0	693
Matabeleland South	32.1	27.2	5.8	2.0	0.8	18.5	1.4	3.2	1.1	7.9	100.0	691
Midlands	42.1	18.3	6.8	4.3	1.0	15.2	2.0	4.2	1.9	4.1	100.0	1,504
Masvingo	40.8	26.2	7.0	1.7	0.7	14.2	0.9	4.2	3.3	1.1	100.0	1,382
Harare	60.2	13.2	3.2	7.7	1.0	6.6	1.1	1.9	1.1	4.0	100.0	1,284
Bulawayo	50.9	18.9	5.1	6.3	1.3	10.7	1.7	0.8	1.0	3.2	100.0	561
Total	45.6	20.5	5.9	3.6	1.2	12.6	1.4	3.4	2.1	3.7	100.0	11,313

Note: By convention, *foster children* are those who are not living with either biological parent. This includes *orphans*, i.e., children with both parents dead.

2.5 EDUCATIONAL LEVEL OF HOUSEHOLD MEMBERS

Table 2.5 shows the distribution of female and male household members age 6 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, and province. Generally, educational attainment is slightly higher for males than for females. Nine in ten males have attended school versus 86 percent of females.

Table 2.5 Educational attainment of household population

Percent distribution of the de facto male and female household populations age six and over by highest level of education attained, and the median number of years of schooling, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Level of education					Total	Number of women/ men	Median number of years of schooling
	No education	Some primary	Some secondary	Higher	Don't know/ missing			
MALE								
Age								
6-9	27.2	71.9	0.0	0.0	0.9	100.0	1,523	0.1
10-14	1.5	89.0	9.4	0.0	0.1	100.0	1,955	4.0
15-19	1.3	32.7	65.1	0.6	0.3	100.0	1,663	7.8
20-24	1.5	26.5	66.4	5.5	0.1	100.0	1,169	10.1
25-29	1.5	22.7	68.7	7.1	0.0	100.0	972	10.2
30-34	2.7	20.1	63.9	13.1	0.3	100.0	695	10.3
35-39	4.6	42.6	41.2	10.2	1.4	100.0	519	7.8
40-44	9.3	52.7	30.0	6.9	1.0	100.0	440	6.6
45-49	7.9	61.9	25.6	3.6	1.1	100.0	421	6.4
50-54	12.5	61.4	20.8	5.1	0.2	100.0	294	6.0
55-59	15.1	60.4	18.5	4.8	1.1	100.0	341	5.5
60-64	23.7	58.9	12.0	4.6	0.8	100.0	257	4.1
65+	39.5	49.5	7.5	2.9	0.7	100.0	512	1.9
Missing/Don't know	10.0	12.6	25.0	0.0	52.4	100.0	8	8.1
Residence								
Urban	4.0	33.1	55.0	7.3	0.6	100.0	3,689	8.8
Rural	11.6	61.2	25.1	1.7	0.4	100.0	7,079	4.9
Province								
Manicaland	9.3	57.7	30.0	2.9	0.0	100.0	1,669	5.5
Mashonaland Central	12.3	58.7	27.3	1.4	0.4	100.0	923	4.9
Mashonaland East	12.5	56.0	29.2	1.3	1.0	100.0	1,030	5.4
Mashonaland West	12.5	57.3	27.9	1.8	0.5	100.0	1,116	5.3
Matabeleland North	11.0	57.7	29.0	1.8	0.5	100.0	593	5.5
Matabeleland South	9.3	63.1	24.0	2.9	0.7	100.0	554	5.0
Midlands	8.3	55.4	31.5	4.4	0.5	100.0	1,290	6.0
Masvingo	9.6	59.4	28.5	2.5	0.0	100.0	1,150	5.2
Harare	3.5	27.8	59.2	8.6	0.9	100.0	1,727	10.0
Bulawayo	4.8	36.8	53.1	5.0	0.3	100.0	716	8.2
Total	9.0	51.6	35.4	3.6	0.5	100.0	10,768	6.2
FEMALE								
Age								
6-9	26.5	72.7	0.0	0.0	0.8	100.0	1,475	0.3
10-14	1.4	86.6	11.9	0.0	0.2	100.0	2,002	4.2
15-19	2.0	31.7	65.9	0.2	0.2	100.0	1,497	8.1
20-24	1.9	31.7	62.1	4.0	0.3	100.0	1,339	9.1
25-29	3.7	33.0	58.7	4.5	0.0	100.0	1,054	8.6
30-34	6.0	37.8	51.0	5.0	0.1	100.0	692	8.1
35-39	17.5	58.2	20.2	3.9	0.1	100.0	646	5.7
40-44	21.8	62.4	11.8	2.9	1.0	100.0	480	4.8
45-49	22.8	63.0	11.6	2.2	0.5	100.0	374	4.6
50-54	33.3	54.1	9.3	2.9	0.4	100.0	503	3.2
55-59	38.4	52.2	4.5	3.4	1.6	100.0	290	2.0
60-64	44.8	44.8	8.5	2.0	0.0	100.0	264	1.1
65+	56.5	38.7	2.4	0.9	1.5	100.0	583	0.0
Missing/Don't know	90.5	0.0	0.0	0.0	9.5	100.0	10	0.0
Residence								
Urban	5.5	37.1	52.6	4.4	0.5	100.0	3,480	8.0
Rural	18.2	60.8	19.8	0.9	0.3	100.0	7,730	4.2
Province								
Manicaland	16.9	61.0	20.0	1.9	0.1	100.0	1,787	4.5
Mashonaland Central	22.2	55.7	21.5	0.4	0.3	100.0	936	3.9
Mashonaland East	15.7	60.3	22.5	1.0	0.6	100.0	1,022	4.6
Mashonaland West	20.0	56.6	22.1	0.5	0.8	100.0	1,074	4.3
Matabeleland North	17.8	57.4	23.1	1.5	0.3	100.0	630	4.5
Matabeleland South	13.7	58.5	26.0	1.4	0.5	100.0	663	5.1
Midlands	13.1	55.3	29.2	1.9	0.4	100.0	1,438	5.2
Masvingo	16.5	58.0	23.7	1.7	0.1	100.0	1,330	4.6
Harare	3.7	34.7	56.7	4.4	0.5	100.0	1,620	8.4
Bulawayo	5.5	39.6	50.6	4.0	0.3	100.0	710	7.7
Total	14.2	53.5	29.9	2.0	0.4	100.0	11,209	5.4

In Zimbabwe, although most of the population has a formal education, only a relatively small proportion goes beyond secondary school. The median number of years of schooling completed for females and males is 5.4 and 6.2 years, respectively. Among females, 32 percent have reached the secondary level of education and 2 percent have gone to higher education. The corresponding percentages for males are 39 percent and 4 percent, respectively. This trend toward increasing educational attainment is encouraging since the percentages of females and males who had gone to secondary or higher education in 1994 were 24 percent and 31 percent, respectively. As expected, educational attainment is greater in urban than in rural areas.

2.6 SCHOOL ENROLMENT RATIOS

In Table 2.6, school enrolment ratios by level of schooling, sex, residence, and province for the population age 6 to 24 years are presented. The Net Enrolment Ratio (NER) is an indicator of participation in schooling among children of official school age and the Gross Enrolment Ratio (GER) indicates the participation of all children between the ages of 7 and 18. Data in Table 2.6 show that, among persons age 7 to 12, 65 percent are enrolled in primary school and 77 percent of persons 13 to 18 are enrolled in secondary school. For primary education, females are more likely to be enrolled in school than males. On the other hand, for secondary education, among persons 13 to 18, males are more likely to be in school than females (81 percent compared with 73 percent). At the primary level, NERs in urban areas are higher than in rural areas, but in the secondary level the pattern is reversed (see Figure 2.2). Consistent with this finding, enrolment in primary education in the urban provinces (Harare and Bulawayo) is higher than in other provinces, but enrolment in secondary education is lower than in other provinces.

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

Table 2.6 School enrolment ratios

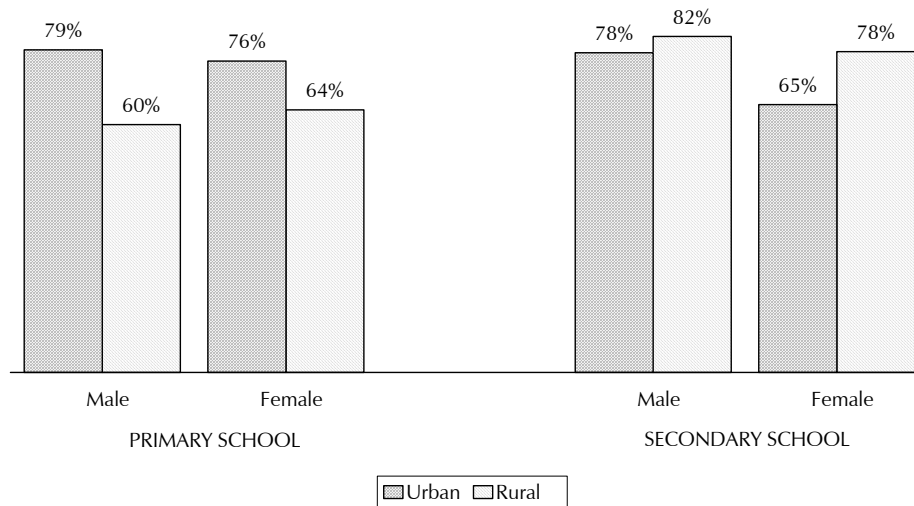
Net enrolment ratios (NER) and gross enrolment ratios (GER) for the de facto household population age 7-18 years, by level of schooling, sex, residence, and province, Zimbabwe 1999

Residence and province	Net enrolment ratio ¹			Gross enrolment ratio ²		
	Male	Female	Total	Male	Female	Total
PRIMARY SCHOOL						
Residence						
Urban	78.6	75.9	77.2	128.4	126.3	127.4
Rural	60.4	64.0	62.2	143.4	134.6	139.0
Province						
Manicaland	60.2	60.0	60.1	149.0	141.3	145.3
Mashonaland Central	60.2	62.9	61.6	141.2	133.7	137.4
Mashonaland East	64.8	67.3	66.0	133.7	130.7	132.2
Mashonaland West	62.4	62.7	62.5	138.4	134.9	136.8
Matabeleland North	61.0	71.4	66.1	132.4	128.6	130.4
Matabeleland South	62.4	67.8	65.0	136.3	130.2	133.3
Midlands	61.4	68.4	65.0	140.9	126.2	133.1
Masvingo	61.8	63.2	62.4	148.7	142.4	145.6
Harare	83.7	76.9	80.0	130.4	126.8	128.5
Bulawayo	78.2	79.0	78.7	128.4	119.6	123.6
Total	63.9	66.5	65.2	140.0	132.7	136.3
SECONDARY SCHOOL						
Residence						
Urban	77.9	65.3	71.0	72.8	57.7	64.5
Rural	81.9	78.2	80.2	39.7	34.1	37.1
Province						
Manicaland	91.8	78.0	85.5	48.1	35.5	42.1
Mashonaland Central	78.0	66.4	71.8	38.4	29.6	33.8
Mashonaland East	79.4	81.6	80.4	46.0	39.2	42.9
Mashonaland West	74.2	79.9	77.1	36.0	35.5	35.7
Matabeleland North	74.2	75.0	74.6	34.0	39.0	36.2
Matabeleland South	66.7	74.0	70.4	32.5	41.5	36.8
Midlands	75.3	72.3	73.9	43.4	41.0	42.3
Masvingo	89.1	76.5	83.1	43.6	37.3	40.7
Harare	79.8	63.7	71.2	81.9	56.8	67.9
Bulawayo	75.8	66.5	70.9	70.2	61.3	65.5
Total	80.5	72.5	76.6	47.4	41.2	44.4

¹ The NER for primary school is the percentage of the primary-school-age (7-12 years) population that is enrolled in primary school. The NER for secondary school is the percentage of the secondary-school-age (13-18 years) population that is enrolled in secondary school. By definition the NER cannot exceed 100%.

² The GER for primary school is the total number of primary school students, regardless of age, expressed as the percentage of the official primary-school-age population. The GER for secondary school is the total number of secondary school students, regardless of age, expressed as the 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 GER can exceed 100%.

Figure 2.2 Net Enrolment Ratios by Sex and Residence, Zimbabwe 1999



ZDHS 1999

2.7 REPETITION AND DROPOUT RATES

Repetition and dropout rates describe the flow of students through the school system. Table 2.7 shows the repetition and dropout rates by grade and form, according to sex and residence. Repetition rates are high at the lowest and highest levels. The rates do not vary much by urban-rural residence except in form 4. However, they vary across provinces. Repetition rates in grades 1 and 2 are highest in Midlands and Matabeleland South, respectively. The repetition rates are highest in form 4 in Mashonaland Central, Matabeleland South and Masvingo.

Overall, dropout rates in grade 7 and in forms 3 and 4 are high for both males and females throughout the country. In general, the rates are higher in rural than in urban areas. Girls are more likely than boys to drop out of school after grade 5.

Table 2.7 Repetition and dropout rates

Repetition and dropout rates for the de facto household population age 7-18 years by school grade/form, sex, residence, and province, Zimbabwe 1999

Characteristic	Grade							Form			
	1	2	3	4	5	6	7	1	2	3	4
REPETITION RATE¹											
Sex											
Male	6.1	5.5	3.2	3.3	2.1	1.9	3.6	1.4	3.5	1.1	7.6
Female	5.9	3.5	4.2	2.8	1.1	2.9	4.0	0.7	2.1	2.8	9.5
Residence											
Urban	3.3	2.4	4.6	0.3	0.0	0.0	1.9	1.2	1.4	2.1	12.1
Rural	6.7	5.1	3.4	3.8	2.1	3.0	4.3	1.0	3.7	1.7	5.4
Province											
Manicaland	8.6	3.8	2.4	2.9	2.2	3.5	1.1	0.0	4.6	3.4	5.1
Mashonaland Central	9.0	6.9	4.1	0.0	2.2	3.3	2.7	2.4	2.4	0.0	12.2
Mashonaland East	1.3	4.6	1.0	1.2	1.2	1.3	5.9	0.0	1.8	0.0	8.3
Mashonaland West	6.7	3.3	4.1	4.4	3.7	0.0	1.7	0.0	0.0	0.0	3.9
Matabeleland North	1.2	0.7	0.0	0.9	1.1	1.9	3.3	0.0	6.6	0.0	6.9
Matabeleland South	7.7	12.2	7.7	3.3	3.4	3.1	4.9	0.0	4.6	3.2	11.8
Midlands	12.2	4.1	5.6	6.0	1.0	4.9	5.1	0.0	0.0	2.0	5.8
Masvingo	3.7	4.8	6.1	5.8	0.9	2.1	7.5	3.5	7.1	3.4	12.4
Harare	2.0	3.0	2.6	0.0	0.0	0.0	3.1	2.9	2.2	0.0	9.8
Bulawayo	0.0	2.4	0.0	1.9	0.0	0.0	0.0	0.0	1.6	3.6	9.0
Total	6.0	4.5	3.7	3.0	1.6	2.4	3.8	1.1	2.9	1.9	8.5
DROPOUT RATE²											
Sex											
Male	2.3	1.9	1.2	3.1	4.4	2.8	13.5	3.0	8.3	6.7	73.3
Female	2.2	1.8	2.2	1.7	2.6	5.5	20.2	5.7	10.3	15.4	71.8
Residence											
Urban	0.0	0.0	0.0	1.4	1.0	2.4	11.9	3.1	10.5	10.6	64.0
Rural	2.8	2.3	2.2	2.7	4.2	4.5	18.6	4.8	8.5	11.3	84.6
Province											
Manicaland	4.4	1.9	2.9	2.1	3.4	3.4	18.0	4.6	7.1	8.7	83.7
Mashonaland Central	3.5	1.9	4.7	2.2	6.3	8.5	18.2	2.4	12.7	12.3	76.5
Mashonaland East	2.3	2.0	1.2	1.1	1.3	0.0	8.5	1.8	2.2	0.0	50.0
Mashonaland West	2.1	2.2	1.1	5.6	4.4	8.2	11.7	7.3	12.3	6.9	95.0
Matabeleland North	0.7	0.8	1.7	1.1	1.8	3.3	20.4	4.4	9.9	16.1	89.6
Matabeleland South	0.8	1.6	1.6	0.0	3.0	2.0	28.0	7.1	6.2	20.1	58.4
Midlands	3.5	3.7	0.0	4.5	6.4	8.5	27.2	8.3	9.8	18.1	85.9
Masvingo	0.0	1.5	2.4	0.9	2.8	4.1	12.7	3.2	7.6	11.1	76.5
Harare	0.0	0.0	0.0	2.4	2.2	0.0	14.6	2.1	10.3	8.5	61.0
Bulawayo	0.0	0.0	0.0	1.8	0.0	0.0	5.9	1.6	18.2	11.4	57.6
Total	2.3	1.9	1.7	2.4	3.5	4.1	16.8	4.2	9.2	11.0	72.7

¹ The repetition rate is the percentage of students in a given grade/form that are repeating that grade/form.

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

2.8 HOUSING CHARACTERISTICS

Information on the characteristics of the sampled households is 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.

The proportion of households that have access to electricity in Zimbabwe has increased from 28 percent in 1994 to 38 percent in 1999. There is a significant difference in access to electricity between urban and rural areas. Although 87 percent of urban households have electricity, only 8 percent of rural households have electricity (see Figure 2.3).

Piped water is available in 48 percent of all households, 98 percent in urban areas compared with 17 percent in rural areas. In rural areas, boreholes are the main source of drinking water (42 percent), followed by unprotected wells (18 percent). The median time to get to the source of drinking water is about 15 minutes in rural areas and less than a minute in urban areas.

The proportion of households that have toilet facilities in Zimbabwe has increased from 65 percent in 1994 to 75 percent in 1999. Most households in urban areas (94 percent) have flush toilets. In rural areas, the most common toilet is either the Blair toilet³ (36 percent) or the traditional pit latrine (22 percent). Four in ten households in rural areas have no toilet facility. This proportion declined from 51 percent in 1994 to about 40 percent in 1999.

The most commonly used flooring materials are cement (65 percent) and earth/dung (28 percent). In urban areas, 82 percent of households have cement floors compared with 55 percent in rural areas. Earth/dung floors are found in 45 percent of rural households.

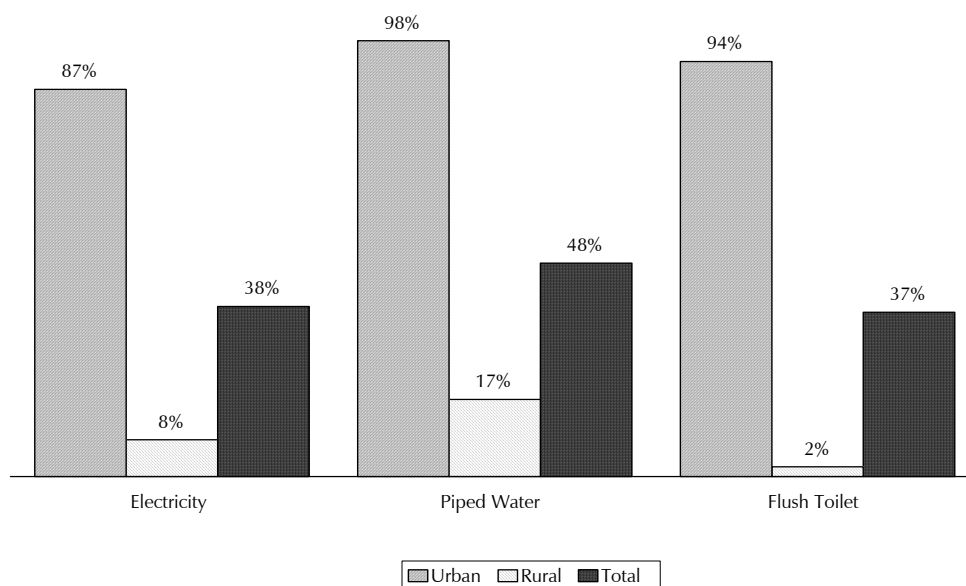
Table 2.8 Housing characteristics

Percent distribution of households by housing characteristics, according to residence, Zimbabwe 1999

Characteristic	Residence		
	Urban	Rural	Total
Electricity			
Yes	87.4	8.3	38.4
No	12.5	91.5	61.4
Missing	0.1	0.2	0.2
Total	100.0	100.0	100.0
Source of drinking water			
Piped into residence	49.5	2.1	20.2
Piped into yard/plot	41.4	4.0	18.2
Public tap	7.5	11.3	9.8
Protected well	0.7	12.8	8.2
Unprotected well	0.3	17.7	11.1
Borehole	0.5	41.6	25.9
Spring	0.0	0.5	0.3
River/stream	0.0	8.0	5.0
Pond/lake/dam	0.0	1.7	1.0
Other	0.1	0.3	0.2
Total	100.0	100.0	100.0
Time to water source (in minutes)			
<15 minutes	98.7	42.3	63.8
Median time to source	0.0	14.9	4.5
Sanitation facility			
Flush toilet	93.7	2.2	37.1
Traditional pit toilet	2.7	22.0	14.6
(VIP) Latrine/Blair toilet	2.9	35.9	23.3
No facility/bush/field	0.3	39.5	24.6
Other	0.1	0.2	0.1
Missing	0.3	0.2	0.3
Total	100.0	100.0	100.0
Main floor material			
Earth/sand	1.3	24.7	15.8
Dung	0.0	20.1	12.5
Wood planks	1.5	0.0	0.6
Parquet or polished wood	0.7	0.1	0.3
Vinyl or asphalt strips	0.4	0.1	0.2
Ceramic tiles	3.3	0.1	1.3
Cement	81.9	54.5	64.9
Carpet	10.5	0.5	4.3
Other	0.2	0.0	0.1
Missing	0.2	0.0	0.1
Total	100.0	100.0	100.0
Total	2,424	3,945	6,369

³ Ventilated, improved pit (VIP) toilets

Figure 2.3 Housing Characteristics by Residence, Zimbabwe 1999



ZDHS 1999

2.9 HOUSEHOLD DURABLE GOODS

Table 2.9 shows the percentage of households owning certain durable goods by residence. The availability of durable consumer goods is a rough measure of a household's socioeconomic status. Among the selected durable goods, a radio is available in 52 percent, a bicycle in 20 percent, a television in 25 percent, and a modern oxcart in 10 percent of the households.

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 (73 percent compared with 39 percent) and a refrigerator (34 percent compared with 3 percent). Overall, 18 percent of urban households and 53 percent of rural households have none of the selected durable goods.

Table 2.9 Household durable goods

Percentage of households possessing various durable consumer goods, by residence, Zimbabwe 1999

Durable consumer goods	Residence		Total
	Urban	Rural	
Radio	73.4	38.5	51.8
Television	52.1	7.6	24.5
Telephone	16.6	1.3	7.1
Refrigerator	33.6	2.5	14.3
Bicycle	18.3	21.0	20.0
Motorcycle	0.9	0.6	0.7
Private car	16.0	2.0	7.4
Modern oxcart	16.5	6.3	10.2
None of the above	18.4	53.1	39.9
Number of households	2,424	3,945	6,369

CHARACTERISTICS OF RESPONDENTS

This chapter presents information on some demographic and socio-economic characteristics of the survey respondents, such as age, education, and place of residence. These characteristics are for men age 15-54 and women age 15-49. This information is useful for understanding the factors that affect reproductive and contraceptive use behaviour as they provide a context for the interpretation of the demographic and health indices.

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Background characteristics of the 5,907 women and 2,609 men interviewed in the 1999 ZDHS are presented in Table 3.1. The distribution of the respondents according to age shows a similar pattern for males and females. 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 age group, 29 percent of women and 27 percent of men are 25-34, and the remaining female respondents are 35-49, while the remaining male respondents are 35-54.

Fifty-six percent of females compared with 46 percent of males are currently married. Male respondents were much more likely than female respondents to have never married (48 percent for males and 28 percent for females). Four percent of female respondents and 1 percent of males stated that they were widowed. Men are also less likely to be divorced than women. Although about 4 percent of women reported that they were divorced, 2 percent of men reported so.

The proportion of males in urban areas (42 percent) is larger than that of females (39 percent). This is expected since men dominate in the rural-to-urban migration flows in search of work.

The largest proportion of both male and female respondents (20 percent and 18 percent, respectively) is in Harare. About 15 percent of women and men are from Manicaland. The other provinces have populations ranging from 5 percent of the women and 6 percent of the men in Matabeleland North to 13 percent of women and men in Midlands.

The majority of the respondents (84 percent of women and 66 percent of men) are Christians. Males, however, are more likely (17 percent) to be atheist than females (8 percent). Men are also more likely to be traditionalist (14 percent) than females (4 percent).

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Overall, the level of education in Zimbabwe is high, and males are more educated than females. The proportion of women who have never been to school is more than two times greater than that of males (7 percent and 3 percent, respectively). Men are more likely to reach secondary school (60 percent) than women (50 percent). Men are also twice as likely (6 percent) to have more than a secondary education than females (3 percent) (see Figure 3.1).

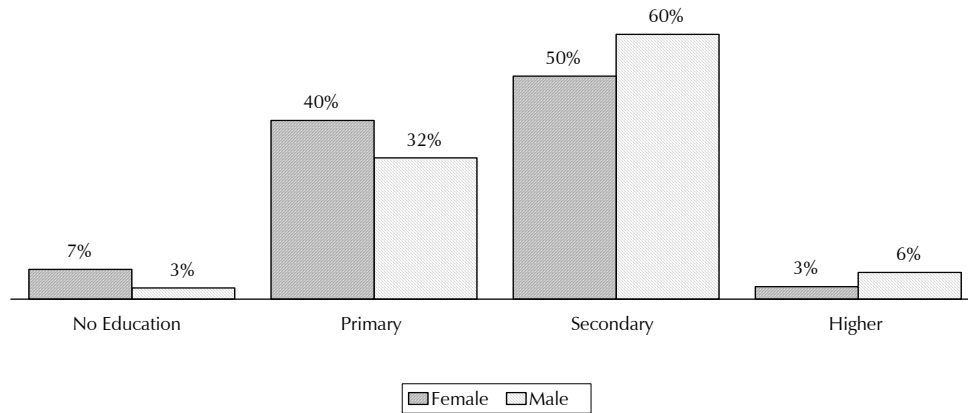
Table 3.1 Background characteristics of respondents

Percent distribution of women and men by selected background characteristics, Zimbabwe 1999

Background characteristic	Weighted percent	Number of women		Weighted percent	Number of men	
		Weighted	Un-weighted		Weighted	Un-weighted
Age						
15-19	24.5	1,447	1,468	27.3	713	761
20-24	21.9	1,294	1,232	19.4	506	506
25-29	17.5	1,034	1,011	16.5	430	376
30-34	11.3	668	650	10.8	281	271
35-39	10.8	637	672	8.4	220	218
40-44	7.9	466	492	6.8	178	184
45-49	6.1	361	382	6.8	177	173
50-54	NA	NA	NA	4.0	104	120
Marital status						
Never married	27.7	1,637	1,683	48.0	1,252	1,287
Married	56.3	3,325	3,130	46.4	1,210	1,180
Living together	4.8	283	423	1.1	29	23
Widowed	4.2	251	249	1.4	37	36
Divorced	3.5	206	196	2.0	51	53
Not living together	3.5	205	226	1.1	30	30
Residence						
Urban	38.6	2,279	1,809	41.8	1,090	845
Rural	61.4	3,628	4,098	58.2	1,519	1,764
Province						
Manicaland	14.9	882	556	13.8	360	233
Mashonaland Central	8.1	477	567	9.1	236	307
Mashonaland East	7.8	461	464	8.3	217	214
Mashonaland West	9.5	559	491	10.3	268	225
Matabeleland North	5.1	302	601	5.6	146	264
Matabeleland South	5.4	321	631	4.6	120	233
Midlands	12.5	741	673	11.8	308	291
Masvingo	10.7	629	633	8.6	225	238
Harare	18.2	1,077	562	19.7	514	271
Bulawayo	7.7	457	729	8.2	214	333
Education level attained						
No education	6.7	396	437	2.5	66	78
Primary	40.2	2,377	2,518	31.8	830	933
Secondary	50.2	2,965	2,803	59.6	1,556	1,458
Higher	2.8	168	149	6.0	157	140
Currently attending school						
Yes	11.3	668	662	17.0	443	450
No	87.5	5,167	5,178	82.5	2,151	2,145
Religion						
Traditional	3.5	207	187	14.2	370	331
Christian	83.9	4,956	4,869	65.6	1,713	1,668
Muslim	0.5	31	29	1.2	31	29
None	8.4	498	612	16.8	438	524
Other	3.3	195	192	2.1	54	54
Missing	0.3	20	18	0.2	5	3
All women	100.0	5,907	5,907	100.0	2,609	2,609

NA = Not applicable

Figure 3.1 Educational Attainment by Sex, Zimbabwe 1999



ZDHS 1999

Presented in Table 3.2 are the percentage distributions of female and male respondents by highest level of education attended, according to age, urban-rural residence, and province. Overall, men are more likely than women to be educated. 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 1 percent for women age 15-19 years, to 21 percent for women age 45-49. These proportions range from almost zero percent for men age 15-19 years to 14 percent for men over 50 years.

The majority of women age 45-49 (62 percent) have a primary education; on the other hand, the majority of women age 15-19 have a secondary education (68 percent). This pattern is similar for males. Whereas 58 percent of men 45-49 have a primary education, 70 percent of men 15-19 have gone to secondary school.

Rural people are less educated than their urban counterparts. About 10 percent of rural women do not have an education, compared with 2 percent of urban women. The corresponding figures for men are 3 percent and 2 percent for rural men and urban men, respectively. Whereas only 34 percent of rural women have a secondary education or higher, 76 percent of urban women have at least a secondary 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 centers, and Midlands province. Matabeleland North, Mashonaland West, and Mashonaland Central have the highest levels of women reporting no education (10 percent, 12 percent, and 16 percent, respectively). All the provinces have a majority of women who have attended primary school. In all provinces, the majority of men have gone to secondary school.

Table 3.2 Educational attainment by background characteristics

Percent distribution of women and men by highest level of schooling attended, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Highest level of schooling attended				Total	Number of women/men
	No education	Primary	Secondary	Higher		
WOMEN						
Age						
15-19	1.3	30.7	67.5	0.4	100.0	1,447
20-24	1.8	32.2	63.1	2.9	100.0	1,294
25-29	2.9	34.5	58.4	4.2	100.0	1,034
30-34	5.5	37.9	51.2	5.4	100.0	668
35-39	17.9	60.1	18.4	3.6	100.0	637
40-44	20.5	64.4	12.0	3.1	100.0	466
45-49	21.4	61.8	14.5	2.3	100.0	361
Residence						
Urban	1.7	22.6	70.9	4.9	100.0	2,279
Rural	9.9	51.3	37.2	1.6	100.0	3,628
Province						
Manicaland	9.1	49.9	37.7	3.4	100.0	882
Mashonaland Central	16.3	45.6	37.6	0.6	100.0	477
Mashonaland East	6.5	47.7	43.9	1.9	100.0	461
Mashonaland West	11.5	50.2	37.7	0.5	100.0	559
Matabeleland North	10.1	46.4	40.9	2.6	100.0	302
Matabeleland South	3.6	47.9	46.1	2.4	100.0	321
Midlands	6.1	39.9	51.8	2.2	100.0	741
Masvingo	6.6	48.1	42.7	2.7	100.0	629
Harare	0.9	20.5	73.8	4.8	100.0	1,077
Bulawayo	1.4	23.5	70.1	5.1	100.0	457
All women	6.7	40.2	50.2	2.8	100.0	5,907
MEN						
Age						
15-19	0.1	29.8	70.0	0.1	100.0	713
20-24	1.1	25.9	67.9	5.1	100.0	506
25-29	1.1	18.1	72.3	8.5	100.0	430
30-34	1.0	18.4	62.4	18.3	100.0	281
35-39	3.6	46.5	42.2	7.6	100.0	220
40-44	6.7	50.5	36.3	6.5	100.0	178
45-49	9.6	57.6	26.6	6.1	100.0	177
50-54	14.0	60.0	22.6	3.4	100.0	104
Residence						
Urban	1.5	14.8	74.2	9.6	100.0	1,090
Rural	3.3	44.0	49.2	3.5	100.0	1,519
Province						
Manicaland	2.2	35.4	57.7	4.6	100.0	360
Mashonaland Central	3.1	45.1	50.7	1.2	100.0	236
Mashonaland East	0.9	40.8	55.4	2.8	100.0	217
Mashonaland West	3.0	38.3	49.9	8.8	100.0	268
Matabeleland North	3.6	40.5	50.1	5.8	100.0	146
Matabeleland South	4.7	40.9	49.3	5.1	100.0	120
Midlands	1.6	35.0	55.7	7.7	100.0	308
Masvingo	5.6	41.7	47.4	5.2	100.0	225
Harare	1.5	10.3	80.8	7.4	100.0	514
Bulawayo	2.1	19.2	69.4	9.3	100.0	214
All men	2.5	31.8	59.6	6.0	100.0	2,609

3.3 ACCESS TO MASS MEDIA

Table 3.3 shows the percentage of female and male respondents who were exposed to different types of mass media by age, urban-rural residence, province, and level of education. It is important to know which types of persons are more likely to be reached by the media to plan

Table 3.3 Access to mass media

Percentage of women and men who usually read a newspaper weekly, watch television weekly, and listen to the radio daily, by selected background characteristics, Zimbabwe 1999

Background characteristic	No mass media	Reads a newspaper weekly	Watches television weekly	Listens to the radio daily	All three media	Number of women/men
WOMEN						
Age						
15-19	43.8	32.1	33.1	42.8	17.2	1,447
20-24	40.5	32.4	34.0	46.9	17.2	1,294
25-29	42.0	28.2	32.1	47.1	16.0	1,034
30-34	40.1	29.6	38.4	49.5	18.3	668
35-39	52.4	16.8	28.6	38.7	10.9	637
40-44	59.5	15.2	23.0	30.8	7.5	466
45-49	56.6	15.8	21.7	35.1	9.1	361
Residence						
Urban	12.5	52.9	65.6	69.5	34.5	2,279
Rural	65.9	11.1	10.5	26.9	3.0	3,628
Province						
Manicaland	60.3	14.8	17.5	31.9	6.2	882
Mashonaland Central	51.1	19.0	21.8	38.3	8.2	477
Mashonaland East	60.4	18.5	17.4	30.4	7.5	461
Mashonaland West	52.4	17.6	23.2	38.1	8.6	559
Matabeleland North	56.8	15.4	22.1	35.2	7.9	302
Matabeleland South	63.2	17.0	12.4	26.3	4.4	321
Midlands	52.9	17.1	23.9	36.1	8.2	741
Masvingo	64.4	15.7	13.9	26.1	5.8	629
Harare	10.5	54.8	68.7	73.3	37.9	1,077
Bulawayo	9.6	62.4	64.9	72.2	38.7	457
Education						
No education	79.4	0.4	6.1	17.0	0.0	396
Primary	61.4	9.1	16.3	31.0	3.3	2,377
Secondary	30.2	42.3	44.8	55.4	24.8	2,965
Higher	4.4	80.9	80.3	66.6	49.5	168
All women	45.3	27.2	31.8	43.3	15.2	5,907
MEN						
Age						
15-19	39.7	30.0	35.0	46.8	16.9	713
20-24	29.9	46.6	42.6	56.0	27.0	506
25-29	21.6	59.7	49.7	64.9	37.0	430
30-34	19.0	54.0	44.9	64.1	29.5	281
35-39	28.8	41.1	40.6	58.8	25.5	220
40-44	28.4	39.8	41.5	53.5	20.3	178
45-49	32.7	39.1	40.0	58.4	27.8	177
50-54	42.3	29.6	33.8	46.7	15.1	104
Residence						
Urban	5.4	78.2	74.4	74.2	52.2	1,090
Rural	48.6	17.5	17.3	42.4	5.7	1,519
Province						
Manicaland	41.8	24.5	24.5	51.9	13.5	360
Mashonaland Central	37.0	30.3	24.1	48.6	10.0	236
Mashonaland East	38.9	22.2	24.0	51.3	10.6	217
Mashonaland West	31.4	26.2	42.6	52.1	13.9	268
Matabeleland North	31.6	46.8	42.9	51.5	27.3	146
Matabeleland South	47.0	28.0	17.5	39.2	10.1	120
Midlands	34.5	32.6	32.7	53.0	17.8	308
Masvingo	64.6	17.8	11.8	30.2	9.2	225
Harare	5.2	85.6	76.4	71.6	55.7	514
Bulawayo	4.2	74.2	73.9	83.5	51.4	214
Education						
No education	61.8	2.9	18.4	30.9	2.9	66
Primary	50.1	16.0	22.3	40.8	7.7	830
Secondary	21.3	55.0	48.2	61.6	31.0	1,556
Higher	5.5	82.5	80.9	85.6	68.1	157
All men	30.5	42.9	41.2	55.7	25.2	2,609

programmes intended to spread information about health and family planning. Twenty-seven percent of female respondents and 43 percent of male respondents read newspapers at least once a week, 32 percent of women and 41 percent of men watch television at least once a week, and 43 percent of women and 56 percent of men listen to the radio daily.

It is important to note that there are differentials by sex and residence in accessing the different forms of mass media. Generally, urban residents and men are more likely to have access to all forms of mass media than rural residents and women. Whereas 66 percent of rural women and 13 percent of urban women reported having no access to any form of mass media, 49 percent of rural males compared with 5 percent of urban males have no access to any form of media. Men and women age 20-35, 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 than other persons.

3.4 WOMEN'S EMPLOYMENT STATUS

The 1999 ZDHS collected information from women about their current employment situation.¹ Table 3.4 shows that 51 percent of women are not currently employed, 23 percent are employed all year, 17 percent are employed seasonally, and 5 percent are employed occasionally (see Figure 3.2). Rural women are more likely to work in seasonal jobs (23 percent) than urban women (6 percent). On the other hand, urban women are more likely to report regular full-time employment (33 percent) than rural women (18 percent). Regular full-time work tends to increase and seasonal work decreases with increasing level of education.

Substantial provincial variations exist in the employment characteristics of women. Women in Matabeleland North, Matabeleland South, and Mashonaland East are much more likely than women in other provinces to report not having been employed in the past 12 months. Seasonal work is most commonly reported in Midlands (33 percent), Masvingo (31 percent), and Mashonaland Central (24 percent). Women in Harare (32 percent) and Bulawayo (38 percent) are more likely to report working for the whole year.

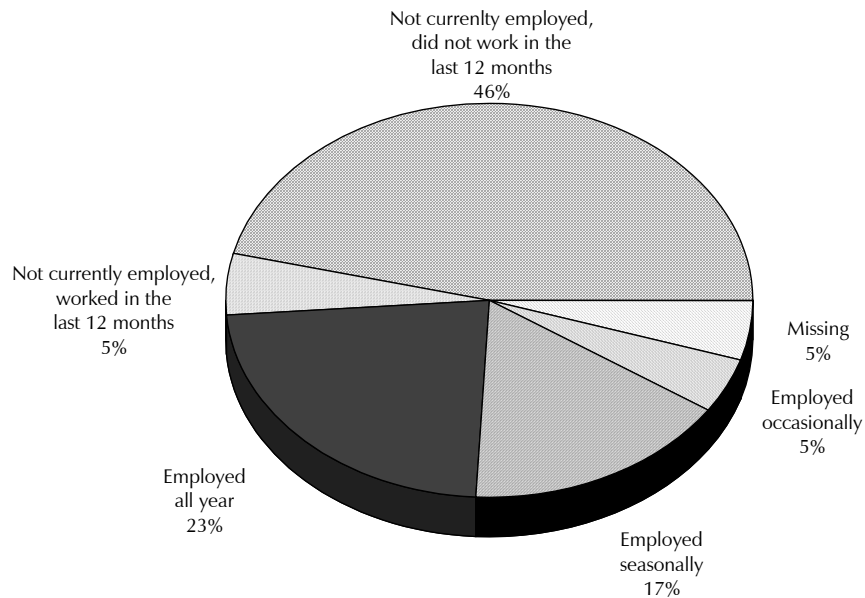
¹ *Employment* is defined as receiving payment in cash or kind for work.

Table 3.4 Employment

Percent distribution of women by employment status and continuity of employment, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Not currently employed		Currently employed				Total	Number of women
	Did not work in last 12 months	Worked in last 12 months	All year	Season-ally	Occasion-ally	Missing		
Age								
15-19	69.1	5.1	11.0	9.3	2.8	2.8	100.0	1,447
20-24	45.6	8.4	20.4	16.1	5.3	4.2	100.0	1,294
25-29	36.9	4.6	30.0	16.5	7.1	4.8	100.0	1,034
30-34	33.9	1.8	32.5	21.0	4.0	6.8	100.0	668
35-39	33.7	2.3	32.6	20.8	4.1	6.3	100.0	637
40-44	35.4	3.6	26.8	22.6	4.4	7.3	100.0	466
45-49	34.1	4.7	25.9	25.4	4.3	5.6	100.0	361
Residence								
Urban	45.8	4.4	32.5	6.4	6.4	4.4	100.0	2,279
Rural	45.7	5.2	17.5	23.1	3.5	5.0	100.0	3,628
Province								
Manicaland	52.7	4.3	16.6	11.1	3.1	12.2	100.0	882
Mashonaland Central	32.3	6.6	25.9	24.2	9.9	1.0	100.0	477
Mashonaland East	55.6	2.2	25.4	14.7	2.2	0.0	100.0	461
Mashonaland West	43.1	3.2	19.7	19.8	1.2	12.9	100.0	559
Matabeleland North	73.6	1.2	15.4	6.6	1.7	1.5	100.0	302
Matabeleland South	62.2	3.3	16.6	9.2	3.3	5.5	100.0	321
Midlands	24.4	12.9	18.4	33.3	7.9	3.2	100.0	741
Masvingo	41.6	3.4	19.7	31.2	2.5	1.6	100.0	629
Harare	48.4	3.9	32.0	6.4	6.0	3.2	100.0	1,077
Bulawayo	43.6	4.3	38.1	6.6	5.5	1.9	100.0	457
Education								
No education	43.7	3.3	21.2	25.0	2.2	4.6	100.0	396
Primary	41.9	5.2	20.7	22.6	4.0	5.6	100.0	2,377
Secondary	50.8	5.1	23.0	11.6	5.6	3.9	100.0	2,965
Higher	13.9	2.4	70.0	2.1	1.8	9.9	100.0	168
All women	45.7	4.9	23.3	16.6	4.6	4.8	100.0	5,907

Figure 3.2 Percent Distribution of Women 15-49 by Employment Status, Zimbabwe 1999



ZDHS 1999

3.5 OCCUPATION

Information on current occupation of employed women is shown in Table 3.5. Thirty-nine percent of women have agricultural occupations and 61 percent work in non-agricultural jobs. The majority of women who work in agriculture work on family farms, while those with nonagricultural jobs work in sales and services (38 percent) and professional, technical, and managerial occupations (11 percent). As expected, employment in nonagricultural occupations is relatively more common among women who live in urban areas and those who have a formal education.

Table 3.5 Occupation

Percent distribution of currently employed women by occupation (agricultural and nonagricultural) and type of agricultural land worked or type of nonagricultural employment, according to background characteristics, Zimbabwe 1999

Background characteristic	Agricultural				Nonagricultural					Total	Number of women
	Own land	Communal/Resettlement	Rented land	Other land	Prof./Tech./Manag.	Sales and services	Manual		Missing		
							Skilled	Unskilled			
Age											
15-19	27.4	1.6	0.0	13.9	2.2	47.8	5.8	0.9	0.4	100.0	374
20-24	21.7	2.4	0.7	11.3	7.4	45.9	8.9	1.8	0.0	100.0	595
25-29	20.9	1.7	0.0	11.1	13.8	38.4	13.3	0.9	0.0	100.0	605
30-34	29.8	2.1	0.9	7.2	16.9	28.9	13.5	0.8	0.0	100.0	429
35-39	25.1	3.0	0.0	8.3	10.3	37.4	13.8	2.2	0.0	100.0	407
40-44	33.5	2.2	0.8	7.1	11.4	32.5	11.3	1.2	0.0	100.0	284
45-49	33.9	2.8	0.0	10.2	10.7	27.4	12.4	2.7	0.0	100.0	222
Residence											
Urban	5.0	0.1	0.4	1.1	17.8	56.5	18.4	0.8	0.0	100.0	1,134
Rural	39.3	3.5	0.3	15.8	5.9	26.5	6.8	1.8	0.1	100.0	1,782
Province											
Manicaland	25.4	3.2	0.4	15.3	7.2	40.5	6.2	1.2	0.4	100.0	379
Mashonaland Central	29.5	2.7	0.0	27.2	2.9	27.5	8.6	1.6	0.0	100.0	291
Mashonaland East	21.4	0.5	0.0	23.0	9.2	36.7	8.1	1.0	0.0	100.0	195
Mashonaland West	31.2	3.4	0.0	26.2	6.3	27.0	4.2	1.6	0.0	100.0	300
Matabeleland North	2.2	0.0	3.1	2.2	19.4	51.0	21.5	0.6	0.0	100.0	76
Matabeleland South	6.9	0.9	0.9	6.5	16.3	50.0	13.7	4.8	0.0	100.0	111
Midlands	44.2	4.4	0.7	1.4	5.1	30.8	11.4	2.0	0.0	100.0	465
Masvingo	53.7	3.3	0.0	2.7	8.5	21.1	9.8	0.8	0.0	100.0	346
Harare	7.1	0.0	0.4	1.5	20.1	54.9	15.3	0.7	0.0	100.0	514
Bulawayo	1.1	0.0	0.0	0.0	18.4	56.3	22.9	1.3	0.0	100.0	238
Education											
No education	31.5	3.0	0.0	32.0	1.4	24.1	5.8	2.3	0.0	100.0	210
Primary	35.1	3.3	0.3	13.9	1.9	36.6	7.5	1.4	0.0	100.0	1,257
Secondary	19.1	1.1	0.5	3.7	12.2	45.0	16.8	1.4	0.1	100.0	1,308
Higher	0.7	1.1	0.0	1.4	85.1	9.9	1.8	0.0	0.0	100.0	141
All women	26.0	2.2	0.3	10.1	10.5	38.2	11.3	1.4	0.1	100.0	2,916

Note: Prof./Tech./Manag. includes professional, technical, clerical, and managerial occupations.

3.6 EMPLOYER AND FORM OF EARNINGS

Table 3.6 shows the percent distribution of the 2,916 women who are currently employed and their form of earnings, according to background characteristics. More than half of the women are self-employed: 47 percent earn cash, and 7 percent are not earning cash. About 46 percent of women work for others: 35 percent are employed by a nonrelative, and 11 percent work for a relative.

Masvingo has the largest proportion (22 percent) of women who are employed by relatives without earning cash. On the other hand, women in Matabeleland North are the most likely to be self-employed and earning cash. In rural areas, 10 percent of employed women work for relatives without earning cash, compared with only 1 percent in urban areas. The distribution of employed women by employer and form of earnings varies by level of education, with women with a secondary or higher education being much more likely than women with less education to be employed by a nonrelative in a job for which they are paid in cash.

Table 3.6 Employer and form of earnings

Percent distribution of currently employed women by employer and type of earnings, according to background characteristics, Zimbabwe 1999

Background characteristic	Self-employed		Employed by a nonrelative		Employed by a relative		Missing	Total	Number of women
	Earns cash ¹	Does not earn cash ²	Earns cash ¹	Does not earn cash ²	Earns cash ¹	Does not earn cash ²			
Age									
15-19	22.2	5.0	48.4	0.8	5.1	17.9	0.5	100.0	374
20-24	39.2	6.2	42.4	0.5	5.1	6.3	0.3	100.0	595
25-29	49.2	5.6	38.7	0.7	1.1	3.9	0.7	100.0	605
30-34	50.9	9.6	31.2	0.7	3.8	3.6	0.1	100.0	429
35-39	58.3	7.4	24.8	0.2	4.9	4.2	0.2	100.0	407
40-44	57.9	8.5	21.0	0.3	7.1	5.1	0.0	100.0	284
45-49	55.8	10.8	20.5	0.9	6.8	4.8	0.3	100.0	222
Residence									
Urban	51.6	2.7	41.6	0.5	2.0	1.2	0.4	100.0	1,134
Rural	43.4	10.0	30.1	0.6	5.9	9.7	0.3	100.0	1,782
Province									
Manicaland	53.7	0.8	31.0	0.8	10.5	2.8	0.4	100.0	379
Mashonaland Central	39.8	12.4	41.4	0.5	2.8	2.5	0.5	100.0	291
Mashonaland East	32.1	11.2	50.5	1.0	4.6	0.5	0.0	100.0	195
Mashonaland West	26.0	14.4	43.1	0.7	6.7	9.1	0.0	100.0	300
Matabeleland North	58.6	1.7	38.6	0.0	0.0	1.1	0.0	100.0	76
Matabeleland South	52.4	0.9	41.0	1.3	4.0	0.4	0.0	100.0	111
Midlands	54.3	11.3	17.8	0.5	3.4	12.2	0.4	100.0	465
Masvingo	49.6	8.9	14.3	0.0	4.9	22.2	0.0	100.0	346
Harare	45.9	3.7	46.3	0.7	1.9	0.7	0.7	100.0	514
Bulawayo	56.6	0.0	40.8	0.3	1.6	0.3	0.5	100.0	238
Education									
No education	39.4	8.8	38.6	0.0	8.2	4.6	0.4	100.0	210
Primary	49.8	9.2	27.6	0.7	5.1	7.3	0.4	100.0	1,257
Secondary	48.6	5.6	35.3	0.7	3.4	6.2	0.2	100.0	1,308
Higher	9.9	1.2	84.2	0.0	1.4	1.9	1.4	100.0	141
All women	46.6	7.2	34.6	0.6	4.4	6.4	0.4	100.0	2,916

¹ Includes both women who receive only cash and those who receive cash and in-kind payment.

² Includes both women who receive in-kind payment and those who receive no payment.

3.7 DECISION ON USE OF EARNINGS

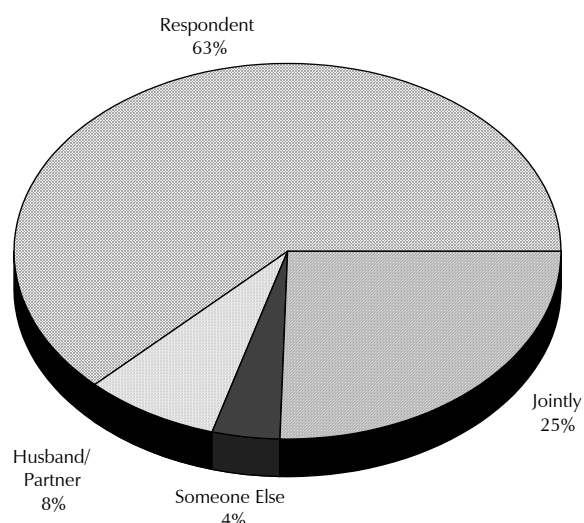
Information on who decides how to use the cash earned by employed women can be used as a measure of the status of women. Table 3.7 shows that 63 percent of the 2,502 women who receive cash earnings decide for themselves how to spend their money and 24 percent decide jointly with their husband/partner. Only 8 percent of women who earn cash reported that their husband/partner decides how their earnings will be used (see Figure 3.3). Younger, urban women with more education are less likely to report that their husband/partner decides how to spend their earnings, but this pattern is not a strong one.

Table 3.7 Decision on use of earnings and contribution of earnings to household expenditures

Percent distribution of women receiving cash earnings by person who decides how earnings are used, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Person who decides how earnings are used					Total	Number of women
	Self only	Husband/partner	Jointly with husband/partner	Someone else	Jointly with someone else		
Age							
15-19	59.1	7.5	10.0	19.2	4.1	100.0	285
20-24	64.0	7.2	21.0	6.1	1.7	100.0	518
25-29	60.9	10.7	26.0	0.6	1.8	100.0	541
30-34	60.4	7.5	30.7	0.6	0.7	100.0	370
35-39	66.4	6.3	26.2	0.9	0.3	100.0	359
40-44	64.7	5.9	27.1	1.0	0.8	100.0	244
45-49	61.7	11.6	26.3	0.4	0.0	100.0	185
Residence							
Urban	72.6	4.7	18.7	3.2	0.9	100.0	1,084
Rural	54.8	10.7	28.1	4.5	1.9	100.0	1,419
Province							
Manicaland	60.6	8.1	25.0	3.4	3.0	100.0	361
Mashonaland Central	54.1	14.8	23.3	6.6	1.2	100.0	246
Mashonaland East	43.3	10.0	39.2	4.1	3.5	100.0	170
Mashonaland West	56.3	10.6	30.0	2.2	0.9	100.0	228
Matabeleland North	61.8	6.0	29.9	2.3	0.0	100.0	74
Matabeleland South	73.2	5.5	14.1	6.1	1.2	100.0	108
Midlands	53.5	10.1	29.5	5.5	1.1	100.0	353
Masvingo	64.8	9.8	17.9	5.5	1.9	100.0	238
Harare	77.6	4.3	16.1	1.6	0.4	100.0	487
Bulawayo	69.0	2.4	23.5	4.0	1.1	100.0	237
Education							
No education	53.4	12.4	28.1	3.6	2.5	100.0	182
Primary	58.5	9.3	26.8	4.0	1.3	100.0	1,040
Secondary	68.6	6.5	19.0	4.4	1.5	100.0	1,144
Higher	53.5	6.6	39.3	0.0	0.7	100.0	136
Marital status							
Not married	86.9	0.2	0.3	10.2	2.4	100.0	873
Currently married	49.4	12.3	36.7	0.6	0.9	100.0	1,629
Total	62.5	8.1	24.0	3.9	1.4	100.0	2,502

Figure 3.3 Percent Distribution of Employed Women 15-49 Who Receive Cash Earnings by Person Who Decides on Use of Earnings, Zimbabwe 1999



ZDHS 1999

3.8 CONTROL OVER EARNINGS BY CONTRIBUTION TO HOUSEHOLD EXPENDITURES

Table 3.8 indicates the perceived proportion of household expenditures met by earnings by marital status and the woman's control over her earnings. Among married or separated women who stated that they decide on their own how to use their earnings, 35 percent said that the decision to use the earnings is made jointly with their husband/partner or by someone else. In addition, 11 percent said that the decision is made entirely by their husband/partner. Unmarried women are more likely to have control over the spending of the cash they earn than married women. Among women whose earnings are used to meet household expenses, those who contribute at least half of the household expenditures are more likely to have sole control over decisions about the use of their income than women who contribute less.

Table 3.8 Control over earnings according to household expenditures

Percent distribution of women who receive cash earnings by person who decides how earnings are used and marital status, according to perceived proportion of household expenditures met by earnings, Zimbabwe 1999

Contribution to household expenditures	Married or separated							Not married						
	Self only	Jointly with:		Husband/partner only	Someone else only	Total	Number	Self only	Jointly with:		Husband/partner only	Someone else only	Total	Number
		Husband/partner	Someone else						Husband/partner	Someone else				
All	54.9	29.0	0.5	14.2	1.4	100.0	372	90.1	0.0	0.7	0.0	9.1	100.0	207
Half or more	57.8	30.9	1.1	8.7	1.4	100.0	535	82.1	0.3	2.3	0.5	14.9	100.0	219
Less than half	45.7	40.5	0.9	12.3	0.6	100.0	860	80.5	0.7	4.4	0.2	14.2	100.0	252
None/almost none	78.4	11.8	2.1	7.0	0.7	100.0	133	89.0	0.0	2.3	0.0	8.7	100.0	167
Total	53.2	33.5	1.0	11.2	1.0	100.0	1,903	84.9	0.3	2.5	0.2	12.1	100.0	845

3.9 HOUSEHOLD DECISIONMAKING

One of the indicators of women's status is the ability to undertake specific household decisions. Table 3.9 shows the percentage distribution of women by type of decision made at household level about health care, large household purchases, daily household purchases, visits to family or relatives, and food cooked every day. Married or separated women are more likely to make their own decisions in seeking health care (51 percent), daily household purchases (57 percent), and the type of food to be cooked each day (84 percent) than non-married women. They are more likely to decide jointly with their husband when purchasing large household goods (40 percent) and when visiting family or relatives (43 percent). For 30 percent of married or separated women, decisions on seeking health care are made by the husband only. Similarly, 34 percent of women reported that their husband makes decisions about large household purchases.

It is interesting to note that single women are less likely to make any of the specified decisions. The proportion of these women reporting that someone else makes decisions ranged from 57 percent for health care to 76 percent for large household purchases. These results tend to suggest that single women are still living in their parents' households where decisions are being made by other people.

Table 3.9 Household decisionmaking

Percent distribution of women by person who makes specific household decisions and marital status, according to type of decision, Zimbabwe 1999

Household decision	Married or separated							Not married						
	Self only	Jointly with:		Husband/partner only	Someone else only	Total	Number	Self only	Jointly with:		Husband/partner only	Someone else only	Total	Number
		Husband/partner	Someone else						Husband/partner	Someone else				
Own health care	50.5	12.0	0.3	30.0	7.2	100.0	3,802	40.0	0.7	1.6	0.4	57.4	100.0	2,094
Large household purchases	18.0	39.9	0.7	34.3	7.1	100.0	3,802	21.9	0.8	1.4	0.3	75.6	100.0	2,094
Daily household purchases	57.4	19.6	0.9	15.3	6.7	100.0	3,802	23.5	0.7	2.2	0.3	73.2	100.0	2,094
Visits to family or relatives	31.3	42.8	1.2	19.6	5.0	100.0	3,802	33.7	0.6	4.9	0.3	60.5	100.0	2,094
What food to cook each day	83.6	5.8	1.1	3.3	6.1	100.0	3,802	29.8	0.7	3.6	0.2	65.7	100.0	2,094

3.10 FINAL SAY IN HOUSEHOLD DECISIONS

Table 3.10 shows the percent distribution of women who say that they alone or jointly have the final say in decision-making in various areas by socioeconomic and demographic characteristics. In general, older women, women who have ever been married, those with a larger number of children, those who live in urban areas, those who have a better education, and those who are earning cash are more likely to have a final say in household decisions.

The proportion of women reporting that they make decisions on health care alone or jointly with someone else ranges from 29 percent of women age 15-19 to 71 percent of women age 40-49. Similarly, the corresponding percentages for making decisions alone or with someone else in making large purchases ranges from 14 percent for women age 15-19 years to 69 percent for women age 40-49. For making decisions on daily purchases, the percentages range between 18 percent for women 15-19 to 85 percent for women 40-49.

Table 3.10 Final say in household decisions

Percentage of women who say that they alone or jointly have the final say in specific household decisions, according to background characteristics, Zimbabwe 1999

Background characteristic	Alone or jointly has final say in:						Has final say in no specified decisions	Number of women ¹
	Own health care	Making large purchases	Making daily purchases	Visits to family, relatives, friends	What food to cook daily	Has final say in all specified decisions		
Age								
15-19	29.2	14.4	17.9	26.2	27.2	9.3	54.5	1,445
20-29	58.6	46.7	63.4	67.2	75.8	31.8	12.1	2,326
30-39	69.2	66.8	83.0	80.8	92.9	49.3	3.3	1,298
40-49	71.0	69.0	85.1	83.9	96.0	53.1	2.0	826
Marital status								
Never married	32.2	11.1	12.6	26.7	21.1	8.6	56.1	1,637
Married or in union	62.1	58.9	78.8	75.4	92.1	39.6	4.0	3,597
Divorced, separated, widowed	76.5	65.1	71.4	80.9	75.2	58.5	9.5	662
Number of living children								
0	34.9	19.0	22.7	33.5	31.4	12.9	48.1	1,852
1-2	62.4	53.6	70.7	71.8	82.5	37.9	8.7	2,076
3-4	65.9	64.3	82.4	79.4	93.0	46.0	3.5	1,078
5+	69.1	64.5	82.7	80.5	96.3	48.4	1.9	890
Residence								
Urban	58.0	49.8	62.9	69.1	71.9	35.9	15.8	2,284
Rural	53.8	44.1	57.5	58.3	69.6	31.4	21.2	3,612
Province								
Manicaland	49.3	37.8	54.7	49.4	69.2	27.3	25.0	877
Mashonaland Central	49.8	46.5	62.6	68.4	75.0	24.0	11.5	470
Mashonaland East	64.9	54.5	63.6	67.5	74.0	45.9	17.9	463
Mashonaland West	71.1	62.1	70.0	75.3	78.1	51.0	12.0	567
Matabeleland North	69.0	49.4	64.8	66.7	71.9	38.7	14.0	301
Matabeleland South	57.5	53.7	57.2	55.6	65.9	37.0	26.5	323
Midlands	40.4	42.5	54.7	57.4	65.7	24.4	25.7	736
Masvingo	49.0	32.9	52.5	49.8	65.8	22.3	23.2	626
Harare	57.1	45.7	61.5	70.3	70.8	33.6	15.5	1,075
Bulawayo	62.7	53.5	60.2	69.6	70.9	39.6	16.1	458
Education								
No education	66.2	60.8	74.4	74.0	89.4	45.7	6.8	394
Primary	58.8	50.7	65.2	66.9	78.7	36.6	13.5	2,371
Secondary	49.7	39.5	51.9	56.1	60.6	27.2	26.0	2,963
Higher	84.6	70.8	80.8	85.1	85.0	59.3	4.7	167
Current employment								
Not employed	48.9	36.0	48.9	51.4	60.2	26.5	28.8	2,700
For cash	62.8	57.1	69.9	74.2	79.9	40.7	9.9	2,748
Not for cash	49.2	42.4	61.4	57.9	75.2	26.5	17.3	446
All women	55.4	46.3	59.6	62.5	70.5	33.1	19.1	5,896

¹ Includes 2 women with missing information on current employment

Divorced, separated, and widowed women are more likely to have a final say in all specified decisions than women who are either married or in union or never married. The percentages are 59 percent for divorced, separated, and widowed women compared with 40 percent for women who are either married or in union and 9 percent for single women.

A woman's number of living children influences her level of control over decisionmaking. As the number of living children increases, so does a woman's ability to make a decision. Although only 13 percent of women with no living children have a final say in all specified decisions, 48 percent of women with more than five living children do so. It should be noted that parity increases with age.

Urban residence is positively related to decisionmaking. In urban areas, 36 percent of women have a final say in all specified decisions compared with 31 percent of women in rural areas. Interestingly, there is no clear relationship between women's education and decisionmaking. Whereas 46 percent of females with no formal education reported that they have a final say in all specified decisions, 59 percent of those with a higher education reported the same, compared with 37 percent and 27 percent of those with primary and secondary education, respectively.

Decisionmaking in all specified areas varies across provinces, ranging from 22 percent in Masvingo to 51 percent in Mashonaland West.

Women who were currently employed and earning cash are more likely to make decisions than women who are either unemployed or employed but not earning cash. Whereas 41 percent of those employed and earning cash have the final say in all specified decisions, 27 percent of the unemployed and those working but not earning cash reported the same.

3.11 WOMEN'S AGREEMENT WITH REASONS FOR WIFE BEATING

Information on women's agreement with reasons justifying a husband to beat his wife by socio-economic and demographic characteristics are presented in Table 3.11. The reasons justifying a husband to beat his wife included in the survey are wife burning the food, arguing with husband, going out without telling the husband, neglecting the children, and refusing sexual relations. The proportion of women in each group agreeing with at least one specified reason justifying a husband to beat his wife declines with increasing age and education. For example, 58 percent of women age 15-19 agreed with at least one specified reason compared with 47 percent of women 40-49. Although 58 percent of women with no education agreed with at least one reason for wife beating, the corresponding percentage for women with higher than secondary education is only 16 percent. Similarly, the proportion of women agreeing with none of the specified reasons increases with age and education.

Marital status and number of children make a slight difference in terms of women's perception on reasons justifying a husband beating his wife. It is interesting to note that women who have been married for less than five years are slightly more likely to agree with one of the specific reasons than other women.

As expected, urban women are less likely to agree with all of the reasons for wife beating than rural women. Sixty percent of urban women agreed with none of the specified reasons justifying a husband beating his wife, compared with 42 percent of women residing in rural areas.

Table 3.11 Women's agreement with reasons for wife beating

Percentage of women who agree with specific reasons justifying a husband beating his wife and percentage who agree with at least one or with none of the reasons, according to background characteristics, Zimbabwe 1999

Background characteristic	Reasons justifying a husband beating his wife					Agrees with at least one specified reason	Agrees with none of the specified reasons	Number of women ¹
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses sexual relations			
Age								
15-19	15.7	34.7	32.1	36.8	16.9	57.9	42.1	1,445
20-29	11.4	32.0	27.5	31.8	22.9	51.2	48.8	2,326
30-39	9.8	28.1	24.7	27.5	25.1	45.4	54.6	1,298
40-49	10.5	30.7	25.8	25.5	25.5	46.5	53.5	826
Marital status								
Never married	11.8	28.3	25.7	32.5	13.6	49.7	50.3	1,637
Married or in union	12.1	33.6	28.7	31.0	25.8	52.0	48.0	3,597
<5 years	12.9	37.6	30.7	34.7	23.7	55.9	44.1	1,089
5+ years	11.8	31.8	27.8	29.4	26.7	50.3	49.7	2,508
Divorced, separated, widowed	11.5	29.1	27.8	29.1	24.6	47.8	52.2	662
Number of living children								
0	12.0	29.8	27.1	32.7	15.7	50.9	49.1	1,852
1-2	11.6	32.1	27.4	30.1	22.8	50.2	49.8	2,076
3-4	12.0	29.7	27.3	30.3	27.4	50.4	49.6	1,078
5+	12.7	36.5	30.5	31.7	28.6	53.3	46.7	890
Residence								
Urban	7.0	21.2	19.1	24.4	14.4	39.8	60.2	2,284
Rural	15.1	38.2	33.2	35.4	27.3	57.9	42.1	3,612
Province								
Manicaland	10.0	28.7	24.9	26.3	21.6	45.9	54.1	877
Mashonaland Central	18.6	41.9	30.2	37.8	26.7	63.3	36.7	470
Mashonaland East	12.8	28.5	31.9	26.3	27.0	50.0	50.0	463
Mashonaland West	19.4	35.0	31.3	34.8	33.2	56.6	43.4	567
Matabeleland North	15.4	37.8	23.9	41.5	19.9	54.8	45.2	301
Matabeleland South	13.7	44.6	39.2	48.3	19.2	67.3	32.7	323
Midlands	11.3	39.6	37.0	36.2	22.9	61.3	38.7	736
Masvingo	14.4	39.9	33.2	33.1	33.1	55.1	44.9	626
Harare	7.6	19.7	19.9	24.0	14.9	38.4	61.6	1,075
Bulawayo	3.2	16.1	12.8	21.5	6.0	34.3	65.7	458
Education								
No education	18.9	43.0	32.7	34.0	32.3	57.7	42.3	394
Primary	15.6	38.4	31.7	34.2	29.4	56.6	43.4	2,371
Secondary	8.7	26.2	25.3	29.5	16.0	47.4	52.6	2,963
Higher	2.6	5.1	4.2	11.5	7.9	16.1	83.9	167
Current employment								
Not employed	12.4	32.2	28.3	33.1	20.4	51.5	48.5	2,700
For cash	10.3	29.2	25.1	28.1	22.5	48.3	51.7	2,748
Not for cash	19.6	42.2	41.1	38.5	32.4	62.9	37.1	446
Number of decisions in which woman has final say								
0-1	13.8	33.0	29.4	35.1	18.3	54.0	46.0	1,719
2-3	14.0	36.7	31.3	34.3	26.3	56.3	43.7	1,301
4-5	9.9	28.5	25.2	27.4	22.9	46.6	53.4	2,876
All women	12.0	31.6	27.8	31.2	22.3	50.9	49.1	5,896

¹ Includes 2 women with missing information on current employment

Significant variation exists at the provincial level, with Bulawayo province having the smallest proportion of women agreeing with at least one of the specified reasons justifying a husband beating his wife (34 percent) and Matabeleland South province have the largest proportion (67 percent).

Women who are financially independent are less likely to agree with wife beating. Women who are employed and earning cash are the least likely (48 percent) to agree with any specified reasons justifying wife beating compared with women who are not earning cash (63 percent) and those who are unemployed (52 percent).

Women who have more areas in which they make decisions are somewhat less likely to agree with at least one of the specified reasons for wife beating compared with those who have fewer areas in which they make decisions. The corresponding percentages are 47 percent for women who have four to five decisions compared with 54 percent for women who have zero to one decision.

3.12 WOMEN'S AGREEMENT WITH REASONS FOR REFUSING SEXUAL RELATIONS

Women's ability to refuse sex shows their power to bargain sexual behaviour, which in turn affects their chances of getting infected with sexually transmitted infections (STIs). In the ZDHS, respondents were asked whether they think that the specified reasons are justified for a wife to refuse having sex with her husband or partner. The reasons listed in the survey are tiredness or not in the mood, recently gave birth, knows that her husband has sexual relations with other women, and knows that her husband has an STI. In general, older women, formerly married women, urban women, better-educated women, and women who earn cash are less likely to agree with any reason for refusing sexual relations.

Older women are less likely to report tiredness, knowledge of husband having sexual relations with other women, and knowledge of husband having an STI as reasons for refusing sexual relations. However, they are more likely to report having given birth recently as a reason for refusing sexual relations.

Marital status also influences women's reasons for refusing sexual relations. Women who have never been married are more likely (40 percent) to agree with all of the specified reasons for refusing sex, compared with women who are married or in union (33 percent) or women who are divorced, separated, or widowed (35 percent). Women who have been married for more than five years are less likely to agree with all of the specified reasons for refusing sex; 31 percent compared with 38 percent of those who were married for less than five years.

There is a negative relationship between the proportion of women agreeing with all of the reasons for refusing sex and the number of children a woman has.

Urban women are more likely than rural women to agree with all of the specified reasons for refusing sexual relations with a partner or husband. For instance, 58 percent of urban women gave tiredness or not in the mood as a reason for refusing sex, compared with 50 percent of rural women. There are variations between provinces; the percentage of women who agreed with all of the specified reasons for refusing sexual relations with a partner or husband ranges from 22 percent for Mashonaland West to 51 percent for Matabeleland North.

Table 3.12 Women's agreement with reasons for refusing sexual relations

Percentage of women who agree with specific reasons justifying a wife refusing to have sexual relations with her husband and percentages who agree with all and with none of the reasons, according to background characteristics, Zimbabwe 1999

Background characteristic	Reasons justifying a wife refusing sexual relations with husband				Agrees with all of the specified reasons	Agrees with none of the specified reasons	Number of women ¹
	Tired, not in mood	Gave birth recently	Knows husband has sexual relations with other women	Knows husband has STD			
Age							
15-19	52.3	70.5	64.6	72.9	37.3	14.7	1,445
20-29	55.1	83.6	64.4	71.2	36.4	7.4	2,326
30-39	51.7	85.5	64.3	72.7	35.8	6.3	1,298
40-49	47.7	85.3	57.7	66.0	27.9	7.7	826
Marital status							
Never married	54.1	72.3	67.6	74.9	40.3	14.6	1,637
Married or in union	51.6	84.5	61.6	69.7	33.1	6.8	3,597
<5 years	57.0	83.8	65.2	71.8	37.5	6.6	1,089
5+ years	49.2	84.9	60.1	68.8	31.2	6.9	2,508
Divorced, separated, widowed	54.7	83.8	63.4	70.2	35.0	7.1	662
Number of living children							
0	53.4	72.7	66.1	72.5	37.9	13.7	1,852
1-2	56.4	84.2	65.1	72.4	37.8	6.8	2,076
3-4	50.3	85.7	59.4	69.2	31.7	6.7	1,078
5+	45.1	85.5	59.2	68.2	28.4	7.0	890
Residence							
Urban	57.5	82.5	69.4	74.4	41.4	6.7	2,284
Rural	49.5	80.1	59.7	69.2	31.4	10.4	3,612
Province							
Manicaland	43.7	78.7	58.6	73.1	28.7	10.0	877
Mashonaland Central	59.1	83.0	58.0	66.9	32.7	6.8	470
Mashonaland East	54.5	74.4	56.5	59.9	32.3	13.1	463
Mashonaland West	44.4	67.0	46.3	46.8	21.8	21.5	567
Matabeleland North	63.3	88.8	72.9	80.7	50.7	6.7	301
Matabeleland South	59.7	95.1	78.7	89.6	49.4	1.8	323
Midlands	51.7	86.8	66.0	74.4	33.6	3.5	736
Masvingo	45.3	78.9	63.9	73.5	31.3	11.5	626
Harare	57.1	80.1	68.3	73.8	40.6	7.5	1,075
Bulawayo	60.6	88.6	73.7	80.3	46.2	4.9	458
Education							
No education	48.3	80.9	47.3	60.8	23.8	10.7	394
Primary	46.8	80.1	57.7	66.8	29.3	11.0	2,371
Secondary	56.4	81.0	69.4	75.5	40.2	7.5	2,963
Higher	77.7	95.6	79.3	83.7	61.3	1.8	167
Current employment							
Not employed	53.4	78.5	65.4	72.3	37.6	10.7	2,700
For cash	52.1	83.0	62.3	70.7	33.9	7.8	2,748
Not for cash	51.7	84.4	59.7	68.2	30.1	6.2	446
Number of decisions in which woman has final say							
0-1	51.7	72.2	64.3	73.2	37.2	14.5	1,719
2-3	52.1	86.2	62.1	71.2	33.3	5.3	1,301
4-5	53.5	84.0	63.6	70.0	35.1	7.4	2,876
Number of reasons wife beating justified							
0	53.8	78.8	63.1	69.4	37.5	11.6	2,894
1-3	52.5	83.5	64.4	73.8	34.0	6.1	2,306
4-5	48.3	82.2	62.0	70.3	30.5	7.5	695
All women	52.6	81.0	63.5	71.2	35.3	9.0	5,896

¹ Includes 2 women with missing information on current employment

There is a positive relationship between education and women's agreement with various reasons for refusing sexual relations with a husband or partner. For example, 78 percent of women with a higher than secondary education agreed that a woman is justified in refusing to have sex with a partner because they were tired or not in the mood, the percentage for women with a primary education is 47 percent, and the percentage for women with a secondary education is 56 percent. This pattern holds for other reasons for refusing sexual relations with a partner or husband.

Women who are unemployed are more likely to agree with all of the specified reasons cited for refusing sexual relations with a husband or partner (38 percent), compared with those who were employed and earning cash (34 percent) and those who were working but not earning cash (30 percent).

Women who have fewer areas in which they have final say in making decisions are slightly more likely to agree with all of the specified reasons for refusing sex compared with those who have more areas in which they have final say. The corresponding percentages are 37 percent for women with zero to one area and to 35 percent for women with four to five areas.

The proportion of women agreeing with all of the specified reasons for refusing sex is negatively associated with the number of reasons justifying wife beating. While 38 percent of women who agreed with all of the specified reasons for refusing sex found no reason that justified wife beating, 31 percent of women who cited more than four reasons that justified wife beating agreed with all the reasons for refusing sex.

In the 1999 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 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

The most widely used measures of current fertility are the total fertility rate (TFR) and its component age-specific fertility rates (ASFRs). The TFR 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.¹

Table 4.1 shows the age-specific and aggregate fertility measures calculated from the 1999 ZDHS data. The total fertility rate for Zimbabwe is four children per woman. Peak childbearing occurs during ages 20-24 and 25-29, dropping sharply after age 34. Fertility among

Table 4.1 Current fertility
Age-specific and cumulative fertility rates and the crude birth rate and general fertility rate for the three years preceding the survey, by urban-rural residence, Zimbabwe 1999

Age group	Residence		Total
	Urban	Rural	
15-19	93	125	112
20-24	170	224	199
25-29	147	202	180
30-34	87	161	135
35-39	68	128	108
40-44	(27)	(54)	46
45-49	*	*	15
TFR 15-49	2.96	4.57	3.96
TFR 15-44	2.96	4.47	3.89
GFR	116	157	141
CBR	31.3	30.5	30.8

TFR: Total Fertility Rate for ages 15-49 expressed per woman
GFR: General Fertility Rate (births divided by the number of women 15-44) expressed per 1,000 women
CBR: Crude Birth Rate expressed per 1,000 population
Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation. Rates in parentheses are based on 125 to 249 woman-years of exposure. An asterisk indicates that the rate is based on less than 125 woman-years of exposure and has been suppressed.

¹ Numerators for the age-specific fertility rates are calculated by summing the number of live births that occurred in the 1 to 36 months preceding the survey (determined by the date of interview and birth date of the child), and classifying them by age (in five-year groups) of the mother at the time of birth (determined by the mother's birth date). The denominators of the rates are the number of woman-years lived in each of the specified five-year age groups during the 1 to 36 months preceding the survey.

urban women is substantially lower (three 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 and level of education. The TFR ranges from three births per woman in the urban provinces of Harare and Bulawayo to 4.9 births per woman in Mashonland Central.

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 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 is a measure of fertility in the past. 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 of about two children per woman, from 5.9 to 4.0 children per woman.

At the time of the survey, 8 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.

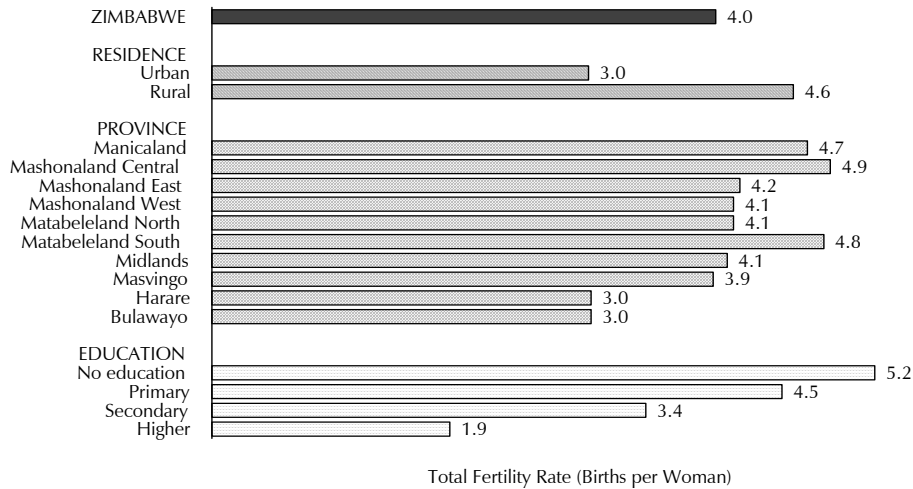
Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage currently pregnant, and mean number of children ever born to women age 40-49 years, by selected background characteristics, Zimbabwe 1999

Background characteristic	Total fertility rate ¹	Percentage currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	2.96	7.1	4.54
Rural	4.57	8.2	6.40
Province			
Manicaland	4.68	8.8	6.40
Mashonaland Central	4.86	8.6	6.52
Mashonaland East	4.15	8.4	5.90
Mashonaland West	4.10	8.6	5.45
Matabeleland North	4.10	7.8	6.19
Matabeleland South	4.81	9.1	5.66
Midlands	4.05	7.4	5.97
Masvingo	3.94	6.2	6.48
Harare	2.98	7.3	4.81
Bulawayo	2.98	6.2	4.81
Education			
No education	5.21	7.0	6.33
Primary	4.48	8.0	6.12
Secondary	3.41	7.9	4.61
Higher	1.87	5.8	2.58
Total	3.96	7.8	5.87

¹ Rate for women age 15-49 years

Figure 4.1 Total Fertility Rates by Background Characteristics, Zimbabwe 1999



ZDHS 1999

4.3 FERTILITY TRENDS

Table 4.3 examines trends in fertility in Zimbabwe by comparing the results of the 1999 ZDHS with the two earlier ZDHS surveys (1988 and 1994). This comparison is appropriate because the methods of data collection and rate calculation were identical in all the surveys. The TFR calculated from the 1988 ZDHS was 5.5 children per woman, compared with 4.3 derived from the 1994 ZDHS and 4.0 from the 1999 ZDHS. This change in the TFR demonstrates a decline in fertility of 27 percent during the period between 1984-88 and 1996-99. Examination of changes in age-specific fertility rates in Figure 4.2 shows large absolute declines in fertility at all ages above 15-19 years. These similar absolute declines, however, translate to a greater proportional decline at older ages.

Table 4.3 Trends in current fertility rates

Age-specific fertility rates and total fertility rates, Zimbabwe, 1984-1999

Age group	1988	1994	1999
	ZDHS	ZDHS	ZDHS
	1984-88	1991-94	1996-99
15-19	103	99	112
20-24	247	210	199
25-29	247	194	180
30-34	219	172	135
35-39	160	117	108
40-44	86	52	46
45-49	36	14	15

Figure 4.2 Age-Specific Fertility Rates by Urban-Rural Residence, Zimbabwe 1999



ZDHS 1999

4.4 TRENDS IN AGE-SPECIFIC FERTILITY RATES

The data in Table 4.4 provide further evidence of a substantial fertility decline in Zimbabwe. Table 4.4 shows the age-specific fertility rates for five-year periods preceding the survey. Because women age 50 and above were not interviewed in the survey, the rates are successfully truncated as the number of years before the survey increases. Within women under age 35, substantial and sustained declines in ASFRs are observed from 15 to 19 years before the survey to 0 to 4 years before the survey.

Table 4.4 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 1999

Mother's age at birth	Number of years preceding survey			
	0-4	5-9	10-14	15-19
15-19	108	107	118	152
20-24	201	224	261	298
25-29	182	209	263	282
30-34	145	190	237	[298]
35-39	112	152	[225]	-
40-44	49	[122]	-	-
45-49	[18]	-	-	-

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

4.5 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 (CEB) to women in each five-year age group. On average, women in their early twenties have given birth to about one child, women in their early thirties have had more than three children, and women currently at the end of their childbearing years have had more than six children. Of the more than six children ever born to women age 45-49, 5.5 have survived.

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 1999

Age	Number of children ever born											Total	Number of women	Mean number of CEB	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	83.8	14.3	1.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,447	0.18	0.17
20-24	30.7	41.0	22.2	5.0	0.7	0.3	0.1	0.0	0.0	0.0	0.0	100.0	1,294	1.06	0.97
25-29	7.7	25.1	32.6	21.5	9.0	2.7	1.2	0.1	0.1	0.0	0.0	100.0	1,034	2.13	1.92
30-34	5.2	11.7	20.2	25.8	18.6	9.5	6.3	2.4	0.4	0.0	0.0	100.0	668	3.09	2.85
35-39	3.7	5.5	7.7	13.8	20.6	19.0	11.8	8.4	5.4	1.9	2.1	100.0	637	4.52	4.18
40-44	2.7	3.4	6.2	8.5	13.5	12.9	16.9	15.3	7.8	8.1	4.7	100.0	466	5.54	5.01
45-49	1.9	2.5	6.6	7.8	6.9	10.9	16.6	12.7	10.9	11.8	11.3	100.0	361	6.29	5.54
All ages	29.9	19.2	15.0	10.5	7.5	5.4	4.6	3.2	1.9	1.6	1.3	100.0	5,907	2.31	2.10
CURRENTLY MARRIED WOMEN															
15-19	42.3	49.9	6.7	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	314	0.66	0.60
20-24	13.6	48.2	29.6	6.9	0.9	0.5	0.2	0.0	0.0	0.0	0.0	100.0	820	1.36	1.25
25-29	3.5	21.2	34.9	24.2	11.1	3.5	1.3	0.1	0.1	0.0	0.0	100.0	788	2.35	2.14
30-34	2.8	9.0	19.8	27.9	20.6	9.7	6.8	3.0	0.4	0.0	0.0	100.0	543	3.29	3.05
35-39	2.4	3.3	7.0	11.9	20.9	20.6	13.5	9.3	6.4	1.9	2.7	100.0	495	4.83	4.47
40-44	2.2	3.2	5.1	6.3	12.7	13.3	17.0	17.5	9.4	8.4	5.0	100.0	375	5.77	5.23
45-49	1.9	2.4	7.0	6.0	6.6	9.4	16.9	13.2	11.9	12.8	11.9	100.0	272	6.46	5.72
All ages	8.7	22.3	19.9	13.9	10.4	7.3	6.3	4.6	2.8	2.1	1.8	100.0	3,609	3.13	2.85

CEB = Children ever born

The results for younger women who are currently married differ from those for the sample as a whole because of the large number of young unmarried women with minimal fertility. Differences at older ages generally reflect the impact of marital dissolution (either divorce or widowhood). Close to 2 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.

4.6 BIRTH INTERVALS

Information on the length of birth intervals provides insight into birth spacing patterns. 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 biodemographic variables.

Table 4.6 Birth intervals

Percent distribution of births in the five years preceding the survey by number of months since preceding birth, according to selected background characteristics, Zimbabwe 1999

Characteristic	Months since preceding birth					Total	Number of births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48+			
Age								
15-19	(21.7)	(7.7)	(44.2)	(23.2)	(3.2)	100.0	29	28.9
20-29	4.9	8.6	32.2	27.9	26.3	100.0	1,199	37.1
30-39	2.9	5.5	24.8	21.2	45.6	100.0	905	45.2
40+	2.4	4.9	24.2	23.7	44.7	100.0	243	44.1
Birth order								
2-3	3.9	6.7	28.7	26.9	33.9	100.0	1,314	39.5
4-6	5.3	6.7	28.1	21.1	38.8	100.0	736	41.6
7 +	2.4	9.4	30.5	25.0	32.6	100.0	327	39.4
Sex of preceding birth								
Male	5.1	7.6	27.2	24.9	35.2	100.0	1,190	40.1
Female	3.1	6.5	30.3	24.8	35.3	100.0	1,187	39.8
Survival of preceding birth								
Dead	20.3	16.1	28.0	16.3	19.4	100.0	245	28.5
Living	2.2	6.0	28.8	25.8	37.1	100.0	2,131	41.3
Residence								
Urban	4.9	7.2	20.4	23.5	43.9	100.0	671	43.4
Rural	3.8	7.0	32.0	25.4	31.8	100.0	1,706	38.9
Province								
Manicaland	4.7	10.4	33.7	22.9	28.3	100.0	426	37.0
Mashonaland Central	3.0	4.2	29.9	30.3	32.6	100.0	238	40.7
Mashonaland East	4.2	7.5	28.0	22.4	37.8	100.0	213	41.6
Mashonaland West	2.1	5.9	25.1	28.8	38.2	100.0	240	43.0
Matabeleland North	2.3	4.5	27.8	28.0	37.5	100.0	130	40.8
Matabeleland South	4.6	5.7	37.6	19.7	32.3	100.0	153	36.6
Midlands	6.0	8.6	29.5	26.4	29.5	100.0	313	37.8
Masvingo	2.6	6.6	30.2	24.9	35.6	100.0	252	39.7
Harare	4.1	5.4	21.8	25.9	42.9	100.0	282	43.1
Bulawayo	7.7	7.7	19.1	14.8	50.7	100.0	131	48.3
Education								
No education	2.9	8.1	31.2	26.9	30.9	100.0	233	38.9
Primary	4.6	6.6	28.8	25.4	34.6	100.0	1,209	40.1
Secondary	3.7	7.7	28.3	24.0	36.2	100.0	901	39.5
Higher	(6.1)	(0.0)	(19.2)	(13.6)	(61.0)	100.0	35	-
Total	4.1	7.1	28.7	24.9	35.2	100.0	2,377	39.9

Note: First 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 births.

About one in nine children are born after a “too short” interval (less than 24 months). The median interval length is shorter among births to young women and when the older sibling is no longer alive. The median birth interval length is 40 months for all births, but only 29 months among children whose mother is less than 20 years old and among children whose older sibling did not survive.

Birth intervals are substantially longer in urban than in rural areas. This difference could be related to the higher rates of contraceptive use (for spacing) among urban women (see Chapter 5).

By province, the longest birth interval is observed in Bulawayo and the shortest in Matabeleland South. Birth intervals do not vary greatly by education.

4.7 AGE AT FIRST BIRTH

Table 4.7 shows that the median age at first birth in Zimbabwe is about 20 for most age groups. Although this broad measure has not changed since the 1988 ZDHS, more detailed analysis of trends in age at first birth does reveal a decline in early childbearing. For example, whereas about 28 percent of women age 35-39 had a birth before age 18, only 23 percent of women currently age 30-34 and 20 percent of women age 20-24 had started childbearing before 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

Percent distribution of women age 15-49 by age at first birth, according to current age, Zimbabwe 1999

Current age	No birth	Age at first birth						Total	Number of women	Median age at first birth
		<15	15-17	18-19	20-21	22-24	25+			
15-19	83.8	0.7	10.1	5.4	NA	NA	NA	100.0	1,447	a
20-24	30.7	2.8	17.2	27.6	17.3	4.5	0.0	100.0	1,294	a
25-29	7.7	2.7	20.1	24.2	22.0	17.9	5.3	100.0	1,034	20.3
30-34	5.2	3.9	19.4	23.2	21.2	17.2	9.9	100.0	668	20.3
35-39	3.7	4.4	23.5	33.3	16.0	12.3	6.8	100.0	637	19.3
40-44	2.7	6.5	21.8	23.9	23.3	15.5	6.3	100.0	466	19.8
45-49	1.9	4.5	21.3	27.9	21.1	11.0	12.2	100.0	361	19.7

NA = Not applicable

^a Omitted in populations where less than 50 percent of the women in the age group \times to $\times + 4$ have had a birth by age \times

4.8 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 of women, 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, women without any education have their first birth around age 18, compared with age 21 for women with a secondary education.

Table 4.8 Median age at first birth by background characteristics						
Median age at first birth among women age 25-49 years, by current age and selected background characteristics, Zimbabwe 1999						
Background characteristic	Current age					Women age 25-49
	25-29	30-34	35-39	40-44	45-49	
Residence						
Urban	21.0	21.2	19.4	20.0	20.0	20.5
Rural	19.7	19.7	19.3	19.7	19.6	19.6
Province						
Manicaland	19.7	20.2	19.2	19.9	19.9	19.6
Mashonaland Central	19.6	19.5	19.2	19.6	20.3	19.5
Mashonaland East	19.2	19.8	19.0	21.5	18.5	19.5
Mashonaland West	19.5	19.7	19.6	19.1	20.4	19.6
Matabeleland North	19.4	19.6	20.3	17.8	19.3	19.4
Matabeleland South	20.4	19.1	19.0	19.5	19.5	19.6
Midlands	20.6	20.1	19.8	20.1	19.1	20.2
Masvingo	20.6	20.4	19.4	20.3	19.9	20.1
Harare	21.5	21.3	19.4	20.5	20.5	20.9
Bulawayo	20.9	20.6	19.0	18.9	19.0	19.9
Education						
No education	17.9	18.1	18.6	19.4	19.3	18.8
Primary	18.8	19.2	19.2	19.5	19.6	19.2
Secondary	20.8	21.3	20.2	20.6	20.2	20.9
Higher	a	23.6	22.1	23.1	29.0	24.0
All women	20.3	20.3	19.3	19.8	19.7	19.9

^a Omitted because less than 50 percent of the women ages 25 to 29 have had a birth by age 25

4.9 TEENAGE PREGNANCY AND MOTHERHOOD

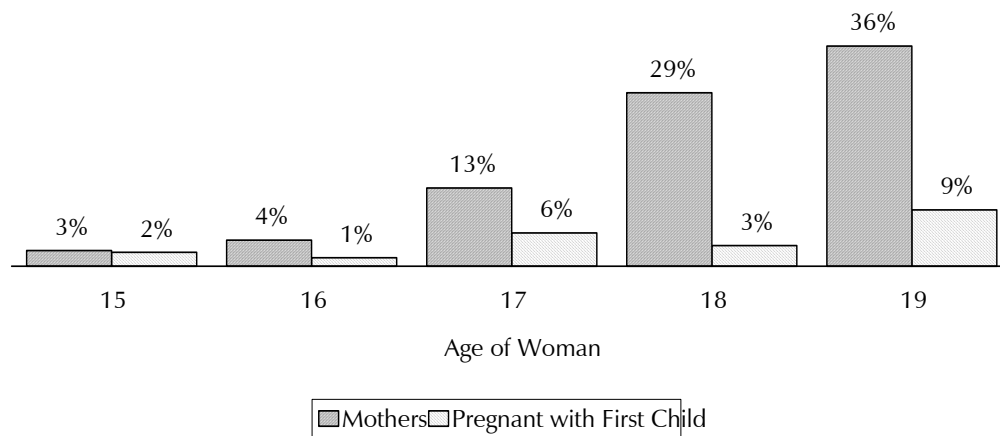
The issue of adolescent fertility is important on both health and social grounds. Children born to very young mothers are at increased risk of sickness and death. Adolescent mothers themselves are more likely to experience adverse pregnancy outcomes and are also more constrained in their ability to pursue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

Table 4.9 shows the percent distribution of women age 15-19 who have given birth or were pregnant with their first child at the time of the survey, according to selected background characteristics. The proportion of adolescents who are already mothers is 16 percent, and another 4 percent are currently pregnant with their first child. The proportion of adolescents already on the path to family formation rises rapidly with age, from 5 percent at age 15 to 46 percent at age 19 (see Figure 4.3). Rural adolescents and those with less education tend to start childbearing earlier.

Background characteristic	Percentage who are:		Percentage who have begun child-bearing	Number of women
	Mothers	Pregnant with first child		
Age				
15	2.6	2.3	4.9	261
16	4.3	1.4	5.6	348
17	12.9	5.5	18.4	306
18	28.6	3.4	32.0	254
19	36.3	9.3	45.6	277
Residence				
Urban	13.1	3.0	16.1	508
Rural	17.9	5.0	22.8	938
Province				
Manicaland	12.1	3.0	15.1	253
Mashonaland Central	26.0	5.2	31.2	122
Mashonaland East	19.4	2.9	22.3	102
Mashonaland West	25.2	10.3	35.5	127
Matabeleland North	16.7	6.0	22.7	77
Matabeleland South	20.4	2.3	22.7	83
Midlands	14.8	5.9	20.8	202
Masvingo	12.0	2.4	14.4	156
Harare	12.5	2.7	15.2	215
Bulawayo	13.6	3.4	17.0	110
Education				
No education	*	*	*	19
Primary	25.6	5.3	30.8	444
Secondary	11.9	3.7	15.6	977
Total	16.2	4.3	20.5	1,447

Note: Total includes 6 unweighted women who have higher than secondary education. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Figure 4.3 Percentage of Adolescent Women Who Are Mothers or Pregnant with First Child, by Age, Zimbabwe 1999



ZDHS 1999

This chapter focuses on women who are sexually active since these women have the greatest risk of exposure to pregnancy and consideration for regulating their fertility. However, results from the interviews with men are presented alongside those of the women's interviews since men play an equally important role in the realisation of reproductive health and family planning decisions and 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: short-term methods (the pill, condoms, the lactational amenorrhoea method (LAM), diaphragms, foaming tablets, jelly, and the emergency contraceptive pill), long term methods (injectables, implants and 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 family planning methods was collected by asking respondents to name the various methods that a couple can use to delay or avoid a pregnancy. If the respondent could not name any method(s) spontaneously, the interviewer prompted by mentioning and describing each of the methods that had not been mentioned spontaneously and asking whether the respondent had ever heard about the particular method(s).

Knowledge of family planning methods in Zimbabwe is nearly universal, meaning that men and women are well informed about the options they have for regulating births and planning their families (Table 5.1). The level of knowledge of at least one modern family planning method among currently married women is almost universal (99 percent), while that of all women 15-49 is 97 percent. Similarly, the level of knowledge of modern family planning methods is high among women who are not married but sexually active and women who reported that they did not have any sexual experience. On average, women know close to seven family planning methods, reflecting an increase in the average number of methods known by women from six methods in 1994. Women who have no sexual experience have the least knowledge of family planning methods (five). Oral contraceptives and male condoms remain the methods most widely known by women of all subgroups. For all women, the proportion who know about the pill is 94 percent, and the proportion who know about the male condom is 92 percent, while injectables are reported by 86 percent of women 15-49.

Knowledge of contraception among men is higher than among women. For all groups of men, knowledge of any method and modern methods is universal. The most well-known methods among men are the condom and the pill (98 percent and 93 percent, respectively).

Table 5.1 Knowledge of contraceptive methods

Percentage of all women and men, of currently married women and men, and sexually active unmarried women and men, and of women with no sexual experience who know any contraceptive method, by specific method, Zimbabwe 1999

Contraceptive method	Women				Men		
	All women	Currently married women	Sexually active unmarried women	No sexual experience ²	All men	Currently married men	Sexually active unmarried men
Any method	96.9	98.7	99.5	90.2	99.1	99.7	99.6
Any modern method	96.7	98.5	99.5	90.1	99.1	99.7	99.6
Pill	94.3	97.6	97.1	82.5	93.0	98.0	94.9
IUD	63.8	70.2	72.5	39.5	44.5	52.4	48.5
Injectables	86.4	92.5	92.0	64.3	72.2	85.3	69.1
Implants	24.8	27.8	32.4	12.1	12.9	15.3	16.0
Condom	92.2	94.2	98.1	83.8	97.8	98.3	98.4
Female condom	57.4	57.8	72.8	49.9	58.7	59.7	68.3
Diaphragm	20.2	20.5	18.5	20.9	20.6	20.6	25.3
Foam/Jelly	11.9	12.8	17.1	8.6	8.1	9.0	12.6
Female sterilisation	58.1	63.5	64.1	40.1	54.0	59.7	63.9
Male sterilisation	38.8	42.8	40.2	27.6	41.9	46.0	47.6
Lactational amenorrhoea ³	30.4	36.5	34.9	11.4	19.0	25.7	16.4
Emergency contraception	11.2	11.9	14.2	8.2	11.2	11.1	15.1
Any traditional method	58.8	69.0	64.3	27.1	56.9	66.4	62.0
Periodic abstinence	27.1	29.4	30.8	18.5	31.5	35.2	39.4
Withdrawal	51.7	62.5	58.5	18.0	47.8	56.1	50.2
Other	12.2	15.2	14.4	1.7	11.3	19.2	7.8
Number of women and men	5,907	3,609	199	1,217	2,609	1,239	250
Mean no. of methods known	6.8	7.4	7.6	4.9	6.2	6.9	6.7

¹ Unmarried women/men who have had sexual intercourse in the 30 days preceding the survey

² Women who have never had sexual intercourse

³ Knowledge of Lactational Amenorrhoea Method (LAM) includes women who know that to use the method a woman must be exclusively or fully breastfeeding, be less than 6 months postpartum, be postpartum amenorrhoeic and who know to use another contraceptive method when any of the previous criteria do not hold.

5.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY BACKGROUND CHARACTERISTICS

Knowledge of family planning methods among women is universal without any significant variation across subgroups (Table 5.2). For all age groups, at least 94 percent of currently married women know about a modern family planning method. For men, this percentage is 100 percent in most age groups.

There is little variation in knowledge of modern methods among currently married women and men by type of residence (rural and urban), age group, and province of residence. Knowledge of family planning methods is at least 98 percent for both rural and urban areas. Similarly, knowledge of any modern family planning methods for currently married women and men with no education is comparably high (95 percent and 100 percent, respectively).

There has been an upward trend in the knowledge of family planning methods since 1984 (Table 5.3). The knowledge of family planning methods became nearly universal in the 1994 ZDHS. This level has been maintained over the past five years. There were also significant increases in the knowledge of specific modern family planning methods besides the pill and male

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women and men who know at least one contraceptive method and who know at least one modern method, by selected background characteristics, Zimbabwe 1999

Background characteristic	Women			Men		
	Knows any method	Knows any modern method ¹	Number of women	Knows any method	Knows any modern method ¹	Number of men
Age						
15-19	95.5	94.4	314	*	*	4
20-24	99.4	99.4	820	100.0	100.0	110
25-29	98.8	98.6	788	99.9	99.9	283
30-34	99.3	99.1	543	100.0	100.0	239
35-39	98.7	98.4	495	98.3	98.3	194
40-44	98.4	98.4	375	100.0	100.0	163
45-49	99.6	99.0	272	100.0	100.0	158
50-54	NA	NA	NA	100.0	100.0	87
Residence						
Urban	99.7	99.7	1,306	99.7	99.7	546
Rural	98.2	97.8	2,303	99.7	99.7	693
Province						
Manicaland	97.3	96.2	561	99.0	99.0	139
Mashonaland Central	99.0	98.8	325	100.0	100.0	127
Mashonaland East	97.8	97.8	310	100.0	100.0	117
Mashonaland West	97.0	96.7	367	100.0	100.0	147
Matabeleland North	98.8	98.6	180	99.3	99.3	61
Matabeleland South	99.4	99.1	170	100.0	100.0	46
Midlands	100.0	100.0	444	100.0	100.0	143
Masvingo	99.0	98.7	367	100.0	100.0	102
Harare	99.7	99.7	667	99.3	99.3	271
Bulawayo	100.0	100.0	217	100.0	100.0	86
Education						
No education	95.8	94.8	310	100.0	100.0	49
Primary	98.7	98.4	1,665	99.6	99.6	461
Secondary	99.3	99.2	1,523	99.7	99.7	617
Higher	100.0	100.0	111	100.0	100.0	112
Total women	98.7	98.5	3,609	99.7	99.7	1,239

Note: An asterisk indicates the figure is based on fewer than 25 cases.

NA = Not applicable

¹ Includes pill, IUD, injectables, vaginal methods (diaphragm/foam/jelly), female condom, male condom, female sterilisation, male sterilisation, implants, mucus/Billings/ovulation, basal body temperature, symptothermal, and lactational amenorrhoea method (LAM)

condoms over the period. Significant increases are particularly associated with the methods that were introduced during the 1990s. For example, the lifting of the restricted use of Depo-Provera in 1992 resulted in increased promotional materials and information on the method that had a positive impact on the knowledge of this method. Knowledge of injectables increased by 7 percentage points among all women between 1994 and 1999. Knowledge of implants, which were introduced in the programme in 1993, increased from 14 percent in 1994 to 25 percent in 1999, while that of emergency contraception, a new and very limited method in Zimbabwe, stands at 11 percent among all women in 1999. There was a small decline in knowledge of the IUD, from 68 percent to 64 percent between 1994 and 1999.

Table 5.3 Trends in knowledge of family planning methods

Percentage of all women who know specific contraceptive methods, Zimbabwe 1984-1999

Contraceptive method	Knowledge of contraception			
	1984 ZRHS	1988 ZDHS	1994 ZDHS	1999 ZDHS
Any method	82.8	96.3	97.8	96.9
Any modern method	U	95.4	97.5	96.7
Pill	80.5	93.6	96.0	94.3
Condom	48.3	76.7	93.7	92.2
Diaphragm	U	14.0	U	20.2
Foam/Jelly/Foaming Tablets	17.4 ^a	13.5	21.1 ^a	11.9
IUD	40.2	51.6	67.6	63.8
Injectables	62.6	62.2	79.7	86.4
Implants	U	U	13.8	24.8
Female sterilisation	40.0	49.7	69.7	58.1
Male sterilisation	10.8	16.4	42.5	38.8
Any traditional method	U	75.3	67.8	58.8
Periodic abstinence	20.4	28.1	33.2	27.1
Withdrawal	56.1	63.4	56.8	51.7
Other	U	34.2	U	12.2
Number of women	2,123	2,643	6,128	5,907

U = Unknown (not available)

^a Includes diaphragm

Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989; CSO and MI, 1995

5.3 EVER USE OF CONTRACEPTION

All women and men interviewed in the 1999 ZDHS who said they had heard about a family planning method were asked whether they had ever used any method (with the intention of regulating their fertility). Table 5.4 shows the percentages of women who have ever used a family planning method. The top panel presents the figures for all women, the second panel shows the figures for currently married women, and the third panel shows the figures for sexually active unmarried women. Figures for men are shown at the bottom of the table.

Among currently married women, 83 percent reported having ever used a method of family planning and 79 percent have used a modern method. Comparison with the 1994 ZDHS shows that ever use of modern methods among currently married women has increased from 72 percent in 1994 to 79 percent in 1999.

The pill is the method most widely used by currently married women (71 percent), followed by injectables (23 percent) and male condoms (20 percent). Ever use of other modern methods is low; only 9 percent of married women have ever used LAM.

Table 5.4 Ever use of contraception

Percentage of all women, currently married women, unmarried sexually active women, and men who have ever used a contraceptive method, by method and age, Zimbabwe 1999

Age	Modern method										Traditional method					Number of women/men		
	Any modern method	Pill	IUD	Injectables	Implant	Condom	Female condom	Dia-phragm	Foam/Jelly	Female sterilisation	Male sterilisation	LAM	Emergency contraception	Any traditional method	Periodic abstinence		Withdrawal	Other methods
ALL WOMEN																		
15-19	15.7	14.8	10.3	0.1	1.2	0.1	7.6	0.0	0.0	0.0	0.6	0.6	0.1	2.6	0.7	2.1	0.2	1,447
20-24	64.8	62.7	53.6	0.6	12.3	0.4	19.2	0.1	0.0	0.0	1.4	0.0	0.9	12.2	3.0	9.8	0.8	1,294
25-29	85.8	84.4	76.4	1.3	22.4	0.4	27.2	0.3	0.2	0.4	0.9	0.0	0.1	18.7	4.8	14.7	1.7	1,034
30-34	87.4	85.2	77.5	3.8	25.3	1.3	25.4	0.1	0.0	1.5	0.0	6.3	0.5	19.0	2.3	17.1	1.5	668
35-39	86.6	83.2	73.1	5.7	30.9	0.9	19.5	0.3	0.4	5.4	0.0	9.8	1.2	27.5	4.4	23.7	4.0	637
40-44	83.7	76.5	66.6	4.7	31.9	0.6	14.8	0.7	0.0	6.9	0.7	11.5	1.1	32.6	3.1	28.2	4.7	466
45-49	76.3	65.4	50.6	6.2	33.2	0.2	9.9	1.0	0.0	7.9	0.0	10.3	1.0	38.2	7.2	32.3	5.2	361
Total	63.6	60.8	52.6	2.2	17.6	0.5	17.6	0.2	0.1	1.2	1.9	6.2	0.6	16.6	3.1	13.9	1.8	5,907
CURRENTLY MARRIED WOMEN																		
15-19	52.5	49.3	42.6	0.3	3.4	0.1	20.1	0.0	0.0	0.0	2.0	2.6	0.4	9.1	1.4	8.6	0.2	314
20-24	79.9	77.3	70.1	0.7	13.9	0.7	19.7	0.1	0.0	0.0	1.4	0.0	1.1	14.9	2.1	13.2	0.9	820
25-29	91.2	89.7	82.4	1.3	23.7	0.2	25.7	0.4	0.2	0.6	0.6	9.9	0.2	20.5	4.9	16.3	1.8	788
30-34	90.0	87.6	81.0	3.1	25.3	1.5	23.1	0.1	0.0	1.7	0.0	6.5	0.6	20.9	2.4	18.8	1.8	543
35-39	88.6	84.9	75.2	6.1	33.3	1.2	17.2	0.2	0.5	5.4	0.0	10.3	1.6	29.9	5.0	26.3	4.4	495
40-44	84.1	76.0	66.2	4.2	33.9	0.8	11.7	0.5	0.0	7.2	0.8	13.5	1.3	33.1	3.5	29.2	3.9	375
45-49	78.6	67.9	51.2	6.5	34.6	0.2	9.3	0.8	0.0	9.8	0.0	10.0	0.9	39.1	7.0	33.2	4.8	272
Total	83.0	79.3	70.9	2.7	23.1	0.7	19.6	0.3	0.1	1.2	2.6	8.5	0.8	22.3	3.6	19.3	2.3	3,609
SEXUALLY ACTIVE UNMARRIED WOMEN																		
15-19	41.6	41.6	6.3	0.0	1.7	0.0	39.3	0.0	0.0	2.9	0.0	0.0	2.3	4.6	0.0	4.6	0.0	28
20-24	85.3	84.1	48.9	3.9	19.8	0.0	55.7	1.3	0.0	9.4	0.0	6.1	0.0	15.5	9.9	8.9	1.0	49
25+	88.1	86.7	69.1	6.5	32.9	0.5	55.0	0.0	0.5	9.6	4.3	6.2	0.0	16.2	4.6	10.9	3.3	122
Total	81.0	79.8	55.4	5.0	25.3	0.3	53.0	0.3	0.3	8.6	2.7	5.3	0.3	14.4	5.3	9.5	2.2	199
MEN																		
All men	66.7	65.1	40.3	1.1	9.5	0.5	49.7	0.0	0.2	1.5	1.1	3.8	0.5	17.7	5.6	13.8	2.5	2,609
Currently married	92.4	89.9	75.5	2.0	17.8	0.8	59.0	0.0	0.3	1.1	2.1	7.0	0.7	27.9	8.3	21.6	4.7	1,239
Sexually active unmarried	88.1	87.4	19.7	0.3	5.5	0.8	85.5	0.0	1.0	6.5	0.0	1.4	1.2	21.2	10.5	15.7	1.6	250

LAM = Lactational amenorrhoea method

Eight in ten sexually active unmarried women reported having used a method of family planning at sometime, with virtually all of them using a modern method. The pill is the method most widely used by these women (55 percent). Other popular methods include male condoms (53 percent) and injectables (25 percent). Only 5 percent of sexually active unmarried women have ever used LAM. It is interesting to note that sexually active unmarried women are much more likely than currently married women to have used male condoms (53 percent compared with 20 percent). Sexually active unmarried women are as likely to have used the pill as the male condom (55 percent and 53 percent, respectively).

Two in three men have used a modern method at some time. Among all men, 50 percent have used condoms and 40 percent have used pills. The next most popular methods reported by men are withdrawal (14 percent), injectables (10 percent) and periodic abstinence (6 percent). Married men reported higher ever-use rates than all men and sexually active unmarried men, for all methods except male and female condoms, and periodic abstinence.

Reporting of ever use of condoms is much higher for sexually active unmarried men than for married men. Ever use of modern family planning methods among sexually active unmarried men is 87 percent, and virtually all of these men reported that they had used condoms at sometime.

5.4 CURRENT USE OF CONTRACEPTION

The contraceptive prevalence rate (CPR), or the percentage of currently married women who are using a family planning method, in Zimbabwe is 54 percent, while the CPR for modern family planning methods is 50 percent (Table 5.5). Figure 5.1 shows the distribution of currently married women by method currently used. The pill is the most commonly used method of contraception among currently married women, followed by injectables (8 percent) and female sterilisation (3 percent). There was a pronounced increase in the use of injectables from 3 percent in 1994 to 8 percent in 1999, while the current use of male condoms for avoiding pregnancy decreased slightly.

The use of modern family planning methods among currently married women rises with age from 39 percent among women 15-19 to 59 percent for women 25-29, after which it falls to 30 percent for women 45-49. The increase in the use of the pill was observed for younger age groups, reaching a peak at age 25-29 and a low of 9 percent for women age 45-49.

A similar pattern in the distribution of current use for modern methods among married women is observed in the 1994 ZDHS, except that in the 1999 ZDHS the use rates are higher for most age groups. Comparisons between the 1994 ZDHS and the 1999 ZDHS show that the highest gains in current use of modern family planning methods were realised at ages 15-19 and 30-34.

It is interesting to note that the overall level of use of modern family planning methods among sexually active unmarried women is slightly higher than that for currently married women, which is probably due to the high level of use of condoms among single women 15-24 and use of the pill among unmarried women age 25 and over. The current use of both male and female condoms among married women remains low. Whereas the current use of male condoms decreased among currently married women, it has increased by about 5 percent among sexually active unmarried women. However, female condoms are not commonly used among both currently married women and sexually active unmarried women.

Table 5.5 Current use of contraception

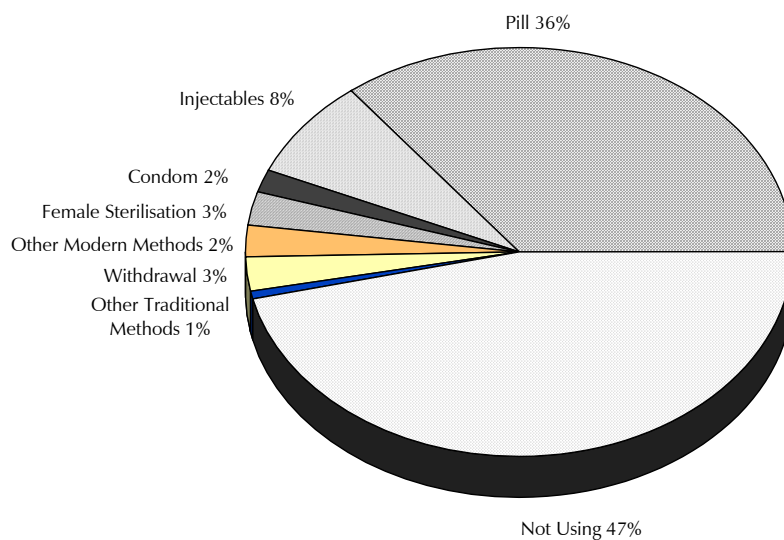
Percentage of all women, currently married women, sexually active unmarried women, and men who are currently using a contraceptive method, by method and age, Zimbabwe 1999

Age	Modern method										Traditional method					Number of women/men			
	Any method	Any modern method	Pill	IUD	Injectables	Implant	Condom	Foam/Jelly	Diaphragm	Female sterilisation	Male sterilisation	LAM	Any traditional method	Periodic abstinence	Withdrawal		Other methods	Not currently using	Total
ALL WOMEN																			
15-19	11.2	10.3	7.5	0.0	0.7	0.0	1.8	0.1	0.0	0.0	0.0	0.1	0.8	0.0	0.7	0.1	88.8	100.0	1,447
20-24	40.5	39.5	31.2	0.0	4.1	0.4	2.8	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.9	0.1	59.5	100.0	1,294
25-29	53.6	52.2	38.6	0.4	7.7	0.4	3.7	0.0	0.0	0.4	0.0	1.0	1.3	0.2	0.8	0.3	46.4	100.0	1,034
30-34	52.6	50.8	34.3	1.5	11.1	0.7	1.7	0.0	0.0	1.5	0.0	0.1	1.7	0.0	1.3	0.4	47.4	100.0	668
35-39	50.9	48.5	25.4	1.7	11.6	0.6	2.7	0.0	0.0	5.4	0.0	1.2	2.4	0.0	2.1	0.3	49.1	100.0	637
40-44	42.2	35.2	16.2	1.6	7.9	0.5	1.4	0.0	0.0	6.9	0.7	0.0	7.0	0.2	5.4	1.4	57.8	100.0	466
45-49	31.4	24.1	7.0	2.6	5.9	0.0	0.4	0.0	0.4	7.9	0.0	0.0	7.2	0.9	4.9	1.4	68.6	100.0	361
Total	37.7	35.6	23.8	0.7	5.9	0.4	2.3	0.0	0.0	1.9	0.1	0.6	2.1	0.1	1.6	0.4	62.3	100.0	5,907
CURRENTLY MARRIED WOMEN																			
15-19	42.1	38.6	33.2	0.0	2.5	0.0	2.3	0.0	0.0	0.0	0.0	0.6	3.5	0.0	3.4	0.2	57.9	100.0	314
20-24	53.7	52.3	44.5	0.0	4.2	0.7	1.6	0.0	0.0	0.0	0.0	1.4	1.4	0.1	1.2	0.2	46.3	100.0	820
25-29	60.9	59.4	45.8	0.3	8.4	0.2	2.8	0.0	0.0	0.6	0.0	1.2	1.5	0.2	1.1	0.2	39.1	100.0	788
30-34	58.2	56.0	38.5	1.6	12.0	0.9	1.3	0.0	0.0	1.7	0.0	0.1	2.1	0.0	1.6	0.5	41.8	100.0	543
35-39	56.8	53.7	29.1	2.2	12.7	0.8	2.1	0.0	0.0	5.4	0.0	1.5	3.1	0.0	2.8	0.4	43.2	100.0	495
40-44	46.4	38.6	19.0	1.0	9.2	0.7	0.7	0.0	0.0	7.2	0.8	0.0	7.8	0.3	6.7	0.8	53.6	100.0	375
45-49	39.4	30.4	9.1	3.0	7.8	0.0	0.2	0.0	0.6	9.8	0.0	0.0	9.0	1.0	6.5	1.5	60.6	100.0	272
Total	53.5	50.4	35.5	0.9	8.1	0.5	1.8	0.0	0.0	2.6	0.1	0.9	3.2	0.2	2.6	0.4	46.5	100.0	3,609
SEXUALLY ACTIVE UNMARRIED WOMEN																			
15-19	34.7	34.7	2.3	0.0	0.0	0.0	29.6	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	65.3	100.0	28
20-24	46.0	46.0	8.2	0.0	6.5	0.0	31.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	54.0	100.0	49
25+	63.6	60.8	31.1	3.3	9.9	0.0	12.1	0.0	0.0	4.3	0.0	0.0	2.8	1.0	0.0	1.8	36.4	100.0	122
Total	55.3	53.5	21.4	2.0	7.7	0.0	19.3	0.4	0.0	2.7	0.0	0.0	1.7	0.6	0.0	1.1	44.7	100.0	199
MEN																			
All men	43.2	40.8	22.3	0.0	3.5	0.2	13.7	0.0	0.0	1.0	0.0	0.1	2.4	0.7	0.9	0.9	56.8	100.0	2,609
Currently married	65.5	61.1	45.4	0.1	7.4	0.4	5.7	0.0	0.0	2.0	0.0	0.2	4.4	1.0	1.6	1.7	34.5	100.0	1,239
Sexually active unmarried	62.5	60.4	4.9	0.0	0.0	0.0	55.5	0.0	0.0	0.0	0.0	0.0	2.0	1.3	0.8	0.0	37.5	100.0	250

LAM = Lactational amenorrhoea method

Current use of any family planning method is higher among currently married men than among all men (66 percent compared with 43 percent). Pills are the most commonly used methods reported by married men (45 percent), followed by injectables (7 percent). Although 14 percent of all men reported that they were currently using condoms, only 6 percent of currently married men were currently using condoms. However, more than half (56 percent) of sexually active unmarried men were using condoms. This discrepancy may represent different reproductive health goals and different perceptions of the risk of acquiring sexually transmitted diseases related to marital status.

Figure 5.1 Use of Specific Contraceptive Methods Among Currently Married Women, Zimbabwe 1999



ZDHS 1999

Overall, there is an upward trend in the current use of family planning methods among currently married women since 1984 (see Table 5.6). On average, the prevalence increased at a rate of roughly 1 percent every year between 1984 and 1999. Moreover, use of modern methods has increased faster than overall use, from 27 percent in the 1984 ZRHS to 42 percent in the 1994 ZDHS and to 50 percent in the 1999 ZDHS. The most dramatic increase in modern contraceptive use in the five years between 1994 and 1999 is shown by injectables (3 percent to 8 percent). During the same period, the use of the pill increased from 33 percent to 36 percent. Use of traditional methods, however, declined from 6 percent to 3 percent.

5.5 CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

Analysis of current use by background characteristics permits an examination of differences in the method mix among current users in the various subgroups (Tables 5.7.1 for women and 5.7.2 for men). These tables allow for the comparison of levels of use among population groups. In general, the pattern of contraceptive use by background characteristics is similar to that found in the 1994 ZDHS.

Table 5.6 Trends in current use of contraception

Percentage of currently married women who were using specific contraceptive methods at the time of the survey, Zimbabwe 1984-1999

Contraceptive method	Current use of contraception			
	1984 ZRHS	1988 ZDHS	1994 ZDHS	1999 ZDHS
Any method	38.4	43.1	48.1	53.5
Any modern method	26.6	36.1	42.2	50.4
Pill	22.6	31.0	33.1	35.5
Condom	0.7	1.2	2.3	1.8
Vaginal method	0.1	0.0	0.0	0.0
IUD	0.7	1.1	1.0	0.9
Injectables	0.8	0.3	3.2	8.1
Implants	NA	NA	0.2	0.5
Female sterilisation	1.6	2.3	2.3	2.6
Male sterilisation	0.1	0.2	0.2	0.1
Any traditional method	11.8	7.0	6.0	3.2
Safe period ¹	0.6	0.3	0.1	NA
Withdrawal	6.5	5.1	4.2	2.6
Periodic abstinence	2.1	NA	NA	0.2
Other ²	2.6	1.5	1.7	0.4
Number of women	2,123	2,643	3,788	3,609

NA = Not applicable

¹ Includes only rhythm method in the 1984 ZRHS

² Reported as "folk" methods in 1994 ZDHS

Source: ZNFPC and WPAS, 1985; CSO and IRD, 1989; and CSO and MI, 1995

Currently married women in rural areas are less likely to use family planning methods than their counterparts in urban areas (48 percent as opposed to 63 percent). This scenario holds across all methods of contraception. Use of family planning methods is highest in the urban provinces of Harare (64 percent) and Bulawayo (62 percent). Manicaland has the lowest level of contraceptive use among currently married women (see Figure 5.2).

Contraceptive use is associated positively with the user's level of education, married women with less education have relatively more-limited contraceptive use than better-educated women. For example, 41 percent of currently married women with no education use family planning methods compared with 69 percent of women with higher than a secondary education.

Few married women who are childless use family planning methods (8 percent), while at least 57 percent of women with children are using contraception. Contraceptive use rises with the number of living children up to two children and declines thereafter.

Contraceptive use among men shows some of the patterns observed among women. Prevalence is higher among urban men, men living in Harare and the Midlands, better-educated men, and men with at least one living child. Among modern methods, condoms and injectables are more likely to be reported by men with no education, while better-educated men tend to report using the pill and female sterilisation.

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 selected background characteristics, Zimbabwe 1999

Age	Modern method										Traditional method					Number of women	
	Any method	Any modern method	Pill	IUD	Injectables	Implant	Condom	Female sterilisation	Male sterilisation	LAM	Any traditional method	Periodic abstinence	Withdrawal	Not currently using	Other methods		Total
Residence																	
Urban	63.1	61.8	44.5	1.9	7.6	1.3	2.1	3.7	0.0	0.7	1.2	0.1	1.1	0.0	36.9	100.0	1,306
Rural	48.1	43.9	30.3	0.4	8.3	0.1	1.6	2.0	0.1	1.0	4.3	0.2	3.4	0.7	51.9	100.0	2,303
Province																	
Manicaland	40.9	33.6	22.3	0.5	6.1	0.0	1.4	1.6	0.3	1.1	7.4	0.5	6.5	0.3	59.1	100.0	561
Mashonaland Central	53.3	49.8	36.9	0.8	9.6	0.0	1.5	1.0	0.0	0.0	3.6	0.0	2.8	0.7	46.7	100.0	325
Mashonaland East	57.4	55.4	40.1	1.3	9.9	0.0	1.3	2.6	0.0	0.3	1.9	0.0	1.9	0.0	42.6	100.0	310
Mashonaland West	57.5	55.3	45.8	0.5	5.2	0.8	0.5	1.6	0.0	0.8	2.2	0.0	1.9	0.3	42.5	100.0	367
Matabeleland North	48.3	44.6	31.8	0.2	8.9	0.0	1.6	1.8	0.0	0.2	3.6	0.9	2.3	0.5	51.7	100.0	180
Matabeleland South	41.6	36.2	18.9	0.5	10.3	0.0	2.3	3.7	0.0	0.6	5.4	0.3	2.8	2.3	58.4	100.0	170
Midlands	49.7	45.9	32.7	0.6	7.4	0.2	1.9	2.2	0.0	0.8	3.7	0.0	2.6	1.1	50.3	100.0	444
Masvingo	55.5	53.3	31.3	0.5	13.7	0.0	1.5	3.3	0.3	2.8	2.2	0.0	2.0	0.3	44.5	100.0	367
Harare	63.5	62.9	48.9	1.1	5.7	2.0	2.3	2.3	0.0	0.6	0.6	0.0	0.6	0.0	36.5	100.0	667
Bulawayo	62.0	60.2	30.5	4.0	10.1	0.6	4.0	9.8	0.3	0.9	1.7	0.3	1.4	0.0	38.0	100.0	217
Education																	
No education	40.8	35.2	21.1	0.3	9.6	0.0	0.8	2.6	0.3	0.5	5.7	0.0	3.7	2.0	59.2	100.0	310
Primary	48.8	44.4	30.4	0.5	8.2	0.0	1.2	2.9	0.0	1.1	4.4	0.3	3.6	0.5	51.2	100.0	1,665
Secondary	60.2	58.9	43.7	1.0	7.8	1.2	2.3	2.1	0.0	0.7	1.3	0.0	1.3	0.0	39.8	100.0	1,523
Higher	69.0	65.6	38.3	8.9	6.7	0.6	5.1	4.6	1.4	0.0	3.4	0.0	3.4	0.0	31.0	100.0	111
No. of living children																	
0	7.7	6.6	3.1	0.2	0.8	0.0	2.6	0.0	0.0	0.0	1.1	0.0	1.1	0.0	92.3	100.0	372
1	58.3	56.2	47.3	0.5	4.5	0.6	2.1	0.3	0.0	0.8	2.1	0.0	2.0	0.2	41.7	100.0	848
2	61.8	60.8	48.3	1.6	6.4	0.1	1.8	0.8	0.2	1.6	0.9	0.1	0.6	0.3	38.2	100.0	731
3	60.8	58.9	37.9	1.0	12.3	2.0	1.4	3.6	0.0	0.7	1.9	0.1	1.6	0.2	39.2	100.0	507
4+	56.5	49.8	27.9	1.1	12.3	0.2	1.3	5.9	0.1	0.8	6.7	0.4	5.3	1.0	43.5	100.0	1,151
Total	53.5	50.4	35.5	0.9	8.1	0.5	1.8	2.6	0.1	0.9	3.2	0.2	2.6	0.4	46.5	100.0	3,609

LAM = Lactational amenorrhoea method

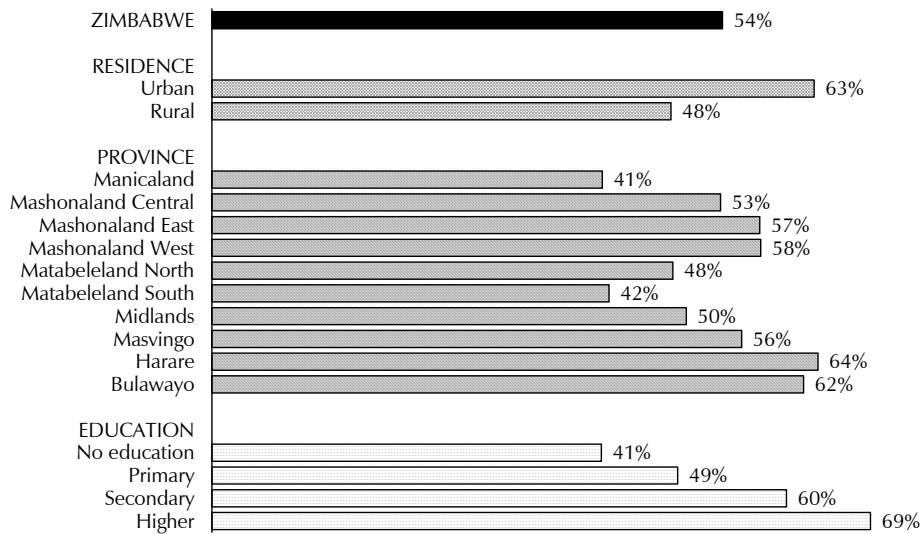
Table 5.7.2 Current use of contraception by background characteristics: men

Percent distribution of currently married men by contraceptive method currently used, according to selected background characteristics, Zimbabwe 1999

Age	Modern method										Traditional method				Number of men	
	Any method	Any modern method	Pill	IUD	Injectables	Implant	Condom	Female sterilisation	LAM	Any traditional method	Periodic abstinence	Withdrawal	Not currently using	Other methods		Total
Residence																
Urban	73.4	69.2	53.1	0.1	7.4	0.5	5.5	2.6	0.0	4.2	0.5	2.3	1.4	26.6	100.0	546
Rural	59.3	54.7	39.3	0.0	7.3	0.3	5.9	1.6	0.3	4.5	1.4	1.1	2.0	40.7	100.0	693
Province																
Manicaland	47.9	44.3	33.3	0.0	5.2	0.0	4.7	1.0	0.0	3.6	0.0	2.6	1.0	52.1	100.0	139
Mashonaland																
Central	67.0	61.4	45.2	0.0	11.1	0.0	4.0	0.6	0.6	5.6	2.7	1.1	1.7	33.0	100.0	127
Mashonaland East	61.7	60.9	40.9	0.0	6.9	1.7	7.9	3.4	0.0	0.9	0.0	0.0	0.9	38.3	100.0	117
Mashonaland West	62.1	55.7	39.7	0.0	8.0	0.0	4.8	3.2	0.0	6.3	1.4	3.6	1.4	37.9	100.0	147
Matabelaland North	57.4	49.4	36.7	0.0	7.3	0.0	4.7	0.7	0.0	8.0	2.0	4.0	2.0	42.6	100.0	61
Matabelaland South	63.4	50.7	38.1	0.0	6.2	0.0	4.2	1.1	1.1	12.7	0.0	2.1	10.6	36.6	100.0	46
Midlands	72.5	67.9	49.8	0.0	4.6	0.0	10.5	3.0	0.0	4.6	1.4	1.6	1.6	27.5	100.0	143
Masvingo	59.4	54.1	39.4	0.0	10.4	0.0	1.8	1.6	0.9	5.3	3.5	1.8	0.0	40.6	100.0	102
Harare	81.8	79.7	65.0	0.0	7.0	0.7	6.3	0.7	0.0	2.1	0.0	0.0	2.1	18.2	100.0	271
Bulawayo	53.4	49.6	28.6	0.8	7.5	0.8	5.3	6.8	0.0	3.8	0.0	3.0	0.8	46.6	100.0	86
Education																
No education	55.5	47.4	24.6	0.0	11.1	0.0	11.7	0.0	0.0	8.1	3.3	1.8	3.0	44.5	100.0	49
Primary	60.4	54.9	40.1	0.0	6.8	0.2	5.1	2.5	0.2	5.5	1.1	2.8	1.6	39.6	100.0	461
Secondary	68.1	64.4	48.5	0.0	8.2	0.6	5.9	1.0	0.2	3.7	0.9	0.9	2.0	31.9	100.0	617
Higher	76.4	74.6	59.1	0.6	3.5	0.0	4.8	6.7	0.0	1.7	0.0	1.3	0.4	23.6	100.0	112
No. of living children																
0	16.0	16.0	5.1	0.0	1.0	0.0	9.9	0.0	0.0	0.0	0.0	0.0	0.0	84.0	100.0	129
1	69.5	67.5	54.4	0.0	5.3	0.0	7.3	0.6	0.0	2.1	0.6	0.9	0.6	30.5	100.0	271
2	70.4	66.4	54.4	0.0	6.1	1.4	4.6	0.0	0.0	3.9	0.0	2.5	1.5	29.6	100.0	213
3	73.5	70.4	53.7	0.0	11.1	0.4	3.7	0.9	0.6	3.0	0.5	0.7	1.8	26.5	100.0	153
4+	71.9	64.4	44.6	0.1	9.6	0.2	4.9	4.7	0.3	7.5	2.1	2.5	2.9	28.1	100.0	473
Total	65.5	61.1	45.4	0.1	7.4	0.4	5.7	2.0	0.2	4.4	1.0	1.6	1.7	34.5	100.0	1,239

LAM = Lactational amenorrhoea method

Figure 5.2 Current Use of Family Planning Among Currently Married Women 15-49 by Background Characteristics, Zimbabwe 1999



ZDHS 1999

5.6 CURRENT USE OF CONTRACEPTION BY WOMEN'S STATUS

A woman's status and self-image affect her ability to control her fertility and to choose a suitable contraceptive method. A woman who feels that she is unable to control other aspects of her life may be less likely to feel she can make and carry out decisions on her fertility. She may also feel the need to choose methods that are less likely to be revealed or that do not depend on her husband's cooperation.

Table 5.8 shows that the above assumptions hold true in Zimbabwe as far as using a family planning method. Women who have more say in making household decisions, those who have more reasons to refuse having sex with their partner and women who do not justify wife beating are more likely to use contraception.

5.7 NUMBER OF CHILDREN AT FIRST USE OF CONTRACEPTION

Couples use family planning methods for timing births, for spacing births, or to completely avoid pregnancy. An examination of first use of contraception among ever-married women by the number of living children shows that younger women initiated contraceptive use at lower parities than older women (Table 5.9). The data shows that in general, few women begin using contraception before they have had a child (4 percent).

Table 5.8 Current use of contraception by women's status

Percent distribution of currently married women by contraceptive method currently used, according to selected indicators of women's status, Zimbabwe 1999

Age	Modern method							Traditional method					Number of women			
	Any modern method	Pill	IUD	Injectables	Implant	Condom	Male sterilisation	Female sterilisation	LAM	Any traditional method	Periodic abstinence	Withdrawal		Other methods	Not currently using	
Number of decisions with woman having final say																
0-1	40.9	35.7	27.1	4.8	0.0	1.6	1.5	0.0	0.8	5.2	0.0	4.8	0.4	59.1	100.0	371
2-3	51.7	48.4	36.2	8.0	0.2	1.6	1.1	0.1	0.9	3.3	0.1	2.9	0.4	48.3	100.0	979
4-5	56.4	53.6	36.5	8.7	0.7	1.9	3.5	0.1	0.9	2.8	0.2	2.1	0.5	43.6	100.0	2,258
Number of reasons to refuse sexual relations																
0	51.4	50.5	37.4	8.5	0.3	0.7	2.2	0.0	1.4	1.0	0.0	1.0	0.0	48.6	100.0	244
1-2	52.8	49.3	36.7	6.6	0.3	1.8	2.2	0.0	1.1	3.5	0.2	2.8	0.6	47.2	100.0	1,180
3-4	54.2	50.9	34.6	8.9	0.6	1.8	2.9	0.1	0.7	3.3	0.2	2.7	0.4	45.8	100.0	2,184
Number of reasons to justify wife beating																
0	55.9	52.9	35.7	8.5	0.8	2.3	3.3	0.1	0.7	3.0	0.2	2.5	0.3	44.1	100.0	1,729
1-3	52.7	49.3	36.8	7.3	0.3	1.5	1.9	0.1	1.0	3.4	0.2	2.7	0.5	47.3	100.0	1,411
4-5	47.4	44.1	30.3	9.0	0.0	0.7	2.4	0.0	1.0	3.3	0.1	2.6	0.5	52.6	100.0	469
Total	53.5	50.4	35.5	8.1	0.5	1.8	2.6	0.1	0.9	3.2	0.2	2.6	0.4	46.5	100.0	3,609

LAM = Lactational amenorrhoea method

Table 5.9 Number of children at first use of contraception

Percent distribution of ever-married women by number of living children at the time of first use of contraception and median number of children at first use, according to current age, Zimbabwe 1999

Current age	Never used contraception	Number of living children at time of first use of contraception						Total	Number of women at first use of contraception	Median number of children at first use of contraception ¹
		0	1	2	3	4+	Missing			
15-19	46.9	8.3	41.7	1.5	0.0	0.0	1.7	100.0	329	0.4
20-24	19.8	5.1	67.3	6.7	0.6	0.2	0.4	100.0	930	0.5
25-29	9.8	5.0	70.1	11.4	2.3	0.9	0.5	100.0	933	0.6
30-34	11.3	3.5	63.4	13.3	5.2	3.0	0.3	100.0	642	0.6
35-39	12.6	3.3	43.3	17.3	12.2	11.3	0.0	100.0	620	0.9
40-44	16.0	2.5	34.9	16.7	11.5	18.1	0.2	100.0	458	1.3
45-49	23.8	3.1	27.9	11.5	12.9	20.4	0.4	100.0	359	1.6
Total	17.3	4.4	55.1	11.3	5.5	6.0	0.4	100.0	4,270	0.7

¹ Median among those who have ever used contraception

5.8 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, condom, and vaginal methods. Knowledge is particularly critical in the case of periodic abstinence. The 1999 ZDHS included a question designed to obtain information on respondent's understanding of the time when a woman was most likely to become pregnant during the menstrual cycle. Considering the responses from 5,907 respondents to this inquiry, it is clear that knowledge of the fertile period is minimal among women. Only 12 percent of women were able to identify the correct period (Table 5.10). About a third of all women (34 percent) could not state when this period is during the menstrual cycle.

It should be noted, however, that the precoded response categories in this question are only one way of dividing the cycle into periods. It is possible that women who gave "other" answers such as "one week after her menstruation" were coded in the category "right after her period ended" instead of in the category "in the middle of the cycle." Thus, more women may actually have correct understanding of the fertile period than is presented in Table 5.10.

5.9 SOURCE OF SUPPLY

To document the main sources of supply for users of different contraceptive methods, all users of family planning methods were asked to state where they had obtained their current method(s) the last time. Detailed information of the source of family planning methods by method

Table 5.10 Knowledge of fertile period

Percent distribution of women by knowledge of the fertile period during the ovulatory cycle, Zimbabwe 1999

Perceived fertile period	All women
During menstrual period	1.4
Right after period has ended	30.3
Halfway between periods	11.6
Just before period begins	9.2
At any time	11.9
Other	0.9
Don't know	34.3
Missing	0.4
Total	100.0
Number	5,907

Note: Total includes 9 unweighted women who are using periodic abstinence as a family planning method.

is complicated by the fact that some respondents do not know for sure the name of the source. Therefore, data on this indicator should be used with some caution.

The distribution of sources of contraceptive supplies for current users shows that most users (77 percent) obtained their contraceptives from the public sector followed by 17 percent who obtained their methods from the private medical sector (see Table 5.11). Compared with the findings in the 1994 ZDHS, there has been an increase in the participation of the private medical sector in family planning service delivery from 12 percent to 17 percent by 1999.

The majority of current users of the pill (81 percent), injectables (84 percent), and female sterilisation (62 percent), obtain their methods from the public sector. However, the supply of condoms seems more evenly distributed across the three main groups of contraceptive suppliers (public sector, private medical sector, and the other category) mentioned by clients.

Table 5.11 Source of supply for modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by most recent source of supply, according to specific methods, Zimbabwe 1999

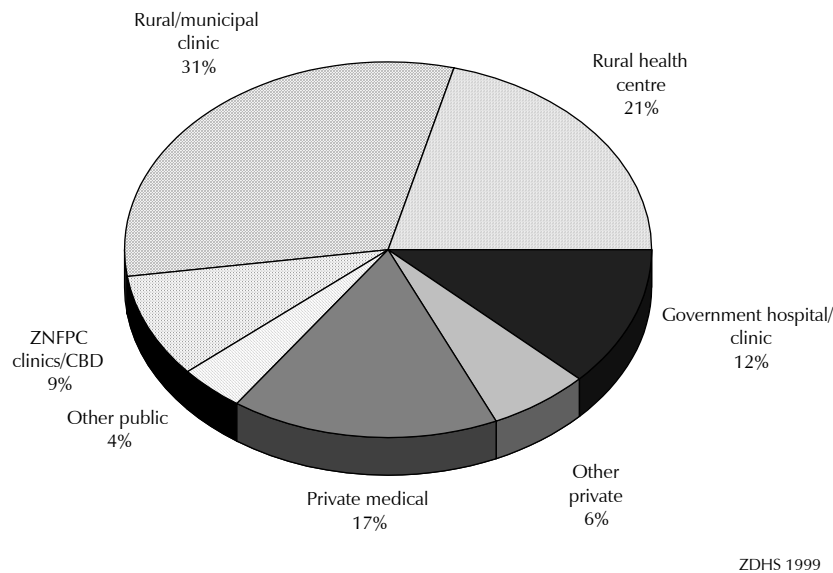
Source of supply	Pill	IUD	Injectables	Condom	Female sterilisation	All modern methods ¹
Public sector	80.5	(53.4)	84.4	40.1	61.7	76.7
Government hospital/clinic	9.6	(13.6)	14.0	4.5	34.0	11.7
Rural/municipal clinic	35.2	(10.0)	30.4	17.5	11.3	31.0
Rural health centre	20.5	(0.0)	33.0	8.3	13.6	20.7
ZNFPC (fixed) clinic	3.2	(22.5)	4.5	2.5	0.0	3.9
ZNFPC mobile clinic	2.4	(3.7)	0.6	0.7	0.0	1.8
MOH mobile clinic	1.3	(0.0)	1.5	0.0	0.0	1.1
ZNFPC CBD worker	4.8	(3.7)	0.1	1.8	0.0	3.4
MOH CBD worker	3.4	(0.0)	0.0	4.3	0.0	2.6
Other public	0.2	(0.0)	0.3	0.5	2.9	0.3
Private medical sector	15.7	(44.2)	10.9	21.3	22.6	16.5
Private hospital/clinic	2.6	(12.1)	2.8	1.9	16.2	3.6
Pharmacy	7.7	(0.0)	0.0	15.3	4.6	6.5
Private doctor	3.5	(32.1)	7.6	0.0	0.0	4.6
Private CBD worker	1.7	(0.0)	0.0	2.7	0.0	1.3
Other private	0.2	(0.0)	0.5	1.4	1.8	0.4
Other private	3.6	(2.4)	4.7	36.3	13.4	6.4
Shop	0.3	(0.0)	0.0	18.1	0.0	1.4
Friends/relatives	0.3	(0.0)	0.0	15.2	0.0	1.2
Mission facility	2.9	(2.4)	4.5	1.4	13.4	3.6
Other	0.1	(0.0)	0.2	1.6	0.0	0.2
Don't know/missing	0.2	(0.0)	0.0	2.3	2.2	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,404	42	350	137	109	2,068

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

CBD = Community-based distribution

¹ Total includes women who reported using female condom, foam or jelly, male sterilisation, and lactational amenorrhoea method (LAM).

Figure 5.3 Current Use of Contraception by Source of Supply, Zimbabwe 1999



Within the public sector, government hospitals and health centres are reported as the main source of contraceptive supplies (see Figure 5.3). In general, the proportion of current users who obtain their contraceptive supplies from the ZNFPC community-based distribution (CBD) workers is declining. The percentage of users obtaining supplies from a ZNFPC CBD worker declined from 18 percent in 1994 to 3 percent in 1999. The most often used source for condoms are shops and rural/municipal clinics (18 percent each) and pharmacies and friends or relatives (15 percent each).

5.10 FIRST-YEAR CONTRACEPTIVE DISCONTINUATION RATES

Couples can realise their reproductive goals only when they use contraceptive methods consistently. Of particular concern to family planning programmes is the rate at which users discontinue use of contraception and the reasons for such discontinuation. Life-table contraceptive discontinuation rates derived from the survey are presented in Table 5.12. These are cumulative first-year discontinuation rates and represent the proportion of users discontinuing a method within 12 months after the start of use. The rates are calculated by dividing the number of discontinuations for each reason at each duration of use in single months by the number of months of exposure at that duration. The single-month rates are then summed to produce a one-year rate. The reasons for discontinuation are treated as competing risks (net rates). Three specific reasons for discontinuation are tabulated: method failure (became pregnant while using contraception), desire to become pregnant, and switching to another method.¹

¹ The discontinuation rates presented here include only those segments of contraceptive use that *began* since January 1994. The rates apply to the 3- to 63-month period before the survey; exposure during the month of interview and the two months prior to the interview are excluded to avoid the biases that may be introduced by unrecognized pregnancies. These cumulative discontinuation rates represent the proportion of users discontinuing a method within 12 months of starting use. The rates are calculated by dividing the number of women discontinuing a method by the number exposed at that duration. The single-month rates are then cumulated to produce a one-year rate. In calculating the rate, the various reasons for discontinuation are treated as competing risks.

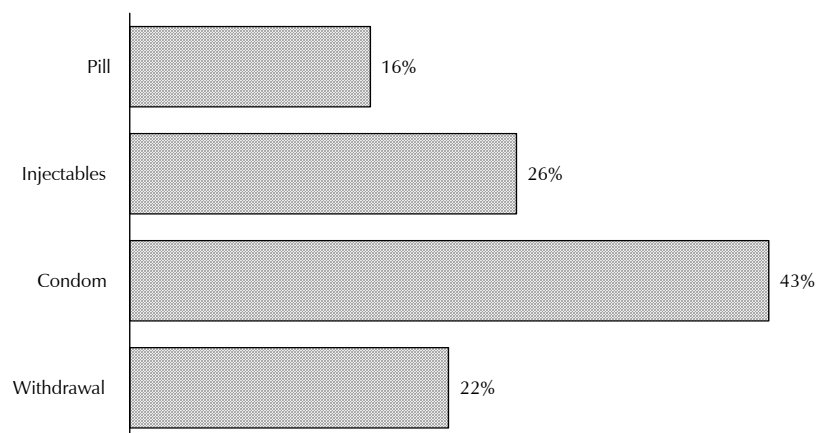
The results indicate that one in five family planning users in Zimbabwe stop using a contraceptive method within 12 months of starting use. Four percent of users stop using because they want to become pregnant, 6 percent stop because the women switched to another method, and 2 percent stop because of method failure (i.e., they became pregnant while using). Discontinuation rates are much higher for the condom (43 percent) than for the pill (16 percent) or injectables (26 percent) (see Figure 5.4). Among the modern contraceptive methods, condoms present the highest failure rate; 4 percent of users became pregnant while using them.

Table 5.12 First-year contraceptive discontinuation rates

Proportion of contraceptive users who discontinue use of a method by 12 months after beginning its use, by reason for discontinuation, according to specific method, Zimbabwe 1999

Method discontinued	Reason for discontinuation				Total
	Method failure	Desire to become pregnant	Switched to another method	All other reasons	
Pill	1.8	3.5	4.0	7.1	16.3
Injectables	1.1	3.2	9.4	12.5	26.2
Condom	4.2	6.7	9.7	22.9	43.3
Withdrawal	1.6	9.5	7.4	3.1	21.6
All methods	1.8	3.8	5.9	8.7	20.2

Figure 5.4 First-Year Contraceptive Discontinuation Rates by Method, Zimbabwe 1999



ZDHS 1999

5.11 REASONS FOR DISCONTINUING CONTRACEPTIVE METHODS

Table 5.13 presents the distribution of all discontinuations among ever users during the four years preceding the ZDHS. Among 2,835 discontinuations that occurred since January 1994, the most common reason for discontinuing use is the desire to become pregnant. This reason applies to all methods except LAM, for which 34 percent of the users wanted to have a more effective method. The desire to become pregnant is expressed by 40 percent of pill users.

Across all modern family planning methods, there is also a significant proportion of women who discontinued use because they experienced method-related side effects and/or because they were concerned about their health (18 percent). It is worth noting that four in ten women who discontinued using injectables stopped because of side effects (27 percent) and health concerns (14 percent). The low efficacy of traditional and folk methods is evidenced by the comparatively high proportions of discontinuations that were due to pregnancy.

Table 5.13 Reasons for discontinuing contraceptive methods

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason for discontinuation, according to specific method, Zimbabwe 1999

Reason for discontinuation	Pill	Injectables	Condom	Lactational amenorrhoea	Periodic abstinence	Withdrawal	All methods
Became pregnant while using	12.7	6.9	5.8	13.6	(17.7)	16.4	11.7
Wanted to become pregnant	39.6	18.8	27.9	13.4	(9.8)	51.9	35.4
Husband disapproved	3.3	1.4	9.4	3.3	(5.3)	6.4	3.5
Side effects	10.3	27.0	0.4	0.0	(0.0)	0.0	11.3
Health concerns	6.4	14.8	1.4	0.0	(0.0)	0.0	6.9
Access/availability	3.6	6.6	3.6	0.0	(0.0)	0.0	3.7
Wanted a more effective method	3.9	0.5	6.7	34.3	(22.4)	6.5	4.6
Inconvenient to use	2.6	1.2	6.5	1.9	(0.0)	0.7	2.5
Infrequent sex	3.8	5.5	12.8	0.0	(18.5)	1.3	4.5
Costs too much	2.9	6.4	1.4	0.0	(0.0)	0.0	3.0
Fatalistic	0.5	0.0	1.1	0.0	(0.0)	0.0	0.4
Menopause	0.6	0.3	0.0	0.0	(0.0)	2.9	0.6
Marital dissolution	2.1	1.7	2.3	0.0	(0.0)	0.0	1.9
Other	3.7	6.1	12.0	17.8	(0.0)	1.3	5.0
Don't know	0.1	0.0	0.3	0.0	(0.0)	0.0	0.1
Missing	3.8	2.9	8.5	15.6	(26.3)	12.6	5.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,951	420	167	76	29	143	2,835

Note: Numbers in parentheses are based on 25-49 unweighted cases.
¹ Total includes women who used IUD, implants, female condom, foam or jelly, and traditional methods.

5.12 FUTURE USE OF CONTRACEPTION

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

Currently married women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future (Table 5.14). Two-thirds of the currently married nonusers indicated that they intend to use family planning methods in the future,

Table 5.14 Future use of contraception

Percent distribution of currently married women and men who are not using a contraceptive method by intention to use a method in the future, according to number of living children, Zimbabwe 1999

Intention	Number of living children ¹					Total women	Total men
	0	1	2	3	4+		
All currently married nonusers							
Intends to use	63.5	78.6	73.6	75.7	52.7	66.7	67.9
Unsure as to intention	6.5	4.2	5.3	1.5	3.6	4.1	3.6
Does not intend to use	30.0	17.2	20.8	22.0	43.0	28.7	21.0
Don't know/Missing	0.0	0.0	0.3	0.8	0.7	0.4	7.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women and men	233	350	311	236	547	1,676	428

¹ Includes current pregnancy

while 29 percent said they do not intend to use. The proportion of women who intend to use a method is highest among women with one to three children and lowest among those with at least four children. The pattern for men is similar to that for women.

5.13 REASONS FOR NONUSE OF CONTRACEPTION

Table 5.15 presents the main reasons for not using family planning given by currently married nonusers who said that they did not intend to use a contraceptive method in the future. Religious prohibition, a desire for more children, and husband's disapproval were the most important reasons given by women under 30 years of age, while menopause and perceived subfecundity and infecundity were given as the most important reasons for nonuse by women above 30 years of age. For men, the most often cited reasons are that their wife is menopausal or has had a hysterectomy and religious prohibition (26 percent each).

Table 5.15 Reasons for nonuse of contraception

Percent distribution of currently married women and men 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, according to age, Zimbabwe 1999

Reason	Women		Men	
	Age		All ages	All ages
	<30	30-49		
Not married	0.0	0.5	0.4	0.0
Infrequent sex	1.6	8.6	6.8	3.1
Menopausal/hysterectomy	0.0	23.9	17.9	25.6
Subfecund/infecund	9.1	19.6	17.0	9.6
Wants more children	11.1	8.7	9.3	12.0
Respondent opposed	8.2	2.6	4.0	4.6
Husband opposed	9.7	3.1	4.8	1.5
Others opposed	0.0	0.1	0.1	0.0
Religious prohibition	36.9	8.5	15.7	26.3
Knows no method	1.2	0.2	0.5	1.0
Knows no source	0.0	0.0	0.0	0.4
Health concerns	3.0	4.5	4.1	3.6
Fear side effects	7.5	5.6	6.1	0.5
Lack of access	0.0	0.3	0.2	0.0
Costs too much	2.1	2.6	2.5	0.0
Inconvenient to use	0.4	0.4	0.4	2.3
Interferes with body processes	2.4	2.4	2.4	1.4
Other	2.9	6.3	5.5	2.8
Don't know	3.9	1.7	2.3	5.1
Missing	0.0	0.4	0.3	0.0
Total	100.0	100.0	100.0	100.0
Number of women and men	122	360	482	90

5.14 PREFERRED METHODS 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 5.16 presents information on method preferences for married women who are not using contraception but say that they intend to use in the future. A majority of these women (57 percent) intend to use the pill, about 27 percent intend to use injectables, and 5 percent consider female sterilization.

Compared with the 1994 ZDHS, there is a slight increase in the intention to use injectables, and less interest in the pill and IUD. The intention to use condoms as a means for preventing a pregnancy also declined (3 percent in 1994 to 1 percent in 1999).

5.15 EXPOSURE TO FAMILY PLANNING MESSAGES ON THE RADIO AND TELEVISION

Radio and television are the major potential sources of information about family planning in the electronic media. Information on the level of public exposure to a particular type of media allows policy makers 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 survey were asked whether they had heard messages about family planning on radio or seen them on television during the few months preceding the interview (Tables 5.17.1 for women and 5.17.2 for men).

Overall, one in four women reported that they had heard or seen a family planning message on both radio and television during the month before the interview, 22 percent heard a message on the radio only, and 3 percent heard a message on the television only. These proportions do not vary significantly by the woman's age. However, sharp contrasts in access to media messages are observed between urban and rural residents. Respondents in urban areas are about three times as likely as rural women to have access to both radio or television broadcasts. Rural women are more likely than urban women not to have heard a message on either radio or television (63 percent of rural women compared with 31 percent of women in urban areas).

The proportion of women who were exposed to family planning messages varied across provinces, ranging from 33 percent in Matabeleland North to 67 percent in Harare and 78 percent in Bulawayo. Exposure to family planning messages increases with the respondent's level of education; women with higher than a secondary education are much more likely to be exposed to messages than women with no education.

Table 5.16 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, Zimbabwe 1999

Preferred method	Percentage of women who intend to use a method in the future
Pill	56.8
IUD	1.6
Injectables	26.5
Implants	1.8
Condom	1.2
Female condom	0.7
Female sterilisation	4.7
Male sterilisation	0.2
Lactational amenorrhoea	0.1
Periodic abstinence	0.2
Withdrawal	2.3
Folk method	1.3
Missing	2.7
Total	100.0
Number of women	1,119

Table 5.17.1 Exposure to family planning messages on radio and television: women

Percent distribution of women by whether or not they have heard a radio or television message about family planning in the last few months prior to the interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Heard family planning message on radio/television				Total	Number of women
	Both	Radio only	Television only	Neither		
Age						
15-19	20.4	18.4	3.1	58.1	100.0	1,447
20-24	25.8	23.0	3.8	47.3	100.0	1,294
25-29	26.9	26.5	2.8	43.8	100.0	1,034
30-34	31.6	24.6	4.5	39.3	100.0	668
35-39	23.6	22.0	2.2	52.0	100.0	637
40-44	22.3	21.0	2.4	54.4	100.0	466
45-49	20.4	17.7	1.5	60.4	100.0	361
Residence						
Urban	42.0	20.6	6.8	30.6	100.0	2,279
Rural	13.5	23.0	0.8	62.7	100.0	3,628
Province						
Manicaland	16.2	18.0	0.8	65.1	100.0	882
Mashonaland Central	14.0	25.0	1.8	59.1	100.0	477
Mashonaland East	25.8	28.5	1.3	44.4	100.0	461
Mashonaland West	24.1	24.2	2.0	49.8	100.0	559
Matabeleland North	13.8	17.7	1.3	67.1	100.0	302
Matabeleland South	14.4	21.2	2.2	62.1	100.0	321
Midlands	16.4	23.6	3.5	56.3	100.0	741
Masvingo	14.9	26.3	2.0	56.8	100.0	629
Harare	40.2	19.2	7.5	33.1	100.0	1,077
Bulawayo	53.8	19.8	4.8	21.7	100.0	457
Education						
No education	10.5	12.5	0.2	76.5	100.0	396
Primary	15.5	22.4	1.3	60.9	100.0	2,377
Secondary	31.5	23.6	4.5	40.4	100.0	2,965
Higher	60.5	13.0	12.6	14.0	100.0	168
Total	24.5	22.1	3.1	50.3	100.0	5,907

In general, men seem to be more exposed to family planning messages through the electronic media than their female counterparts. Like women, however, exposure to family planning messages on the radio and television varies across provinces. Men in Harare and Bulawayo (86 percent and 81 percent, respectively) have the highest level of exposure. For the remaining provinces, exposure to family planning messages through the electronic media ranges from 40 percent in Matabeleland South to 69 percent in Mashonaland West.

Exposure to family planning messages also varies with men's education; men with at least some secondary education are more exposed to messages than those with primary or no education.

Table 5.17.2 Exposure to family planning messages on radio and television: men

Percent distribution of men by whether or not they have heard a radio and/or television message about family planning in the last few months prior to the interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Heard family planning message on radio/television					Total	Number of men
	Both	Radio only	Television only	Neither	Missing		
Age							
15-19	20.0	23.1	4.2	52.7	0.0	100.0	713
20-24	28.1	29.7	6.1	36.2	0.0	100.0	506
25-29	35.7	34.0	3.2	27.1	0.0	100.0	430
30-34	36.4	36.9	2.8	23.9	0.0	100.0	281
35-39	35.6	31.2	4.1	29.1	0.0	100.0	220
40-44	30.0	31.0	3.3	33.4	2.2	100.0	178
45-49	29.8	34.0	1.3	34.9	0.0	100.0	177
50-54	28.1	33.7	3.1	35.1	0.0	100.0	104
Residence							
Urban	53.9	21.7	7.2	16.8	0.4	100.0	1,090
Rural	11.0	36.0	1.5	51.5	0.0	100.0	1,519
Province							
Manicaland	17.9	43.4	0.8	37.3	0.6	100.0	360
Mashonaland Central	10.8	37.7	1.5	50.0	0.0	100.0	236
Mashonaland East	14.9	30.9	2.8	51.5	0.0	100.0	217
Mashonaland West	28.9	37.7	2.1	31.3	0.0	100.0	268
Matabeleland North	25.9	26.6	1.7	45.8	0.0	100.0	146
Matabeleland South	19.5	17.7	3.5	59.2	0.0	100.0	120
Midlands	15.6	30.2	6.8	47.4	0.0	100.0	308
Masvingo	9.8	35.4	1.1	53.7	0.0	100.0	225
Harare	60.1	17.7	8.1	13.7	0.4	100.0	514
Bulawayo	53.5	21.6	5.7	19.2	0.0	100.0	214
Education							
No education	15.9	21.0	2.9	60.3	0.0	100.0	66
Primary	14.0	32.7	1.1	51.9	0.3	100.0	830
Secondary	34.2	30.4	4.4	30.8	0.1	100.0	1,556
Higher	60.6	16.7	14.0	8.6	0.0	100.0	157
Total	28.9	30.0	3.9	37.0	0.2	100.0	2,609

5.16 EXPOSURE TO FAMILY PLANNING MESSAGES IN THE PRINT MEDIA

Respondents were asked whether they had been exposed to a family planning message in a newspaper or magazine article (i.e., print media) during the last few months preceding the interview (see Table 5.18). Three in four women interviewed (73 percent) reported that they had no exposure to print media that contained family planning information. Women age 25-34 years report the highest exposure of messages through the print media, compared with other age groups.

Women in rural areas are less likely to have been exposed to print media on family planning than their urban counterparts (15 percent of rural women compared with 45 percent of urban women). The proportion of women who were exposed to family planning messages in print media increases directly with their education: 8 percent among women with no formal education to 37 percent or higher among women with a secondary education.

Table 5.18 Exposure to family planning messages in print media

Percentage of women who saw a message about family planning in the print media (newspaper or magazine) in the last few months prior to the interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Saw family planning message in print media		Total	Number of women
	Yes	No		
Age				
15-19	23.5	76.5	100.0	1,447
20-24	28.9	71.1	100.0	1,294
25-29	31.5	68.6	100.0	1,034
30-34	31.9	68.1	100.0	668
35-39	23.7	76.3	100.0	637
40-44	23.3	96.7	100.0	466
45-49	18.6	81.4	100.0	361
Residence				
Urban	45.0	55.0	100.0	2,279
Rural	15.3	84.7	100.0	3,628
Province				
Manicaland	15.3	84.7	100.0	882
Mashonaland Central	17.7	82.3	100.0	477
Mashonaland East	29.9	70.1	100.0	461
Mashonaland West	25.0	75.0	100.0	559
Matabeleland North	11.1	88.9	100.0	302
Matabeleland South	18.3	81.7	100.0	321
Midlands	18.7	81.3	100.0	741
Masvingo	19.0	81.0	100.0	629
Harare	43.6	56.4	100.0	1,077
Bulawayo	57.3	42.7	100.0	457
Education				
No education	8.2	91.8	100.0	396
Primary	14.1	85.9	100.0	2,377
Secondary	36.6	63.4	100.0	2,965
Higher	74.6	25.4	100.0	168
Total women	26.7	73.3	100.0	5,907

5.17 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

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. To get insight into the level of “missed opportunities,” i.e., opportunities to motivate nonusers to adopt family planning, nonusers were also asked whether they had visited a health facility in the past 12 months and whether anyone at the health facility had discussed family planning with them during their visit. Women who were visited by a health worker in the health facilities 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 10 percent of nonusers. Overall, 83 percent of nonusers were not visited by a CBD worker, did not visit a health facility, or visited a health facility but did not discuss family planning with a staff person 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.

Around six in ten nonusers did not receive a visit from a CBD worker *and* did not go to a health facility in the past 12 months. To reach these women, a more vigorous outreach programme will be needed. Although 34 percent of nonusers were not visited by a CBD worker, they did visit a health facility in the past 12 months. However, seven in ten of these women (27 percent of all nonusers) received no family planning information or services during their recent visit. This is a significant fraction of nonusers and represents missed opportunities to motivate nonusers to adopt family planning.

Table 5.19 Contact of nonusers with family planning providers

Percent distribution of women who do not use contraception by whether they were visited by a family planning service provider or spoke with a health facility (HF) staff member about family planning methods (FP) during the 12 months prior to interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Visited by FP provider			Not visited by a FP provider			Neither visited by FP provider nor discussed FP at HF ²	Total	Number of women
	Attended HF and discussed FP ¹	Attended HF but did not discuss FP ¹	Did not attend health facility	Attended HF and discussed FP ¹	Attended HF but did not discuss FP ¹	Did not attend health facility			
Age									
15-19	0.6	2.1	3.7	2.6	23.1	67.9	91.0	100.0	1,285
20-24	2.4	1.3	2.9	9.9	30.8	52.7	83.4	100.0	770
25-29	3.4	3.6	4.3	14.9	31.5	42.3	73.8	100.0	480
30-34	4.5	2.8	6.4	14.4	29.4	42.4	71.8	100.0	317
35-39	4.2	3.8	8.2	9.4	24.4	49.7	74.1	100.0	312
40-44	2.5	3.8	4.7	6.2	26.1	56.7	82.8	100.0	269
45-49	1.2	2.7	7.6	4.0	20.4	64.2	84.5	100.0	248
Residence									
Urban	1.0	1.4	3.0	8.5	27.5	58.6	86.1	100.0	1,305
Rural	2.8	3.1	5.4	7.2	25.9	55.4	81.4	100.0	2,376
Province									
Manicaland	1.7	2.8	2.5	6.5	30.7	55.8	86.5	100.0	623
Mashonaland Central	2.4	2.8	5.8	8.2	31.5	49.4	80.9	100.0	284
Mashonaland East	3.0	1.5	5.9	5.2	10.3	74.2	84.5	100.0	269
Mashonaland West	2.8	4.3	13.3	5.2	17.3	56.7	74.0	100.0	322
Matabeleland North	0.4	4.6	2.1	5.5	39.4	48.0	87.4	100.0	198
Matabeleland South	4.8	5.5	5.5	9.7	32.1	42.5	74.6	100.0	221
Midlands	1.7	1.4	4.4	10.3	24.0	58.1	82.1	100.0	484
Masvingo	3.9	3.7	5.8	9.8	28.2	48.5	76.8	100.0	406
Harare	0.6	0.3	1.6	7.7	26.5	63.3	89.8	100.0	600
Bulawayo	2.1	1.4	2.8	7.4	26.2	60.2	86.4	100.0	273
Education									
No education	3.3	1.7	7.6	3.2	22.8	61.0	83.8	100.0	258
Primary	2.6	3.1	5.1	7.8	24.7	56.6	81.3	100.0	1,465
Secondary	1.5	2.3	3.8	8.2	27.8	56.5	84.3	100.0	1,885
More than secondary	5.6	0.0	3.5	8.0	42.0	40.9	82.9	100.0	73
Total	2.2	2.5	4.6	7.7	26.5	56.6	83.0	100.0	3,681

¹ Spoke with health facility staff about family planning methods

² Was not visited by a CBD worker and either did not attend a health facility in preceding 12 months or attended facility but did not speak with a staff member about family planning methods

This chapter focuses on the principal factors, other than contraception, that affect a woman's exposure to the risk of becoming pregnant. These include nuptiality, sexual activity, postpartum amenorrhoea, and abstinence from sexual relations. Marriage and sexual initiation signal the onset of women's exposure to the risk of childbearing; postpartum amenorrhoea and abstinence are largely spacing variables that affect the interval between births, while menopause marks the end of reproduction. These factors determine the length and pace of reproductive activity and are important in understanding fertility.

6.1 MARITAL STATUS

The proportion of never-married women declines sharply from 77 percent in age group 15-19 to less than 1 percent among women 45-49 years of age. Marriage is thus nearly universal in Zimbabwe. The proportion currently married or living together has not changed from the level in 1994.

The lower panel of Table 6.1 shows that 48 percent of the men interviewed have never been married, 46 percent are currently married, 1 percent are widowed, while 3 percent were either divorced or separated. Compared with women, a much greater proportion of the interviewed men (20 percentage points more among men) have never been married. Divorce is less common for men than women, suggesting that men are more likely than women to remarry after divorce.

Age	Marital status						Total	Number of women/ men
	Never married	Married	Living together	Widowed	Divorced	Not living together		
WOMEN								
15-19	77.3	19.2	2.5	0.0	0.2	0.8	100.0	1,447
20-24	28.1	56.8	6.6	1.2	3.2	4.0	100.0	1,294
25-29	9.8	71.0	5.1	2.9	5.5	5.6	100.0	1,034
30-34	3.9	74.9	6.5	5.8	5.1	3.9	100.0	668
35-39	2.7	72.9	4.8	10.2	5.2	4.1	100.0	637
40-44	1.6	76.6	4.0	9.5	4.9	3.4	100.0	466
45-49	0.6	70.9	4.5	15.7	4.0	4.2	100.0	361
All ages	27.7	56.3	4.8	4.2	3.5	3.5	100.0	5,907
MEN								
15-19	99.2	0.6	0.0	0.0	0.1	0.0	100.0	713
20-24	76.4	21.0	0.8	0.1	0.8	0.8	100.0	506
25-29	27.0	62.0	3.8	1.4	3.1	2.7	100.0	430
30-34	7.5	84.7	0.6	1.7	3.6	1.9	100.0	281
35-39	5.9	86.8	1.5	2.9	2.1	0.8	100.0	220
40-44	2.1	90.8	0.8	1.9	2.5	2.0	100.0	178
45-49	1.3	88.0	1.0	4.2	5.6	0.0	100.0	177
50-54	1.2	83.6	0.0	7.6	4.3	3.2	100.0	104
All ages	48.0	46.4	1.1	1.4	2.0	1.1	100.0	2,609

6.2 POLYGYNY

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?” The proportion of currently married women who are part of a polygynous union by age and selected background characteristics is shown in Table 6.2 and in Figure 6.1. One in six currently married women in Zimbabwe reported being part of a polygynous union. Older women are only slightly more likely to report their husband has more than one wife than younger women. Polygyny is higher among rural women than among urban women. The extent of polygyny varies across provinces; Bulawayo has the lowest level (5 percent) and Mashonaland Central and Manicaland have the highest (31 percent and 25 percent, respectively).

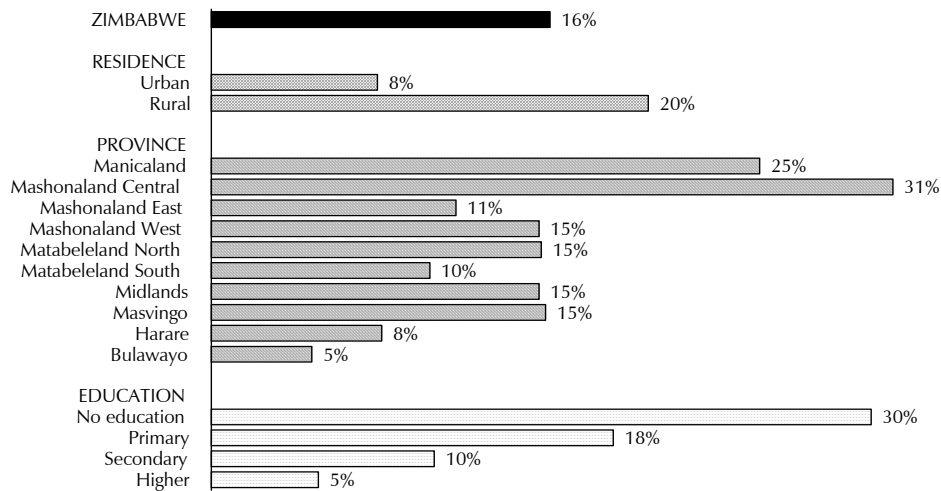
There is an inverse relationship between female education and polygyny; polygyny decreases as women’s education increases. The proportion of women with no formal education who are part of a polygynous union is 30 percent; the proportion among women with a primary education is 18 percent, while for those with at least some secondary education it is at the most 10 percent.

Between 1988 and 1994, polygyny appears to have been on the increase in Zimbabwe. However, in the last five years there seems to have been a downward trend. Overall, polygyny increased from 17 percent in the 1988 ZDHS to 19 percent in the 1994 ZDHS and declined to 16 percent in 1999 ZDHS.

Background characteristic	Current age								All women	All men
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+		
Residence										
Urban	8.2	8.5	10.1	6.0	2.3	7.7	8.1	NA	7.6	7.5
Rural	16.9	19.2	18.7	21.9	20.7	23.9	19.2	NA	20.0	10.8
Province										
Manicaland	20.6	29.1	31.1	22.5	20.6	32.3	10.0	NA	25.1	8.4
Mashonaland Central	29.9	38.4	29.1	34.5	26.2	27.2	31.8	NA	31.2	13.1
Mashonaland East	7.7	8.7	8.0	17.4	19.6	7.7	8.3	NA	11.2	6.9
Mashonaland West	9.8	15.8	5.4	20.1	17.2	27.6	16.2	NA	15.0	11.2
Matabeleland North	14.0	12.7	10.9	25.7	18.7	12.0	9.3	NA	15.1	12.0
Matabeleland South	0.0	6.9	14.1	12.2	12.1	6.6	10.6	NA	10.0	15.6
Midlands	11.5	12.5	9.8	15.3	14.7	21.8	31.8	NA	15.0	8.4
Masvingo	7.1	12.4	17.5	15.7	8.8	23.3	24.2	NA	15.3	6.2
Harare	12.5	5.7	12.9	5.1	2.9	8.0	6.3	NA	7.8	9.1
Bulawayo	5.3	4.1	6.5	5.1	4.5	2.4	2.9	NA	4.6	6.8
Education										
No education	54.6	38.6	44.4	24.7	27.8	28.7	25.9	NA	30.2	19.3
Primary	14.6	21.5	19.4	20.7	15.5	18.4	16.3	NA	18.4	12.1
Secondary	12.1	10.0	11.4	12.1	1.0	7.7	4.0	NA	10.2	6.8
Higher	NA	0.0	3.3	6.8	2.6	17.1	0.0	NA	4.9	7.6
All women	14.3	14.8	15.2	15.9	14.7	19.2	15.9	NA	15.5	NA
All men	0.0	6.5	8.3	8.4	6.4	9.7	13.7	17.7	NA	9.4

NA = Not applicable

Figure 6.1 Percentage of Currently Married Women Whose Husbands Have More than One Wife, Zimbabwe 1999



ZDHS 1999

The data for currently married men are shown in the bottom row and the last column in Table 6.2. Overall, 9 percent of the men interviewed are in a polygynous union, and this proportion increases with age. Rural men are more likely to have multiple spouses than urban men. There is substantial provincial variation in the distribution of men who are in a polygynous union, ranging from 6 percent in Masvingo to 16 percent in Matabeleland South. Men with primary or no education are more than twice as likely to be in a polygynous union as those with secondary or more education.

6.3 NUMBER OF CO-WIVES AND WIVES

Table 6.3 shows the distribution of currently married women by number of co-wives and men by the number of wives, according to selected background characteristics. The table shows that 85 percent of all currently married women are in a monogamous union, 12 percent are in a polygynous union with one co-wife, and only a small proportion (4 percent) are in a marriage with two or more co-wives. In general, women in groups with relatively high levels of polygyny are also more likely to have more than one co-wife. This is true of women over age 30, rural women, those with no formal education, and women in Mashonaland Central and Manicaland provinces.

In the case of men, nine in ten reported having only one wife, 5 percent have two wives, and 1 percent report having three or more wives.

Table 6.3 Number of co-wives and wives

Percent distribution of currently married women by number of co-wives and currently married men by number of wives, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Currently married women					Currently married men					Number of men	
	No co-wives	One co-wife	Two or more co-wives	DK/missing	Total	Number of women	One wife	Two wives	Three or more other wives	DK/missing		Total
Age												
15-19	85.7	10.2	4.1	0.0	100.0	314	*	*	*	*	100.0	4
20-24	85.2	11.7	2.8	0.3	100.0	820	93.5	2.0	0.0	4.5	100.0	110
25-29	84.8	11.9	2.8	0.5	100.0	788	91.7	2.8	0.0	5.5	100.0	283
30-34	84.1	11.5	4.3	0.1	100.0	543	91.6	4.9	0.8	2.7	100.0	239
35-39	85.3	11.0	3.5	0.2	100.0	495	93.6	4.5	0.4	1.6	100.0	194
40-44	80.8	14.4	4.8	0.0	100.0	375	90.3	5.7	2.0	1.9	100.0	163
45-49	84.1	13.1	2.8	0.0	100.0	272	86.3	6.3	2.7	4.6	100.0	158
50-54	NA	NA	NA	NA	NA	0	82.3	13.3	3.6	0.8	100.0	87
Residence												
Urban	92.4	6.8	0.6	0.3	100.0	1,306	92.5	3.9	0.0	3.7	100.0	546
Rural	80.0	14.8	5.1	0.2	100.0	2,303	89.2	5.8	1.9	3.1	100.0	693
Province												
Manicaland	74.9	18.1	6.5	0.4	100.0	561	91.6	4.2	4.2	0.0	100.0	139
Mashonaland Central	68.8	24.1	6.6	0.5	100.0	325	86.9	8.0	1.1	4.0	100.0	127
Mashonaland East	88.8	6.4	4.5	0.3	100.0	310	93.1	2.6	0.9	3.4	100.0	117
Mashonaland West	85.0	11.7	3.3	0.0	100.0	367	88.8	4.5	0.7	5.9	100.0	147
Matabeleland North	84.9	11.4	3.4	0.2	100.0	180	88.0	6.0	2.7	3.3	100.0	61
Matabeleland South	90.0	8.6	1.4	0.0	100.0	170	84.4	9.2	1.1	5.3	100.0	46
Midlands	85.0	11.7	3.0	0.3	100.0	444	91.6	5.0	0.7	2.7	100.0	143
Masvingo	84.7	11.2	3.8	0.3	100.0	367	93.8	5.3	0.9	0.0	100.0	102
Harare	92.2	7.2	0.6	0.0	100.0	667	90.9	3.5	0.0	5.6	100.0	271
Bulawayo	95.4	4.3	0.3	0.0	100.0	217	93.2	6.8	0.0	0.0	100.0	86
Education												
No education	69.8	20.2	9.2	0.9	100.0	310	80.7	11.6	3.6	4.0	100.0	49
Primary	81.6	14.0	4.2	0.2	100.0	1,665	87.9	6.0	2.5	3.6	100.0	461
Secondary	89.8	8.4	1.8	0.1	100.0	1,523	93.2	3.2	0.0	3.6	100.0	617
Higher	95.1	4.9	0.0	0.0	100.0	111	92.4	7.2	0.0	0.4	100.0	112
All women	84.5	11.9	3.5	0.2	100.0	3,609	90.6	5.0	1.1	3.3	100.0	1,239

Note: An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.
NA = Not applicable

6.4 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 reproductive risk; therefore, early age at first marriage often implies early age at childbearing and higher fertility for a society. 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.

The median age at first marriage in Zimbabwe has risen slowly from 18.8 years among women age 45-49 to 19.7 years among women age 20-24 (representing recent marital patterns) (see Table 6.4). The proportion of women married by age 15 declined from 9 percent among those age 45-49 to 2 percent among women age 15-19 years. Overall, 58 percent of Zimbabwean women currently age 25-49 were married by age 20. Sixty-two percent of such women were married at age 20 in 1994.

Table 6.4 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 1999

WOMEN								
Current age	Percentage first married by exact age:					Percentage never married	Number of women	Median age at first marriage
	15	18	20	22	25			
15-19	1.9	NA	NA	NA	NA	77.3	1,447	a
20-24	4.6	28.7	52.9	NA	NA	28.1	1,294	19.7
25-29	6.5	30.1	52.3	71.0	85.4	9.8	1,034	19.8
30-34	5.9	28.0	54.1	68.7	85.3	3.9	668	19.7
35-39	8.7	40.5	65.3	78.2	89.4	2.7	637	18.6
40-44	11.4	39.4	62.3	80.1	90.0	1.6	466	18.9
45-49	8.8	37.1	61.4	78.8	85.7	0.6	361	18.8
Women 20-49	6.8	32.4	56.4	71.9	82.5	11.6	4,460	19.4
Women 25-49	7.8	33.9	57.8	74.2	86.9	4.9	3,166	19.3

MEN								
Current age	Percentage who were first married by exact age:					Percentage who had never married	Number of men	Median age at first marriage
	20	22	25	28	30			
25-29	14.0	26.9	56.5	NA	NA	27.0	430	24.3
30-34	14.0	26.7	58.2	77.8	88.1	7.5	281	24.3
35-39	12.1	27.3	46.3	66.2	74.4	5.9	220	25.4
40-44	14.1	33.7	59.7	77.4	87.8	2.1	178	24.1
45-49	12.6	26.3	53.4	77.4	84.3	1.3	177	24.7
50-54	6.2	18.6	53.8	79.6	89.9	1.2	104	24.6
Men 25-54	13.0	27.1	55.0	73.9	80.9	11.3	1,390	24.5

NA = Not applicable

^a Omitted when less than 50 percent of respondents in the age group x to $x+5$ have married by age x

Comparison with data from the male survey shows that men enter into first union at a much later age than women: the median age at first marriage for men is 25 years, compared with 19 years for women. Only 13 percent of men age 25-54 are married by age 20, compared with 58 percent of women age 25-49.

6.5 MEDIAN AGE AT FIRST MARRIAGE

Table 6.5 examines the median age at first marriage for women age 25-49 by selected background characteristics. The overall median age at first marriage observed for women age 25-49 is 19.3 years. However, the table shows large differentials in the median age at first marriage by background characteristics. Urban women marry about one year later than rural women. There are even greater variations by province. Mashonaland West has the lowest median age at first marriage (18.7 years) while Bulawayo and Matabeleland South have the highest (20.6 and 20.7 years, respectively). The median age at marriage in the other provinces ranges from 18.3 in Mashonaland Central to 19.9 in Harare (see Figure 6.2).

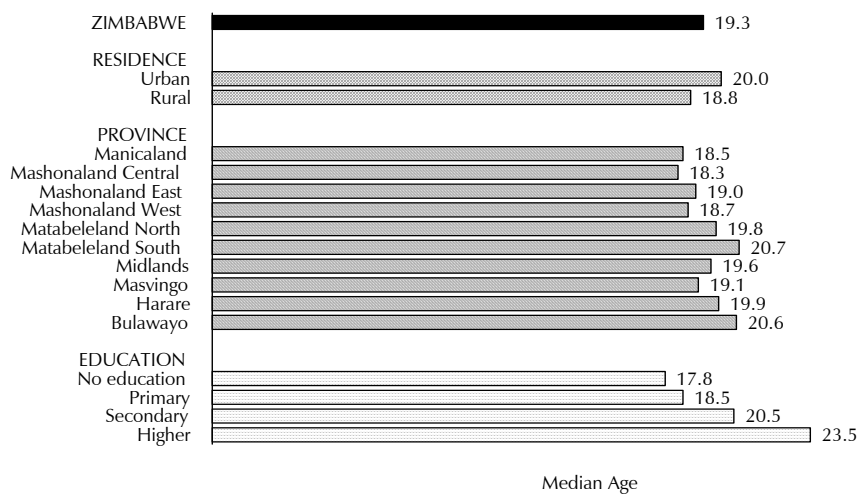
Table 6.5 Median age at first marriage

Median age at first marriage among women age 25-49 years, and men age 25-54 by current age and selected background characteristics, Zimbabwe 1999

Background characteristic	Current age					Women age 25-49	Men age 25-54
	25-29	30-34	35-39	40-44	45-49		
Residence							
Urban	20.7	20.4	19.2	19.6	19.1	20.0	24.7
Rural	19.3	19.0	18.4	18.6	18.7	18.8	24.3
Province							
Manicaland	18.9	18.9	18.2	17.9	18.7	18.5	24.9
Mashonaland Central	18.4	18.8	18.1	17.7	19.0	18.3	23.5
Mashonaland East	18.7	19.6	18.6	20.3	19.0	19.0	24.7
Mashonaland West	18.9	18.9	18.2	18.5	18.5	18.7	22.6
Matabeleland North	20.9	21.2	19.5	18.0	18.5	19.8	24.8
Matabeleland South	21.2	21.4	21.1	19.8	20.2	20.7	24.7
Midlands	20.2	20.1	18.9	19.2	17.9	19.6	24.4
Masvingo	19.8	19.1	18.0	19.1	18.9	19.1	24.6
Harare	21.0	19.8	18.8	19.6	18.7	19.9	24.7
Bulawayo	21.5	20.8	19.8	20.4	19.4	20.6	a
Education							
No education	16.5	16.9	17.6	18.3	18.1	17.8	24.9
Primary	18.2	18.5	18.4	18.6	18.6	18.5	23.9
Secondary	20.4	20.7	20.5	20.4	20.7	20.5	24.5
Higher	24.6	23.9	22.7	23.3	22.0	23.5	a
Total	19.8	19.7	18.6	18.9	18.8	19.3	24.5

^a Omitted for populations in which less than 50 percent of the men have married for the first time by age 25

Figure 6.2 Median Age at First Marriage among Women 25-49, Zimbabwe 1999



ZDHS 1999

There is a marked relationship between female education and median age at first marriage. The median age at first marriage for women with no formal education is 17.8 years, compared with 18.5 years for those with a primary education. It is 20.5 years for women with a secondary education and 23.5 years for those with more than a secondary education. Within educational groups, age at first marriage has remained virtually constant since the 1994 ZDHS. Overall, age at marriage has increased solely because the proportion of women who are educated to the secondary level (and marry later) has increased substantially.

6.6 AGE AT FIRST SEXUAL INTERCOURSE

Age at first marriage is often used as a proxy for the onset of women's exposure to the risk of pregnancy. However, since 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 risk.

The percentage of women and men who have ever had intercourse by specific ages is given in Table 6.6. The median age at first sexual intercourse for women has risen slowly in recent years from 18.0 years for women age 35-39 to 19.1 for women age 25-29. Among women in the 15-19 age group, 68 percent have never had sex. Seventy-seven percent of women in this 15-19 cohort have never married (see Table 6.4), an indication that around 10 percent have had premarital sex. The proportion reporting never having had sex drops to 16 percent for women age 20-24, and by age 25-29 almost all women (98 percent) have become sexually active.

Table 6.6 Age at first sexual intercourse								
Percentage of women and men who had first sexual intercourse by specified exact ages and median age at first intercourse, according to current age, Zimbabwe 1999								
Current age	Percentage who had first sexual intercourse by exact age:					Percentage never having intercourse	Number of women/men	Median age at first intercourse
	15	18	20	22	25			
WOMEN								
15-19	3.2	NA	NA	NA	NA	67.7	1,447	a
20-24	5.3	35.0	63.1	NA	NA	15.9	1,294	a
25-29	6.6	33.2	60.2	76.6	86.2	2.4	1,034	19.1
30-34	7.6	35.3	58.4	74.4	83.4	1.2	668	19.1
35-39	9.4	49.9	72.0	81.9	87.1	0.3	637	18.0
40-44	11.6	45.3	69.6	82.5	88.1	0.2	466	18.4
45-49	8.2	43.2	65.3	79.2	82.9	0.0	361	18.5
20-49	7.4	38.5	63.9	77.4	83.7	5.4	4,460	18.8
25-49	8.3	40.0	64.2	78.4	85.7	1.1	3,166	18.7
MEN								
15-19	6.3	NA	NA	NA	NA	70.6	713	a
20-24	7.5	30.7	56.5	NA	NA	23.5	506	19.5
25-29	5.3	30.5	62.3	77.4	89.9	3.3	430	19.1
30-34	5.0	26.5	52.6	72.6	87.3	0.1	281	19.7
35-39	3.1	29.4	54.5	74.9	88.1	0.6	220	19.2
40-44	3.6	23.3	48.3	65.2	84.5	0.0	178	20.2
45-49	3.2	31.6	51.6	68.4	86.0	0.0	177	19.9
50-54	2.2	18.0	30.4	63.2	81.0	0.0	104	20.8
25-54	4.2	27.8	53.5	72.2	87.2	1.1	1,390	19.7

NA = Not applicable
^a Omitted when less than 50 percent of women in the age group x to $x + 5$ have had intercourse by age x

Men started having sexual intercourse at a later age than women. Among men age 20-24, 24 percent had never had sex while among women, the corresponding proportion is 16 percent. In general, men begin having sex about one year older than women (median age at first intercourse is 19.7 for men compared with 18.7 years for women).

The data from male respondents show a pattern of decreasing age at first sex from about 20.8 years for age 50-54 to 19.5 years for age 20-24. Although men enter into marriage, on average, five years later than women (see Table 6.4), they start sexual relations only 12 months later than women. Looking at trends over age cohorts, it can be seen that the difference in the median age at first sex between men and women has declined considerably from one and a half years in the cohort age 45-49 years, to no difference for the cohort age 25-29 years.

6.7 MEDIAN AGE AT FIRST SEXUAL INTERCOURSE

Tables 6.7.1 and 6.7.2 show differentials in the median age at first sexual intercourse by background characteristics for women age 20-49 years and men age 25-54. With respect to place of residence, on average, rural women start sexual relations about a year earlier than urban women. The highest median age at first sexual intercourse is 19.8 years for Harare, while Matabeleland North and Matabeleland South have the lowest (18.0 and 18.1 years, respectively). Women with more than a secondary education initiate sexual relations on average about five years later than those with no formal education. The gap between age at first sexual intercourse and age at first marriage increases with education.

Background characteristic	Current age						Women age 20-49	Women age 25-49
	20-24	25-29	30-34	35-39	40-44	45-49		
Residence								
Urban	19.7	19.7	19.8	18.5	18.8	18.3	19.4	19.3
Rural	18.5	18.7	18.6	17.8	18.1	18.6	18.4	18.4
Province								
Manicaland	18.3	18.1	18.8	17.5	18.0	18.8	18.2	18.2
Mashonaland Central	18.1	18.5	18.8	18.0	18.1	18.7	18.3	18.4
Mashonaland East	18.9	19.6	19.0	18.2	19.3	18.0	18.9	18.9
Mashonaland West	18.6	18.9	18.8	18.1	18.5	18.6	18.6	18.6
Matabeleland North	18.3	18.5	18.0	18.2	16.6	16.8	18.1	18.0
Matabeleland South	18.0	18.6	17.8	18.1	17.6	18.1	18.0	18.1
Midlands	19.1	19.5	19.7	18.5	18.6	19.5	19.2	19.3
Masvingo	19.3	19.2	19.0	17.8	17.9	18.8	18.9	18.7
Harare	19.8	20.3	19.8	19.4	19.6	18.9	19.8	19.8
Bulawayo	19.6	19.1	19.4	17.9	18.1	17.9	18.8	18.6
Education								
No education	16.7	16.5	17.1	17.0	17.7	17.8	17.2	17.3
Primary	17.8	18.1	18.0	17.8	18.1	18.5	18.0	18.1
Secondary	19.6	19.7	20.2	19.0	19.4	18.8	19.6	19.7
Higher	a	22.1	22.8	20.7	20.9	21.9	a	21.8
All women	18.9	19.1	19.1	18.0	18.4	18.5	18.8	18.7

^a Omitted for populations in which less than 50 percent of the women had intercourse for the first time by age 20

Table 6.7.2 Median age at first sexual intercourse: men

Median age at first sexual intercourse among men age 25-54 years, by current age and selected background characteristics, Zimbabwe 1999

Background characteristic	Current age						Men age 25-54
	25-29	30-34	35-39	40-44	45-49	50+	
Residence							
Urban	19.2	20.0	19.0	20.0	19.3	20.6	19.5
Rural	18.9	19.5	19.7	20.2	20.2	21.1	19.8
Province							
Manicaland	21.5	23.2	21.8	22.4	22.0	24.8	22.0
Mashonaland Central	18.1	20.3	20.3	19.2	20.9	20.4	20.1
Mashonaland East	18.3	18.5	18.5	20.0	22.0	20.5	18.8
Mashonaland West	18.7	19.0	18.5	19.7	19.3	22.5	19.0
Matabeleland North	18.9	18.1	20.2	20.3	18.0	21.5	18.9
Matabeleland South	18.3	18.7	21.5	20.0	19.5	19.7	19.4
Midlands	19.8	18.9	19.8	19.6	18.7	20.0	19.5
Masvingo	19.5	20.8	18.9	22.3	20.5	24.0	20.6
Harare	18.9	20.2	18.3	19.7	19.3	21.5	19.2
Bulawayo	19.7	19.2	20.1	20.0	20.0	20.4	20.0
Education							
No education	19.5	21.7	21.3	24.0	20.3	21.0	21.0
Primary	19.2	18.9	19.3	19.8	20.3	21.2	19.9
Secondary	18.9	19.8	19.1	20.4	19.3	20.3	19.4
Higher	20.3	20.1	19.0	19.5	19.0	24.1	19.9
All men	19.1	19.7	19.2	20.2	19.9	20.8	19.7

Unlike women, men's median age at first sex shows more variation by province. Men in Manicaland started having sex at a much older age (22 years) than their counterparts in other provinces. In other provinces, the highest median age at first sexual intercourse is 20.6 years in Masvingo, while Mashonaland East and Matabeleland North have the lowest age at first sexual intercourse (18.8 and 18.9 years, respectively). Initiation of sex among men is inversely related to their education. Men with no education initiate sexual relations later than those with a formal education.

6.8 RECENT SEXUAL ACTIVITY

Although only 5 percent of the women age 20-49 have never had sexual intercourse, not all those who have ever had sex are currently sexually active. 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 ever had sex were asked how long ago their last sexual activity occurred. Tables 6.8.1 and 6.8.2 show the distribution of women and men by sexual activity according to background characteristics.

Table 6.8.1 Recent sexual activity: women

Percent distribution of women by sexual activity in the four weeks preceding the survey, and among those not sexually active, the duration of abstinence and whether postpartum or not postpartum abstaining, according to selected background characteristics, Zimbabwe 1999

Background characteristic/ contraceptive method	Sexually active in last 4 weeks	Not sexually active in last four weeks				Never had intercourse	Missing	Total	Number of women
		Postpartum abstaining		Not postpartum abstaining					
		0-1 years	2+ years	0-1 years	2+ years				
Age									
15-19	18.6	3.7	0.3	8.9	0.4	67.7	0.2	100.0	1,447
20-24	53.4	7.9	1.8	18.7	1.3	15.9	0.9	100.0	1,294
25-29	67.4	7.0	2.2	17.0	3.4	2.4	0.6	100.0	1,034
30-34	70.2	5.6	0.7	16.9	4.2	1.2	1.2	100.0	668
35-39	65.8	4.7	1.1	20.3	6.9	0.3	1.0	100.0	637
40-44	66.8	1.7	0.6	20.0	10.0	0.2	0.6	100.0	466
45-49	58.7	0.9	0.1	23.4	15.1	0.0	1.7	100.0	361
Marriage duration (years)									
Never married	5.6	3.8	1.9	12.4	1.8	74.2	0.3	100.0	1,637
0-4	72.6	8.6	1.2	15.7	0.5	0.4	0.9	100.0	1,198
5-9	69.2	7.1	0.9	18.3	3.6	0.2	0.8	100.0	938
10-14	75.3	4.6	0.4	15.6	3.1	0.0	1.0	100.0	677
15-19	67.0	4.9	1.0	18.7	7.5	0.0	0.9	100.0	537
20-24	64.8	2.8	0.7	21.5	9.1	0.0	1.2	100.0	494
25-29	66.6	1.4	0.5	18.7	11.5	0.0	1.3	100.0	312
30+	52.8	0.0	0.0	29.7	17.5	0.0	0.0	100.0	115
Residence									
Urban	54.9	3.1	1.0	14.3	3.3	22.6	0.9	100.0	2,279
Rural	50.1	6.6	1.2	17.7	4.3	19.5	0.7	100.0	3,628
Province									
Manicaland	47.6	6.3	0.9	17.2	4.5	22.7	0.8	100.0	882
Mashonaland Central	56.9	7.8	0.5	13.8	3.0	17.3	0.7	100.0	477
Mashonaland East	53.7	5.6	1.7	15.3	3.7	19.0	1.1	100.0	461
Mashonaland West	57.0	5.7	0.4	13.5	7.5	15.3	0.5	100.0	559
Matabeleland North	52.7	6.9	1.4	21.8	2.3	14.6	0.3	100.0	302
Matabeleland South	46.4	7.8	1.6	26.4	1.3	15.4	1.1	100.0	321
Midlands	50.1	4.9	0.8	16.8	3.7	22.5	1.2	100.0	741
Masvingo	44.9	4.5	1.6	17.0	4.7	26.7	0.6	100.0	629
Harare	58.9	2.5	1.1	11.6	3.0	22.2	0.7	100.0	1,077
Bulawayo	46.9	4.3	1.8	21.3	4.0	21.4	0.4	100.0	457
Education									
No education	59.0	7.5	0.6	18.2	9.4	2.8	2.4	100.0	396
Primary	57.3	5.8	1.2	18.9	4.6	11.6	0.6	100.0	2,377
Secondary	45.9	4.6	1.1	14.4	2.6	30.7	0.6	100.0	2,965
Higher	65.9	2.3	0.4	11.6	4.7	13.8	1.3	100.0	168
Contraceptive method									
No method	35.2	6.7	1.6	16.7	5.8	33.2	0.9	100.0	3,681
Pill	83.5	3.0	0.3	12.1	0.5	0.0	0.7	100.0	1,404
IUD	(78.6)	(0.0)	(0.0)	(21.4)	(0.0)	(0.0)	(0.0)	100.0	42
Sterilisation	72.6	3.4	0.4	16.5	7.1	0.0	0.0	100.0	113
Periodic abstinence	*	*	*	*	*	*	*	100.0	8
Other (including breastfeeding)	72.8	2.4	0.4	23.2	0.6	0.1	0.4	100.0	660
Total	51.9	5.2	1.1	16.4	3.9	20.7	0.8	100.0	5,907

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

Table 6.8.2 Recent sexual activity: men

Percent distribution of men by sexual activity in the four weeks preceding the survey, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Sexually active in last 4 weeks	Not sexually active in last 4 weeks	Never had intercourse	Total	Number of men
Age					
15-19	7.7	21.7	70.6	100.0	713
20-24	37.5	38.9	23.5	100.0	506
25-29	69.2	27.6	3.3	100.0	430
30-34	78.4	21.4	0.1	100.0	281
35-39	83.4	16.0	0.6	100.0	220
40-44	81.1	18.9	0.0	100.0	178
45-49	73.6	26.4	0.0	100.0	177
50-54	69.6	30.4	0.0	100.0	104
Marital status					
Never married	16.8	32.3	51.0	100.0	1,252
In polygynous union	93.4	6.6	0.0	100.0	75
In monogamous union	83.6	16.4	0.0	100.0	1,164
Formerly married	34.4	65.6	0.0	100.0	118
Residence					
Urban	53.5	27.0	19.5	100.0	1,090
Rural	46.7	25.2	28.1	100.0	1,519
Education					
No education	55.8	42.6	1.6	100.0	66
Primary	54.4	24.8	20.9	100.0	830
Secondary	44.1	26.9	29.0	100.0	1,556
Higher	75.5	16.5	8.1	100.0	157
Total	49.6	26.0	24.5	100.0	2,609

A little more than half (52 percent) of all women interviewed were sexually active in the four weeks preceding the survey, 6 percent were in the period of postpartum abstinence, 20 percent were abstaining for reasons other than recent childbirth, and 21 percent had never had sex. Recent sexual activity is higher among women between the ages of 25 and 44, women married for less than 20 years, women living in the urban areas, women with more than a secondary education, and those using some type of contraception. There are also small provincial variations in sexual activity, ranging from 45 percent among women in Masvingo to 59 percent and 57 percent in Harare and Mashonaland West, respectively.

The proportion of women who are postpartum abstaining for less than two years declines at older ages and at longer marital durations. Women in rural areas, those with no education, and those who are not using any form of contraception are much more likely to be postpartum abstaining. Abstinence unrelated to childbirth increases sharply with increasing age and duration of marriage. There are substantial differences among the provinces, ranging from 15 percent in Harare to more than 24 percent in Matabeleland North and South and Bulawayo.

In general, women with no education are more likely to be abstaining because of a recent birth or for reasons unrelated to childbirth than women who have a formal education. As expected, women using contraception are less likely to be abstaining in the previous 4 weeks than those who are not using.

Half of the men interviewed in the survey reported having sex in the four weeks prior to the survey. Men in their 30s and 40s, those who are in polygynous unions, and men with higher than a secondary education are more likely to be sexually active in the recent weeks.

6.9 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. How long this protection from conception after childbirth lasts, depends on the length 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 a birth. The results are presented in Table 6.9.

Table 6.9 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 durations, Zimbabwe 1999				
Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible	
<2	85.6	86.5	94.9	111
2-3	75.3	52.6	83.2	143
4-5	74.9	31.0	81.2	100
6-7	67.3	20.9	71.6	126
8-9	60.2	15.0	65.8	99
10-11	52.4	9.6	55.4	109
12-13	55.6	11.9	61.3	142
14-15	40.4	14.8	48.4	116
16-17	46.6	7.9	51.3	144
18-19	32.7	9.5	38.6	116
20-21	22.6	4.5	24.9	119
22-23	15.0	6.3	20.0	125
24-25	4.9	7.7	12.6	121
26-27	3.0	12.2	14.3	131
28-29	2.2	3.6	5.7	112
30-31	4.0	2.2	6.2	109
32-33	1.0	2.2	3.2	131
34-35	3.2	0.0	3.2	105
Total	36.0	16.6	41.3	2,159
Median	12.4	3.2	15.6	NA
Mean	13.3	6.3	15.1	NA
Prevalence/ Incidence mean	12.8	5.9	14.7	NA

NA = Not applicable

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 12 months, the duration of abstinence is 3 months, and the period of insusceptibility is 16 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 a birth, the contribution of abstinence to the period of insusceptibility is greatly reduced as more women resume sexual relations. At 12 to 13 months after a birth, more than half (56 percent) of the women are still amenorrhoeic, while only 12 percent are still abstaining. The proportion amenorrhoeic drops sharply from 33 percent at 18-19 months postpartum to 5 percent for 24 to 25 months postpartum. This coincides with the modal age at full weaning for children in Zimbabwe (see Chapter 10).

6.10 MEDIAN DURATION OF POSTPARTUM INSUSCEPTIBILITY BY BACKGROUND CHARACTERISTICS

Table 6.10 shows the median durations of postpartum amenorrhoea, abstinence, and insusceptibility by various background characteristics. Postpartum insusceptibility does not vary much by age. Rural women have longer periods of amenorrhoea, sexual abstinence, and insusceptibility than urban women. Mashonaland East and Manicaland have the shortest durations

Table 6.10 Median duration of postpartum insusceptibility by background characteristics				
Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility, by selected background characteristics, Zimbabwe 1999				
Background characteristic	Median duration of postpartum:			Number of births
	Amenorrhoea	Abstinence	Insusceptibility	
Age				
<30	12.5	2.8	15.3	1,546
30+	11.9	4.6	16.7	614
Residence				
Urban	10.6	2.3	11.6	716
Rural	13.2	3.7	15.5	1,443
Province				
Manicaland	9.9	3.4	11.6	347
Mashonaland Central	13.5	4.1	15.6	205
Mashonaland East	7.8	3.5	8.0	185
Mashonaland West	17.6	3.5	18.3	215
Matabeleland North	15.6	4.0	17.5	110
Matabeleland South	13.0	4.1	15.6	133
Midlands	13.3	2.5	13.8	279
Masvingo	14.8	3.5	15.1	214
Harare	11.1	1.7	12.5	347
Bulawayo	11.0	3.9	12.2	125
Education				
No education	11.0	5.4	17.4	137
Primary	14.7	4.0	15.6	936
Secondary	11.6	2.4	15.5	1,044
Higher	(8.2)	(0.4)	(8.5)	42
Total	12.4	3.2	15.6	2,159

Note: Medians are based on current status.

of postpartum amenorrhoea (8 and 10 months, respectively), while Mashonaland West and Matabeleland North have the longest durations (18 and 16 months, respectively). Postpartum abstinence is shortest in Harare (2 months), compared with the other provinces, which range from 3 to 4 months. Overall, women in Mashonaland East have the shortest period of insusceptibility (8 months), while those in Matabeleland North and Mashonaland West have the longest (18 months). Provincial variations in the duration of insusceptibility closely parallel provincial variations in the length of breastfeeding (see Chapter 10).

Postpartum amenorrhoea and abstinence are inversely related to mother's education. Postpartum amenorrhoea varies from 11 months for women with no education to 15 and 12 months, respectively, for those with only primary and secondary education and 8 months for women with an educational level higher than secondary school. Similarly, abstinence varies from 5 months for women with no education to 4 and 2 months for those with primary and secondary education, respectively. It is almost nil (0.4 months) for those with more than a secondary education. Women with no education have a median period of insusceptibility of 17 months, compared with 16 months for those with primary and secondary education, and 9 months for those with more than a secondary education.

6.11 MENOPAUSE

Above age 30, 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 6.11 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 proportion of currently married 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. The table shows that the proportion of menopausal women increases steadily with age, particularly after age 40, from 3 percent among women age 30-34 to 31 percent among women age 48-49.

Table 6.11 Menopause

Percentage of women age 30-49 who are menopausal, Zimbabwe 1999

Age	Percentage menopausal ¹	Number of women
30-34	3.4	668
35-39	5.1	637
40-41	6.7	204
42-43	10.0	188
44-45	12.2	178
46-47	25.1	165
48-49	30.9	92
Women 30-49	8.4	2,132

¹ Percentage of all women (denominator) whose last menstrual period occurred six or more months preceding the survey or who report that they are menopausal (numerator).

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 birth spacing or for birth limiting, 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 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 in all they would want.

Interpretation of data on fertility preferences has always been the subject of some controversy. Critics consider the data 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 correct 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 PREFERENCE BY NUMBER OF LIVING CHILDREN

Table 7.1 presents fertility desires among women 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. More than half (53 percent) of married women in Zimbabwe would like to have another child. Among these women, 19 percent want a child within two years and the majority (32 percent) would prefer to wait two or more years before having their next birth. Two-fifths (41 percent) of married women want no more children or have been sterilised. Thus, the majority of women (73 percent) want either to space their next birth or end childbearing altogether (see Figure 7.1).

As expected, the desire for more children declines noticeably as the number of living children increases (see Table 7.1). Eighty-five percent of married women with no children want to have a child soon (within two years), whereas only 4 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 42 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. The most notable difference is the comparatively high proportion (37 percent) of men with no children who express a desire to delay the first birth for two or more years.

Table 7.1 Fertility preferences by number of living children

Percent distribution of currently married women and men by desire for more children, according to number of living children, Zimbabwe 1999

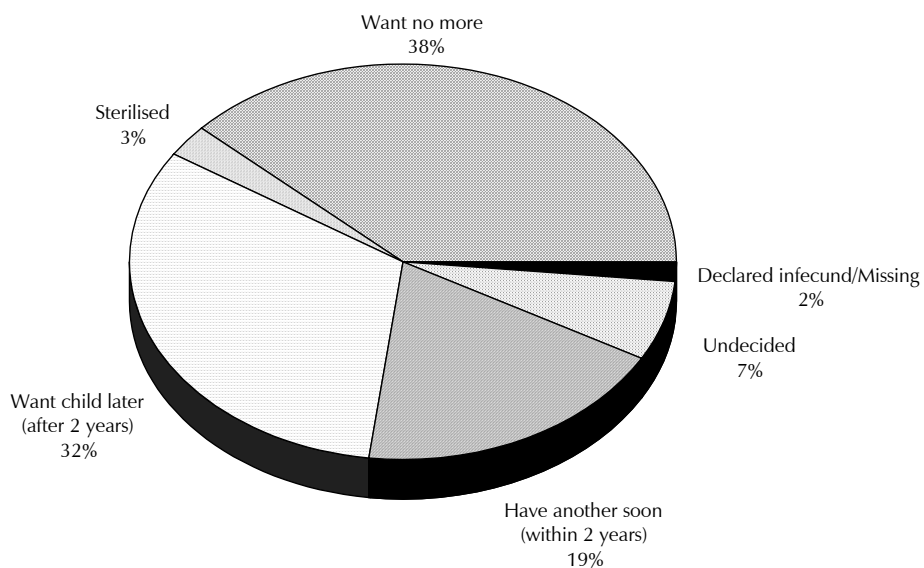
Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
Have another soon ²	84.6	25.2	14.4	13.9	8.7	3.8	3.6	18.9
Have another later ³	4.1	57.8	44.2	34.4	19.0	10.7	6.3	32.2
Have another, undecided when	2.8	1.8	2.3	1.0	0.5	1.1	0.4	1.4
Undecided	0.4	4.7	7.8	5.5	5.2	3.8	4.6	5.1
Want no more	4.2	9.5	29.3	41.7	59.3	71.6	77.3	38.2
Sterilised	0.0	0.3	1.0	3.3	5.0	6.6	6.1	2.7
Declared infecund	3.9	0.8	1.0	0.2	2.3	1.8	1.9	1.4
Missing	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	261	845	762	544	401	271	524	3,609
MEN								
Have another soon ²	52.6	23.6	17.1	20.0	18.8	8.0	9.6	20.6
Have another later ³	36.6	58.9	48.5	29.0	17.2	21.9	11.5	34.7
Have another, undecided when	4.3	3.0	2.2	4.0	3.1	1.1	2.0	2.8
Undecided	2.9	2.8	3.7	4.8	7.8	6.0	10.4	5.4
Want no more	1.4	9.7	28.5	39.9	45.2	53.1	56.5	32.1
Sterilised	0.0	0.6	0.0	0.9	4.0	8.5	3.0	2.0
Declared infecund	2.3	1.4	0.0	1.3	3.8	1.4	6.2	2.3
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	129	271	213	153	137	122	214	1,239

¹ Includes current pregnancy

² Wants next birth within two years

³ Wants to delay next birth for two or more years

Figure 7.1 Fertility Preferences Among Currently Married Women 15-49, Zimbabwe 1999



ZDHS 1999

7.2 FERTILITY PREFERENCES BY AGE

Table 7.2 shows data on fertility desires among women by age. The desire to limit births rises rapidly with age, from 8 percent of married women age 15-19 to 73 percent of those age 45-49 years. Conversely, the desire to space births is predominant among young women and it declines with age. The need for family planning services is therefore greatest among older women for limiting and among younger women for spacing births.

Table 7.2 Fertility preferences by age

Percent distribution of currently married women by desire for more children, according to age, Zimbabwe 1999

Desire for children	Current age							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Have another soon ¹	29.0	23.1	20.0	21.9	13.1	11.2	6.8	18.9
Have another later ²	56.2	53.4	41.8	26.8	10.0	4.8	1.4	32.2
Have another/undecided when	3.3	1.5	1.9	1.3	0.2	1.6	0.0	1.4
Undecided	3.3	5.6	6.6	5.7	5.8	3.6	1.4	5.1
Want no more	8.2	16.4	28.9	41.9	64.0	66.0	72.7	38.2
Sterilised	0.0	0.0	0.6	1.7	5.4	8.1	9.8	2.7
Declared infecund	0.0	0.0	0.2	0.6	1.1	4.7	7.8	1.4
Missing	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	314	820	788	543	495	375	272	3,609

¹ Wants next birth within two years

² Wants to delay next birth for two or more years

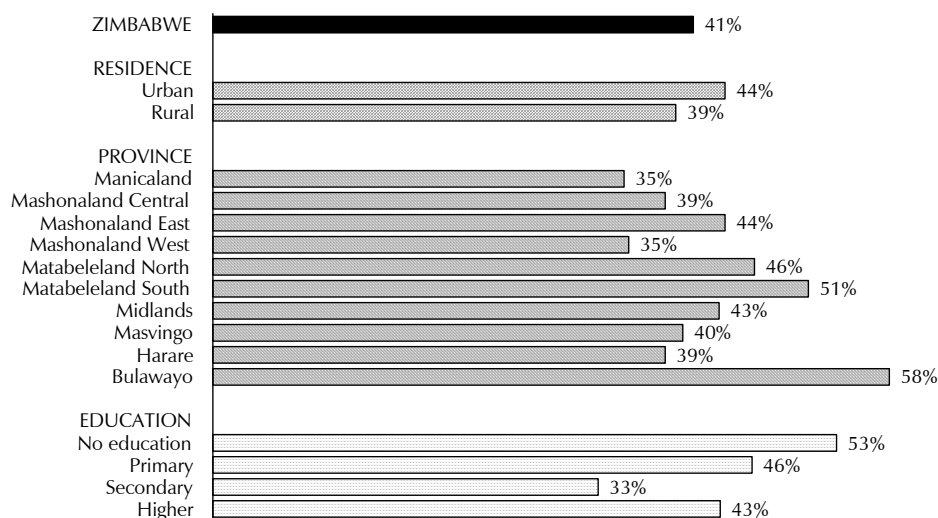
7.3 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Table 7.3 shows the percentage of currently married women who want no more children by number of living children and selected background characteristics. A larger proportion of urban women (44 percent) than rural women (39 percent) want to stop childbearing (see Table 7.3 and Figure 7.2). This is observed for all women with different numbers of living children. The results

Table 7.3 Desire to limit childbearing by background characteristics								
Percentage of currently married women and men who want no more children by number of living children and selected background characteristics, Zimbabwe 1999								
Background characteristic	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
Residence								
Urban	5.4	12.8	41.1	62.1	80.5	82.1	94.7	43.6
Rural	3.3	7.5	21.8	35.7	56.6	76.1	81.2	39.4
Province								
Manicaland	0.0	10.0	13.6	16.7	64.0	67.3	77.8	35.0
Mashonaland Central	8.1	9.7	23.7	28.5	59.6	74.9	85.0	38.5
Mashonaland East	0.0	7.5	33.3	43.9	61.9	87.5	90.0	43.6
Mashonaland West	5.0	6.6	27.0	37.8	46.6	80.2	85.4	35.4
Matabeleland North	0.0	7.4	47.5	39.6	55.4	74.8	87.1	46.1
Matabeleland South	5.5	8.6	44.9	54.5	55.7	79.1	82.4	50.7
Midlands	5.6	15.2	32.3	56.2	68.4	70.6	80.0	43.1
Masvingo	0.0	5.9	27.5	33.0	51.0	84.4	79.7	40.0
Harare	9.1	9.5	35.0	64.0	88.9	80.0	94.1	38.5
Bulawayo	0.0	17.1	50.0	69.8	90.0	87.5	94.4	57.6
Education								
No education	0.0	15.0	29.7	27.6	58.0	62.6	74.9	53.1
Primary	3.9	8.6	25.6	35.1	62.0	76.8	85.1	45.9
Secondary	3.7	10.1	31.7	54.5	70.2	88.9	92.1	32.8
Higher	19.6	10.6	55.2	81.0	100.0	100.0	100.0	43.2
Total	4.2	9.8	30.3	45.0	64.3	78.2	83.3	40.9
MEN								
Residence								
Urban	2.3	16.3	40.1	50.0	60.5	66.1	60.4	39.5
Rural	0.7	5.0	18.3	32.7	39.0	57.1	59.1	29.8
Province								
Manicaland	0.0	29.1	21.6	42.6	74.7	67.2	46.9	36.4
Mashonaland Central	0.0	11.7	14.1	33.3	14.4	41.5	52.8	25.3
Mashonaland East	0.0	0.0	26.0	35.7	59.7	58.1	71.3	29.5
Mashonaland West	0.0	5.2	16.3	54.0	65.7	86.8	82.7	36.4
Matabeleland North	0.0	7.7	27.8	46.0	37.5	58.9	66.7	41.4
Matabeleland South	*	14.6	13.2	55.4	21.7	62.7	71.1	42.5
Midlands	11.3	3.8	34.6	17.6	39.4	47.0	48.6	28.4
Masvingo	0.0	20.2	25.9	30.0	23.6	55.6	50.3	31.3
Harare	0.0	12.8	44.4	42.1	69.2	68.4	55.6	36.4
Bulawayo	0.0	3.7	38.9	43.5	81.2	72.7	77.3	42.1
Education								
No education	0.0	0.0	19.0	42.5	47.7	32.9	56.5	44.4
Primary	3.1	8.6	17.6	32.6	47.7	58.9	63.7	39.3
Secondary	0.7	9.8	33.0	43.5	48.4	66.4	49.5	28.6
Higher	0.0	17.2	34.9	57.9	59.1	83.0	75.2	38.7
Total	1.4	10.3	28.5	40.8	49.3	61.6	59.5	34.1

Note: Women and men who have been sterilised are considered to want no more children. An astrisk indicates a figure is based on fewer than 25 cases and has been suppressed.
¹ Includes current pregnancy

Figure 7.2 Percentage of Currently Married Women 15-49 Who Want No More Children, Zimbabwe 1999



ZDHS 1999

suggest that urban women are more likely to begin to want to limit their family size at lower parities than rural women. For example, 62 percent of urban women with three children say they do not want another child, compared with 36 percent of rural women with three children.

Differentials by province of residence indicate that Bulawayo province has the largest proportion of women who wanted no more children (58 percent), while Manicaland and Mashonaland West provinces show the lowest percentage (35 percent). It is interesting to note that women in Harare, an urban centre, did not show a strong preference for limiting childbearing (39 percent, which is lower than in several other provinces).

The percentage wanting no more children is positively associated with the woman's educational level. Women with a higher education want to begin to limit when they have two children, while among women who never attended school, the majority do not express a desire to limit until they have four children.

Men present a similar pattern; rural men and men with no education are less likely to want to stop having children than other men. Matabeleland South has the largest proportion of men who want no more children (43 percent), while Mashonaland Central shows the lowest percentage (25 percent).

7.4 NEED 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 need for family planning, since not all of these women are exposed to the risk of pregnancy and some of them may already be using contraception. This section presents a more refined measure of need for family planning.

Women who are currently married and who say that they either do not want any more children or that they want to wait two or more years before having another child but are not using contraception are considered to have an unmet need for family planning. Women who are using family planning methods are said to have a met need for family planning. Women with unmet need and met need together constitute the total demand for family planning.

Table 7.4 and Figure 7.3 present data on unmet need, met need, and total demand for family planning. These indicators help to evaluate the extent to which the family planning programme in Zimbabwe is meeting the demand for services.

Thirteen percent of married women have an unmet need for family planning services (7 percent for spacing and 6 percent for limiting births). Combined with the 54 percent of married women who are currently using a contraceptive method, the total demand for family planning comprises two-thirds 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 say they want to space or limit their children were to use family planning methods, the contraceptive prevalence rate could be increased from 54 percent to 68 percent.

As expected, unmet need for spacing is higher among younger women, while unmet need for limiting childbearing is higher among older women. There is a striking difference in unmet need between urban and rural areas, with urban areas at 8 percent and rural areas at 16 percent. Among the provinces, Matabeleland South has the highest unmet need (22 percent) and Harare has the lowest (6 percent) (see Figure 7.3). Unmet need in other provinces ranges between 11 percent and 16 percent. Unmet need is negatively associated with the woman's education; it is lower among women with at least some secondary schooling (10 percent or less) than among less-educated or uneducated women (16 percent, each).

The need for family planning services for all women and unmarried women are presented at the bottom of Table 7.4. 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.

Table 7.4 Need for family planning

Percentage of all women, currently married women, and unmarried women with unmet need for family planning, and with met need for family planning, and the total demand for family planning, by selected background characteristics, Zimbabwe 1999

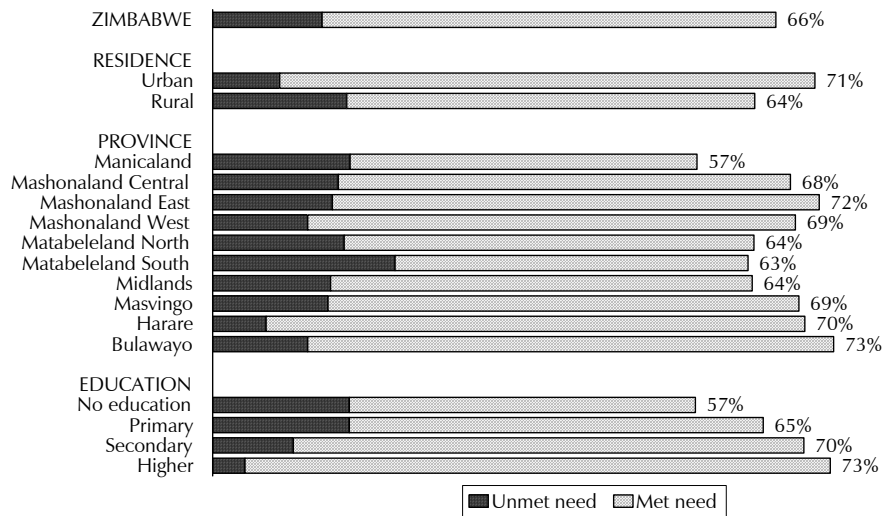
Background characteristic	Unmet need for family planning ¹			Met need for family planning (currently using) ²			Total demand for family planning ³			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
Respondent's age											
15-19	11.1	1.3	12.4	38.6	3.5	42.1	50.5	4.8	55.3	77.6	314
20-24	9.5	1.4	10.9	46.0	7.7	53.7	57.6	10.0	67.6	83.8	820
25-29	8.3	2.8	11.1	40.8	20.1	60.9	50.8	23.2	74.0	85.0	788
30-34	6.2	4.6	10.8	29.2	29.0	58.2	36.4	34.0	70.4	84.7	543
35-39	6.1	11.5	17.6	12.5	44.3	56.8	19.6	56.5	76.1	76.9	495
40-44	5.1	12.0	17.1	5.3	41.1	46.4	10.4	53.4	63.8	73.1	375
45-49	1.4	13.6	14.9	0.3	39.1	39.4	2.4	52.8	55.2	72.9	272
Residence											
Urban	4.1	3.8	7.9	33.8	29.2	63.1	39.8	33.6	73.4	89.3	1,306
Rural	9.2	6.6	15.8	26.9	21.2	48.1	37.0	28.2	65.2	75.8	2,303
Province											
Manicaland	8.7	7.5	16.2	23.7	17.3	40.9	33.3	25.3	58.6	72.4	561
Mashonaland Central	9.1	5.8	14.8	31.7	21.6	53.3	41.0	27.7	68.7	78.4	325
Mashonaland East	8.3	5.8	14.1	30.1	27.2	57.4	38.8	33.3	72.1	80.4	310
Mashonaland West	7.4	3.8	11.2	35.2	22.3	57.5	44.2	26.1	70.3	84.1	367
Matabeleland North	7.7	7.8	15.5	24.2	24.1	48.3	33.0	32.6	65.6	76.4	180
Matabeleland South	11.2	10.3	21.5	19.0	22.6	41.6	30.9	33.9	64.7	66.7	170
Midlands	8.0	5.9	13.9	24.6	25.1	49.7	34.4	31.1	65.6	78.9	444
Masvingo	7.9	5.6	13.6	31.1	24.5	55.5	39.3	30.4	69.6	80.5	367
Harare	2.9	3.4	6.3	37.6	25.9	63.5	43.4	30.2	73.6	91.4	667
Bulawayo	7.8	3.5	11.2	24.2	37.8	62.0	32.6	41.8	74.4	84.9	217
Education											
No education	7.1	8.9	16.1	13.6	27.2	40.8	22.3	36.8	59.1	72.8	310
Primary	8.5	7.6	16.1	23.5	25.3	48.8	32.9	33.5	66.4	75.8	1,665
Secondary	6.5	2.9	9.5	38.6	21.6	60.2	46.8	24.9	71.6	86.8	1,523
Higher	1.7	2.1	3.8	36.7	32.3	69.0	38.4	35.1	73.6	94.8	111
Total women currently married	7.3	5.6	12.9	29.4	24.1	53.5	38.0	30.2	68.2	81.0	3,609
Total women not currently married	1.0	1.1	2.1	6.1	6.7	12.8	7.6	7.8	15.5	86.4	2,298
All women	4.9	3.8	8.7	20.3	17.3	37.7	26.2	21.5	47.7	81.7	5,907

¹ Unmet need for *spacing* includes pregnant women whose pregnancy was mistimed, amenorrhoeic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for *limiting* refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning and who want no more children.

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

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

Figure 7.3 Percentage of Currently Married Women With Unmet Need and Met Need for Family Planning Services, Zimbabwe 1999



ZDHS 1999

7.5 IDEAL NUMBER OF CHILDREN

This section focuses on the respondent's ideal number of children, implicitly taking into account the number of children that she already has. The respondent, regardless of her marital status, was asked to mention the number of children she would choose if she could start afresh. Women 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 women 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?"

The data in the top portion of Table 7.5 indicate that the majority of women were able to give a numeric answer to this hypothetical question. Only 2 percent gave a non-numeric answer such as "it is up to God," "any number" or "does not know." Table 7.5 shows that the ideal number of children is 3.9 among all women and 4.3 among married women, regardless of the actual number of surviving children. Seventy-one percent of women in Zimbabwe would like to have four or fewer children, while 27 percent would like to have more than four children.

In interpreting findings in Table 7.5, 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, since 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 to during the early stages of their reproductive lives. Last, some women may have difficulty admitting that they would have fewer children than they currently have if they could begin childbearing again. Such women are likely to report their actual number of children as their preferred number. Indeed, women who have fewer children do report a smaller ideal number of

Table 7.5 Ideal and actual number of children

Percent distribution of all women and men by ideal number of children and mean ideal number of children for all women and men and for currently married women and men, according to number of living children, Zimbabwe 1999

Ideal number of children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
WOMEN								
0	1.3	0.3	0.4	0.5	0.4	0.0	0.5	0.6
1	3.3	5.8	1.0	1.5	1.1	0.9	0.5	2.6
2	33.2	28.1	22.3	8.8	9.0	7.4	4.0	21.4
3	21.8	22.5	15.6	17.1	5.9	5.6	4.1	16.5
4	24.6	29.1	42.0	36.1	37.8	25.4	19.3	30.1
5	7.8	7.4	7.7	12.7	11.2	24.0	7.8	9.4
6+	6.0	6.0	9.7	21.7	32.3	32.6	57.0	17.1
Non-numeric response	2.1	0.8	1.4	1.6	2.4	4.2	6.8	2.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,722	1,190	932	660	478	320	604	5,907
Mean ideal number for: ²								
All women	3.2	3.3	3.7	4.3	4.7	5.0	6.1	3.9
Number of women	1,687	1,181	919	649	467	307	563	5,774
Currently married women	3.5	3.4	3.7	4.3	4.7	5.0	6.2	4.3
Number of women	255	839	752	535	392	259	488	3,520
MEN								
0	0.1	0.0	0.8	0.0	0.0	0.0	0.0	0.1
1	1.6	4.2	0.4	1.1	0.6	1.5	0.7	1.6
2	19.7	19.2	15.7	9.1	8.4	9.7	8.0	16.5
3	28.5	33.3	25.8	26.9	10.4	6.0	2.7	24.4
4	27.1	27.1	40.0	25.7	33.9	15.4	16.4	27.1
5	13.7	9.8	10.1	22.3	20.7	24.3	11.0	14.1
6+	7.9	5.0	6.7	11.9	25.1	42.8	58.0	14.7
Non-numeric response	1.4	1.4	0.6	2.9	0.9	0.3	3.1	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	1,380	323	240	165	147	129	224	2,609
Mean ideal number for: ²								
All men	3.6	3.4	3.7	4.2	4.6	5.5	7.1	4.1
Total men	1,360	319	239	160	145	129	217	2,570
Mean ideal number for:								
Currently married men	3.6	3.4	3.7	4.2	4.6	5.4	7.2	4.5
Number of men	125	267	211	150	136	122	206	1,218
Monogamous men	3.7	3.3	3.7	4.0	4.6	5.3	6.5	4.3
Number of men	114	249	200	140	126	112	165	1,106
Polygynous men	3.1	4.6	3.8	6.9	4.8	5.6	9.9	6.6
Number of men	11	18	12	11	10	9	42	112

¹ Includes current pregnancy

² Means are calculated excluding the women and men giving non-numeric responses.

children than women with more children. The average ideal family size is 3.3 for women with one child, compared with 6.1 among women with six or more children.

In general, men want a larger family than women do. In terms of the mean ideal number of children, men want 4.1, compared with 3.9 reported by women. The relationship between the actual and ideal number of children is again observed; 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 3.4 for men with one child, compared with 7.1 for men with six or more children. Interestingly, polygynous men want a much larger family than monogamous men (6.6 children and 4.3 children, respectively).

7.6 MEAN IDEAL NUMBER OF CHILDREN BY BACKGROUND CHARACTERISTICS

Presented in Table 7.6.1 is the ideal number of children by age and by background characteristics of all women. Data in the table shows that younger, better-educated, and urban women are more likely to have lower long-term fertility goals. The mean ideal number of children increases with age, from 3.2 among women age 15-19 to 5.7 among women age 45-49. At every

Table 7.6.1 Mean ideal number of children by background characteristics: women

Mean ideal number of children for all women, by age and selected background characteristics, Zimbabwe 1999

Background characteristic	Current age							Total women
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Residence								
Urban	2.6	2.8	3.2	3.5	4.2	4.2	4.8	3.2
Rural	3.6	3.8	4.2	4.6	5.2	5.7	6.1	4.4
Province								
Manicaland	3.6	4.2	4.7	4.6	5.6	6.3	6.1	4.7
Mashonaland Central	3.5	3.7	4.0	4.6	5.2	6.3	6.6	4.4
Mashonaland East	3.4	3.7	4.1	4.3	5.0	4.9	5.7	4.1
Mashonaland West	3.1	3.4	3.8	4.6	4.8	4.8	5.6	4.0
Matabeleland North	2.9	3.3	3.7	4.6	4.7	5.5	6.0	3.9
Matabeleland South	3.2	3.3	3.4	4.4	4.4	5.2	5.7	3.8
Midlands	3.3	3.4	3.8	4.2	4.7	5.6	6.1	4.0
Masvingo	3.8	3.6	4.2	4.6	5.3	5.6	5.9	4.4
Harare	2.6	2.7	3.1	3.2	4.2	4.0	4.8	3.1
Bulawayo	2.6	2.8	3.0	3.5	4.0	4.1	4.3	3.2
Education								
No education	3.2	4.1	5.6	5.0	5.5	6.5	6.5	5.7
Primary	3.7	3.9	4.3	4.9	5.1	5.2	5.8	4.6
Secondary	3.1	3.0	3.4	3.7	3.9	4.6	4.5	3.3
Higher	2.0	2.5	2.6	2.8	3.3	2.9	3.0	2.8
Total women	3.2	3.3	3.8	4.1	4.9	5.3	5.7	3.9

age group, rural women have higher family size norms than urban women. This is further reflected in the fact that women in Harare and Bulawayo have the smallest ideal family size norms (3.1 and 3.2 children, respectively). The ideal number of children for women in most provinces was between 3.8 and 4.7 children.

Differentials in the ideal number of children among men are presented in Table 7.6.2. As with women, younger, better-educated, and urban men are more likely to have lower long-term fertility goals. Men in Masvingo, Manicaland, and Mashonaland Central tend to want a large family (4.6 or more children), while those in Harare, Bulawayo, and Matabeleland South want 3.7 or fewer children.

Table 7.6.2 Mean ideal number of children by background characteristics: men

Mean ideal number of children for all men, by age and selected background characteristics, Zimbabwe 1999

Background characteristic	Current age								Total men
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	
Residence									
Urban	3.2	3.2	3.2	3.4	3.9	4.5	4.5	4.8	3.5
Rural	4.0	3.8	3.8	4.3	4.9	6.6	6.2	7.1	4.5
Province									
Manicaland	4.3	3.7	3.6	4.7	5.5	8.8	5.2	7.6	4.6
Mashonaland Central	3.5	3.8	3.8	4.9	4.8	6.8	5.6	9.7	4.6
Mashonaland East	3.7	3.9	3.9	3.7	4.5	4.9	6.7	6.1	4.2
Mashonaland West	3.8	3.8	3.2	3.3	3.9	5.5	6.6	5.8	4.0
Matabeleland North	3.7	3.7	3.5	3.9	4.3	6.3	5.0	5.2	4.1
Matabeleland South	3.4	3.8	3.5	4.0	3.4	4.2	4.2	3.8	3.7
Midlands	3.7	3.3	3.7	3.2	5.3	4.2	6.7	7.6	4.1
Masvingo	4.4	3.5	4.0	4.8	4.7	6.2	5.5	6.6	4.7
Harare	3.3	3.3	3.3	3.4	3.5	4.7	4.6	4.8	3.5
Bulawayo	3.4	3.1	3.2	4.0	4.3	4.7	4.3	4.5	3.6
Education									
No education	6.0	5.2	2.9	4.5	5.3	6.3	9.4	5.4	6.3
Primary	4.1	3.8	4.3	4.7	4.8	6.8	5.1	6.9	4.8
Secondary	3.6	3.4	3.3	3.8	4.2	4.5	5.2	5.4	3.7
Higher	2.0	2.8	3.2	3.6	3.0	4.2	3.3	5.8	3.4
Total men	3.8	3.5	3.5	3.9	4.4	5.8	5.4	6.3	4.1

7.7 FERTILITY PLANNING STATUS

The issue of unplanned and unwanted fertility was further investigated in the 1999 ZDHS by asking women who had births during the five years before the survey whether the births were planned (i.e., wanted at the time), mistimed (i.e., wanted but not at the time), or not wanted at all. 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.

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 open to several errors. A woman may not remember accurately 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 a net underestimation of the level of unwanted fertility.

Table 7.7 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, 62 percent of all births were wanted at the time of conception, 30 percent were reported as mistimed (wanted later), and 7 percent of recent births were reported to be unwanted. The percentage of births that was mistimed or unwanted goes up with birth order from 33 percent of first births to 48 percent of fourth and higher order births. Similarly, a much larger proportion of births to older women are unwanted than are those to younger women. Whereas about 4 percent of births to women under age 25 are unwanted, slightly more than two-fifths of births to women 40 and older are unwanted.

Table 7.7 Fertility planning status
 Percent distribution of births (including current pregnancy) in the five years preceding the survey by fertility planning status, according to birth order and mother's age at birth, Zimbabwe 1999

Birth order and mother's age at birth	Planning status of birth				Total	Number of births
	Wanted then	Wanted later	Not wanted	Missing		
Birth order						
1	67.1	29.8	2.9	0.2	100.0	1,287
2	67.3	28.6	3.7	0.4	100.0	934
3	65.0	29.7	5.3	0.0	100.0	610
4+	52.1	32.0	15.6	0.3	100.0	1,188
Age at birth						
<20	59.0	37.4	3.4	0.1	100.0	812
20-24	65.3	30.5	3.6	0.6	100.0	1,319
25-29	67.4	27.6	5.0	0.0	100.0	871
30-34	66.1	26.4	7.5	0.0	100.0	537
35-39	49.0	29.7	20.9	0.4	100.0	349
40-44	42.6	15.6	41.8	0.0	100.0	113
45-49	*	*	*	*	100.0	17
Total	62.4	30.2	7.2	0.2	100.0	4,019

Note: Includes current pregnancy; an asterisk indicates that a figure is based on fewer than 25 unweighted births and has been suppressed.

7.8 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. This indicator is highly relevant for a country such as Zimbabwe, that currently has an official policy to reduce the birth rate and thus the rate of population growth.

Table 7.8 shows that the wanted fertility rate for the three years preceding the survey was 3.4 children, compared with the actual average of 4 children. In other words, Zimbabwean women are currently having an average of 0.6 children more than they actually want. The table also shows that regardless of place of residence and level of education, 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 four rather than five children if unwanted births were prevented. Women with higher levels of education seem to be the most successful in achieving their fertility goal.

Table 7.8 Wanted fertility rates		
Total wanted fertility rates and total fertility rates for the five years preceding the survey, by selected background characteristics, Zimbabwe 1999		
Background characteristic	Total wanted fertility rates	Total fertility rates
Residence		
Urban	2.6	3.0
Rural	3.8	4.6
Province		
Manicaland	4.0	4.7
Mashonaland Central	4.2	4.9
Mashonaland East	3.6	4.2
Mashonaland West	3.5	4.1
Matabeleland North	3.2	4.1
Matabeleland South	3.7	4.8
Midlands	3.5	4.0
Masvingo	3.4	3.9
Harare	2.6	3.0
Bulawayo	2.6	3.0
Mother's education		
No education	4.6	5.2
Primary	3.8	4.5
Secondary	3.0	3.4
Higher	1.7	1.9
Total	3.4	4.0

Note: Rates are calculated based on births to women age 15-49 in the period 1-59 months preceding the survey. The total fertility rates are those presented in Table 3.2.

EARLY CHILDHOOD MORTALITY

8.1 BACKGROUND AND ASSESSMENT OF DATA QUALITY

In 1999, Zimbabwe was home for 1.7 million children under age five. Every year, about 400,000 babies are born in Zimbabwe; many do not survive to reach their first birthday. This chapter presents information on levels, trends and differentials in neonatal, postneonatal, 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 the mortality of children also serves the needs of agencies providing health services by identifying sectors of the population that are at high mortality risk.

The rates of childhood mortality presented here are defined as follows:

- **Neonatal mortality (NN):** the probability of dying within the first month of life,
- **Postneonatal mortality (PNN):** the arithmetic difference between infant and neonatal mortality
- **Infant mortality (${}_1q_0$):** the probability of dying between birth and the first birthday
- **Child mortality (${}_4q_1$):** the probability of dying between exact age one and the fifth birthday
- **Under-five mortality (${}_5q_0$):** 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 are asked a series of questions about their childbearing experience. In particular, they are asked to report the number of sons and daughters who live with them, the number who live elsewhere, and the number who have died. In the birth history, for each live birth, information is 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 of births that did not survive from the birth histories, which will lead to underestimation of mortality rates. Other potential problems include displacement of birth dates, which may cause a distortion of mortality trends, and misreporting of age at death, which may distort the age-pattern of mortality.

Inspection of the data quality indicates that there is no evidence of selective underreporting or misreporting of age at death. First, the number of early infant deaths that have been omitted is insignificant, the proportion of neonatal deaths that occur in the first week of life is roughly constant over the 15 years before the survey (between 70 and 78 percent) and the proportion of infant deaths that occur during the first month of life is plausible (47 percent) and is constant over the 15 years preceding the survey (varying between 44 and 47 percent) (see Appendix C).

It is also important to note that any method of measuring childhood mortality that relies on 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 mothers and their children. In countries with high rates of female adult mortality, these assumptions may not hold and the resulting childhood mortality rates will be understated to some degree.

8.2 INFANT AND CHILD MORTALITY

Table 8.1 presents childhood mortality rates for three five-year periods before the survey. The data show that under-five mortality is 102 per 1,000 live births, which means that one in ten children born in the past five years did not live to their fifth birthday. Two in three of these deaths occurred before age one. During the same period, the deaths in each of the three relevant age segments are 29 per 1,000 for neonatal mortality (<1 month), 36 per 1,000 for postneonatal mortality (1-11 months), and 40 per 1,000 for child mortality (1-4 years).

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality ¹ (PNN)	Infant mortality (₁ q ₀)	Child mortality (₄ q ₁)	Under-five mortality (₅ q ₀)
0-4	28.9	36.2	65.0	39.6	102.1
5-9	23.3	30.6	53.8	24.4	76.9
10-14	19.3	20.5	39.8	20.0	59.0

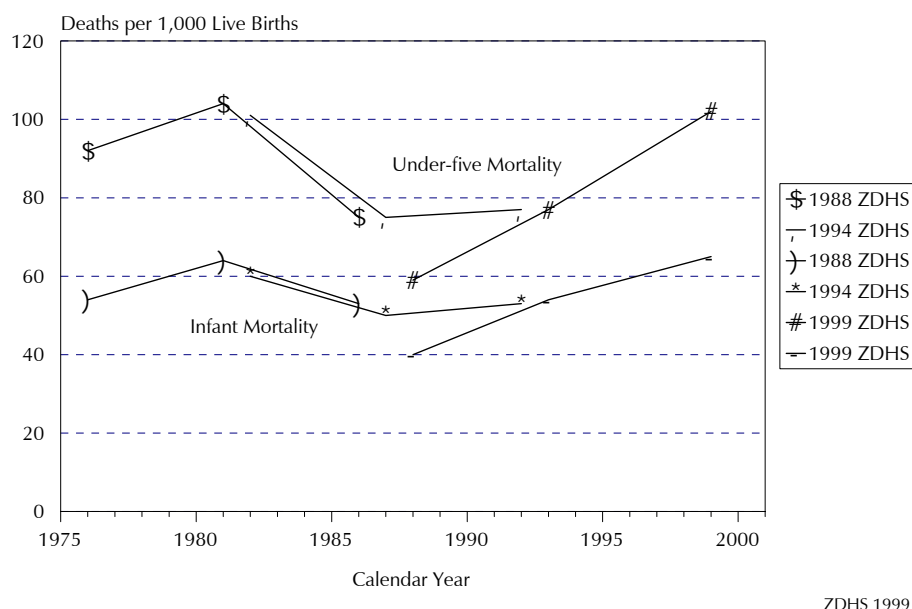
¹ Computed as the difference between the infant and the neonatal mortality rates.

The 1999 ZDHS data indicate that survival at all ages below five years had not improved from the period 1985-1989 to the period 1995-1999. To evaluate the quality of estimates on levels and trends in childhood mortality, estimates based on retrospective data from the present survey are compared with previously collected data of the same type. Figure 8.1 shows trends in infant and under-five mortality based on data from the 1988, 1994 and 1999 ZDHS surveys. The consistency between the data from the three surveys is remarkable. From the 1988 survey, infant mortality was estimated at 53 per 1,000 and under-five mortality at 75 per 1,000 for the 1984-1988 period, which are nearly identical to rates for the comparable calendar period from the 1994 survey. From the 1999 survey, infant mortality was estimated at 54 per 1,000 and under-five mortality at 77 per 1,000 for the 1989-94 period, which are nearly identical to rates for the comparable calendar period from

the 1994 survey. Furthermore, all surveys identify a drop of almost equal magnitude in infant and child mortality during the 1980s and an increase during the 1990s. Thus, there is clear indication of falling rates of early childhood mortality in Zimbabwe up until the late 1980s, after which there is a decline in child survival prospects.

Three possible explanations have been cited for the recent increase in childhood mortality rates (CSO and MI, 1995). They include the worsening of Zimbabwe's economic condition and the direct and indirect impact of the AIDS epidemic. Furthermore, to achieve significant health improvement, it was suggested that programmes need to address the underlying causes of poor health, such as poverty. In the five years since 1994, the economy of the country has declined dramatically, which may have altered household decisions on the use of health services facilities even more.

Figure 8.1 Trends in Infant and Under-Five Mortality 1988, 1994, and 1999



8.3 SOCIOECONOMIC DIFFERENTIALS IN EARLY CHILDHOOD MORTALITY

Table 8.2 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 a ten-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.

Survival rates are much higher in urban than in rural areas. For example, the infant mortality rate is 47 in urban areas, compared with 65 deaths per 1,000 live births in rural areas (see Figure 8.2). There is substantial variation between provinces. For infant mortality, the rate in Mashonaland Central is twice as high as in Matabeleland North (87 deaths per 1,000 live births compared with 39). It is interesting to note that Harare and Bulawayo, being the most urbanised areas in the country, do not necessarily exhibit the best mortality condition.

Table 8.2 Early childhood mortality by socioeconomic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality for the ten-year period preceding the survey, by selected socioeconomic characteristics, Zimbabwe 1999

Socioeconomic characteristic	Neonatal mortality (NN)	Post-neonatal mortality ¹ (PNN)	Infant mortality (₁ Q ₀)	Child mortality (₄ Q ₁)	Under-five mortality (₅ Q ₀)
Residence					
Urban	21.8	25.4	47.2	22.8	69.0
Rural	28.2	37.2	65.3	36.7	99.7
Province					
Manicaland	34.3	41.3	75.6	54.4	125.8
Mashonaland Central	37.6	49.0	86.6	27.2	111.4
Mashonaland East	30.3	33.4	63.7	39.2	100.4
Mashonaland West	20.9	31.8	52.7	36.4	87.1
Matabeleland North	(17.4)	21.5	38.8	19.2	57.3
Matabeleland South	(25.3)	22.8	48.1	21.9	69.0
Midlands	34.5	35.2	69.7	29.9	97.6
Masvingo	11.5	35.7	47.2	23.0	69.1
Harare	17.9	26.6	44.5	27.4	70.7
Bulawayo	26.3	20.3	46.6	20.6	66.2
Mother's education					
No education	42.9	38.2	81.1	41.0	118.8
Primary	28.6	32.1	60.6	35.4	93.9
Secondary	20.3	35.3	55.6	27.6	81.7
More than secondary	*	*	*	*	21.3
Medical maternity care²					
No antenatal or delivery care	(64.2)	61.5	125.7	NA	NA
Either antenatal or delivery care	36.0	38.5	74.6	NA	NA
Both antenatal and delivery care	17.7	29.3	47.0	NA	NA
Total	26.2	33.5	59.7	32.5	90.3

Note: Rates in parentheses are based on 250 to 499 exposed persons. Rates based on fewer than 250 exposed persons are not shown (*).

NA = Not applicable

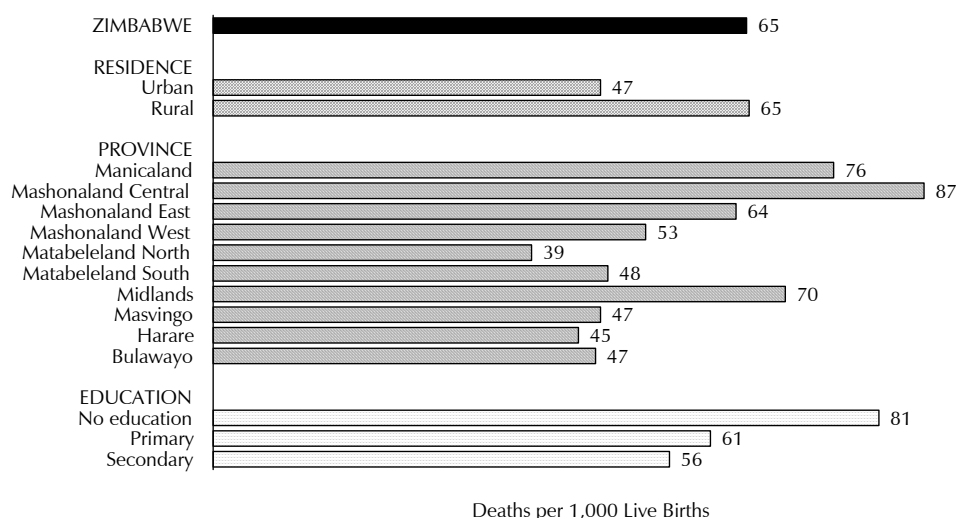
¹ Computed as the difference between the infant and the neonatal mortality rates

² Rates for the five-year period before the survey. Medical care is that given by a doctor, nurse, trained midwife, or received in a hospital, clinic, health center, or health post.

There is a strong negative association between a mother's level of education and children's survival; whereas the children of uneducated mothers experience an under-five mortality rate of 119 per 1,000, that of children of women with higher than a secondary education is only 21 per 1,000. This education-survival relationship is detected at all ages under five years. Better-educated mothers are likely to have greater knowledge of nutrition, hygiene, and other practices related to child care and are more likely to use health services.

Maternal care during pregnancy and delivery plays a significant role in the health of both mother and child and thus in the risk of early childhood mortality. The 1999 ZDHS data show that children born in the five-year period preceding the survey to women who obtained *both* antenatal

Figure 8.2 Infant Mortality by Background Characteristics, Zimbabwe 1999



Note: Rates are for the 10-year period preceding the survey except the rate for all Zimbabwe (5-year period).

ZDHS 1999

and delivery care from medically trained persons are less than half as likely to die during infancy as children whose mothers received neither. Having either antenatal or delivery care decreases the mortality risks significantly.

8.4 BIODEMOGRAPHIC DIFFERENTIALS IN EARLY CHILDHOOD MORTALITY

The relationship between early childhood mortality and various demographic variables is examined in Table 8.3. In general, male children experience slightly higher mortality than their female counterparts. Infant mortality for males and females is 63 and 56 deaths per 1,000 births, respectively, while under-five mortality rates for males and females are 95 and 85 deaths, respectively.

The relationship between childhood mortality and mother's age at birth shows the expected U-shaped pattern at all ages under five years; with children of the youngest and the oldest women experiencing the highest risk of death. A similar, but less pronounced, pattern occurs for birth order. Generally, first-order births and very high-order births (seventh or more) have higher mortality rates than births of orders two through six. Data from the 1994 ZDHS show the same patterns.

Studies have found that a longer birth interval increases a child's chance of survival. Data from the 1999 ZDHS support this theory; 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 (112 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.

Table 8.3 Early childhood mortality by biodemographic characteristics

Neonatal, postneonatal, infant, child, and under-five mortality for the ten-year period preceding the survey, by selected biodemographic characteristics, Zimbabwe 1999

Biodemographic characteristic	Neonatal mortality (NN)	Post-neonatal mortality ¹ (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
Sex of child					
Male	28.3	34.8	63.1	34.5	95.4
Female	24.1	32.2	56.2	30.5	85.0
Mother's age at birth					
< 20	34.5	31.6	66.1	33.0	97.0
20-29	24.9	33.3	58.2	33.9	90.1
30-39	21.2	32.6	53.9	27.9	80.3
40-49	*	57.0	89.1	(43.7)	(128.9)
Birth order					
1	30.6	35.0	65.5	25.1	89.0
2-3	22.4	30.9	53.3	34.1	85.6
4-6	26.4	28.8	55.1	36.5	89.6
7+	26.1	48.2	74.3	38.1	109.6
Previous birth interval					
< 2 years	53.7	58.1	111.8	48.7	155.1
2-3 years	17.7	26.4	44.1	37.1	79.6
4 or more years	21.2	32.7	53.9	25.0	77.6
Birth size²					
Small and very small	64.1	54.7	118.8	NA	NA
Average or larger	20.5	31.4	51.9	NA	NA
Don't know	162.2	160.2	322.4	NA	NA

Note: Rates based on 250 to 499 exposed persons are in parentheses. Rates based on fewer than 250 exposed persons are not shown (*).

NA = Not applicable

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

² Rates for the five-year period before the survey.

A child's size at birth is an important indicator of the risk of dying during infancy, particularly during the first months of life. In the 1999 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 are twice as likely to die in the 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

Table 8.4 presents the level of mortality at the earliest stage of life. The distinction between a stillbirth and an early neonatal death (deaths in the first week after birth) is recognised as a fine one. Furthermore, the causes of stillbirths and early neonatal deaths are closely linked, and examining one in isolation from 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 is collected using the calendar at the end of the women's questionnaire.

Table 8.4 indicates that the perinatal mortality rate for the country as a whole is 39 deaths per 1,000 pregnancies. The differentials in perinatal mortality across selected background characteristics of the mothers are similar to those in neonatal mortality. The rate increases with shorter pregnancy intervals and declines with women's education. However, unlike neonatal mortality, perinatal mortality is not lower in urban areas or provinces with urban characteristics (Harare and Bulawayo).

Table 8.4 Perinatal mortality

Stillbirths, early neonatal deaths and perinatal mortality rate by selected background characteristics for the ten-year period preceding the survey, Zimbabwe 1999

Background characteristic	Number of stillbirths ¹	Number of early neonatal deaths ²	Perinatal mortality rate ³	Number of pregnancies of 7 or more months duration in the last 10 years
Mother's age at birth				
<20	8	23	42.7	739
20-29	34	37	37.1	1,936
30-39	6	20	33.9	761
40-49	4	3	65.3	118
Previous pregnancy interval				
<15 months	4	13	55.1	304
15-26 months	14	16	44.5	681
27-38 months	8	4	19.4	599
39+ months	12	18	35.7	831
Residence				
Urban	21	26	40.5	1,164
Rural	32	58	37.6	2,390
Province				
Manicaland	8	18	44.3	568
Mashonaland Central	3	12	44.2	335
Mashonaland East	4	9	41.2	314
Mashonaland West	4	4	23.2	347
Matabeleland North	0	4	19.8	183
Matabeleland South	3	6	40.8	221
Midlands	8	13	45.2	454
Masvingo	5	2	18.3	359
Harare	13	12	44.4	562
Bulawayo	5	6	53.4	211
Mother's education				
No education	1	10	44.2	248
Primary	30	41	44.3	1,601
Secondary	22	32	33.1	1,632
Higher	0	1	13.3	73
Total	53	84	38.5	3,554

¹ Stillbirths are fetal deaths to pregnancies lasting seven or more months.

² Early neonatal deaths are deaths to live-born children at days 0 to 7 since birth.

³ Perinatal mortality rate is the sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months of 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 the birth, 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 due to a combination of characteristics.

The first column of Table 8.5 shows the percentage of births in the five years before the survey classified by various risk categories. Overall, 42 percent of births are in at least one high-risk category: 28 percent are in a single high-risk category, and 14 percent have multiple high-risk characteristics. The second column shows the risk ratios, which are calculated as the ratio of the proportion in a category who have died to the proportion in the reference category who have died. Births in the reference category are those who do not fall into any high-risk category (risk ratio equals 1.00). The primary factor leading to heightened mortality risk in Zimbabwe is short birth interval, as a single (1.71) or multiple high-risk factor, followed by high birth order (1.34). However, since the largest percentage of high-risk births in Zimbabwe are of high birth order (16 percent), this operates to reduce the associated risk ratios in the overall single high-risk category (1.3) and the overall multiple high-risk category (1.6).

The third column of Table 8.5 shows the distribution of currently married women by the risk category into which a currently conceived birth would fall. The data in the table shows that 29 percent of women are not in any elevated mortality risk category and 7 percent have only given birth once. Among those who are in a situation that causes an elevated mortality risk (64 percent of women), 30 percent have a single high risk and 34 percent have multiple risks. A comparison of this percentage with the distribution of actual births in the past five years indicates that without fertility control, the percentage of births falling into each of the multiple high-risk categories would rise from 14 percent to 34 percent.

Table 8.5 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying 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 1999

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	32.5	1.00	29.2 ^a
Unavoidable risk category (First births)	25.8	1.15	6.9
Single high-risk category			
Mother's age <18	7.5	1.02	1.1
Mother's age >34	0.5	0.89	3.8
Birth interval <24 months	3.7	1.71	11.8
Birth order >3	15.8	1.34	13.3
Subtotal	27.5	1.29	30.0
Multiple high-risk category			
Age <18 & birth interval <24 months ²	0.2	3.43	0.4
Age >34 & birth interval <24 months	0.0	-	0.1
Age >34 & birth order >3	10.5	1.39	24.7
Age >34 & birth interval <24 months and birth order >3	0.9	1.79	2.7
Birth interval <24 months and birth order >3	2.6	2.35	6.0
Subtotal	14.2	1.62	33.9
In any avoidable high-risk category	41.7	1.40	63.9
Total	100.0	NA	100.0
Number of births	3,559	NA	3,609

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 combined categories *age <18* and *birth order >3*.

^a Includes sterilised women

This chapter presents findings from areas of importance to reproductive and child health, namely, antenatal and delivery care, complications of pregnancy and delivery, postnatal care, characteristics of the neonate, vaccinations, and common childhood illnesses and their treatment. Combined with information about pregnancy complications and neonatal and infant mortality rates, the data help to identify groups who are underserved. The data on premature births, birth weight, and the baby's size at birth provide useful information to reduce infant mortality through a reduction in low birth weight. Data were obtained for all live births in the five years preceding the survey.

9.1 PERCEIVED PROBLEMS IN ACCESSING WOMEN'S HEALTH

Women are sometimes perceived to have problems in seeking health care services for themselves. Many factors can prevent women from getting medical advice or treatment for themselves. In the ZDHS, women were asked to state whether the seven factors presented in Table 9.1 are perceived as a big problem or not a problem in getting medical advice or treatment when they are sick. This table presents the distribution of urban and rural women separately by how big a problem each of the factors is for seeking care.

The 1999 ZDHS data indicate that urban women are, in general, less likely than rural women to perceive problems in getting health care. In both rural and urban areas, the majority of women did not perceive knowing where to go, getting permission and lack of a female service provider as a problem in accessing women's health care. Getting the money needed for treatment was perceived as a problem by 26 percent of urban women and 39 percent of rural women. Lack of a nearby facility and having to take transport were cited as major problems by rural women (45 percent and 43 percent, respectively).

It is worth noting that fear of verbal abuse by the health service provider was reported by 14 percent of women regardless of residence. Urban women are less likely to mention not wanting to go to health care facilities alone as a big problem, compared with rural women (6 percent and 16 percent, respectively).

9.2 PERCEIVED BIG PROBLEMS IN ACCESSING WOMEN'S HEALTH BY BACKGROUND CHARACTERISTICS

Table 9.2 shows the percentage of women who reported problems in accessing health care for themselves by type of problem and selected background characteristics. In general, older women, women with larger numbers of children, formerly married women, women with no education, and women who did not work for cash reported having more problems in getting health care for themselves. The data show that invariably, women perceived getting money for treatment and not having a health facility nearby as big problems. Older women, women with high birth order children, and formerly married women are more likely to have a big problem in getting the money needed for treatment, compared with younger women, women with a smaller number of children, and currently married women.

Table 9.1 Perceived problems in accessing women's health care

Percent distribution of urban women and of rural women by perceived extent of problem in accessing women's health care, according to selected factors, Zimbabwe 1999

Factor	Perceived extent of problem accessing women's health care			Total	Number of women
	Big problem	Not a big problem	Missing		
URBAN WOMEN					
Knowing where to go	3.7	96.2	0.1	100.0	2,279
Getting permission to go	1.6	98.2	0.2	100.0	2,279
Getting money for treatment	26.1	73.7	0.3	100.0	2,279
Distance to health facility	9.1	90.6	0.3	100.0	2,279
Have to take transport	8.8	91.0	0.3	100.0	2,279
Not wanting to go alone	5.5	94.2	0.3	100.0	2,279
Lack of a female health provider	6.2	93.5	0.3	100.0	2,279
Fear of verbal abuse by health provider	13.6	86.2	0.3	100.0	2,279
RURAL WOMEN					
Knowing where to go	5.1	94.8	0.1	100.0	3,628
Getting permission to go	3.8	96.0	0.2	100.0	3,628
Getting money for treatment	38.8	60.9	0.3	100.0	3,628
Distance to health facility	44.5	55.2	0.3	100.0	3,628
Have to take transport	43.0	56.9	0.1	100.0	3,628
Not wanting to go alone	15.9	83.9	0.2	100.0	3,628
Lack of female health provider	9.7	90.1	0.2	100.0	3,628
Fear of verbal abuse by health provider	13.7	86.2	0.2	100.0	3,628

A woman's educational level plays a significant role in getting the money needed for treatment. Women with no education are more likely to have problems in obtaining the money for treatment (55 percent), compared with 8 percent of women with higher than a secondary education.

Living in urban centers, only 7 percent of women in Harare and Bulawayo reported the lack of a health facility nearby as a problem. Women with no education are much more likely than women with an education to perceive going to a health facility alone as a problem (20 percent compared with 2 percent).

Table 9.2 Perceived big problem in accessing women's health care by background characteristics

Percentage of women who reported they had a *big problem* in accessing health care for themselves, by type of problem and selected background characteristics, Zimbabwe 1999

Background characteristic	Type of <i>big problem</i> in accessing health care									Number of women ¹
	Knowing where to go	Getting permission to go	Getting money for treatment	Distance to health facility	Having to take transport	Not wanting to go alone	Lack of female health provider	Fear of verbal abuse by health provider	Any of the specified problems	
Age										
15-19	6.0	4.8	30.2	30.4	29.4	13.7	11.7	17.5	56.0	1,447
20-29	4.1	2.5	30.7	28.2	27.2	10.5	7.3	12.4	52.3	2,329
30-39	3.6	2.1	36.4	30.5	29.1	10.7	6.8	12.0	57.3	1,305
40-49	4.5	2.4	45.3	39.5	38.9	14.6	7.9	12.7	64.6	827
Number of living children										
0	5.4	3.8	29.8	26.9	26.8	11.9	10.9	16.4	54.2	1,854
1-2	4.0	2.4	30.2	28.4	25.9	10.4	6.8	11.7	51.6	2,079
3-4	4.4	2.6	39.0	33.0	32.8	12.4	7.0	13.8	59.7	1,080
5+	4.3	2.9	44.5	42.1	41.4	14.9	8.3	12.1	65.8	894
Marital status										
Never married	5.0	3.7	30.4	27.6	26.9	12.2	10.9	16.4	53.9	1,637
Married	4.2	2.8	32.8	32.1	30.8	11.5	7.4	12.5	54.8	3,609
Divorced, separated, widowed	5.0	2.0	48.6	32.0	31.4	13.2	7.0	13.2	67.9	662
Province										
Manicaland	2.7	4.5	40.8	40.1	40.5	14.9	5.4	11.1	66.4	882
Mashonaland Central	10.2	4.5	34.5	51.2	49.4	21.8	18.7	17.4	69.9	477
Mashonaland East	8.6	4.3	43.8	47.9	44.0	12.1	6.0	12.5	69.0	461
Mashonaland West	5.0	3.1	33.6	33.0	32.9	9.7	9.2	13.3	52.3	559
Matabeleland North	3.0	2.2	27.9	51.1	46.1	27.0	11.4	22.8	64.9	302
Matabeleland South	4.3	2.6	30.4	32.5	31.7	14.9	6.2	12.8	49.1	321
Midlands	4.0	2.5	39.6	36.0	33.6	10.8	9.6	13.3	62.4	741
Masvingo	3.4	4.7	32.3	27.9	27.8	11.6	9.2	12.4	53.3	629
Harare	3.9	0.7	26.2	7.8	8.4	4.4	5.7	11.4	40.2	1,077
Bulawayo	2.6	1.4	27.7	7.1	5.5	6.0	7.3	18.1	42.9	457
Education										
No education	8.9	6.1	54.5	51.0	48.5	19.6	12.6	13.7	73.3	396
Primary	5.3	3.8	40.6	38.5	37.3	14.7	9.6	13.6	64.1	2,377
Secondary	3.5	2.0	27.2	23.1	22.2	9.2	7.0	13.6	48.5	2,965
Higher	1.3	0.0	8.4	9.9	12.9	2.2	4.6	15.1	33.5	168
Current employment										
Not employed	4.2	3.2	33.7	31.2	30.2	11.8	8.6	14.0	54.9	2,701
Works for cash	4.7	2.7	32.3	28.7	27.5	11.8	7.9	13.2	54.7	2,757
Does not work for cash	5.6	2.7	44.9	41.9	41.4	13.0	9.6	13.8	71.2	447

¹ Total includes 2 women with missing information on current employment

9.3 ANTENATAL CARE

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 1999 ZDHS provide detail 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.

Table 9.3 shows the percent distribution of last live births in the five years preceding the survey by source of antenatal care received, according to background characteristics. ZDHS

respondents were asked whether they had seen anyone for antenatal care during the pregnancy for this birth. The interviewer was instructed to record all responses if more than one source of antenatal care was mentioned. However, for the purposes of this tabulation only, the provider with the highest qualifications is considered if there is more than one response.

For 93 percent of births, mothers received antenatal from a trained medical professional; 13 percent received care from a doctor; and 80 percent received care from a trained nurse or a midwife. Women received antenatal care from a traditional birth attendant for only 1 percent of the births, while 6 percent of the births received no antenatal care.

The child's birth order is negatively related to the use of antenatal care; children of higher birth order are less likely to receive care from trained personnel, especially doctors. Whereas 10 percent of children whose mothers have six or more previous births received no antenatal care, among children who had no sibling, the percentage is 5 percent.

Table 9.3 Antenatal care
Percent distribution of last live births in the five years preceding the survey by source of antenatal care (ANC) during pregnancy, according to maternal and background characteristics, Zimbabwe 1999

Background characteristic	Antenatal care provider ¹					Total	Number of births
	Doctor	Trained nurse/midwife	Traditional birth attendant/other ²	No one	Missing		
Mother's age at birth							
<20	10.2	80.6	1.2	8.0	0.0	100.0	537
20-34	14.5	80.1	0.9	4.3	0.2	100.0	1,874
35+	11.0	78.2	2.6	7.8	0.4	100.0	359
Birth order							
1	15.3	78.9	1.0	4.8	0.0	100.0	876
2-3	14.0	80.6	0.7	4.5	0.2	100.0	1,064
4-5	10.7	82.0	1.3	5.7	0.3	100.0	444
6+	8.9	78.4	2.9	9.5	0.4	100.0	386
Residence							
Urban	23.5	71.1	0.3	4.9	0.2	100.0	958
Rural	7.7	84.6	1.7	5.8	0.2	100.0	1,812
Province							
Manicaland	6.6	74.1	5.7	13.3	0.4	100.0	418
Mashonaland Central	10.6	86.4	0.3	2.7	0.0	100.0	262
Mashonaland East	7.4	81.8	0.4	10.3	0.0	100.0	240
Mashonaland West	12.7	81.8	0.7	4.7	0.0	100.0	275
Matabeleland North	10.6	88.2	0.0	1.1	0.0	100.0	150
Matabeleland South	9.8	87.6	0.0	2.3	0.3	100.0	165
Midlands	11.0	84.2	0.9	3.6	0.3	100.0	341
Masvingo	9.2	88.5	0.7	1.6	0.0	100.0	285
Harare	23.6	71.5	0.0	4.5	0.4	100.0	464
Bulawayo	30.6	64.2	0.4	4.8	0.0	100.0	170
Mother's education							
No education	5.0	88.9	0.8	5.3	0.0	100.0	181
Primary	7.7	82.2	2.2	7.6	0.3	100.0	1,208
Secondary	16.9	78.7	0.4	3.9	0.1	100.0	1,316
Higher	61.0	39.0	0.0	0.0	0.0	100.0	65
All births ³	13.2	79.9	1.2	5.5	0.2	100.0	2,770

¹ If more than one source of ANC care was mentioned, only the provider with the highest qualifications is considered in this tabulation.
² Includes "don't know"
³ Includes last live births in the period 0-59 months preceding the survey

The major difference in the use of antenatal services between urban and rural women is the type of care provider. Urban women are three times more likely to receive antenatal care from a doctor than rural women. On the other hand, trained nurses or midwives are more likely to provide antenatal care in the rural areas (85 percent compared with 71 percent).

Antenatal care coverage is lowest in Manicaland and Mashonaland East. Women in Harare and Bulawayo are most likely to consult a doctor for antenatal care.

The mother's education is strongly related to use of antenatal services; better-educated mothers are more likely to use skilled personnel. Although six in ten women with higher than a secondary education went to a physician for antenatal care, only 5 percent of women with no education did.

9.4 NUMBER OF ANTENATAL CARE VISITS AND STAGE OF PREGNANCY

Antenatal care is most effective in avoiding adverse pregnancy outcomes when it is sought early in pregnancy and continued through to delivery. 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 the number and timing of visits made by pregnant women is presented in Table 9.4, Figure 9.1, and Figure 9.2.

In the 1999 ZDHS, for 64 percent of the births, mothers had four or more antenatal care visits. For 14 percent of the births, no information on number of antenatal care visits is available. The median number of antenatal care visits is 4.7; however, the goal-oriented antenatal protocols in Zimbabwe recommend six visits.

Figure 9.2 shows that two-thirds of pregnant women had their first checkup by the sixth month of pregnancy, 24 percent had their first visit during the sixth to seventh month of pregnancy, and 3 percent had their first visit at eight months or later. Six percent of births received no antenatal care at all. The median duration of pregnancy at the first antenatal care visit was 4.9 months.

The delay in utilizing antenatal care services, which may be due to poor access or lack of knowledge, makes early identification and management of risk factors difficult.

Table 9.4 Number of antenatal care visits and stage of pregnancy

Percent distribution of last live births in the five years preceding the survey by number of antenatal care (ANC) visits, and by the stage of pregnancy at the time of the first visit, Zimbabwe 1999

Number and timing of ANC visits	Percentage of births
Number of ANC visits	
None	5.5
1 visit	1.1
2-3 visits	15.4
4+ visits	64.3
Don't know/missing	13.7
Total	100.0
Median number of visits (for those with ANC)	4.7
Number of months pregnant at the time of the first ANC visit	
No antenatal care	5.5
<6 months	67.4
6-7 months	23.6
8+ months	2.6
Don't know/missing	0.9
Total	100.0
Median months pregnant at first visit (for those with ANC)	4.9
Number of live births ¹	2,770

¹ Includes last live births in the period 0-59 months preceding the survey

Figure 9.1 Distribution of Births by Number of Antenatal Care Visits

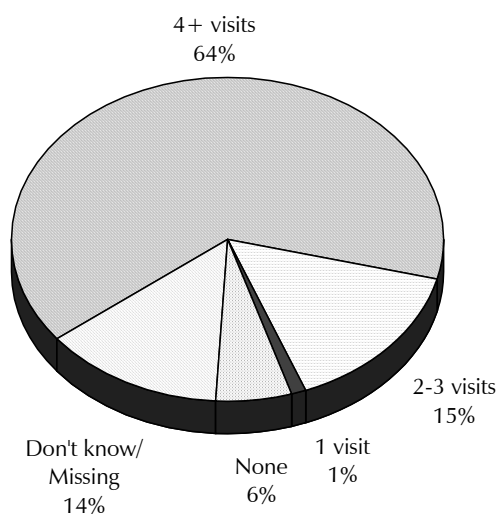
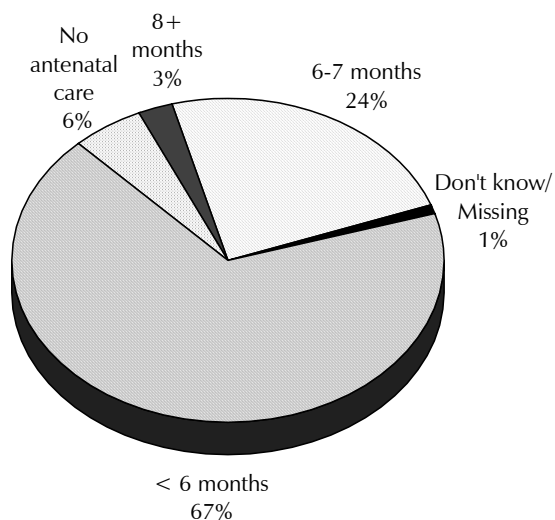


Figure 9.2 Distribution of Births by Timing of First Antenatal Care Visit



ZDHS 1999

9.5 ANTENATAL CARE CONTENT

The content of antenatal care is important in judging its value. Pregnancy complications are an important source of maternal and child mortality and morbidity. Therefore, information on the signs of complications and testing for complications should be routinely included in all antenatal care visits. To help assess ANC services, respondents were asked about whether they had been advised about complications or had had certain screening tests during at least one of the antenatal visits.

The 1999 ZDHS data indicate that four in ten of the women who received antenatal care were informed of the signs of pregnancy complications (Table 9.5). Women in urban areas are more likely to receive this information than those in the rural areas (55 percent compared with 35 percent). Women who live in the urban provinces (Harare and Bulawayo) are the most likely to have been informed of pregnancy complications (57 percent and 56 percent, respectively). Among the other provinces, Matabeleland North has the lowest percentage of women who had received information on the signs of pregnancy complications (19 percent), while the remaining provinces range from 32 percent to 48 percent.

Women's age and the child's birth order are not as strongly associated with being given information of the signs of pregnancy complications as residence. A woman's education, however, has a marked positive association with being informed of the signs of pregnancy complications. Women with higher than a secondary education are almost twice as likely to be given this information as women with no education (55 percent compared with 29 percent).

Table 9.5 shows that nine in ten women who went for an antenatal care visit had their blood pressure measured. Age, child's birth order, education, and residence have little or no influence on the respondent's chances of having her blood pressure measured. Urine samples were collected for 80 percent of women who received antenatal care. Urban and better-educated women are more likely to give urine samples than rural women (91 to 98 percent compared with 72 to 75 percent).

Three in four women who attended an antenatal care visit gave a blood sample. Urban women are more likely to give a blood sample than rural residents (87 percent compared with 69 percent). This difference in coverage is possibly due to the access to medical laboratory services. Large differentials are also found between provinces. The proportion who gave a blood sample ranges from 55 percent in Manicaland to 93 percent in Matabeleland South and Bulawayo. Women with higher than a secondary education are much more likely to have given a blood sample during an antenatal care visit than women with no education (95 percent compared with 62 percent).

Table 9.5 Antenatal care content

Percentage of last live births in the five years preceding the survey for which mothers received antenatal care, by content of antenatal care and selected background characteristics, Zimbabwe 1999

Background characteristic	Informed of signs of pregnancy complications	Blood pressure measured	Urine sample given	Blood sample given	Received tetanus toxoid injection	Received iron tablets	Received anti-malarial	Number of births
Mother's age at birth								
<20	35.9	82.8	74.2	71.1	77.8	57.4	20.8	537
20-34	44.4	91.3	83.0	77.5	81.2	60.0	23.6	1,874
35+	39.1	85.8	76.1	68.5	68.4	61.5	19.7	359
Birth order								
1	44.4	89.0	81.3	78.1	80.3	60.6	21.6	876
2-3	42.3	90.2	81.9	75.5	81.6	58.7	23.1	1,064
4-5	41.7	90.1	80.1	74.6	77.9	60.9	23.1	444
5+	36.9	83.9	74.3	67.6	69.2	59.0	22.3	386
Residence								
Urban	54.7	92.9	91.3	87.2	79.8	59.0	12.5	958
Rural	35.4	86.8	74.6	68.7	78.4	60.1	27.8	1,812
Province								
Manicaland	37.4	74.3	67.1	55.3	67.3	64.4	46.7	418
Mashonaland Central	39.0	90.6	78.9	69.4	81.7	64.6	20.6	262
Mashonaland East	32.2	78.5	74.0	64.4	71.9	32.6	15.3	240
Mashonaland West	36.2	94.2	83.6	81.0	81.1	66.9	13.1	275
Matabeleland North	18.9	92.0	77.4	77.4	86.4	60.8	15.1	150
Matabeleland South	32.1	95.1	90.6	93.4	86.5	64.0	6.3	165
Midlands	45.0	92.6	73.7	71.2	85.7	65.8	40.4	341
Masvingo	48.4	91.1	79.2	75.6	84.7	66.2	27.0	285
Harare	56.6	94.2	92.6	86.8	76.4	50.8	9.1	464
Bulawayo	56.1	94.5	93.7	93.0	78.2	63.5	6.6	170
Education								
No education	28.8	87.5	71.7	61.7	74.2	66.5	23.7	181
Primary	34.6	85.0	74.1	68.3	74.9	57.7	23.2	1,208
Secondary	50.2	92.1	86.5	82.1	83.6	60.4	21.6	1,316
Higher	54.5	100.0	97.6	95.4	69.0	64.1	26.1	65
All births ¹	42.1	88.9	80.4	75.1	78.9	59.7	22.5	2,770

¹ Includes last live births in the period 0-59 months preceding the survey

Neonatal tetanus, anemia, and maternal anemia are major causes of mortality in early infancy. Overall, eight in ten women who attended an antenatal care visit received a tetanus toxoid (TT) injection. Maternal age and child's birth order are associated with receiving TT injection. Older women (age 35 or older when giving birth), women with high-order births, women living in Manicaland, and women with higher than a secondary education are less likely to receive TT injection than other women.

Iron tablets were given to 60 percent of the women who received antenatal care. This percentage varies little across all subgroups of women, except by province of residence. Women in Mashonaland East are the least likely to have received iron tablets (33 percent), while the proportion in other provinces is at least 51 percent.

Among the women who attended an antenatal care visit, 23 percent received antimalarial drugs. The lower coverage of antimalarial drugs may be due to the practice of giving them only to women in malaria-endemic areas. Coverage of antimalarial drugs varies by type of place of residence; rural women are more than twice as likely to receive antimalarial drugs as urban women (28 percent compared with 13 percent). Moreover, although almost half of the pregnant women in Manicaland (47 percent) were given antimalarial tablets, in Matabeleland South, Harare, and Bulawayo, antimalarial drugs were prescribed to less than 10 percent of the pregnant women.

9.6 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. Respondents were asked to report on delivery care for all births during the five years before the survey.

Table 9.6 shows that 72 percent of births occurred in health facilities. This figure is slightly higher than that recorded in the 1994 ZDHS (69 percent). Younger mothers and women with fewer children are more likely to deliver in a health institution than older women (78 percent for women under 20 years old compared with 59 percent for women 35 years old and over). High-order births are associated with a greater likelihood of being delivered at home; 38 percent for mothers with six or more children compared with 14 percent for women with one child.

Place of delivery varies by urban-rural residence; urban women are more likely to deliver in a health facility than rural women (89 percent compared with 64 percent). A child in a rural area is almost four times more likely to have been born at home than an urban child (31 percent compared with 8 percent).

Although 91 percent of babies in Harare and Bulawayo were born in a health facility, in other provinces this coverage ranges from 51 percent to 80 percent. Home deliveries are most prevalent in Manicaland (44 percent) and least prevalent in Harare (6 percent) and Bulawayo (8 percent).

There is a marked association between mother's education and place of delivery. Table 9.6 shows that women with no education are much more likely than better-educated women to deliver at home (56 percent compared with 1 percent). This may be because educated women have greater access to medical services, a better understanding of the benefits of delivery at a health facility, or motivation to take advantage of the available services.

Table 9.6 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Place of delivery				Total	Number of births ¹
	Health facility	At home	Other	Don't know/ Missing		
Mother's age at birth						
<20	78.0	19.5	1.0	1.5	100.0	749
20-34	72.6	23.1	0.9	3.3	100.0	2,387
35+	59.3	30.6	0.6	9.4	100.0	424
Birth order						
1	84.1	14.1	0.5	1.3	100.0	1,170
2-3	72.9	23.4	1.3	2.4	100.0	1,326
4-5	64.7	29.1	0.7	5.5	100.0	569
6+	50.6	38.0	0.7	10.7	100.0	494
Residence						
Urban	89.1	8.3	0.4	2.2	100.0	1,159
Rural	64.0	30.5	1.1	4.4	100.0	2,401
Province						
Manicaland	51.1	43.9	1.3	3.7	100.0	573
Mashonaland Central	64.7	31.3	0.2	3.8	100.0	338
Mashonaland East	73.3	20.6	1.6	4.4	100.0	313
Mashonaland West	65.8	27.3	0.0	6.9	100.0	349
Matabeleland North	63.1	33.2	0.9	2.7	100.0	186
Matabeleland South	76.7	21.6	0.0	1.7	100.0	222
Midlands	73.0	22.9	0.7	3.4	100.0	457
Masvingo	79.6	13.3	2.4	4.7	100.0	359
Harare	90.6	5.9	0.7	2.8	100.0	552
Bulawayo	90.8	7.7	0.3	1.2	100.0	211
Mother's education						
No education	43.1	46.2	0.7	9.9	100.0	253
Primary	62.8	31.6	0.9	4.7	100.0	1,605
Secondary	84.8	12.5	0.9	1.8	100.0	1,629
Higher	97.8	1.1	0.0	1.1	100.0	73
Number of antenatal care visits						
None	34.5	56.4	1.6	7.5	100.0	152
1-3 visits	67.5	26.4	0.6	5.5	100.0	457
4+ visits	77.4	19.2	0.8	2.5	100.0	1,780
Don't know/missing	70.9	23.9	1.0	4.2	100.0	1,170
All births ¹	72.2	23.3	0.9	3.7	100.0	3,559

¹ Includes births in the period 0-59 months preceding the survey

9.7 ASSISTANCE DURING DELIVERY

The type of assistance a woman receives during the birth of a child has important health consequences for both the mother and the child. As with antenatal care, ZDHS interviewers were asked to record all responses if more than one person assisted during delivery. However, for the purposes of this tabulation, only the most highly qualified attendant is considered if there is more than one response.

In the 1999 ZDHS, skilled personnel assisted 73 percent of live births in the past five years during delivery, 18 percent were assisted by a traditional birth attendant, and 3 percent were not assisted during delivery. Of those births assisted by trained medical professionals, the majority were delivered by a nurse or midwife.

Table 9.7 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by type of assistance during delivery, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Attendant assisting during delivery ¹						Total	Number of births ²
	Doctor	Trained nurse/midwife	Traditional birth attendant	Relative/other	No one	Don't know/Missing		
Mother's age at birth								
<20	11.6	67.0	14.4	5.3	1.3	0.4	100.0	749
20-34	11.7	61.2	17.6	6.2	2.9	0.4	100.0	2,387
35+	10.8	48.3	23.2	8.3	8.8	0.6	100.0	424
Birth order								
1	15.0	69.3	10.4	3.9	1.0	0.5	100.0	1,170
2-3	11.7	61.7	17.6	6.6	2.0	0.4	100.0	1,326
4-5	8.7	56.3	22.8	7.1	4.8	0.3	100.0	569
6+	6.6	43.9	28.6	10.3	10.2	0.5	100.0	494
Residence								
Urban	18.7	70.7	6.7	1.7	1.4	0.7	100.0	1,159
Rural	8.1	56.1	22.8	8.5	4.1	0.3	100.0	2,401
Province								
Manicaland	6.9	44.1	28.5	16.7	3.7	0.0	100.0	573
Mashonaland Central	5.0	60.6	29.4	1.2	3.8	0.0	100.0	338
Mashonaland East	9.5	64.1	15.2	6.7	4.1	0.3	100.0	313
Mashonaland West	12.0	54.6	22.4	4.6	5.5	0.8	100.0	349
Matabeleland North	7.1	56.9	24.5	8.8	2.7	0.0	100.0	186
Matabeleland South	9.3	67.8	20.3	0.2	1.5	0.9	100.0	222
Midlands	11.8	61.4	14.8	8.6	3.0	0.4	100.0	457
Masvingo	9.8	69.0	10.2	6.3	4.2	0.5	100.0	359
Harare	19.8	71.2	5.2	1.0	1.7	1.0	100.0	552
Bulawayo	24.4	66.4	6.5	1.5	1.2	0.0	100.0	211
Mother's education								
No education	3.4	39.4	33.1	14.1	8.6	1.4	100.0	253
Primary	7.1	56.1	23.8	8.4	4.5	0.2	100.0	1,605
Secondary	15.4	69.6	9.9	3.3	1.3	0.5	100.0	1,629
Higher	52.3	46.6	0.0	0.0	1.1	0.0	100.0	73
Number of antenatal care visits								
None	5.2	27.7	35.2	23.8	7.5	0.6	100.0	152
1-3 visits	9.6	57.7	20.2	7.2	5.3	0.0	100.0	457
4+ visits	12.9	65.1	15.6	3.8	2.4	0.1	100.0	1,780
Don't know/missing	11.2	59.9	17.3	7.5	3.1	1.0	100.0	1,170
All births	11.6	60.9	17.6	6.3	3.2	0.4	100.0	3,559

¹ If the respondent mentioned more than one attendant, only the most qualified attendant is considered in this tabulation.

² Includes births in the period 0-59 months preceding the survey

Maternal age and child's birth order are associated with the type of assistance at delivery. Older women and women who have had many births are somewhat more likely to receive no assistance at delivery than other women. This situation was also noted in the 1994 ZDHS.

Type of place of residence also determines the level of assistance at delivery. Urban women tend to use skilled personnel more than rural women (89 percent compared with 64 percent). Whereas a physician assisted 19 percent of births in urban areas, only 8 percent of births in rural areas had this service. On the other hand, births in rural areas are more likely to be assisted by a traditional birth attendant or relative (23 percent) than in urban areas (7 percent). The gap between the urban and rural levels may be due to access to skilled personnel.

Although nine in ten deliveries in Harare and Bulawayo were assisted by skilled personnel, in other provinces, the coverage ranges from 51 percent in Manicaland to 79 percent in Masvingo. It should be noted that one in five deliveries in Manicaland were assisted by a relative or were unattended.

Maternal education is closely related to assistance during delivery. Women with secondary and higher education are more likely to seek assistance from medical personnel during delivery. Although more than half (52 percent) of the women with higher than a secondary education were assisted by a physician, only 3 percent of the women without any education had the service of a physician during delivery. No woman with higher than a secondary education was assisted by a relative or a birth attendant during delivery.

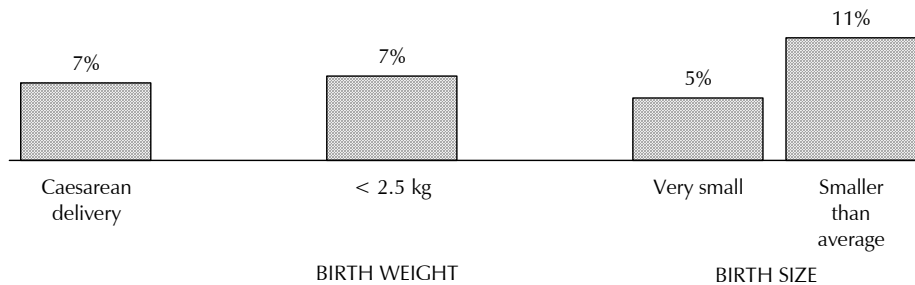
Women who received antenatal care from a medically trained person during pregnancy were more likely to deliver with medical assistance (data not shown). Among women who had four or more antenatal visits, 78 percent were assisted at delivery by skilled personnel, compared with 33 percent of women who had no antenatal care. Women who did not receive antenatal care were more likely to be assisted by a traditional birth attendant or by no one.

9.8 DELIVERY CHARACTERISTICS

In the 1999 ZDHS, respondents were asked whether the delivery was by caesarean section (C-section). The baby's birth weight was also recorded. Since the birth weight may not be known for some babies, mothers were asked for their assessment of whether their child was very small, smaller than average, average, or larger.

According to the 1999 ZDHS, 7 percent of babies were delivered by caesarean section (Figure 9.3). The same level was recorded in the 1994 ZDHS. Caesarean sections are most common among first births, urban births, and births to women in the urban provinces of Harare and Bulawayo (see Table 9.8). The sharpest difference in caesarean-section coverage is shown by mother's education. Women with higher than a secondary education are ten times more likely to have an operation at delivery than women with no education (22 percent compared with 2 percent). The high rate of caesarean-section operations among educated women may be explained by the fact that these women are more likely to reside in urban areas where access to physicians and to facilities that offer the service is more available.

Figure 9.3 Delivery Characteristics, Zimbabwe 1999



ZDHS 1999

Among children with recorded weight at birth, 7 percent weighed less than 2.5 kg, which is considered low birth weight. The majority of women (83 percent) assessed the size of the babies at birth as average or larger. Among births for whom the weight was known, first-born children, children born to women under age 20, and children born to mothers who never attended school were more likely than other children to have a low birth weight and to be assessed by the mother as very small or smaller than average.

Table 9.8 Delivery characteristics

Among births in the five years preceding the survey, the percentage of deliveries by caesarean section, and the percent distribution by birth weight and by the mother's estimate of baby's size at birth, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Delivery by C-section	Birth weight			Size of child at birth				Number of births
		<2.5 kg	2.5+ kg	Does not know	Very small	Smaller than average	Average or larger	Does not know	
Mother's age at birth									
<20	7.8	9.9	70.7	19.5	5.9	12.5	80.8	0.8	749
20-34	6.4	7.1	69.3	23.6	5.3	10.4	83.2	1.1	2,387
35+	6.2	4.2	58.0	37.7	5.2	8.0	85.5	1.2	424
Birth order									
1	9.9	9.3	76.0	14.7	4.6	12.2	82.2	0.9	1,170
2-3	5.5	7.2	70.4	22.4	5.9	11.0	81.8	1.3	1,326
4-5	5.3	6.2	63.0	30.8	6.2	7.5	85.4	0.9	569
6+	3.9	4.2	50.1	45.7	5.2	8.9	84.9	1.1	494
Residence									
Urban	9.6	8.3	82.4	9.2	5.3	9.4	84.0	1.2	1,159
Rural	5.3	6.8	61.4	31.8	5.5	11.1	82.4	1.0	2,401
Province									
Manicaland	4.5	4.8	48.1	47.1	4.3	7.2	88.5	0.0	573
Mashonaland Central	4.5	6.8	64.5	28.7	7.7	10.5	81.3	0.5	338
Mashonaland East	6.3	8.3	70.5	21.3	4.8	7.9	83.2	4.1	313
Mashonaland West	5.4	9.5	63.2	27.3	2.6	10.2	85.7	1.4	349
Matabeleland North	3.3	6.6	56.9	36.4	6.9	13.9	79.2	0.0	186
Matabeleland South	7.6	4.0	75.5	20.4	2.2	18.9	78.7	0.2	222
Midlands	8.6	7.0	66.6	26.4	6.3	15.0	77.7	1.1	457
Masvingo	6.5	6.3	79.0	14.7	7.3	9.4	82.7	0.5	359
Harare	9.0	10.4	82.3	7.3	6.3	9.0	82.6	2.1	552
Bulawayo	10.7	8.3	84.8	6.8	5.4	8.6	86.0	0.0	211
Mother's education									
No education	2.1	6.3	40.7	53.0	10.1	9.3	78.5	2.1	253
Primary	4.4	7.1	59.7	33.2	5.4	10.6	82.9	1.1	1,605
Secondary	9.0	7.9	79.7	12.3	4.9	10.5	83.6	0.9	1,629
Higher	21.6	1.4	95.5	3.1	1.7	14.0	84.3	0.0	73
Number of births ¹	6.7	7.3	68.3	24.4	5.4	10.6	83.0	1.1	3,559

¹ Includes births in the period 0-59 months preceding the survey

9.9 POSTNATAL CARE

Postnatal care is important for mothers for treatment of complications arising from delivery. Information on postnatal care also highlights how the mother takes care of herself. The timing of postnatal care is important. To provide the best outcome possible, it should occur within two days of the delivery since this is the critical period when most maternal deaths occur. It is assumed that deliveries in a health facility will entail a postnatal check before the mother is discharged. Table 9.9 focuses, therefore, on the information obtained on postnatal care for births that took place outside a health facility.

Among 627 births that occurred outside a health facility, more than half (56 percent) of the mother's did not receive a postnatal checkup. The low coverage of postnatal care may be due to the lack of knowledge of the importance of the checkup. Among those who had a postnatal checkup, only 14 percent had the checkup within two days after delivery; 11 percent received a checkup three to seven days after birth; and 13 percent had a postnatal checkup four or more weeks after delivery.

Table 9.9 Postnatal care

Among last live births in the five years preceding the survey, percentage for which mothers delivered in a health facility, and percent distribution of those for which mothers delivered outside a health facility, by timing of first postnatal checkup, according to background characteristics, Zimbabwe 1999

Background characteristic	Delivered in health facility	Timing of first postnatal checkup for births to mothers who delivered outside a health facility					Did not receive postnatal care	Total	Total number of births	Number of births outside a health facility ¹
		Within 2 days of birth	3-7 days after birth	8-27 days after birth	4+ weeks after birth	Don't know/missing				
Mother's age at birth										
<20	79.7	12.5	12.0	3.8	14.3	0.0	57.3	100.0	537	102
20-34	74.9	16.4	11.5	6.4	14.0	0.1	51.6	100.0	1,874	418
35+	62.1	4.9	6.6	3.7	10.4	0.0	74.4	100.0	359	107
Birth order										
1	85.1	16.6	13.7	5.2	9.5	0.0	55.0	100.0	876	123
2-3	75.8	16.5	9.3	6.0	18.5	0.2	49.5	100.0	1,064	236
4-5	66.8	11.8	17.3	6.2	8.6	0.0	56.1	100.0	444	128
6+	53.5	8.8	4.6	4.2	12.6	0.0	69.7	100.0	386	140
Residence										
Urban	89.9	24.3	7.5	6.5	11.4	0.0	50.3	100.0	958	80
Rural	65.8	12.3	11.2	5.3	13.7	0.1	57.3	100.0	1,812	547
Province										
Manicaland	53.0	8.0	4.2	2.5	9.7	0.0	75.6	100.0	418	181
Mashonaland Central	66.0	7.1	11.2	9.2	16.3	0.0	56.1	100.0	262	78
Mashonaland East	76.8	10.6	10.6	6.4	23.4	0.0	48.9	100.0	240	47
Mashonaland West	68.6	20.4	8.3	1.4	8.3	0.0	61.7	100.0	275	73
Matabeleland North	64.0	13.5	11.0	8.4	25.3	0.0	41.8	100.0	150	50
Matabeleland South	77.9	15.1	32.2	4.3	12.8	1.4	34.1	100.0	165	34
Midlands	74.7	12.0	11.2	7.2	17.9	0.0	51.6	100.0	341	76
Masvingo	80.3	33.1	25.1	8.4	4.2	0.0	29.3	100.0	285	45
Harare	90.9	23.5	5.9	5.9	11.8	0.0	52.9	100.0	464	33
Bulawayo	*	*	*	*	*	*	*	100.0	170	11
Education										
No education	45.9	7.0	8.3	10.3	14.4	0.0	59.9	100.0	181	82
Primary	64.7	12.9	10.6	5.2	10.7	0.1	60.4	100.0	1,208	373
Secondary	85.6	18.7	12.3	3.9	18.9	0.0	46.2	100.0	1,316	170
Total	74.2	13.8	10.8	5.5	13.4	0.1	56.4	100.0	2,770	627

Note: An asterisk indicates that a figure is based on 25-49 cases and has been suppressed.

¹ Includes one woman with higher than secondary education.

Maternal age and child's birth order are related to postnatal checkup within two days of birth. Women under age 35 and women with a low parity are more likely to receive postnatal care within two days of birth than older women and those with six or more children. Women in urban areas are more likely to have an early postnatal checkup than rural women. They are also slightly more likely to have a checkup at some time than rural women.

Differentials across provinces show that mothers in Manicaland are least likely to have a postnatal checkup. Along with women in Mashonaland Central, they are also the least likely to have an early postnatal checkup (8 percent and 7 percent, respectively). Nineteen percent of women with a secondary education who delivered outside a health facility received a postnatal checkup within two days after delivery compared with only 7 percent of the women with no education.

9.10 POSTNATAL CARE PROVIDERS

The 1999 ZDHS respondents were asked whether they had seen anyone for post natal care. As with antenatal care, ZDHS interviewers were asked to record all responses if there was more than one provider. However, for the purposes of this tabulation, only the most highly qualified provider is considered if there is more than one response. Table 9.10 shows the percent distribution of the last live births occurring outside a health facility in the five years preceding the survey by type of postnatal-care service provider according to background characteristics.

The findings show that the majority of women who received postnatal care were seen by a trained nurse or midwife. Urban women are more likely to receive postnatal care than rural women. When only doctors are considered, urban women are six times as likely as rural women to have received postnatal care from a doctor. The coverage of antenatal care among births outside a health facility varies significantly across provinces. Although the number of births is too small to draw a conclusion, women in Manicaland are much less likely to receive postnatal care from a medically trained care provider (14 percent) than women in other provinces.

9.11 USE OF SMOKING TOBACCO

Smoking tobacco during pregnancy increases the risk of having a small or low birth weight baby. Even occasional use of tobacco adversely affects women's health status and children's health, precipitating respiratory illnesses. The impact of smoking by women in general, as well as during pregnancy, is important for both the women's own health and that of their young children. This is new information included in this survey.

The 1999 ZDHS shows that virtually no women smoked, regardless of background characteristics and maternity status. For the 1 percent of women who did smoke, half reported smoking cigarettes and the other half smoked other tobacco. Older women and women with no education are more likely to smoke than younger women.

Table 9.10 Postnatal care providers

Percent distribution of last live births occurring outside of a health facility in the five years preceding the survey by type of postnatal care provider, according to background characteristics, Zimbabwe 1999

Background characteristic	Provider of postnatal care ¹					Total	Number of births ^{2,3}
	Doctor	Trained nurse/ Midwife	Traditional birth attendant	Don't know/ Missing	No postnatal care		
Mother's age at birth							
<20	0.8	31.9	1.0	9.0	57.3	100.0	102
20-34	1.8	27.6	1.3	17.7	51.6	100.0	418
35+	0.7	13.7	1.8	9.4	74.4	100.0	107
Birth order							
1	2.7	40.2	2.1	0.0	55.0	100.0	123
2-3	1.1	27.6	0.0	21.7	49.5	100.0	236
4-5	1.1	21.9	2.3	18.6	56.1	100.0	128
6+	1.1	14.2	2.1	13.0	69.7	100.0	140
Residence							
Urban	6.6	33.4	0.0	9.8	50.3	100.0	80
Rural	0.7	24.8	1.5	15.6	57.3	100.0	547
Province							
Manicaland	0.8	13.5	0.8	9.3	75.6	100.0	181
Mashonaland Central	1.0	28.6	0.0	14.3	56.1	100.0	78
Mashonaland East	(0.0)	(29.8)	(0.0)	(21.3)	(48.9)	100.0	47
Mashonaland West	0.0	21.9	4.1	12.3	61.7	100.0	73
Matabeleland North	0.8	40.5	0.0	16.9	41.8	100.0	50
Matabeleland South	2.3	35.1	0.0	28.5	34.1	100.0	34
Midlands	0.0	30.5	0.0	17.9	51.6	100.0	76
Masvingo	(2.1)	(37.3)	(8.4)	(23.0)	(29.3)	100.0	45
Harare	*	*	*	*	*	*	33
Bulawayo	*	*	*	*	*	*	11
Education							
No education	2.8	17.1	1.2	19.0	59.9	100.0	82
Primary	0.5	22.9	2.0	14.2	60.4	100.0	373
Secondary	2.8	36.5	0.0	14.5	46.2	100.0	170
Number of decisions with woman having final say							
0-1	1.6	30.1	1.3	13.4	53.5	100.0	114
2-3	2.9	17.7	2.0	14.8	62.6	100.0	188
4-5	0.5	29.2	0.9	15.5	53.9	100.0	325
Number of reasons to refuse sexual relations							
0	(3.4)	(35.0)	(0.0)	(15.8)	(45.8)	100.0	42
1-2	1.8	27.0	3.4	13.3	54.4	100.0	191
3-4	1.0	24.4	0.5	15.6	58.5	100.0	394
Number of reasons to justify wife beating							
0	1.8	23.4	1.2	13.6	59.9	100.0	245
1-3	1.0	26.5	2.1	18.0	52.4	100.0	259
4-5	1.4	29.7	0.0	10.9	58.0	100.0	123
All births	1.4	25.9	1.3	14.9	56.4	100.0	627

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

¹ If the respondent mentioned more than one provider, only the most qualified is considered in this tabulation.

² Includes last births in the period 0-59 months preceding the survey for which the mother delivered outside a health facility.

³ Total includes one woman with higher than secondary education.

Table 9.11 Use of smoking tobacco

Percentage of women who use tobacco for smoking, according to selected background characteristics and maternity status, Zimbabwe 1999

Background characteristic	Uses tobacco			Number of women
	Does not smoke	Cigarettes	Other tobacco	
Age				
<20	99.7	0.1	0.0	1,881
20-34	99.2	0.4	0.4	2,771
35+	95.5	1.7	2.6	1,256
Residence				
Urban	98.5	0.7	0.7	2,279
Rural	98.6	0.5	0.8	3,628
Province				
Manicaland	99.7	0.0	0.3	882
Mashonaland Central	98.7	0.7	0.5	477
Mashonaland East	98.9	0.6	0.4	461
Mashonaland West	97.3	1.3	0.7	559
Matabeleland North	97.7	0.7	1.5	302
Matabeleland South	98.6	0.2	1.3	321
Midlands	98.7	0.3	1.1	741
Masvingo	98.4	0.8	0.7	629
Harare	98.8	0.7	0.5	1,077
Bulawayo	98.2	0.7	1.1	457
Education				
No education	93.5	2.9	3.4	396
Primary	98.6	0.3	1.1	2,377
Secondary	99.4	0.4	0.1	2,965
Higher	97.2	2.8	0.0	168
Maternity status				
Currently pregnant	99.2	0.2	0.6	459
Currently breastfeeding	99.4	0.1	0.3	1,138
Neither	98.3	0.7	0.9	4,310
Total	98.6	0.6	0.7	5,907

9.12 CHILDHOOD VACCINATIONS

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 the Expanded Programme of Immunization (EPI), the 1999 ZDHS collected information on vaccine coverage for all children born since January 1994. To be considered fully vaccinated a child should have received one dose of BCG vaccine, three doses of each DPT and polio vaccine, and one dose of measles vaccine. Zimbabwe has a defined schedule for the administration of these vaccines. BCG should be given at birth or at first clinic contact and protects against tuberculosis; DPT protects against diphtheria, pertussis, and tetanus. DPT and polio require three vaccinations at approximately three, four, and five months of age; measles should be given at or soon after reaching nine months.

Source of Information

Information on vaccination coverage was collected in two ways: from child health cards shown to the interviewer and from mothers' verbal reports. The majority of 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 the 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 and DPT (including the number of doses for each), and measles vaccinations.

In line with WHO recommendations, children should complete the schedule of vaccinations before 12 months of age. Moreover, vaccines are most effective when given at the appropriate age. Information on childhood immunizations was obtained for all the respondent's children under five years of age. Vaccination coverage was assessed among children age 12-23 months because it is expected that by one year of age they should have received all the vaccines.

Differences in vaccination coverage between subgroups of the population assist in programme planning. Changes in the vaccination programme over time are examined by looking at changes in the vaccination coverage levels during the first year of life for four age cohorts.

Table 9.12 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 69 percent of the children, the mother produced a vaccination card, and for 31 percent of the children, information was based on mothers' recall.

Table 9.12 Vaccinations by source of information

Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by 12 months of age, Zimbabwe 1999

Background characteristic	Percentage of children who had received:										Number of children
	BCG	DPT ¹			Polio			Measles	All ²	None	
		1	2	3	1	2	3				
Vaccinated at any time before survey											
Vaccination card	68.4	67.8	66.7	65.1	68.2	66.9	65.0	62.3	60.9	0.0	479
Mother's report	19.7	19.7	18.3	15.8	19.5	18.2	15.7	16.9	14.0	11.6	220
Either source	88.1	87.5	85.0	80.9	87.7	85.1	80.7	79.1	74.8	11.6	699
Vaccinated by 12 months of age³	87.4	87.5	84.6	77.5	87.5	84.7	77.6	71.4	67.3	11.8	699

¹ Mothers were specifically asked whether the child had received polio vaccine. The DPT coverage rate for children without a written record is assumed to be the same as that for polio vaccine.

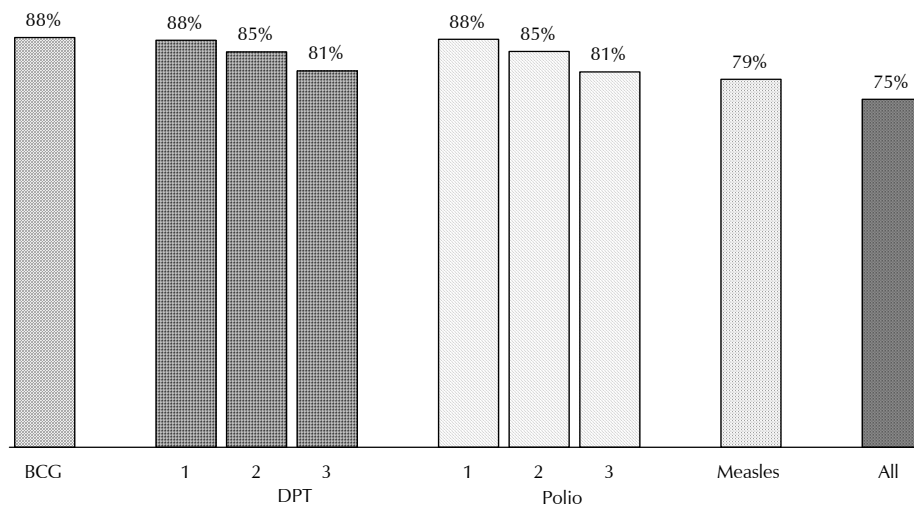
² Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses of DPT and polio vaccine (excluding polio vaccine given at birth).

³ 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.

Three in four children 12-23 months have been vaccinated against the six diseases; 61 percent were recorded on the health card, and mothers reported 14 percent. Vaccinations are most effective when given at the proper age; 67 percent of children were vaccinated by the time they turned one year old. With respect to specific immunizations, children were least likely to have received a measles vaccination (Figure 9.4)

Comparison with data from the 1994 ZDHS shows that there has been a decline in vaccination as well as vaccination card coverage. Whereas in 1994, eight in ten mothers were able

Figure 9.4 Percentage of Children Age 12-23 Months with Specific Vaccinations, Zimbabwe 1999



ZDHS 1999

to show a vaccination card for their children, this proportion has declined to 69 percent in 1999. Similarly, in 1994, 80 percent of children received all vaccinations, compared with 75 percent in 1999. The decline may be attributed to various factors, including the government's reduced capacity for financing the health services.

Vaccination Coverage

Table 9.13 presents data for the percentage of children 12-23 months who had received each vaccine by the time of the survey. There were slight differentials in vaccination coverage by the sex of the child; female children were slightly more likely to be fully immunized than male children (76 percent and 74 percent, respectively). Likewise, male children were more likely to have received no vaccinations against the preventable childhood diseases than female children (14 percent compared with 10 percent).

Birth order appears to have a negative association with vaccination coverage; whereas 79 percent of first-order births have received full vaccination, the percentage for children of sixth or higher birth order is 60 percent. Similarly, higher-order children are also more likely not to have received any vaccination (22 percent among children of birth order six or higher compared with 10 percent of first-order children). There were also differences related to the availability of vaccination cards (69 percent of first-birth order children compared with 60 percent of children of birth order six and above).

Urban children have better vaccination coverage (81 percent) than rural children (72 percent). Rural children are more likely than urban children to have received no vaccinations (14 percent and 8 percent, respectively). Conversely, children in the rural areas are more likely to have a vaccination card than children in the urban areas (72 percent compared with 61 percent).

Significant differentials appeared in vaccination coverage by region. The Midlands had the highest (88 percent) overall coverage, followed by Mashonaland West (84 percent). Bulawayo and

Harare have a similar coverage of 81 percent. However, low vaccination coverage was recorded in Mashonaland East (53 percent) and Manicaland (60 percent). In the remaining provinces, vaccination coverage ranges from 73 percent (Matabeleland North) to 78 percent (Masvingo and Matabeleland South). High percentages of unvaccinated children were found in provinces with low coverage such as Mashonaland East (37 percent) and Manicaland (25 percent). The percentage of unvaccinated children in the remaining provinces ranges from 3 percent in Masvingo to 8 percent in Mashonaland Central. It is worth noting that 11 percent of the children in Harare have never received any vaccinations.

The highest percentages of children with vaccination cards were registered in Matabeleland North and the Midlands (87 percent and 86 percent, respectively). Harare did not fare well with regard to health card coverage; less than half (43 percent) of the children in Harare had vaccination cards.

Table 9.13 Vaccinations by background characteristics

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to the vaccination card or the mother's report), and the percentage with a vaccination card, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Percentage of children who had received:									Percentage with vaccination card	Number of children	
	BCG	DPT ¹			Polio			Measles	All ²			No vaccinations
Sex of child												
Male	85.9	85.5	84.1	79.9	85.4	84.2	79.4	77.4	74.1	13.5	70.6	352
Female	90.3	89.5	85.9	81.9	90.1	86.0	82.0	80.9	75.6	9.7	66.5	347
Birth order												
1	89.9	89.9	86.0	84.2	89.9	85.8	83.7	84.0	79.0	9.7	69.0	230
2-3	90.8	90.5	89.0	84.0	90.8	89.1	83.8	82.1	76.9	8.8	70.0	274
4-5	86.6	85.7	83.3	80.4	85.7	83.3	80.4	77.6	75.8	13.4	73.0	89
6+	78.5	75.9	74.0	66.3	76.6	74.7	66.3	62.2	59.8	21.5	60.4	106
Residence												
Urban	92.5	92.5	90.2	86.1	92.5	89.9	87.0	86.2	81.3	7.5	61.3	227
Rural	86.0	85.1	82.5	78.4	85.4	82.8	77.7	75.7	71.7	13.6	72.0	472
Province												
Manicaland	75.5	74.0	71.1	62.9	74.0	71.1	62.9	66.6	60.0	24.5	57.8	103
Mashonaland Central	92.1	88.1	85.4	82.8	90.7	89.4	84.1	78.8	73.5	7.9	78.8	60
Mashonaland East	61.4	61.4	58.6	58.6	60.0	57.1	57.1	55.7	52.9	37.1	55.7	70
Mashonaland West	95.9	95.9	94.6	93.2	95.9	94.6	90.5	85.4	84.0	4.1	71.9	75
Matabeleland North	93.7	93.7	91.6	85.5	93.7	91.6	84.4	78.0	72.9	6.3	87.4	40
Matabeleland South	95.2	94.0	91.6	88.0	94.0	91.6	88.0	78.9	77.7	4.8	78.1	40
Midlands	95.4	95.4	93.9	89.7	95.4	93.9	89.7	91.1	87.6	4.6	86.1	96
Masvingo	95.9	95.9	91.9	86.5	97.3	91.9	85.1	85.1	78.4	2.7	78.4	70
Harare	88.7	88.7	86.8	83.0	88.7	86.8	84.9	84.9	81.1	11.3	43.4	102
Bulawayo	100.0	100.0	95.7	91.4	100.0	94.3	91.4	87.1	81.4	0.0	72.9	44
Mother's education												
No education	88.0	85.2	85.2	77.8	87.0	87.0	75.6	69.4	67.2	12.0	74.8	45
Primary	85.1	83.8	81.0	76.7	84.7	81.3	76.4	74.2	70.0	14.6	68.5	321
Secondary	91.0	91.3	88.7	85.2	90.7	88.4	85.3	85.2	80.3	8.7	66.9	321
Higher	*	*	*	*	*	*	*	*	*	*	*	12
All children	88.1	87.5	85.0	80.9	87.7	85.1	80.7	79.1	74.8	11.6	68.6	699

Note: An asterisk indicates that the figure is based on fewer than 25 children and has been suppressed.

¹ Mothers were specifically asked whether the child had received polio vaccine. The DPT coverage rate of children without a written record is assumed to be the same as that for polio vaccine.

² Children who are fully vaccinated, i.e., those who have received BCG, measles, and three doses of DPT and polio vaccine (excluding polio vaccine given at birth).

The mothers' level of education seems to influence their children's vaccination status. Eighty percent of children whose mothers have a secondary education had received vaccinations, compared with 67 percent whose mothers have no education. Conversely, children whose mothers have no education are more likely to have received no vaccination than children whose mothers have a secondary education (12 percent compared with 9 percent). However, children whose mothers have a primary education (15 percent) are less likely to have received any vaccinations than children whose mothers have no education. Children of mothers with no education are more likely to have a health card than mothers of children who have a secondary education (75 percent compared with 67 percent).

Vaccinations in the First Year of Life

Table 9.14 shows the percentage of children 12-59 months of age who have a vaccination card, as well as the percentage of children who received each vaccine during the first year of life. Information was based on records on the vaccination card and mother's recall. The table illustrates changes in the vaccination programme over time. The coverage of health cards shows an increasing trend: from 55 percent for children born between 1994 and 1995, to 69 percent for children born between 1997 and 1998. Vaccination coverage also shows an increasing trend; 58 percent of children born in 1994-1995 have received full vaccination compared with 67 percent of children born in 1997-1998.

Table 9.14 Vaccinations in first year of life
Among children one to four years of age, the percentage with a vaccination card and the percentage who had received each vaccine during the first year of life, according to current age of the child, Zimbabwe 1999

Vaccine	Current age of child in months				All children 12-59 months
	12-23	24-35	36-47	48-59	
Vaccination card seen by interviewer	68.6	60.9	54.2	55.2	60.0
Percentage vaccinated at 0-11 months¹					
BCG	87.4	88.8	85.6	88.0	87.5
DPT 1	87.5	88.4	85.3	87.1	87.1
DPT 2	84.6	84.0	80.7	82.9	83.1
DPT 3	77.5	76.3	71.7	73.1	74.8
Polio 1	87.5	88.6	85.1	88.1	87.3
Polio 2	84.7	85.0	81.4	83.4	83.7
Polio 3	77.6	76.9	72.5	72.9	75.1
Measles	71.4	73.6	72.8	67.7	71.4
All vaccinations ²	67.3	65.0	61.3	58.2	63.1
No vaccinations	11.8	10.3	11.9	11.1	11.3
Number of children	699	669	629	611	2,608

¹ Information was obtained either from a vaccination card or from the mother if there was no written record. 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 that for children with a written vaccination record.
² Children who have received BCG, measles, and three doses each of DPT and polio vaccines, excluding polio 0, which is given at birth

There are insignificant differences in the coverage for each vaccine. However, throughout the 1994-1998 period, the percentage of children who missed the opportunity to be vaccinated against these diseases remained at the same level (about 11 percent).

9.13 PREVALENCE AND TREATMENT FOR ACUTE RESPIRATORY INFECTION (ARI)

Information on treatment practices for and utilisation of health services by children with the three common childhood illnesses which are diarrhoea, acute respiratory infection, and fever, help assess the impact of national programmes aimed at reducing the prevalence of these illnesses.

Current strategies such as Integrated Management of Childhood Illnesses (IMCI) try to prevent deaths from pneumonia and malaria as well as diarrhoea. The information on prevalence and treatment of acute respiratory infection (ARI) and fever is useful to assess coverage of these programmes and to plan for improvements. ARI, primarily pneumonia, is a common cause of illness and death in infancy and childhood. In Zimbabwe, ARI is a leading cause of childhood mortality. Early diagnosis and treatment with antibiotics can prevent a large proportion of deaths from pneumonia. Emphasis is placed on recognition of the signs of impending severity, both for mothers and primary health care workers, so that help can be sought.

In the 1999 ZDHS, the prevalence of ARI was collected based on the mother's perception of illness and was not validated by medical personnel. Mothers were asked whether their children under the age of five years had been ill with a cough accompanied by short, rapid breathing in the two weeks preceding the survey. Table 9.15 shows that 16 percent of the children were reported to have the illness. The prevalence of respiratory illness varies by the age of the child, rising to a peak at 6-23 months of age, then falling thereafter.

The sex of the child is not associated significantly with ARI. The prevalence of ARI does not have a clear pattern in relation to the child's birth order. Urban-rural and provincial differences, however, are substantial. Children in rural areas are much more likely than urban children to have been ill with ARI in the past two weeks (18 percent and 11 percent, respectively). Children in Matabeleland North and Bulawayo have the lowest levels of reported ARI (4 to 5 percent). In other provinces, ARI prevalence varies widely from 28 percent in Mashonaland Central to 10 percent in Mashonaland West. The 1999 ZDHS data show that the mother's education has a small impact on the children's ARI prevalence, except for women with higher than a secondary education who have the lowest level. Whether this wide range of apparent ARI prevalence reflects genuine differences in morbidity or is due to differences in perceptions of the disease or its severity cannot be ascertained from these data.

One in two children with a respiratory illness were taken to a health facility of some kind. Use of health facilities does not vary significantly across the child's background characteristics, except province of residence. Children in Masvingo and Harare are the most likely to be taken to a health facility for treatment of ARI (64 percent), while those in Manicaland and Mashonaland East are the least likely to get help from a health provider (39 percent or less).

Table 9.15 Prevalence and treatment of acute respiratory infection

Percentage of children under five years who were ill with a cough accompanied by short, rapid breathing (ARI) during the two weeks preceding the survey, percentage of children with ARI taken to a health facility or provider, by selected background characteristics, Zimbabwe 1999

Background characteristic	Percentage of children with cough accompanied by rapid breathing (ARI)	Percentage of children with ARI taken to a health facility or provider ¹	Number of children
Child's age			
<6 months	13.8	44.4	351
6-11 months	20.6	54.1	310
12-23 months	20.6	53.3	699
24-35 months	16.8	51.7	669
36-47 months	12.5	41.3	629
48-59 months	11.5	49.1	611
Sex of child			
Male	16.0	50.1	1,660
Female	15.6	49.5	1,609
Birth order			
1	14.9	53.4	1,082
2-3	17.6	49.4	1,229
4-5	15.2	47.0	509
6+	13.9	45.5	450
Residence			
Urban	11.3	54.6	1,079
Rural	18.1	48.4	2,191
Province			
Manicaland	16.2	38.9	510
Mashonaland Central	27.8	49.5	302
Mashonaland East	17.1	36.7	285
Mashonaland West	9.6	57.8	323
Matabeleland North	5.4	47.8	174
Matabeleland South	14.6	54.0	205
Midlands	22.6	44.1	420
Masvingo	17.5	63.5	338
Harare	13.3	63.9	518
Bulawayo	4.2	46.2	194
Mother's education			
No education	17.8	39.2	223
Primary	15.6	48.9	1,460
Secondary	16.1	52.5	1,514
Higher	9.5	49.0	72
All children ²	15.8	49.8	3,269

ARI = Acute respiratory infection
¹ Includes health post, health centre, hospital, or private doctor

9.14 POSSESSION AND USE OF BEDNETS

Fever is a major manifestation of malaria, although it also accompanies various other illnesses. Malaria is endemic throughout most of Zimbabwe and is a common cause of hospital admissions for all age groups. The use of treated bednets is a principal health intervention to control the mosquitoes that transmit malaria. This table examines household possession of bednets and their use by young children during the night preceding the interview. This night is taken as typical of use; however, since the prevalence of mosquitoes varies according to season and other climatic conditions, the interpretation of the results needs to take into account both the time of year and the location of the household.

Overall, only 10 percent of households with children under age 5 have a bednet. The presence of a bednet in a house varies by province, with households in Harare, Bulawayo, and Mashonaland Central reporting the highest percentages (14 to 15 percent) and Manicaland reporting the lowest (4 percent). There is a strong relationship between the household head's education and the presence of a bednet in the house. Households whose head has a secondary or higher education are much more likely (14 percent or higher) than households whose head has primary or no education (7 percent or less) to have a bednet.

In households with children under age 5, only 3 percent of the children in the house slept under the bednet the night prior to the survey. Again, Harare and Bulawayo show the highest percentage of children sleeping under a bednet. The household head's education again plays an important role in determining whether children in the house sleep under a bednet. In households with children under 5 whose head has a secondary or higher education, 12 percent of the children slept under a bednet, compared with 4 percent or less in households whose head has less education.

Table 9.16 Possession and use of bednets

Percent distribution of households by presence of bednets, and among households with children under five years, the percent distribution by use of bednets by children under five on the night preceding the interview, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Presence of bednet in household				Number of households	Among households with children under five years, use of bednets by children under five on the night preceding the interview					Number of households ²
	Yes	No	Missing	Total		All children	Some children	None of the children ¹	Missing	Total	
Province											
Manicaland	4.1	95.9	0.0	100.0	1,008	0.7	0.0	98.9	0.4	100.0	413
Mashonaland Central	14.3	85.7	0.0	100.0	516	4.0	0.0	93.0	3.0	100.0	245
Mashonaland East	8.0	92.0	0.0	100.0	591	1.3	0.0	95.4	3.4	100.0	235
Mashonaland West	10.1	89.6	0.3	100.0	632	2.6	0.4	93.6	3.4	100.0	266
Matabeleland North	13.0	87.0	0.0	100.0	303	1.9	0.0	93.4	4.6	100.0	148
Matabeleland South	6.7	93.3	0.0	100.0	307	2.2	0.3	97.2	0.3	100.0	156
Midlands	9.5	90.5	0.0	100.0	733	4.2	0.0	94.4	1.4	100.0	335
Masvingo	8.2	91.8	0.0	100.0	636	2.1	0.6	96.6	0.6	100.0	290
Harare	14.7	85.0	0.3	100.0	1,215	5.1	0.4	90.7	3.8	100.0	417
Bulawayo	14.3	85.5	0.1	100.0	427	6.9	0.8	88.7	3.6	100.0	155
Education of head of household											
No education	3.6	96.4	0.0	100.0	890	1.3	0.3	96.6	1.8	100.0	323
Primary	6.5	93.4	0.1	100.0	2,834	1.8	0.1	96.8	1.3	100.0	1,198
Secondary	14.1	85.8	0.2	100.0	2,212	4.0	0.4	92.1	3.5	100.0	1,001
Higher	28.8	71.2	0.0	100.0	390	12.3	0.0	83.7	4.0	100.0	121
Total	10.2	89.7	0.1	100.0	6,369	3.0	0.2	94.4	2.3	100.0	2,659

¹ Includes households without a bednet

² Includes households with missing information on education of the head of household.

9.15 PREVALENCE OF FEVER AND SOURCE OF TREATMENT

Since fever is the major manifestation of malaria, in the 1999 ZDHS mothers were asked whether their children under five years had had a fever in the 2 weeks preceding the survey. Overall, one in four children under 5 was reported to have had a fever in the two weeks prior to the survey. The prevalence varies by the child's age, reaching a peak of 37 percent or higher among children age 6-23 months.

There is negligible difference in the prevalence of fever by sex of the child. Birth order does not show a clear pattern on differentials by prevalence of fever. Rural children are more likely than their urban counterparts to get fever (27 percent compared with 23 percent). Prevalence of fever varies by province, ranging from 11 percent in Bulawayo to 35 percent in the Midlands. Mothers' education has no significance to the prevalence of fever.

Table 9.17 Prevalence of fever and sources of treatment

Percentage of children under five years who were ill with a fever during the two weeks preceding the survey, and among those with fever, the percentage taken to specific sources of treatment, by selected background characteristics, Zimbabwe 1999

Background characteristic	Percentage of children with fever	Among children with fever, percentage taken to:								Number of children
		Private physician	Hospital ¹	Health center (Mission facility) ¹	Field worker	Pharmacy	Shop	Traditional practitioner	Other	
Child's age										
<6 months	18.1	3.0	3.0	17.3	1.5	0.0	6.4	0.0	4.0	351
6-11 months	39.0	2.1	5.3	26.0	2.5	2.1	8.4	0.7	2.8	310
12-23 months	36.5	3.0	7.0	29.0	0.0	2.0	7.3	1.1	4.8	699
24-35 months	25.8	1.9	5.9	24.3	2.8	2.3	9.0	0.0	4.4	669
36-47 months	20.6	2.7	5.4	15.9	0.4	2.3	10.0	0.8	3.0	629
48-59 months	16.6	4.4	4.5	31.3	0.9	0.0	12.1	0.0	2.5	611
Sex of child										
Male	26.4	3.2	7.3	23.5	1.1	1.9	7.6	0.5	4.6	1,660
Female	25.1	2.3	3.9	26.5	1.4	1.5	9.9	0.6	2.9	1,609
Birth order										
1	22.8	4.8	3.6	25.5	0.0	1.9	9.2	0.0	3.0	1,082
2-3	28.2	3.4	7.4	22.5	1.6	2.5	7.3	1.1	2.5	1,229
4-5	23.7	0.0	5.8	26.0	2.6	0.8	12.5	0.7	6.1	509
6+	28.9	0.0	4.9	29.5	1.3	0.0	8.0	0.0	6.8	450
Residence										
Urban	22.6	9.3	7.4	16.8	0.0	4.2	6.7	0.0	0.0	1,079
Rural	27.3	0.1	5.0	28.3	1.7	0.7	9.5	0.8	5.4	2,191
Province										
Manicaland	32.6	0.0	5.5	23.9	0.0	0.0	13.7	0.9	9.2	510
Mashonaland Central	29.5	0.9	9.6	22.3	2.7	1.4	16.0	1.8	4.5	302
Mashonaland East	27.2	1.3	2.6	19.2	1.3	0.0	5.1	0.0	7.7	285
Mashonaland West	18.2	3.3	10.0	22.2	5.1	1.7	3.4	0.0	1.7	323
Matabeleland North	15.2	0.0	18.2	20.6	0.0	0.0	0.0	1.6	0.0	174
Matabeleland South	14.7	0.0	6.4	31.9	3.2	1.6	4.8	0.0	0.0	205
Midlands	35.1	0.0	3.0	30.7	0.7	0.7	11.1	0.7	2.7	420
Masvingo	25.9	0.0	7.5	34.4	2.2	2.2	5.4	0.0	2.2	338
Harare	26.7	12.5	2.8	19.4	0.0	5.6	5.6	0.0	0.0	518
Bulawayo	11.0	11.8	2.9	26.5	0.0	5.9	0.0	0.0	0.0	194
Education										
No education	25.4	0.0	3.4	18.4	4.5	0.0	18.6	0.0	0.0	223
Primary	26.0	0.2	5.3	24.8	1.5	1.5	8.5	1.1	6.3	1,460
Secondary	25.8	5.5	6.4	26.9	0.5	2.1	7.1	0.1	2.2	1,514
Higher	23.5	7.4	3.7	6.0	0.0	5.6	17.4	0.0	0.0	72
All children ²	25.8	2.8	5.7	25.0	1.2	1.7	8.7	0.5	3.8	3,269

¹ Includes both public and private facilities

² Children born in the period 0-59 months preceding the survey

Less than half of the children with fever (49 percent) were taken somewhere for treatment or given something to treat the fever. The most popular source of treatment is a health centre (25 percent), followed by shops (9 percent) and hospitals (6 percent). This could be influenced by

the availability of over-the-counter drugs for the relief of fever and pain, such as cafenol and paracetamol. The percentage of mothers who sought treatment from a traditional practitioner for their child's fever is less than 1 percent.

Regarding treatment of fever, there are slight differentials in the sources of treatment according to the child's sex; male children are more likely to be taken to a hospital, while female children are more likely to be taken to a health centre. Rural women are more likely to seek treatment for their children from a health centre than those in urban areas (28 percent and 17 percent, respectively). Seeking treatment from private physicians is almost exclusively limited to mothers in urban areas. Use of private physicians is more pronounced in the urban provinces of Bulawayo and Harare (12 to 13 percent). Getting treatment from a shop is more popular among women with no education and women with higher than secondary education (17 to 18 percent), while children whose mothers have a primary or secondary education are more likely to seek treatment from a health centre (25 to 27 percent).

9.16 HAND-WASHING FACILITIES IN THE HOUSEHOLD

The connection between hand washing and diarrhoea is well established. Increasing the frequency of hand washing and improving the quality of necessary materials, such as running water, soap cleanser and a basin, substantially decreases the occurrence of diarrhoea in young children.

Table 9.18 shows the percentage of households by the type of hand-washing facilities available in the house as seen by the interviewer. Overall, 11 percent of households have the three required materials; 27 percent have water, 14 percent have soap, and 21 percent have a basin to collect the water. Large disparities existed between urban and rural areas with respect to hand-washing materials and facilities. Although 27 percent of households in the urban areas have all of the necessary materials for washing hands, the corresponding proportion in the rural areas is only 2 percent. The availability of hand-washing materials and facilities was generally low in the rural provinces, ranging from 2 in Manicaland to 12 percent in Matabeleland North. In the urban provinces, the proportions are expectedly much higher: 27 percent in Harare and 34 percent in Bulawayo.

Households with piped water are the most likely to have the three hand-washing requirements (22 percent). Only 1 percent of other households have these materials. One in four households that has a water source in their dwelling has all of the required hand-washing materials, while only 2 percent or less of other households do.

Table 9.18 Hand-washing facilities in households

Percentage of households with hand-washing materials and facilities, by selected background characteristics, source of water supply, and time to water source, Zimbabwe 1999

Background characteristic	Hand-washing materials and facilities				Number of households
	Water	Soap or ash	Basin	All three requirements	
Residence					
Urban	64.1	31.5	43.4	26.6	2,424
Rural	4.8	2.7	6.3	1.7	3,945
Province					
Manicaland	12.1	3.2	7.3	2.0	1,008
Mashonaland Central	11.8	5.1	10.4	3.1	516
Mashonaland East	11.4	6.3	9.9	3.2	591
Mashonaland West	17.8	8.7	17.1	7.2	632
Matabeleland North	22.4	14.0	33.6	11.5	303
Matabeleland South	13.7	5.5	9.3	4.3	307
Midlands	15.2	5.2	9.7	4.5	733
Masvingo	14.8	10.0	13.6	9.1	636
Harare	59.9	30.5	44.8	26.9	1,215
Bulawayo	79.1	43.6	41.5	34.4	427
Source of water					
Piped	53.7	26.2	36.7	22.1	3,072
Protected well	4.0	1.7	7.2	1.1	520
Open well	2.6	2.1	4.8	1.1	2,358
Surface	2.5	0.7	5.9	0.7	400
Other/Missing	9.4	9.4	0.0	0.0	19
Time to water source					
In dwelling	57.2	29.0	39.9	24.5	2,800
<2 minutes	66.7	0.0	11.4	0.0	25
2-4 minutes	19.4	3.2	11.7	0.0	124
5-9 minutes	6.8	2.4	7.3	1.7	460
10+ minutes	2.0	1.4	4.5	0.5	2,871
Missing	13.1	2.2	5.5	2.2	89
Total	27.4	13.6	20.5	11.2	6,369

¹ Water, soap or ash or other cleanser, and basin.

9.17 APPROPRIATE HAND WASHING

Diarrhoea is transmitted by a faeco-oral route. Hence, hygienic practices such as hand washing are critical in the control of diarrhoea. The control of diarrhoeal disease (CDD) programme, which emphasizes fluid replacement and hygienic behaviours such as hand washing, is aimed at preventing and reducing the virulence of diarrhoeal diseases. Table 9.19 displays the actual occurrence of hand washing at appropriate times when health can be seriously affected, before feeding a child, and after cleaning a child who has defecated. It should be noted that there may be some bias in the results since they are based on the mother's report and not actual observation of the behaviour.

In general, three in four women with children under five years old washed their hands at appropriate times; 84 percent before feeding the child and 76 percent after cleaning the child. There are minimal differences between rural and urban areas and some differences across provinces. Women in Matabeleland South are the least likely to perform these practices, while women in Mashonaland East and Mashonaland West are the most likely to wash their hands at the appropriate times. Although appropriate hand washing was practised across all levels of education, 66 percent of women with higher than a secondary education washed their hands after cleaning a child that had defecated, compared with 79 percent of mothers with no education.

Table 9.19 Appropriate hand washing by background characteristics

Percentage of women with living children under 5 years of age who wash their hands at appropriate times, by background characteristics, Zimbabwe 1999

Background characteristic	Hand washing at appropriate times		Number of women
	Before feeding child	After cleaning child that has defecated	
Residence			
Urban	86.7	77.9	914
Rural	82.3	75.4	1,720
Province			
Manicaland	81.2	74.9	386
Mashonaland Central	81.0	77.1	244
Mashonaland East	89.6	83.5	229
Mashonaland West	90.2	80.4	265
Matabeleland North	82.4	76.0	144
Matabeleland South	76.8	68.3	157
Midlands	82.0	76.1	326
Masvingo	79.1	70.6	278
Harare	87.9	80.1	443
Bulawayo	84.6	69.5	162
Education			
No education	77.7	78.9	162
Primary	83.8	75.3	1,149
Secondary	84.6	77.4	1,257
Higher	84.2	65.8	64
Total	83.8	76.3	2,633

Table 9.20 presents the percentage of women with children under five according to their hand-washing practice and the materials and facilities available in the household. Data from the 1999 ZDHS show that hand-washing practice does not vary by the source of water; time to water sources, or availability of soap, water, and basin to collect the water.

9.18 DISPOSAL OF CHILDREN'S STOOL

Table 9.21 presents the percent distribution of children under five years of age by the way in which their stool is disposed of, according to background characteristics and the type of toilet facilities in household. In general, three in four children have their stool contained.

There were disparities in the disposal of children's stools between urban and rural residents. In the urban areas, the most common method of disposal was the toilet or latrine (77 percent). In the rural areas, the usual modes for disposing of stool are: to throw it in the toilet or latrine (38 percent), bury it in the yard (24 percent), or to throw it outside the dwelling (inside and outside of the yard) (20 percent). The disposal of stool in the toilet or latrine by region ranges from a low of 36 percent in Matabeleland North to 67 and 73 percent in Bulawayo and Harare, respectively. This could be related to the availability of toilets in the urban provinces.

The mother's education has an influence on the method of disposal of stool. Women with no education tend to bury their children's stool in and outside the yard (57 percent), while those with higher than a secondary education mainly use the toilet (85 percent).

Table 9.20. Appropriate hand washing by selected household characteristics

Percentage of women with living children under 5 years of age who wash their hands at appropriate times, by source of water supply, time to water source, hand-washing materials, and presence in the household of a child with diarrhea in the two weeks preceding the survey, Zimbabwe 1999

Household characteristic	Hand washing at appropriate times		Number of women
	Before feeding child	After cleaning child that has defecated	
Source of water			
Piped	84.0	77.1	1,161
Protected well	86.8	77.2	221
Open well	82.9	75.2	1,053
Surface	84.3	76.4	190
Other/Missing	81.2	69.3	8
Time to water source			
In dwelling	85.2	77.3	1,070
<2 minutes	*	*	5
2-4 minutes	70.3	62.6	41
5-9 minutes	83.5	72.4	203
10+ minutes	83.1	76.6	1,281
Missing	88.6	76.1	33
Hand-washing materials			
Water	84.4	77.4	629
Soap or ash	84.3	77.2	288
Basin	85.5	78.8	485
All three requirements ¹	84.1	76.8	239
Total	83.8	76.3	2,633

Note: An asterisk indicates that the estimate is based on fewer than 25 women and has been suppressed.
¹ Water, soap or ash or other cleanser, and basin

9.19 PREVALENCE 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, i.e., recommended home fluid (RHF). The chief concern of the CDD is to prevent dehydration or to treat it early before it becomes life-threatening.

In the 1999 ZDHS, women who had a birth in the past five years were asked questions about their knowledge of sugar-salt-solution and treatment of diarrhoea in general. For all children experiencing a bout of diarrhoea in the past two weeks, mothers were asked whether there was blood in the stool, whether fluid intake was increased or decreased, whether the child was given a sugar-salt-water solution, and whether anything else was given to the child in response to the diarrhoea.

Table 9.21 Disposal of children's stools

Percent distribution of children under five years of age by way in which child's fecal matter is disposed of, according to background characteristics and type of toilet facilities in households, Zimbabwe 1999

Background characteristic	Stools contained			Stools uncontained					Total	Number of children ¹
	Child always uses toilet/latrine	Thrown into toilet/latrine	Buried in yard	Thrown outside dwelling	Thrown outside yard	Washed away	Not disposed of	Other/Missing		
Residence										
Urban	26.1	51.0	5.8	0.3	1.2	13.6	0.1	1.8	100.0	914
Rural	7.7	37.7	23.9	4.4	15.9	5.7	2.5	2.1	100.0	1,720
Province										
Manicaland	7.3	52.9	20.6	2.4	4.8	9.2	2.8	0.0	100.0	386
Mashonaland Central	3.2	54.8	22.5	3.9	9.5	4.4	0.7	1.0	100.0	244
Mashonaland East	7.8	47.4	23.5	2.6	13.1	1.3	0.9	3.5	100.0	229
Mashonaland West	14.1	41.1	17.5	5.7	11.0	8.7	0.8	1.1	100.0	265
Matabeleland North	24.3	12.0	16.6	3.5	36.7	2.3	1.2	3.5	100.0	144
Matabeleland South	17.7	23.8	11.7	5.5	29.1	6.9	0.3	5.0	100.0	157
Midlands	9.8	43.9	24.0	5.0	11.0	2.9	1.6	1.9	100.0	326
Masvingo	11.5	29.3	25.0	2.4	14.9	8.1	6.8	2.0	100.0	278
Harare	18.6	54.5	1.3	0.0	0.0	22.5	0.0	3.0	100.0	443
Bulawayo	43.2	23.9	21.6	1.9	5.4	2.3	0.4	1.2	100.0	162
Mother's education										
No education	6.2	28.0	27.5	5.3	24.2	4.8	2.4	1.7	100.0	162
Primary	11.6	37.7	21.4	4.5	13.6	7.1	2.1	1.9	100.0	1,149
Secondary	16.6	47.7	13.6	1.5	7.1	10.2	1.2	2.2	100.0	1,257
Higher	28.4	56.5	5.9	0.0	0.0	7.7	0.0	1.5	100.0	64
Toilet facilities										
None	2.1	5.3	40.0	9.1	29.9	5.9	4.9	2.9	100.0	730
Pit latrine	10.8	60.9	12.3	1.3	5.3	6.5	0.9	2.1	100.0	391
Improved latrine	11.2	64.6	11.2	0.8	5.6	5.0	0.5	1.2	100.0	632
Flush toilet	27.6	48.8	6.2	0.4	1.2	14.0	0.1	1.8	100.0	874
Other/Missing	16.7	65.4	0.0	0.0	0.0	0.0	0.0	17.9	100.0	6
Total	14.1	42.3	17.7	3.0	10.8	8.4	1.6	2.0	100.0	2,633

¹ Children under five years of age

Table 9.22 presents the prevalence of diarrhoea in children under five years of age. Overall, 14 percent of the children had experienced diarrhoea at some time in the two weeks preceding the survey. Diarrhoeal prevalence increases with age to peak at 6-23 months (25 to 28 percent) then falls again at older ages (see Figure 9.5).

Table 9.22 Prevalence of diarrhoea

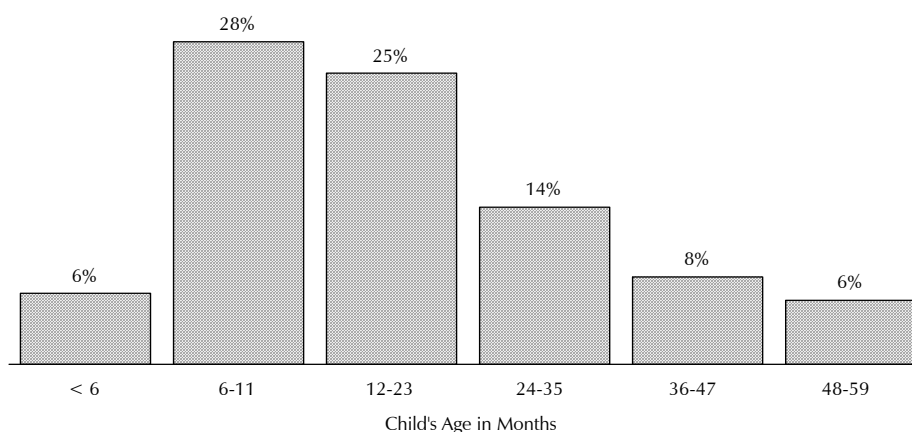
Percentage of children under five years with diarrhoea during the two weeks preceding the survey, by selected background characteristics, Zimbabwe 1999

Background characteristic	Diarrhoea preceding 2 weeks	Number of children ¹
Child's age		
< 6 months	6.1	351
6-11 months	27.7	310
12-23 months	25.0	699
24-35 months	13.5	669
36-47 months	7.5	629
48-59 months	5.5	611
Sex of child		
Male	14.3	1,660
Female	13.4	1,609
Birth order		
1	12.5	1,082
2-3	15.6	1,229
4-5	13.5	509
6+	12.8	450
Residence		
Urban	11.9	1,079
Rural	14.8	2,191
Province		
Manicaland	18.4	510
Mashonaland Central	13.3	302
Mashonaland East	14.3	285
Mashonaland West	12.9	323
Matabeleland North	7.4	174
Matabeleland South	11.0	205
Midlands	17.8	420
Masvingo	17.5	338
Harare	10.4	518
Bulawayo	7.1	194
Mother's education		
No education	16.7	223
Primary	15.5	1,460
Secondary	11.6	1,514
Higher	18.9	72
All children ¹	13.9	3,269

¹ Children born in the period 0-59 months preceding the survey

The sex and birth order of the child have little impact on the prevalence of diarrhoea. Residence, however, makes a difference to a child's risk of having diarrhoea. Rural children are more likely than urban children to have diarrhoea (15 percent compared with 12 percent). The prevalence of diarrhoea is highest in Manicaland, the Midlands, and Masvingo (18 percent) and lowest in Matabeleland North and Bulawayo (7 percent). Variation in diarrhoea prevalence by mother's education is generally negligible. The slightly higher prevalence of diarrhoea among children of women with higher education could be linked to the greater awareness of the problem among better-educated women.

Figure 9.5 Diarrhoea Prevalence by Child's Age, Zimbabwe 1999



ZDHS 1999

Table 9.23 Knowledge of sugar-salt-water solution

Percentage of mothers with births in the five years preceding the survey who know about the use of sugar-salt-water solution (recommended home fluid) for treatment of diarrhoea in young children, by selected background characteristics, Zimbabwe 1999

Background characteristic	Percentage of mothers who know about sugar-salt-water solution	Number of mothers
Age		
15-19	92.3	230
20-24	96.4	687
25-29	97.3	523
30-34	98.9	265
35+	97.2	313
Residence		
Urban	97.8	665
Rural	96.0	1,353
Province		
Manicaland	94.3	322
Mashonaland Central	96.7	195
Mashonaland East	98.9	174
Mashonaland West	92.5	200
Matabeleland North	98.4	105
Matabeleland South	95.7	120
Midlands	97.4	253
Masvingo	98.6	209
Harare	97.1	326
Bulawayo	99.5	115
Mother's education		
No education	90.8	132
Primary	94.8	866
Secondary	99.0	979
Higher	(97.6)	41
Total	96.6	2,018

9.20 KNOWLEDGE OF SUGAR-SALT-WATER SOLUTION

Table 9.23 shows the percentage of mothers who know about the use of sugar-salt-water solution (recommended home fluid) to treat diarrhoea in young children, among women who had a birth in the five years preceding the survey. General knowledge of sugar-salt-water solution among mothers is nearly universal (97 percent); yet when asked about specific eating and drinking regimes for sick children, the findings are less encouraging (see Table 9.25). Young mothers (age 15-19), those living in Manicaland and Mashonaland West, and mothers with no education are less likely than other mothers to know about sugar-salt-water solution.

9.21 DIARRHOEA TREATMENT

Dehydration resulting from severe diarrhoea, is among the leading causes of childhood morbidity and mortality in Zimbabwe and the condition is amenable to treatment by oral rehydration therapy. The combination of a high mortality rate and the availability of effective treatment make diarrhoea and its treatment high-priority concerns for health services.

In the 1999 ZDHS, for each child under 5 years of age, mothers were asked whether the child had experienced an episode of diarrhoea in the two weeks prior to the survey. Mothers were also asked what treatment was given to those children who had diarrhoea. Table 9.24 shows that one of three children under five who were reported to have had diarrhoea in the two weeks before the survey were taken to a health provider. A larger proportion of children were given the recommended home fluids (69 percent), 61 percent were given home remedies, and 51 percent were given increased fluids. Older children, male children, first order children, and rural children are more likely to have been taken to a health facility for treatment than other children.

Recommended home fluid (RHF), sugar-salt-water solution, is widely used (62 to 80 percent) for children age 6 months and above. The low use of RHF for children below 6 months of age (35 percent) is probably due to the promotion of exclusive breastfeeding. Home remedies

Table 9.24 Diarrhoea treatment

Among children under five years who had diarrhoea in the two weeks preceding the survey, the percentage taken for treatment to a health provider, the percentage who received oral rehydration therapy (ORT) (recommended home fluids (RHF) or increased fluids), and the percentage given other treatments, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Percentage taken to a health provider ¹	ORT			Other treatments			Number of children
		Recommended home fluid	Increased fluids	Neither RHF nor increased fluids	Injection	Home remedy/ other	Missing	
Child's age								
<6 months	23.0	34.6	45.1	43.9	0.0	41.3	36.7	21
6-11 months	30.0	62.0	48.2	24.7	1.2	62.2	14.2	86
12-23 months	32.3	73.0	55.7	17.0	0.0	55.6	8.8	175
24-35 months	29.6	71.7	45.6	19.8	0.0	70.6	6.9	91
36-47 months	39.7	71.0	49.5	17.5	0.0	70.5	5.0	47
48-59 months	38.5	80.4	49.1	16.6	0.0	58.7	13.5	33
Sex of child								
Male	34.8	67.5	49.9	18.5	0.4	62.1	10.5	238
Female	29.1	71.1	51.4	22.3	0.0	59.7	10.9	215
Birth order								
1	36.1	62.8	50.9	22.5	0.0	63.1	12.0	135
2-3	31.5	71.3	49.7	19.4	0.5	59.5	11.4	191
4-5	32.5	78.0	55.0	16.3	0.0	65.1	9.4	69
6+	24.5	66.6	47.8	23.2	0.0	55.9	6.7	58
Residence								
Urban	29.5	68.3	54.8	17.2	0.0	68.7	7.1	129
Rural	33.2	69.5	49.0	21.5	0.3	57.9	12.1	324
Province								
Manicaland	21.2	61.1	41.6	29.1	0.0	69.8	4.9	94
Mashonaland Central	38.9	71.0	56.3	17.9	0.0	67.9	9.9	40
Mashonaland East	41.4	78.1	53.6	12.2	0.0	36.6	9.8	41
Mashonaland West	28.6	59.6	38.0	35.6	0.0	38.0	30.8	42
Matabeleland North	(28.8)	(61.4)	(38.6)	(26.1)	(0.0)	(22.8)	(19.6)	13
Matabeleland South	40.0	87.1	48.5	10.7	0.0	49.3	2.1	23
Midlands	28.0	66.6	43.8	24.7	1.4	68.5	15.5	75
Masvingo	42.9	71.4	69.8	17.5	0.0	65.1	11.1	59
Harare	(32.1)	(75.0)	(60.7)	(3.6)	(0.0)	(78.6)	(3.6)	54
Bulawayo	*	*	*	*	*	*	*	14
Mother's education								
No education	(25.0)	(60.0)	(29.7)	(37.4)	(0.0)	(57.2)	(15.4)	37
Primary	27.9	67.8	50.1	21.0	0.0	55.4	11.1	226
Secondary	38.9	73.5	55.0	15.7	0.0	67.9	9.2	176
Higher	*	*	*	*	*	*	*	14
All children	32.1	69.2	50.6	20.3	0.2	61.0	10.7	453

Note: Figures in parentheses are based on 25 to 49 children who had diarrhoea. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

RHF = Recommended home fluid (homemade sugar-salt-water solution)

¹ Includes health centre, hospital, clinic, and private doctor

are widely used to treat children of all ages. The insignificant percentage for administration of injections as part of diarrhoea management could be indicative of the possible appropriateness of diarrhoea treatment protocols in use.

9.22 FEEDING PRACTICES DURING DIARRHOEA

The data in Table 9.25 show that a large proportion of mothers did not practice proper management of childhood disease. For example, only half of the children with diarrhoea were given an increased amount of fluid. The remaining children were either given less fluids (23 percent) or the same amount of fluids (25 percent). The same pattern is shown for the amount of food given to children with diarrhoea; 56 percent were given less food, 28 percent were given the same amount, and only 16 percent received more food.

9.23 WOMEN'S STATUS AND CHILDREN'S HEALTH CARE

Status and self-respect can be major determinants of a mother's ability to obtain adequate health care for her children. In the 1999 ZDHS, women were asked about their ability to make decisions in the family.

In Table 9.26, preventative and curative aspects of health care are presented according to this indicator of the status of women. There is a strong positive relationship between women's independence and children's health care. Children whose mothers have the most decisionmaking power are more likely to be fully vaccinated and to get treatment for all childhood diseases. For example, 43 percent of children of women with four to five decisions have been vaccinated, compared with 13 percent of children of mothers who can make no decision or only one decision.

Table 9.25 Feeding practices during diarrhoea

Percent distribution of children under five years who had diarrhoea in the two weeks preceding the survey, by amount of liquid given and amount of food given compared with normal practice, Zimbabwe 1999

	Percent
Amount of fluid given	
Same as usual	25.4
More	50.6
Less	22.6
Don't know/missing	1.4
Amount of food given	
Same as usual	27.5
More	15.6
Less	56.0
Don't know/missing	0.9
Total	100.0
Number of children ¹	453

¹ Children born in the period 0-59 months preceding the survey

Table 9.26 Women's status and children's health care

Percentage of children age 12-23 months who were fully vaccinated, and among children under five years who were ill with ARI, fever, or diarrhoea in the two weeks preceding the survey, the percentage taken to a health provider, by women's decision-making capability, Zimbabwe 1999

Indicator of women's status	Percentage of children 12-23 months fully vaccinated ¹	Percentage of ill children under five years who were taken to a health provider for treatment of: ²		
		ARI	Fever	Diarrhoea
Number of decisions with woman having final say				
0-1	13.1	6.9	4.3	4.5
2-3	22.4	18.6	13.3	13.9
4-5	42.6	24.4	17.1	13.7
All children ³	699	517	843	453

¹ Received BCG, measles, and three doses of DPT and polio.
² Includes health post, health centre, hospital, private doctor
³ Children born in the period 0-59 months preceding the survey

10.1 BREASTFEEDING AND SUPPLEMENTATION

The 1999 ZDHS collected data from mothers on the feeding patterns of all of their children under five years of age. In this chapter, the data are used to evaluate infant feeding practices, including breastfeeding duration, introduction of supplementary weaning foods, and use of feeding bottles. As part of the survey, the height and weight of all children under five and of women age 15-49 were measured.

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 suppresses the mother's return to the fertile status and, hence, 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 supplement breast milk.

10.2 INITIAL BREASTFEEDING

Colostrum, which is contained in the first breast milk after delivery, has been shown to be highly nutritious and has a high concentration of antibodies that protect babies from infection. The Zimbabwe Ministry of Health and Child Welfare (MOH&CW) has promoted "rooming in" in maternity hospitals to ensure that newborn babies are kept with their mother at bedside, allowing feeding on demand as opposed to scheduled feeding in the nursery. Currently, about 22 percent of all hospitals in Zimbabwe have been designated baby friendly.

Table 10.1 shows that breastfeeding is nearly universal in Zimbabwe, with 98 percent of children born in the past five years having been breastfed at some time. Overall, 63 percent of children were breastfed within an hour of birth.

The proportion of children who receive early breastfeeding varies by province. Whereas more than 70 percent of newborns in Harare, Bulawayo, Mashonaland West, and Matabeleland North were breastfed within an hour of delivery, in Manicaland, only 44 percent of newborns received the same attention. Children are less likely to receive breast milk during the first hour of birth if they live in rural areas, were delivered by a traditional midwife, were born at home, or were born to mothers with a higher education.

Whereas two in three babies were given breast milk within the first hour of birth, 92 percent were breastfed within the first 24 hours after delivery. Variations across subgroups of children are much smaller than early breastfeeding.

Table 10.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and who started breastfeeding within one hour and within one day of birth, by background characteristics, Zimbabwe 1999

Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding:		Number of children
		Within 1 hour of birth	Within 1 day of birth ¹	
Sex				
Male	97.4	62.2	90.9	1,827
Female	98.1	63.8	92.1	1,732
Residence				
Urban	98.4	69.5	92.4	1,159
Rural	97.4	59.7	91.1	2,401
Region				
Manicaland	96.9	43.6	89.7	573
Mashonaland Central	96.5	57.8	93.4	338
Mashonaland East	97.5	68.4	86.3	313
Mashonaland West	98.0	70.8	94.7	349
Matabeleland North	98.3	85.3	94.0	186
Matabeleland South	97.9	66.9	84.3	222
Midlands	96.7	55.3	91.6	457
Masvingo	99.2	65.2	96.9	359
Harare	99.0	70.2	91.6	552
Bulawayo	97.9	71.7	91.5	211
Education				
No education	96.0	54.0	93.0	253
Primary	97.5	62.2	92.4	1,605
Secondary	98.3	65.8	90.8	1,629
Higher	98.7	45.6	82.7	73
Assistance at delivery				
Medically trained	97.8	68.2	93.1	2,578
Traditional midwife	97.6	53.0	90.3	626
Other or none	97.8	42.2	83.8	339
Place of delivery				
Health facility	97.8	68.0	93.0	2,569
At home	97.5	50.0	88.2	828
Other	100.0	57.2	96.8	31
Total	97.7	63.0	91.5	3,559

Note: Total includes some children for whom assistance at delivery and place of delivery are missing.

¹ Includes children who started breastfeeding within one hour of birth.

10.3 BREASTFEEDING STATUS BY 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. Supplementing breast milk before 4 months of age is unnecessary and is indeed discouraged since the likelihood of contamination and resulting risk of diarrhoeal disease are high. Early supplementation also reduces breast milk output since the production and release of milk is modulated by the frequency and intensity of suckling.

Table 10.2 shows breastfeeding practices from birth until the third birthday. Supplementation starts early in Zimbabwe; exclusive breastfeeding is not common. Among children under four months old, 27 percent had received water and 34 percent were given other supplements.

Table 10.2 Breastfeeding status by child's age
Percent distribution of living children under three years of age by breastfeeding status, according to child's age in months, Zimbabwe 1999

Child's age in months	Not breast-feeding	Exclusively breastfed	Breastfeeding and:		Total	Number of children
			Plain water only	Supple-ments		
<4	0.4	38.9	26.6	34.0	100.0	257
4-6	0.6	7.2	6.3	85.9	100.0	165
7-9	4.5	0.0	4.9	90.6	100.0	141
<2	0.8	60.7	20.6	17.9	100.0	113
2-3	0.0	21.7	31.5	46.8	100.0	143
4-5	0.0	11.5	9.5	79.0	100.0	94
6-7	0.8	0.8	4.3	94.1	100.0	123
8-9	7.1	0.0	3.5	89.4	100.0	89
10-11	5.1	0.0	0.0	94.9	100.0	98
12-13	3.5	0.8	1.4	94.3	100.0	125
14-15	8.3	1.0	1.9	88.7	100.0	102
16-17	23.4	0.0	0.0	76.6	100.0	140
18-19	29.2	0.0	0.0	70.8	100.0	105
20-21	56.9	0.7	0.9	41.5	100.0	110
22-23	72.3	0.0	0.0	27.7	100.0	117
24-25	88.4	0.0	0.0	11.6	100.0	110
26-27	94.6	0.0	0.3	5.1	100.0	123
28-29	97.2	0.0	0.0	2.8	100.0	107
30-31	98.7	0.0	0.0	1.3	100.0	104
32-33	100.0	0.0	0.0	0.0	100.0	127
34-35	100.0	0.0	0.0	0.0	100.0	99

Note: Breastfeeding status refers to last 24 hours. Children classified as *breastfeeding and plain water only* receive no supplements.

Although the practice of exclusive breastfeeding to age four months is relatively low, compared with that in 1994, it has increased. In fact, compared with the situation in 1994, there is a general increase in breastfeeding and a decline in early supplementation. The change may be due to nutrition education messages that discourage early supplementation. By the time children reach two and a half years, all but 1 percent of children have been completely weaned.

10.4 MEDIAN DURATION AND FREQUENCY OF BREASTFEEDING

Table 10.3 shows that half of the children under age three in Zimbabwe were breastfed until 19.6 months. The median duration does not vary by the child's sex and urban or rural residence. However, the length of breastfeeding varies slightly by mother's education; mothers with a secondary education have a shorter duration, compared with those with a primary education or less. Breastfeeding durations vary by region, ranging from 18 months in Bulawayo to 23 months in Matabeleland North. Type of assistance at delivery makes little difference in duration of breastfeeding.

Table 10.3 Median duration and frequency of breastfeeding

Median durations of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children under three years, and the percentage of children under six months who were breastfed six or more times in the 24 hours preceding the survey, according to background characteristics, Zimbabwe 1999

Background characteristic	Median duration (months) of breastfeeding among children under three years ¹				Children under six months	
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding ²	Number of children	Percentage breastfed 6+ times in last 24 hours	Number of children
Sex of child						
Male	19.6	1.2	2.6	1,140	91.7	187
Female	19.7	1.5	2.7	1,052	94.9	164
Residence						
Urban	19.1	1.6	3.0	721	95.8	114
Rural	20.2	1.2	2.5	1,470	91.9	237
Region						
Manicaland	19.3	1.6	1.9	353	90.1	53
Mashonaland Central	20.2	0.6	1.7	210	(85.9)	37
Mashonaland East	19.2	1.5	3.0	187	(89.6)	29
Mashonaland West	19.4	2.1	3.6	219	(92.1)	38
Matabeleland North	22.9	0.8	3.5	110	(97.5)	17
Matabeleland South	20.2	0.8	3.5	136	(90.5)	20
Midlands	19.4	2.2	4.1	283	(100.0)	43
Masvingo	21.1	1.2	1.8	217	(89.4)	36
Harare	19.2	1.3	3.1	349	100.0	59
Bulawayo	18.0	0.7	2.9	128	(93.1)	18
Mother's education						
No education	20.4	2.2	3.2	142	95.8	19
Primary	20.8	1.0	2.4	956	91.3	148
Secondary	18.7	1.5	2.8	1,051	94.3	181
Higher	(14.3)	(2.5)	(2.5)	42	*	3
Assistance at delivery						
Medically trained	19.6	1.3	2.7	1,595	92.1	256
Traditional midwife	20.7	1.2	2.4	377	96.8	57
Other or none	19.0	1.8	2.6	213	95.1	36
All children	19.6	1.3	2.7	2,191	93.2	351
Mean ¹ for all children	19.0	2.6	3.9	NA	NA	NA
P/I ³	18.6	1.9	3.3	NA	NA	NA

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

NA = Not applicable

¹ Median and mean based on current status

² Either exclusively breastfed or received only plain water, water-based liquids, and/or juice.

³ Prevalence-incidence mean

Overall, 93 percent of the children under six months old were breastfed six times or more in the 24 hours preceding the interview. On average, children were fed 7.7 times during the day and six times at night (data not shown). The frequency of daytime feeding varies only slightly by the sex of the child, mother's education, and urban or rural residence. Differences in frequency of feeding by province are also slight.

10.5 FOODS RECEIVED BY CHILDREN IN THE PRECEDING 24 HOURS

Table 10.4 presents the percentage of children under three years by type of foods received in the 24 hours before the interview. Among breastfeeding children, use of infant formula is uncommon in the early months of a child's life. This is true not only among breastfeeding children, but also among nonbreastfeeding children. However, introduction of solid food and food made of grain such as *sadza*, porridge or thin gruel is early; 17 percent of infants have started receiving these types of food in their first month. By age 10-11 months, all children under three have been given solid food. As expected, nonbreastfeeding children are more likely to have received solid foods than breastfeeding children.

Table 10.4 Foods received by children in preceding 24 hours

Percentage of children under three years of age who received specific foods in the 24 hours preceding the interview, by breastfeeding status and child's age. Zimbabwe 1999

Child's age in months	Percentage of children who received specific foods in preceding 24 hours									
	Breast milk only	Infant formula	Other milk	Other liquids	Solid/semisolid foods				Using bottle with a nipple	Number of children
					Meat/fish/poultry/eggs	Grains/bread/cereal/porridge	Tubers/roots/plantains	Other		
BREASTFEEDING CHILDREN										
<4	61.2	1.1	0.0	2.1	0.0	16.6	0.0	2.4	3.0	112
2-3	21.7	3.4	1.1	4.3	0.0	44.8	0.4	9.4	2.2	143
4-5	11.5	5.7	4.2	24.4	6.7	71.3	6.6	33.6	10.4	94
6-7	0.8	0.7	5.1	41.1	14.9	88.9	10.5	59.8	9.9	122
8-9	0.0	3.1	12.8	57.4	30.0	90.7	18.9	72.2	18.4	83
10-11	0.0	1.6	8.8	54.7	33.9	100.0	15.8	81.9	4.1	93
12-13	0.8	3.0	15.8	63.6	47.3	96.2	13.3	83.7	6.7	121
14-15	1.1	1.5	18.2	62.8	48.2	92.5	12.2	86.8	1.2	94
16-17	0.0	0.0	12.6	65.6	43.0	97.1	19.2	91.4	4.9	107
18-23	0.5	0.6	13.8	76.6	48.0	97.0	14.1	91.9	6.4	154
24-29	*	*	*	*	*	*	*	*	*	22
30-35	*	*	*	*	*	*	*	*	*	1
<2 months	39.1	2.4	0.6	3.3	0.0	32.4	0.2	6.4	2.6	256
4-6 months	7.2	3.6	5.0	33.3	7.3	78.2	8.4	44.1	10.7	164
7-9 months	0.0	2.2	9.3	48.9	27.6	90.8	15.6	68.2	14.5	135
Total	10.0	1.9	9.1	45.7	27.3	79.0	10.7	60.9	6.3	1,147
NONBREASTFEEDING CHILDREN										
Total	0.0	1.3	23.2	77.8	50.9	84.8	15.2	82.9	4.4	882

Note: Breastfeeding status refers to last 24 hours. Percentages may sum to more than 100 percent because child may have received more than one type of supplement. The category of tubers and roots also includes plantains and unripe bananas. An asterisk indicates a figure is based on fewer than 25 cases and has been suppressed.

10.6 FREQUENCY OF FOODS RECEIVED BY CHILDREN IN THE PRECEDING SEVEN DAYS

Table 10.5 shows the frequency of feeding of specific foods in the seven days before the interview. Among breastfeeding children, other liquids, foods made of grain, and solid food were given on average on six of the seven days preceding the survey. For children under two months old, other liquids were given on average 2.5 days in the past week, and solid foods including food made of grain were given one day in the week before the survey. Meat, fish, and eggs were given on average about two days in the week preceding the survey.

Nonbreastfeeding children are as likely to receive infant formula as breastfeeding children but are more likely to have been given supplements compared to breastfeeding children.

Table 10.5 Frequency of foods received by children in preceding 7 days

Mean number of days specific foods were received by children under three years of age in the 7 days preceding the interview, by breastfeeding status and child's age, Zimbabwe 1999

Child's age in months	Mean number of days children received specific foods in preceding 7 days										Number of children
	Infant formula	Solid/semisolid foods									
		Other milk/cheese/yogurt	Other liquids	Grains/bread/cereal/porridge	Fruit/vegetables	Tubers/plantains	Beans/legumes/lentils	Meat/fish/eggs	Any solid food	Vitamin-A-rich foods	
BREASTFEEDING CHILDREN											
<2	0.1	0.0	2.5	1.1	0.0	0.0	0.1	0.0	1.1	0.0	112
2-3	0.1	0.2	5.1	3.2	0.1	0.0	0.2	0.0	3.3	0.2	143
4-5	0.4	0.5	5.9	4.9	1.1	0.3	1.5	0.3	5.2	1.2	94
6-7	0.0	1.0	6.6	6.1	2.5	0.8	2.3	0.8	6.6	2.9	122
8-9	0.2	1.2	6.8	6.3	3.8	1.0	2.7	1.7	6.6	4.3	83
10-11	0.2	0.7	6.9	6.9	5.2	0.8	3.1	2.2	7.0	5.5	93
12-15	0.2	1.3	7.0	6.5	5.5	0.7	2.6	2.5	6.8	5.7	214
16-19	0.1	1.1	7.0	6.7	6.0	1.1	2.6	2.4	7.0	6.1	181
20-23	0.0	0.9	7.0	6.6	5.9	0.9	2.1	2.5	7.0	6.1	80
24-27	*	*	*	*	*	*	*	*	*	*	19
28-31	*	*	*	*	*	*	*	*	*	*	4
32-35	*	*	*	*	*	*	*	*	*	*	0
<4 months	0.1	0.1	4.0	2.3	0.1	0.0	0.1	0.0	2.3	0.1	256
4-5 months	0.4	0.5	5.9	4.9	1.1	0.3	1.5	0.3	5.2	1.2	94
6-9 months	0.1	1.1	6.7	6.2	3.0	0.9	2.5	1.2	6.6	3.5	205
Total	0.1	0.8	6.1	5.5	3.6	0.7	1.9	1.5	5.7	3.8	1,147
NONBREASTFEEDING CHILDREN											
<16	*	*	*	*	*	*	*	*	*	*	25
16-19	0.2	2.7	7.0	7.0	6.2	2.3	3.3	3.6	7.0	6.2	63
20-23	0.0	2.1	7.0	6.8	6.6	1.2	3.3	3.4	7.0	6.7	147
24-27	0.1	1.8	7.0	6.8	6.3	0.9	2.8	3.4	7.0	6.5	213
28-31	0.1	1.7	7.0	6.8	6.4	1.0	2.8	2.9	7.0	6.5	206
32-35	0.1	1.8	7.0	6.9	6.4	1.2	2.7	3.4	7.0	6.6	226
Total	0.1	1.9	7.0	6.8	6.3	1.2	2.8	3.3	7.0	6.5	882

Note: Breastfeeding status refers to last 7 days. The category of tubers and roots also includes plantains and unripe bananas. An asterisk indicates that a figure is based on fewer than 25 children and has been suppressed.

10.7 MICRONUTRIENTS

The 1999 ZDHS included several questions to evaluate the micronutrient status of mothers and children. Micronutrient deficiency is a serious contributor to childhood morbidity and mortality. Micronutrients are available in foods and can also be provided through food fortification and direct supplementation. Breastfeeding children benefit from supplementing the mother, especially with vitamin A.

Table 10.6 shows that three in four children under age three received food rich in vitamin A. Older children and children who were not breastfed in the past 24 hours tend to get vitamin-A-rich foods. Children whose mothers have a secondary education or higher are more likely to have been given foods rich in vitamin A. There is virtually no difference according to the child's sex and urban-rural residence, and there are only small differences by province of residence. Looking at the mother's age at birth, children of young mothers (15-19 years) are the least likely to have received foods rich in vitamin A. Children of women with a higher than secondary education are the most likely to have received foods rich in vitamin A.

Night blindness is used as an indicator of severe vitamin A deficiency, especially among pregnant women. The second part of the table is limited to the last-born child under three years. Four percent of these children are born to mothers who reported experiencing night blindness during pregnancy. This symptom of vitamin A deficiency does not vary much across subgroups of children. However, it is more prevalent among mothers of high birth order children and women in the Midlands and Masvingo. Mothers of children age 19-23 months are less likely to have had night blindness during pregnancy.

Pregnant women were recommended to take iron tablets during pregnancy. In 1999, less than 6 percent of pregnant women took 90 or more iron tablets. This proportion varies across subgroups of mothers. Mothers of first order children, those who live in the Midlands and Masvingo, and women who have higher than a secondary education are more likely to have taken 90 or more iron tablets during their pregnancy. However, less than 5 percent of mothers in Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, and Matabeleland South took 90 or more iron tablets during their last pregnancy. It is interesting that in Harare, only 1 percent of mothers took 90 or more iron tablets during pregnancy.

10.8 NUTRITIONAL STATUS OF CHILDREN

The anthropometric data on height and weight collected in the 1999 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 1999 ZDHS results with those obtained from the 1994 ZDHS.

Evaluation of nutritional status is based on the rationale that in a well-nourished population, there is a statistically predictable distribution of children of a given age regarding height and weight. 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, which is recommended for use by the World Health Organisation (WHO).

Table 10.6 Micronutrients

Percentage of children under three years of age who received vitamin- A-rich foods and among last-born children under three years of age, percentage whose mother suffered from night blindness during the pregnancy and percentage whose mother received iron supplements, by background characteristics and breastfeeding status, Zimbabwe 1999

Background characteristic	Children under three years		Last-born children under three years		
	Received vitamin-A-rich foods	Number of children	Mother was night blind during pregnancy	Mother took 90+ iron tablets during pregnancy	Number of children
Child's age					
0-6 months	19.9	422	3.6	4.1	413
7-11 months	79.5	239	5.4	6.5	237
12-18 months	90.0	423	5.3	6.3	416
19-23 months	91.0	276	1.9	8.4	271
24-35 months	87.1	669	4.5	4.9	563
Sex of child					
Male	73.4	1,040	4.5	5.8	972
Female	73.4	989	3.9	5.6	928
Birth order					
1	73.1	679	3.4	7.5	635
2-3	72.2	795	4.3	5.0	757
4-5	72.5	289	4.1	4.8	262
6+	78.4	267	5.9	4.5	247
Breastfeeding status					
Exclusive or predominant breastfeeding	7.0	223	7.1	3.4	221
Complementary foods	76.5	924	3.7	5.8	915
Not breastfeeding	86.9	882	4.0	6.3	765
Residence					
Urban	76.4	668	2.8	3.8	628
Rural	71.9	1,361	4.9	6.7	1,273
Province					
Manicaland	75.5	321	3.6	5.4	299
Mashonaland Central	71.6	187	4.3	2.5	176
Mashonaland East	65.5	170	4.4	2.5	160
Mashonaland West	70.5	204	5.3	3.2	189
Matabeleland North	71.0	106	1.2	0.4	101
Matabeleland South	67.5	126	1.3	4.1	113
Midlands	77.0	265	9.2	12.4	243
Masvingo	75.7	207	6.0	16.8	201
Harare	75.9	326	1.9	1.2	311
Bulawayo	76.2	116	1.8	5.3	107
Education					
No education	73.6	126	5.4	8.7	117
Primary	72.3	884	4.5	4.4	817
Secondary	73.5	979	3.8	6.1	926
Higher	91.5	41	4.3	15.8	41
Mother's age at birth					
<20 years	68.6	434	3.6	5.3	398
20-24 years	73.3	667	3.6	6.0	632
25-29 years	74.7	450	5.8	6.0	419
30-34 years	78.4	238	3.5	5.8	227
35+ years	74.9	239	4.9	5.2	225
Total	73.4	2,029	4.2	5.7	1,900

Note: Breastfeeding status refers to last 24 hours.

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.

Weight-for-height describes current nutritional status. A child who is below minus two standard deviations 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 more than three standard deviations below the reference mean. Severe wasting is closely linked to 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 his/her 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.

In the survey, all children listed in the Household Questionnaire who were born since January 1994 were eligible for height and weight measurement. Of the 3,209 children (age 0-59 months at the time of the survey) eligible for measurement, 2,520 (78 percent) had consistent height and weight measures. The following analysis focuses on these children.

Table 10.7 shows the percentage of children under age five classified as malnourished according to height-for-age, weight-for-height, and weight-for-age indices, by the child's age and other selected demographic characteristics. The percentage of stunted children (below -2 SD) is 27 percent. Male children are more likely to be stunted than female children (28 percent compared with 25 percent). The extent of stunting increases with birth order but decreases with birth interval. Stunting also increases with age, peaking at age 12-23 months. In fact, all anthropometric indices peak at this age group, which may coincide with the weaning period. Comparisons with data from the 1994 ZDHS are complicated by the fact that previously, only children under age three born to interviewed women were weighed and measured, while the 1999 survey included all children under age five in the household.

Table 10.7 Nutritional status of children by demographic characteristics

Percentage of children under five years classified as malnourished according to three anthropometric indices of nutrition status: height-for-age, weight-for-height and weight-for-age, by selected demographic characteristics, Zimbabwe 1999

Demographic characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	
Child's age										
<6 months	2.1	6.0	0.1	0.9	7.2	0.5	0.0	1.9	0.6	272
6-11 months	3.6	17.4	-0.6	2.4	7.0	0.1	0.3	9.5	-0.5	246
12-23 months	14.7	36.9	-1.4	2.7	9.7	-0.2	3.4	18.2	-1.0	563
24-35 months	12.1	30.1	-1.3	1.3	4.5	-0.0	2.3	17.3	-0.9	507
36-47 months	7.1	25.8	-1.1	1.0	5.3	-0.1	1.0	12.9	-0.8	465
48-59 months	9.7	27.2	-1.2	1.1	5.1	-0.0	0.5	10.5	-0.8	467
Sex										
Male	10.3	28.0	-1.1	2.0	7.2	-0.1	1.8	13.4	-0.7	1,287
Female	8.5	24.8	-0.9	1.2	5.7	0.0	1.3	12.6	-0.6	1,233
Birth order										
1	8.1	23.5	-1.0	1.7	6.9	-0.1	1.3	11.7	-0.7	766
2-3	9.4	26.9	-1.0	1.6	6.0	0.0	1.6	12.7	-0.6	946
4-5	9.8	28.3	-1.1	1.0	6.1	-0.0	1.4	13.7	-0.7	425
6 +	11.6	29.2	-1.2	2.0	6.8	-0.0	1.9	15.5	-0.8	383
Birth interval										
First birth	8.2	23.6	-1.0	1.7	7.1	-0.1	1.4	11.9	-0.7	774
<24 months	11.1	29.9	-1.2	1.7	5.2	0.1	1.7	16.8	-0.7	179
24-47 months	10.5	28.2	-1.1	1.6	5.8	0.0	1.4	14.2	-0.7	963
48 months	8.8	26.4	-0.9	1.4	7.0	-0.0	1.8	11.2	-0.6	604
All children ²	9.4	26.5	-1.0	1.6	6.4	-0.0	1.5	13.0	-0.7	2,520

Note: 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 (i.e., away in the negative direction) the median of the International Reference Population (-3 SD and -2 SD) are shown according to demographic characteristics.

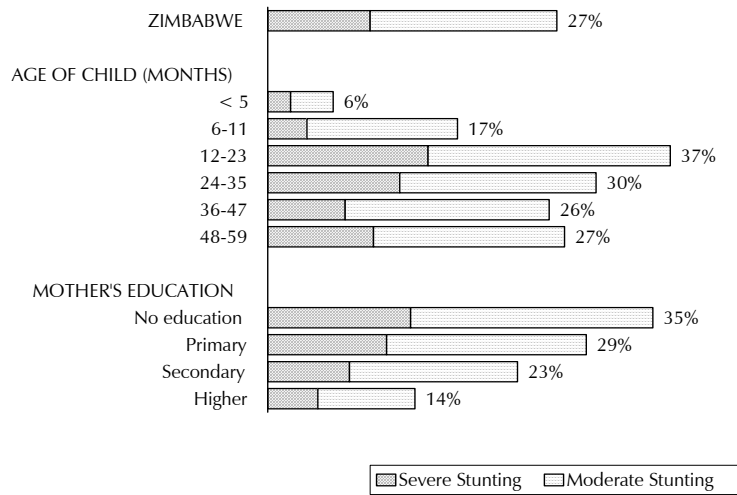
¹ Includes children who are below -3 standard deviations from the International Reference Population median

² Children born in the period 0-59 months preceding the survey

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. Overall, 6 percent of children under five are wasted. Stunting is accompanied by wasting in all subgroups of children except by birth order. First order children are the least likely to be stunted, but the most likely to be wasted.

Overall, 13 percent of children are underweight, which may reflect stunting, wasting, or both. Malnutrition increases with the child's age and peaks for children 12-23 months. Children 12-35 months have the least desirable nutritional status (Figure 10.1). In general, based on the three indices, boys have slightly lower nutritional status than girls. Low weight-for-age increases sharply with decreasing length of birth interval, from 17 percent among children with intervals less than 24 months to 11 percent among children with intervals 48 months or longer.

Figure 10.1 Prevalence of Stunting by Age of Child and Mother's Education, Zimbabwe 1999



ZDHS 1999

Table 10.8 shows the variation in malnutrition indices by urban-rural residence, province, and mother's education. In general, urban children have better nutritional status than rural children. For example, 21 percent of urban children are stunted, compared with 29 percent of rural children. The percentage of children who are stunted in Mashonaland West, Manicaland, and Masvingo is about twice as high as in the province with the lowest level (Bulawayo). Children of women with no formal education are more likely to be stunted than children whose mothers have at least some secondary education (35 percent compared with 14 percent).

Variations in wasting and low weight-for-age by background characteristics follow patterns similar to those observed for stunting. Children living in rural areas, children of uneducated women, and children living in Mashonaland West and Mashonaland East are particularly prone to wasting. Lower levels of wasting and weight-for-age do not necessarily suggest an improved nutritional status, but rather an adaptation to chronic food shortage.

Children's nutritional status is inversely related to their mother's education (Figure 10.1). This was true for all three anthropometric indices. Children whose mothers have had no education are more than twice as likely to be stunted as children whose mothers have higher than a secondary education.

Table 10.8 Nutritional status of children by background characteristics

Percentage of children under five years of age classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by selected background characteristics, Zimbabwe 1999

Background characteristic	Height-for-age			Weight-for-height			Weight-for-age			Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD ¹	Mean Z-score (SD)	
Residence										
Urban	6.9	20.6	-0.8	1.0	3.7	0.2	0.7	7.5	-0.4	803
Rural	10.6	29.2	-1.1	1.9	7.7	-0.1	1.9	15.6	-0.8	1,717
Region										
Manicaland	12.5	35.3	-1.4	0.5	3.8	0.0	0.7	16.3	-0.8	420
Mashonaland Central	9.5	25.2	-1.1	0.4	7.4	-0.2	2.3	17.4	-0.8	211
Mashonaland East	10.8	27.0	-0.8	3.9	12.7	-0.3	2.0	15.2	-0.8	203
Mashonaland West	11.5	32.1	-0.7	7.9	19.4	-0.3	3.3	16.7	-0.7	217
Matabeleland North	7.3	23.9	-1.2	1.0	5.9	-0.3	4.1	18.9	-1.0	161
Matabeleland South	6.3	23.0	-1.2	0.9	2.9	-0.1	1.7	15.3	-0.8	168
Midlands	5.2	22.9	-1.0	0.3	2.9	-0.1	1.4	9.9	-0.7	365
Masvingo	16.0	31.3	-1.0	1.5	8.8	0.2	0.4	11.3	-0.5	257
Harare	6.8	20.5	-0.8	1.1	3.7	0.2	1.1	5.8	-0.4	364
Bulawayo	6.5	16.2	-0.9	0.0	1.2	0.2	0.4	8.1	-0.5	155
Education										
No education	13.1	35.3	-1.4	3.0	8.2	-0.3	3.4	21.2	-1.1	192
Primary	10.9	29.2	-1.1	1.4	7.4	-0.1	1.9	15.8	-0.8	1,115
Secondary	7.5	22.9	-0.9	1.6	5.4	0.1	0.9	9.1	-0.5	1,161
Higher	4.6	13.5	-0.7	0.0	3.8	0.5	0.0	8.8	-0.1	52
All children ²	9.4	26.5	-1.0	1.6	6.4	-0.0	1.5	13.0	-0.7	2,520

Note: 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 (i.e., away in the negative direction) the median of the International Reference Population (-3 SD and -2 SD) are shown according to demographic characteristics.

¹ Includes children who are below -3 standard deviations from the International Reference Population median

² Children born in the period 0-59 months preceding the survey

10.9 NUTRITIONAL STATUS OF WOMEN

The nutritional status of women is represented by two indices: height and body mass index (BMI). The BMI is computed as the ratio of weight in kilograms to the square height in centimetres (kg/cm²). The average height of women in the 1999 ZDHS sample is 159 cm, and less than 2 percent of the women are shorter than 145 cm. There are small differences across residence; however, women's height seems to have a positive relation with their education. Using a cutoff point of 145 cm, below which a woman will be identified as being at risk, women 15-19 years old, rural women, women in Mashonaland West, and those with no education are more likely to be shorter than 145 cm.

Table 10.9 shows that the mean BMI for women in Zimbabwe is 23.4, and 5 percent of women have a BMI of less than 18.5. Women with no education have the highest risk of chronic energy deficiency—9 percent of these women have a BMI of less than 18.5. Women age 15-19 tend to be shorter and are more likely to have a BMI of less than 18.5. However, many of these women have not reached their mature stature. Using a BMI of 18.5 as a cutoff point, Midlands and Matabeleland North have the highest percentage of women with a BMI lower than 18.5, while Masvingo and Manicaland have the lowest percentage (4 percent).

Table 10.9 Nutritional status of women by background characteristics

Among women age 15-49, mean height and percentage under 145 cm, mean body mass index (BMI), percentage whose BMI is below 18.5, mean DHS Z-score, and percentage wasted, by selected background characteristics, Zimbabwe 1999

Background characteristic	Height			Weight-for-height ¹					
	Mean height in cm	Percentage below 145 cm	Number of women	Mean body mass index (kg/m ²)	Percentage below 18.5	Number of women	Mean DHS Z-score	Percentage below -2 SD	Number of women
Age									
15-19	157.6	2.9	1,374	22.0	9.6	1,372	-0.3	2.3	1,366
20-24	159.3	1.6	1,230	22.8	4.6	1,233	-0.1	0.6	1,222
25-29	160.2	1.4	981	23.5	5.8	982	-0.2	2.9	977
30-34	159.8	1.9	631	24.7	2.0	633	-0.1	1.5	631
35-49	160.5	1.0	1,398	25.3	3.9	1,397	-0.1	4.8	1,394
Residence									
Urban	160.0	1.2	2,108	24.3	5.1	2,107	0.1	1.8	2,099
Rural	159.0	2.1	3,507	23.1	5.8	3,510	-0.3	3.1	3,490
Region									
Manicaland	158.1	1.8	838	23.4	4.3	840	-0.2	2.2	837
Mashonaland Central	159.0	1.1	424	22.7	4.8	424	-0.4	3.0	420
Mashonaland East	160.0	1.3	453	23.7	6.6	454	-0.1	3.7	452
Mashonaland West	157.2	7.7	517	23.8	6.1	522	-0.2	3.8	508
Matabeleland North	159.8	0.3	305	22.9	8.0	305	-0.4	4.5	305
Matabeleland South	159.6	0.5	291	23.3	6.5	291	-0.3	3.3	291
Midlands	159.9	1.3	748	23.3	7.7	748	-0.2	2.8	746
Masvingo	160.2	1.5	617	23.1	3.6	614	-0.2	2.0	614
Harare	160.2	1.1	963	24.1	4.6	961	0.1	0.9	959
Bulawayo	160.0	0.5	459	24.7	5.7	459	0.1	2.7	458
Education									
No education	158.4	3.5	647	22.6	8.7	647	-0.5	4.9	642
Primary	159.2	1.8	2,422	23.5	5.2	2,424	-0.2	2.9	2,412
Secondary	159.8	1.3	2,200	23.7	5.0	2,200	-0.0	1.6	2,190
Higher	160.6	1.9	318	24.9	5.7	318	0.2	1.8	317
Total	159.7	0.0	28	23.9	8.7	28	-0.2	1.6	28
Total	159.4	1.8	5,615	23.6	5.6	5,618	-0.2	2.6	5,590

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in centimeters (kg/m²). The DHS Z-score is based on a study of elite mothers in DHS surveys and indicates the number of standard deviation units (SD) from the median of the DHS de facto reference population. The percentage of mothers who are more than two standard deviations below (i.e., away in the negative direction) the median of the DHS reference population (-2 SD) are shown according to background characteristics.

¹ Excludes pregnant women and women with a birth in the preceding 2 months

Acquired Immune Deficiency Syndrome (AIDS) is one of the most serious public health and development challenges to ever affect sub-Saharan Africa. In Zimbabwe, it is estimated that one in four adults age 15-49 is currently infected with HIV, the virus that causes AIDS (UNAIDS/WHO, 2000). This estimate would mean that 1.4 million men and women will develop or already have developed AIDS. Furthermore, 56,000 children under age 15 are estimated to be HIV-infected. About three-quarters of all AIDS cases occur among people in the most economically productive age group, 20-45 years. The deaths of these individuals constitute a serious economic and social tragedy in the lives of surviving family, friends, and employers.

The principal mode of HIV transmission in Zimbabwe is heterosexual contact, which accounts for an estimated 92 percent of all HIV infections in the country (NACP, 1999). The duration between HIV infection and the onset of AIDS varies but averages about nine to ten years, and death typically ensues within one to two years of symptom onset.¹ The second most important mode of transmission is perinatal transmission (7 percent of all HIV infections), in which the mother passes HIV to the child during pregnancy or around the time of birth. It has been estimated that approximately 30 percent of babies born to HIV-positive mothers will be infected around the time of birth. It is now understood that the virus may also be passed from mother to infant during breastfeeding. Most children infected perinatally will die before their fifth birthday.

The children of HIV-infected parents who are not themselves infected are still at a great disadvantage due to the health-related and social consequences of losing one or both parents to AIDS. It is estimated that since 1990, the number of Zimbabwean children under 15 who are living without one or both parents has grown from about 400,000 to more than 1 million (Hunter and Williamson, 2000), with most of the increase being the result of sharp rises in the rates of adult mortality (see Chapter 12).

The future course of Zimbabwe's AIDS epidemic depends on a number of important variables including the level of AIDS-related knowledge among the general public, social stigmatisation, risk behaviour modification, access to high-quality services for sexually transmitted diseases (STD), and the provision of HIV testing and counseling. Zimbabwe's National AIDS Co-ordination Programme (NACP) is at the forefront of the efforts to bring down the barriers to effective HIV/AIDS programmes and has provided a "Strategic Framework for a National Response to HIV/AIDS" (NACP, 1999) to galvanise a national commitment.

The data obtained from the 1999 ZDHS provide a good opportunity to assess levels and trends for some of these factors. This chapter first presents the findings about current levels of general and more specific knowledge on AIDS-related issues. Since knowledge of one's own HIV serostatus is considered an important step leading to constructive attitude and behaviour change, information on the prevalence of HIV testing is provided. Next, findings are presented on the level of knowledge of and experience with other sexually-transmitted infections which are important co-factors in HIV transmission. The chapter concludes by providing information on patterns of sexual activity and condom use. The principal objective of this chapter is to establish the prevalence of

¹ These estimates of survival times assume no use of anti-retroviral therapies.

relevant knowledge, perceptions, and behaviours at the national level and also within geographic and socioeconomic subgroups of the population. In this way, AIDS control programmes can target those groups of individuals most in need of information and most at risk of infection.

11.1 KNOWLEDGE OF WAYS TO PREVENT HIV/AIDS

If women and men reported that they had heard of AIDS, they were asked whether and how HIV/AIDS can be avoided. Two types of questions were asked on the ways to avoid getting HIV/AIDS. First, an open-ended question was asked, and respondents were allowed to provide any and all ways that they knew without prompting. Next, women and men were asked specific questions on whether using condoms and limiting their sexual activity to one partner can reduce their chances of getting AIDS.

Tables 11.1.1 and 11.1.2 provide results on AIDS prevention knowledge. The first column shows that 4 percent of women and 1 percent of men said that they did not know of AIDS or the virus that causes AIDS. The second column gives the overall percentage of men and women who could not cite a single way of avoiding HIV/AIDS, either because they did not know about HIV/AIDS at all, because they said they did not know whether it could be avoided, because they thought it could not be avoided, or because they thought it could be avoided but could not cite a single way of preventing transmission. The results shows that 17 percent of women and 7 percent of men could not cite a way to avoid getting HIV/AIDS. Large differentials are observed across geographic and socioeconomic characteristics of the populations. For both men and women, the youngest and oldest age groups had the lowest levels of knowledge about ways to avoid AIDS. Level of education is very closely linked to level of AIDS prevention knowledge. About 45 percent of women without any formal education did not mention a way to avoid HIV/AIDS, compared with less than 1 percent of those with more than a secondary school education. Rural men and especially rural women were much less knowledgeable than their urban counterparts. For both men and women, residence in the provinces of Manicaland, Matabeleland North, and Matabeleland South was associated with less AIDS prevention knowledge; men in Masvingo also displayed relatively low levels of knowledge.

The tables also allow an assessment of the knowledge of specific ways to prevent HIV/AIDS (without prompting). The two most widely cited ways to avoid HIV/AIDS were, for both men and women, condom use (76 percent for men, 66 percent for women) and limiting the number of sexual partners (69 percent for men, 63 percent for women). Sexual abstinence was mentioned by 30 percent of men and 17 percent of women.

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). In the first three columns of Tables 11.2.1 and 11.2.2, the percentage of women and men who reported none, one, or two or more ways to avoid AIDS are shown. More than two-thirds of men and more than one-half of women were able to report two or more of the key ways to prevent AIDS. Women were more than twice as likely as men to lack knowledge of any of the key ways to prevent AIDS (18 percent for women, 8 percent for men). Figure 11.1 shows the strong link between a woman's education level and her knowledge of practical ways to prevent HIV/AIDS.

Table 11.1.1 Knowledge of ways to avoid HIV/AIDS: women

Percentage of women who know of ways to avoid HIV/AIDS, by selected background characteristics, Zimbabwe 1999

Background characteristic	Ways to avoid HIV/AIDS										Number of women
	Does not know AIDS	Does not know a way to avoid AIDS	Abstain from sexual relations	Use condom	Limit number of sexual partners	Avoid sex with prostitutes	Avoid sex with homo-sexuals	Avoid trans-fusions	Avoid injections	Other	
Age											
15-19	5.6	20.7	24.3	59.0	55.7	2.2	0.1	1.3	2.5	11.1	1,447
20-24	2.9	13.7	16.6	73.3	65.6	2.5	0.1	0.8	1.1	9.0	1,294
25-29	3.5	13.1	14.0	73.5	68.0	3.5	0.3	0.8	1.4	8.3	1,034
30-39	2.2	14.0	14.3	67.4	66.9	2.3	0.1	0.8	1.4	9.3	1,305
40-49	3.2	23.5	11.5	52.7	60.6	2.5	0.1	1.0	0.8	8.7	827
Marital status											
Never married	2.5	13.2	22.9	75.8	61.8	1.3	0.0	1.7	2.2	10.2	422
Has had sex											
Has never had sex	5.4	17.7	29.8	59.4	58.9	2.1	0.2	1.6	2.7	13.0	1,215
Married or in union	3.2	16.9	11.3	65.2	66.1	3.0	0.2	0.8	1.1	8.5	3,609
Divorced, widowed	2.8	16.4	19.3	73.2	56.0	1.9	0.0	0.1	1.5	7.2	662
Residence											
Urban	1.9	9.4	20.5	75.7	70.4	1.4	0.2	1.1	1.4	9.7	2,279
Rural	4.5	21.4	14.5	59.3	58.7	3.3	0.1	0.9	1.7	9.2	3,628
Province											
Manicaland	4.3	27.8	12.7	48.5	48.5	1.5	0.0	0.5	1.0	8.5	882
Mashonaland Central	2.5	15.2	17.3	68.7	57.0	5.9	0.4	0.8	1.9	12.5	477
Mashonaland East	5.4	18.8	13.6	70.9	63.8	11.4	0.9	3.4	4.3	19.0	461
Mashonaland West	8.6	19.8	14.8	69.5	63.4	1.8	0.2	1.0	1.1	6.4	559
Matabeleland North	3.2	33.9	20.1	54.3	50.6	0.0	0.0	0.9	1.6	7.6	302
Matabeleland South	3.6	22.0	10.5	60.5	53.4	1.7	0.4	1.1	2.9	12.7	321
Midlands	1.4	7.7	20.3	62.6	71.2	2.5	0.0	0.6	1.7	8.5	741
Masvingo	3.6	13.6	17.9	65.1	69.8	1.9	0.0	0.9	0.1	6.3	629
Harare	2.8	12.5	17.3	73.8	68.3	0.9	0.0	0.4	1.2	8.7	1,077
Bulawayo	0.1	5.5	23.9	83.0	78.1	0.4	0.0	1.2	1.4	8.4	457
Education											
No education	8.8	44.7	7.8	37.4	39.5	2.1	0.0	0.3	0.2	3.6	396
Primary	5.6	24.1	11.7	58.2	54.9	2.4	0.1	0.5	0.8	6.3	2,377
Secondary	1.4	8.1	20.4	74.6	71.8	2.8	0.1	1.2	2.3	12.1	2,965
Higher	0.0	0.4	46.5	80.6	84.8	3.0	1.1	3.9	2.2	20.2	168
Total	3.5	16.8	16.8	65.6	63.2	2.6	0.1	1.0	1.5	9.4	5,907

On the right side of Tables 11.2.1 and 11.2.2 are the ZDHS results when prompting was used to ascertain whether women and men know about condom use and limiting the number of sexual partners as ways to prevent HIV infection. When women were prompted, their reported knowledge of condom use for HIV/AIDS protection rose from 66 percent (unprompted) to 73 percent. In the same way, men's knowledge rose from 76 percent to 81 percent. Without prompting, 63 percent of women and 69 percent of men reported limiting the number of sexual partners as a way to avoid HIV/AIDS. When prompted, the percentages rose to 75 percent and 81 percent, respectively.

Table 11.1.2 Knowledge of ways to avoid HIV/AIDS: men

Percentage of men who know of ways to avoid HIV/AIDS, by selected background characteristics, Zimbabwe 1999

Background characteristic	Ways to avoid HIV/AIDS										Number of men
	Does not know AIDS	Does not know a way to avoid AIDS	Abstain from sexual relations	Use condom	Limit number of sexual partners	Avoid sex with prostitutes	Avoid sex with homosexuals	Avoid transfusions	Avoid injections	Other	
Age											
15-19	1.5	11.9	25.3	72.8	56.2	5.9	0.6	0.6	3.3	15.9	713
20-24	0.5	5.0	34.8	80.5	68.0	6.8	1.3	2.1	2.8	15.6	506
25-29	0.7	3.6	31.0	84.7	77.9	7.6	3.7	3.8	1.3	10.2	430
30-39	0.9	4.5	30.6	75.6	81.0	9.8	1.3	3.0	1.4	8.5	500
40-49	0.7	8.4	27.4	69.7	69.7	7.2	1.2	1.3	0.6	7.7	356
50-54	1.8	14.5	29.7	63.6	64.4	8.6	0.9	0.6	0.0	11.0	104
Marital status											
Never married											
Has had sex	0.4	5.4	29.8	86.1	62.6	5.9	0.9	1.0	2.4	14.2	614
Has never had sex	1.6	12.7	33.0	67.3	58.7	5.8	1.3	1.5	2.8	17.1	638
Married or in union	0.8	5.5	26.8	74.6	77.9	8.4	1.8	2.9	1.5	9.7	1,239
Divorced, widowed	1.6	9.8	38.3	85.3	65.1	13.4	2.5	0.0	0.9	1.3	118
Residence											
Urban	0.5	4.2	44.8	77.8	75.3	6.7	3.3	3.7	2.1	11.6	1,090
Rural	1.2	9.7	18.6	74.7	64.4	7.9	0.2	0.7	1.9	12.6	1,519
Province											
Manicaland	2.4	11.5	27.7	64.1	53.7	11.8	0.4	0.4	0.8	21.1	360
Mashonaland Central	0.3	4.5	16.2	83.8	68.4	10.4	0.0	0.6	0.9	7.8	236
Mashonaland East	2.3	8.9	26.1	83.2	76.7	3.2	1.8	1.8	2.8	14.0	217
Mashonaland West	0.4	5.5	25.4	76.2	65.6	13.4	0.0	0.4	1.5	11.8	268
Matabeleland North	0.6	12.2	23.4	73.6	72.3	3.3	0.0	0.3	1.4	16.7	146
Matabeleland South	1.2	15.3	37.2	75.0	47.5	1.2	0.0	1.6	3.1	17.8	120
Midlands	0.3	2.8	16.6	86.8	78.3	8.2	0.0	1.9	5.2	9.5	308
Masvingo	0.0	14.5	10.0	60.0	60.8	0.7	0.7	0.4	0.8	5.9	225
Harare	1.1	2.6	47.6	74.9	77.9	5.5	5.9	5.9	2.2	8.1	514
Bulawayo	0.0	7.8	52.0	86.2	75.7	9.9	0.6	1.8	1.2	14.7	214
Education											
No education	6.6	29.3	18.5	45.2	42.2	4.5	0.0	0.0	0.0	3.0	66
Primary	1.6	13.5	19.8	71.3	59.6	7.0	0.9	0.8	1.0	8.7	830
Secondary	0.5	4.0	32.9	79.4	73.6	7.8	1.8	2.8	2.4	13.9	1,556
Higher	0.0	0.4	52.8	80.4	84.3	6.3	2.2	0.8	4.7	17.4	157
Total	0.9	7.4	29.6	76.0	69.0	7.4	1.5	2.0	2.0	12.2	2,609

Table 11.2.1 Knowledge of programmatically important ways to avoid HIV/AIDS: women

Percentage of women who know of programmatically important ways to avoid HIV/AIDS, according to background characteristics, Zimbabwe 1999

Background characteristic	Number of programmatically important ways to avoid HIV/AIDS known			Total	After prompting, the percentage citing:		
	None	Knows one way	Knows two or more ways		Condom use	Limiting number of partners	Number of women
Age							
15-19	21.9	27.2	50.9	100.0	66.8	69.0	1,447
20-24	14.3	25.1	60.6	100.0	79.0	77.3	1,294
25-29	13.7	23.9	62.2	100.0	79.8	78.4	1,034
30-39	14.5	27.9	57.7	100.0	77.2	78.0	1,305
40-49	24.7	29.7	45.6	100.0	60.7	69.6	827
Marital status							
Never married							
Has had sex	13.9	25.1	61.0	100.0	80.7	78.4	422
Has never had sex	19.0	26.5	54.5	100.0	68.5	72.4	1,215
Married or in union	17.7	26.8	55.5	100.0	73.0	75.2	3,609
Divorced, widowed	16.8	27.3	55.9	100.0	77.7	72.2	662
Residence							
Urban	10.1	24.7	65.2	100.0	81.9	82.1	2,279
Rural	22.2	27.9	49.8	100.0	67.7	69.8	3,628
Province							
Manicaland	29.3	33.2	37.4	100.0	60.2	61.5	882
Mashonaland Central	17.2	26.8	56.0	100.0	75.6	70.3	477
Mashonaland East	19.6	23.5	56.9	100.0	74.1	71.3	461
Mashonaland West	20.1	21.0	58.8	100.0	73.6	71.7	559
Matabeleland North	34.2	18.7	47.0	100.0	57.4	62.7	302
Matabeleland South	22.7	30.3	47.1	100.0	69.8	74.7	321
Midlands	8.4	34.9	56.7	100.0	74.6	81.7	741
Masvingo	14.2	25.6	60.3	100.0	75.3	80.8	629
Harare	12.9	25.4	61.6	100.0	79.2	77.8	1,077
Bulawayo	5.6	17.8	76.5	100.0	87.5	90.7	457
Education							
No education	45.8	25.1	29.1	100.0	43.4	46.3	396
Primary	24.7	29.5	45.7	100.0	66.0	66.4	2,377
Secondary	9.0	25.2	65.8	100.0	82.0	83.7	2,965
Higher	0.4	16.1	83.6	100.0	89.2	94.9	168
Total	17.5	26.7	55.8	100.0	73.2	74.5	5,907

Note: Programmatically important ways include: condom use, limiting sex to a single faithful partner, limiting the number of sexual partners, and sexual abstinence.

The methodology used in the 1999 ZDHS to estimate knowledge about AIDS is relatively new. As such, comparisons with the 1994 ZDHS are difficult. However, some comparisons are useful. Between 1994 and 1999, unprompted knowledge about the condom as a way to avoid HIV/AIDS has risen from 57 percent to 66 percent in women and from 66 percent to 76 percent in men.

Differentials in Tables 11.2.1 and 11.2.2 follow essentially the same patterns as those observed in Tables 11.1.1 and 11.1.2, with strong associations between AIDS prevention knowledge and education and age of the respondent, rural-urban residence, and province of residence. Men and women in Manicaland, those living in rural areas, those with less education, and those at younger (below 20 years) and older (40 or more years) ages tended to possess less knowledge of key ways to prevent AIDS.

Table 11.2.2 Knowledge of programmatically important ways to avoid HIV/AIDS: men

Percentage of respondents by knowledge of programmatically important ways to avoid HIV/AIDS, according to background characteristics, Zimbabwe 1999

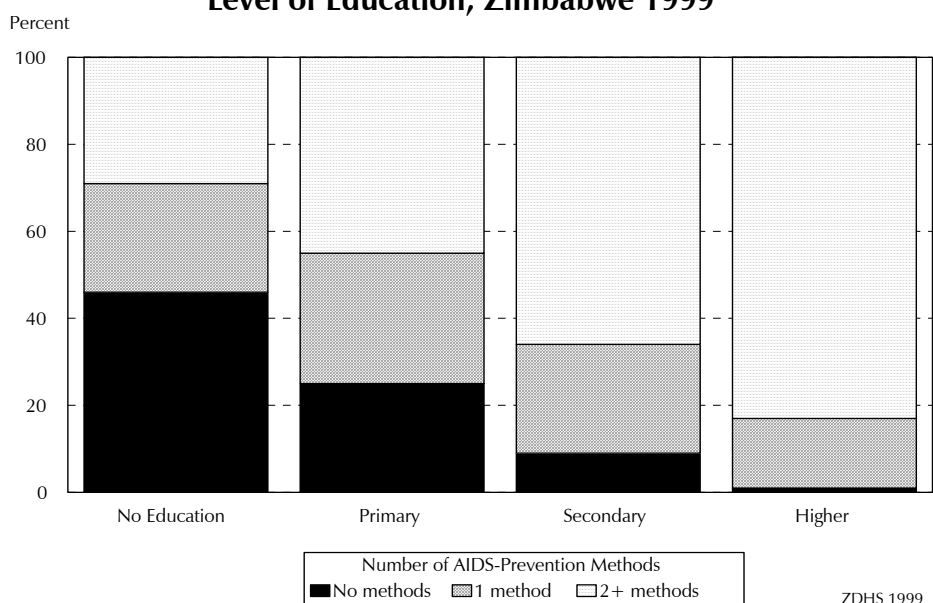
Background characteristic	Number of programmatically important ways to avoid HIV/AIDS known			Total	After prompting, the percentage citing:		
	None	Knows one way	Knows two or more ways		Condom use	Limiting number of partners	Number of men
Age							
15-19	13.1	31.7	55.2	100.0	77.8	73.9	713
20-24	6.0	22.6	71.5	100.0	85.1	84.0	506
25-29	4.2	16.7	79.1	100.0	89.3	87.1	430
30-39	5.5	19.2	75.3	100.0	79.5	88.6	500
40-49	10.3	24.7	65.0	100.0	75.4	78.2	356
50-54	14.5	27.2	58.3	100.0	68.6	73.3	104
Marital status							
Never married							
Has had sex	6.0	27.2	66.7	100.0	90.4	82.4	614
Has never had sex	13.9	28.4	57.7	100.0	72.5	74.1	638
Married or in union	6.7	20.8	72.5	100.0	79.6	85.2	1,239
Divorced, widowed	9.8	16.3	74.0	100.0	87.0	75.9	118
Residence							
Urban	4.5	17.5	77.9	100.0	83.2	88.4	1,090
Rural	11.2	28.6	60.2	100.0	79.0	76.3	1,519
Province							
Manicaland	15.9	32.2	51.8	100.0	72.8	70.1	360
Mashonaland Central	4.8	27.0	68.1	100.0	88.8	83.2	236
Mashonaland East	9.3	15.0	75.7	100.0	84.6	82.7	217
Mashonaland West	6.7	31.2	62.2	100.0	78.3	73.3	268
Matabeleland North	12.2	24.2	63.6	100.0	80.9	84.2	146
Matabeleland South	17.0	23.8	59.2	100.0	77.8	76.6	120
Midlands	3.8	18.9	77.3	100.0	91.4	89.3	308
Masvingo	14.5	43.8	41.7	100.0	64.0	68.6	225
Harare	2.6	16.2	81.2	100.0	81.2	90.0	514
Bulawayo	8.4	11.4	80.2	100.0	87.1	89.2	214
Education							
No education	31.4	30.7	37.8	100.0	52.7	52.6	66
Primary	15.5	28.9	55.7	100.0	74.9	71.4	830
Secondary	4.6	22.0	73.4	100.0	84.6	86.7	1,556
Higher	0.4	13.7	85.9	100.0	84.6	93.5	157
Total	8.4	23.9	67.6	100.0	80.7	81.4	2,609

Note: Programmatically important ways include: condom use, limiting sex to a single faithful partner, limiting the number of sexual partners, and sexual abstinence.

11.2 KNOWLEDGE OF OTHER AIDS-RELATED ISSUES

Tables 11.3.1 and 11.3.2 show the distribution of women and men by their responses to questions intended to evaluate important aspects of a person's knowledge base of HIV/AIDS. When asked whether a "healthy-looking person can have the AIDS virus," 76 percent of women and 85 percent of men correctly responded "yes." This result is about the same as that obtained from the 1994 ZDHS (74 percent of women and 85 percent of men). The women and men least likely to respond correctly to this question tended to be young, sexually inexperienced, rural, and less educated. Men living in Manicaland and Masvingo were less likely to understand this issue, whereas women living in all rural provinces were uniformly less knowledgeable on this issue than women in Harare and Bulawayo.

Figure 11.1 Percent Distribution of Women by Number of AIDS-Prevention Methods Known, According to Level of Education, Zimbabwe 1999



The results show that most women (86 percent) and men (87 percent) know that “the AIDS virus can be transmitted from mother to child.” In the 1994 ZDHS, 92 percent of men and 93 percent of women responded similarly to the same question, suggesting that either knowledge has diminished (unlikely) or respondents’ understanding of the issue is more complex than before. For this reason, more detailed questions were posed. When asked when the AIDS virus could be transmitted from a mother to her child, 66 percent of women and 61 percent of men responded “during pregnancy”; 33 percent of women and 36 percent of men responded “during breastfeeding.”

The 1999 ZDHS asked, “Do you personally know someone who has the AIDS virus or who has died from AIDS?” The same question was asked in the 1994 ZDHS, allowing assessment of changes in personalisation of the epidemic. In 1994, 49 percent of both women and men responded that they knew someone who had the AIDS virus or who had died from AIDS; these figures increased to 60 percent and 64 percent in the 1998 ZDHS, reflecting the spread of the AIDS tragedy across Zimbabwe’s social landscape.

11.3 STIGMA ASSOCIATED WITH AIDS AND ACCEPTABILITY OF AIDS-RELATED MESSAGES IN THE MEDIA

In the 1999 ZDHS, married women and men who had ever heard of AIDS were asked whether they had ever discussed AIDS prevention with their spouse. Tables 11.4.1 and 11.4.2 show that 60 percent of women and 81 percent of men reported that they had ever had this discussion. The background differentials are not large, but some general statements can be made. Having received more education is associated with a greater level of communication between spouses on AIDS prevention, as is urban (as opposed to rural) residence.

Table 11.3.1 Knowledge of various AIDS-related issues: women

Percent distribution of women by responses to questions about various AIDS-related issues, according to background characteristics, Zimbabwe 1999

Background characteristic	Can a healthy-looking person have the AIDS virus?		Can the AIDS virus be transmitted from mother to child?		Is the AIDS virus transmitted from mother to child during: ²		Do you know someone personally who has AIDS or has died from AIDS?		Number of women			
	Yes	No	Yes	Don't know/ ¹ Unsure	Preg-nancy	Delivery	Breast-feeding	Yes		No	Don't know ¹	
Age												
15-19	68.6	20.9	81.1	10.5	5.9	13.0	14.7	28.7	47.1	47.2	5.7	1,447
20-24	79.1	12.4	87.7	8.5	3.5	8.7	15.1	37.3	56.1	40.9	3.0	1,294
25-29	78.5	13.1	87.8	8.4	3.3	8.9	13.4	37.0	62.5	33.9	3.7	1,034
30-39	81.4	10.0	88.1	8.7	2.8	9.1	14.1	32.4	69.4	28.3	2.3	1,305
40-49	70.7	14.4	83.0	14.9	3.7	13.3	11.2	29.0	69.9	27.0	3.2	827
Marital status												
Never married	81.1	12.1	88.7	6.7	5.2	6.2	16.0	32.6	58.2	38.8	3.0	422
Has had sex	70.9	19.1	81.5	9.9	5.5	13.0	17.4	28.1	47.1	47.4	5.5	1,215
Has never had sex	76.4	13.4	86.5	10.3	3.3	10.3	12.4	34.4	64.2	32.5	3.2	3,609
Married or in union	77.7	12.3	85.7	10.0	4.1	10.2	14.4	33.7	60.6	36.5	3.0	662
Divorced, widowed												
Residence												
Urban	86.5	7.3	89.5	6.2	3.2	7.3	16.7	37.3	66.4	31.6	2.0	2,279
Rural	69.0	18.8	83.0	12.2	4.5	12.5	12.2	30.1	55.8	39.6	4.6	3,628
Province												
Manicaland	71.8	16.2	83.7	11.9	3.4	12.9	15.0	30.0	58.8	36.9	4.3	882
Mashonaland Central	66.9	23.3	86.4	9.8	3.4	10.2	8.9	38.5	48.9	48.4	2.7	477
Mashonaland East	72.4	16.4	81.9	11.2	5.4	12.7	23.9	38.1	60.6	34.1	5.4	461
Mashonaland West	71.8	10.4	79.0	17.8	3.6	17.4	14.7	33.4	55.7	34.9	9.3	559
Matabeleland North	74.6	10.0	82.6	15.3	4.5	12.9	10.9	40.5	57.1	39.7	3.2	302
Matabeleland South	76.4	16.4	86.1	7.2	6.1	7.8	8.9	34.8	51.8	44.6	3.6	321
Midlands	74.3	20.0	88.8	5.6	5.6	5.6	8.2	24.6	67.3	31.3	1.4	741
Masvingo	70.7	19.3	86.2	10.0	4.4	9.4	11.4	25.1	52.7	43.6	3.7	629
Harare	84.3	7.7	86.5	8.0	2.8	10.6	18.5	34.7	67.8	29.4	2.8	1,077
Bulawayo	90.0	5.3	93.0	4.6	2.2	4.8	13.4	40.2	64.6	35.3	0.1	457
Education												
No education	54.0	19.7	64.9	26.3	3.8	31.3	4.3	21.2	48.5	42.7	8.8	396
Primary	67.0	18.6	80.7	14.4	5.0	14.3	8.9	27.3	57.2	37.1	5.6	2,377
Secondary	84.3	11.0	91.5	4.7	3.4	5.2	17.6	37.6	62.1	36.4	1.6	2,965
Higher	100.0	0.0	97.7	0.0	0.0	2.3	43.3	57.3	85.8	14.2	0.0	168
Total	75.7	14.4	85.5	9.9	4.0	10.5	13.9	32.9	59.9	36.5	3.6	5,907

¹ Includes persons who do not know of HIV/AIDS at all² May sum to more than 100 percent because multiple responses were allowed

Table 11.3.2 Knowledge of various AIDS-related issues: men

Percent distribution of men by responses to questions about various AIDS-related issues, according to background characteristics, Zimbabwe 1999

Background characteristic	Can a healthy-looking person have the AIDS virus?			Can the AIDS virus be transmitted from mother to child?			Is the AIDS virus transmitted from mother to child during: ²			Do you know someone personally who has AIDS or has died from AIDS?			Number of men
	Yes	No	Don't know/ ¹ Unsure ¹	Yes	No	Don't know/ ¹ Unsure ¹	Preg-nancy	Deliv-ery	Breast-feeding	Yes	No	Don't know ¹	
Age													
15-19	80.9	10.9	8.3	84.1	4.1	11.8	57.5	17.4	32.0	40.6	57.8	1.6	713
20-24	84.9	10.7	4.3	89.9	1.3	8.8	63.9	21.0	40.0	63.8	35.6	0.6	506
25-29	90.4	5.5	4.1	89.2	2.0	8.9	63.6	22.4	35.7	75.3	24.0	0.7	430
30-39	87.0	6.2	6.8	87.4	1.8	10.9	60.7	18.9	42.1	72.1	27.0	0.9	500
40-49	87.1	5.0	7.9	89.3	1.4	9.3	65.2	14.0	32.6	80.7	18.2	1.1	356
50-54	80.9	8.2	10.9	78.5	1.9	19.5	58.2	16.3	24.9	73.8	24.3	1.8	104
Marital status													
Never married	87.1	8.5	4.4	89.3	2.1	8.5	66.7	19.6	36.0	61.4	38.1	0.5	614
Has had sex	79.7	11.5	8.8	81.6	4.0	14.4	53.6	19.8	31.8	42.6	55.7	1.8	638
Has never had sex	87.5	6.3	6.3	88.6	1.6	9.8	62.8	17.6	37.6	75.0	24.2	0.9	1,239
Married or in union	82.8	8.1	9.1	90.5	1.7	7.8	62.5	20.7	39.3	71.1	26.8	2.1	118
Divorced, widowed													
Residence													
Urban	93.0	2.8	4.2	89.9	1.1	9.1	59.2	27.3	36.0	72.1	27.3	0.6	1,090
Rural	79.7	12.0	8.2	85.2	3.2	11.5	63.0	12.5	35.8	57.6	41.0	1.3	1,519
Province													
Manicaland	76.1	13.6	10.2	84.9	3.7	11.4	55.4	20.7	30.8	56.2	41.3	2.4	360
Mashonaland Central	80.6	15.7	3.7	92.3	0.9	6.8	67.7	6.6	37.3	58.1	41.3	0.6	236
Mashonaland East	79.8	12.2	7.9	88.3	1.9	9.8	69.6	14.9	43.9	62.1	35.6	2.3	217
Mashonaland West	85.0	10.4	4.6	88.4	2.6	8.9	65.6	22.2	35.0	72.4	26.9	0.8	268
Matabeleland North	85.6	7.8	6.7	88.9	5.3	5.9	64.5	14.5	54.5	61.1	38.3	0.6	146
Matabeleland South	83.8	8.5	7.7	85.8	3.2	10.9	76.2	6.8	28.3	45.5	53.3	1.2	120
Midlands	93.1	2.5	4.3	92.4	0.9	6.6	71.9	15.6	50.6	59.5	40.2	0.3	308
Masvingo	77.2	8.4	14.4	74.0	3.6	22.4	52.5	10.1	22.7	59.2	40.8	0.0	225
Harare	91.9	3.3	4.8	87.5	1.1	11.4	50.6	31.0	23.6	77.9	21.0	1.0	514
Bulawayo	93.4	3.3	3.3	87.7	2.7	9.6	61.3	21.9	49.5	61.6	37.8	0.6	214
Education													
No education	65.7	8.8	25.4	57.1	3.6	39.3	42.9	9.7	19.4	66.2	27.1	6.6	66
Primary	74.7	13.1	12.2	78.2	4.2	17.6	57.3	8.2	30.0	56.4	42.0	1.7	830
Secondary	90.2	6.3	3.5	92.2	1.5	6.3	64.8	21.9	38.4	64.7	34.7	0.6	1,556
Higher	100.0	0.0	0.0	97.2	0.0	2.8	58.1	46.3	49.4	90.7	9.3	0.0	157
Total	85.3	8.2	6.5	87.2	2.3	10.2	61.4	18.7	35.9	63.7	35.3	1.0	2,609

¹ Includes persons who do not know of HIV/AIDS at all

² May sum to more than 100 percent because multiple responses were allowed

Table 11.4.1 Discussion of HIV/AIDS prevention with cohabiting partner and acceptability of discussion of AIDS in the media: women

Percentage of married women who discussed HIV/AIDS prevention with their cohabiting partner, and the percentage of all women who have heard of AIDS who think it is acceptable for AIDS to be discussed on the radio, on the TV, and in the newspapers, according to background characteristics, Zimbabwe 1999

Background characteristic	Ever discussed ways to prevent HIV/AIDS with their cohabiting partner	Number of married women	Acceptable for AIDS to be discussed on:			Number of women who know of AIDS
			Radio	TV	Newspaper	
Age						
15-19	43.8	314	95.8	95.7	96.2	1,366
20-24	60.2	820	96.0	95.9	96.1	1,256
25-29	63.7	788	96.8	95.9	96.4	998
30-39	66.8	1,039	95.6	94.8	95.6	1,276
40-49	53.7	648	91.5	90.1	91.5	801
Marital status						
Never married						
Has had sex	NA	NA	96.1	95.7	96.1	411
Has never had sex	NA	NA	95.8	95.9	96.3	1,150
Married or in union	60.3	3,609	95.3	94.6	95.2	3,494
Divorced, widowed	NA	NA	94.6	93.4	94.9	643
Residence						
Urban	69.8	1,306	97.9	97.4	97.8	2,235
Rural	54.9	2,303	93.8	93.1	93.8	3,463
Province						
Manicaland	51.5	561	93.1	91.8	93.0	844
Mashonaland Central	52.1	325	90.7	90.5	90.7	465
Mashonaland East	54.5	310	98.0	97.5	98.0	436
Mashonaland West	61.8	367	95.3	95.3	95.3	511
Matabeleland North	55.7	180	96.9	96.7	96.7	292
Matabeleland South	61.8	170	95.8	94.0	95.6	310
Midlands	62.7	444	93.3	92.5	93.5	731
Masvingo	59.4	367	95.0	94.4	95.2	607
Harare	67.0	667	98.0	97.8	98.2	1,047
Bulawayo	79.3	217	98.6	98.1	98.5	456
Education						
No education	36.4	310	84.1	83.2	83.9	362
Primary	52.2	1,665	93.5	92.7	93.5	2,244
Secondary+	73.0	1,633	98.1	97.7	98.1	3,093
Total	60.3	3,609	95.4	94.8	95.4	5,698

NA = Not applicable

All men and women who knew of AIDS were asked to report whether they thought it was acceptable for AIDS-related messages to be broadcast on television and radio and to be published in newspapers. More than 90 percent of both women and men reported that it was acceptable for AIDS to be discussed in each of these media.

Tables 11.5.1 and 11.5.2 provide responses to questions that are intended to evaluate the level of stigma attached to HIV/AIDS, PLWAs (persons living with AIDS), and condoms. First, respondents were asked, "If a person learns that he or she is infected with the AIDS virus, should the person be allowed to keep this fact private or should this information be available to the community?" Only 38 percent of women and 33 percent of men thought that HIV-positive individuals should be allowed to keep their HIV status private. Fear of public disclosure has been

Table 11.4.2 Discussion of HIV/AIDS prevention with cohabiting partner and acceptability of discussion of AIDS in the media: men

Percentage of married men who discussed HIV/AIDS prevention with their cohabiting partner, and the percentage of all men who have heard of AIDS who think it is acceptable for AIDS to be discussed on the radio, on the TV, and in the newspapers, according to background characteristics, Zimbabwe 1999

Background characteristic	Ever discussed ways to prevent HIV/AIDS with their cohabiting partner	Number of married men	Acceptable for AIDS to be discussed on:			Number of men who know of AIDS
			Radio	TV	Newspaper	
Age						
15-19	56.3	4	94.8	91.2	94.5	703
20-24	75.0	110	96.6	94.9	96.7	503
25-29	79.2	283	97.7	95.2	96.9	427
30-39	86.6	433	98.1	94.7	97.0	496
40-49	80.6	321	95.5	91.3	95.4	353
50-54	68.7	87	96.0	93.3	97.2	103
Marital status						
Never married						
Has had sex	NA	NA	96.3	94.2	96.3	611
Has never had sex	NA	NA	94.8	90.6	94.1	628
Married or in union	81.0	1,239	97.6	94.7	97.1	1,229
Divorced, widowed	NA	NA	93.3	89.0	93.9	116
Residence						
Urban	84.5	546	97.2	95.6	96.8	1,085
Rural	78.2	693	95.8	91.7	95.5	1,500
Province						
Manicaland	69.8	139	95.8	86.3	94.6	351
Mashonaland Central	83.1	127	94.8	89.1	94.8	235
Mashonaland East	83.4	117	97.1	95.7	97.1	212
Mashonaland West	81.5	147	94.3	93.6	93.9	267
Matabeleland North	78.0	61	94.4	92.8	95.3	145
Matabeleland South	87.4	46	97.6	96.4	98.0	119
Midlands	76.0	143	98.4	96.1	98.4	307
Masvingo	77.2	102	98.0	96.4	97.2	225
Harare	86.0	271	96.3	94.4	95.1	508
Bulawayo	87.2	86	97.6	96.1	98.2	214
Education						
No education	55.3	49	93.1	91.5	91.5	62
Primary	78.6	461	94.7	90.1	93.6	817
Secondary+	84.2	729	97.3	94.9	97.4	1,706
Total	81.0	1,239	96.4	93.3	96.0	2,584

NA = Not applicable

implicated as an important barrier to HIV testing and programmes aimed at assisting PLWAs and their families.

Respondents were further asked, “If a relative of yours became ill with AIDS would you be willing to care for her or him in your own household?” Most men and women (88 percent) responded that they would be willing to take care of a relative who had AIDS. Still, significant percentages of men and women in certain subgroups of the population are less sympathetic than others. For example, 21 percent of women in the province of Matabeleland South would not be willing to care for a relative with AIDS in their household compared with only 5 percent in Bulawayo.

Table 11.5.1 Social aspects of AIDS prevention and mitigation: women

Percent distribution of women who know of HIV/AIDS by responses to questions on various social aspects of AIDS prevention and mitigation, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Believe person with AIDS should be allowed to keep status private			Willing to care for relative with AIDS at home			Believe children age 12-14 should be taught how to use condom			Number of women
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	
Age										
15-19	34.4	62.3	3.3	82.8	15.6	1.7	34.4	60.6	5.0	1,366
20-24	36.9	58.9	4.2	86.0	10.8	3.3	40.7	54.5	4.8	1,256
25-29	35.9	59.9	4.2	88.8	9.8	1.5	39.1	57.3	3.6	998
30-39	40.0	54.9	5.1	91.2	6.3	2.5	37.2	56.5	6.3	1,276
40-49	43.3	52.5	4.2	90.4	7.5	2.0	34.5	58.1	7.5	801
Marital status										
Never married										
Has had sex	35.8	59.8	4.4	84.8	13.2	2.0	53.8	42.3	3.9	411
Has never had sex	31.5	64.2	4.4	85.3	12.5	2.2	32.2	62.2	5.5	1,150
Married or in union	39.4	56.5	4.1	87.9	9.8	2.3	36.4	58.2	5.5	3,494
Divorced, widowed	40.7	55.2	4.2	90.8	7.1	2.1	40.6	54.1	5.3	643
Residence										
Urban	35.6	59.7	4.7	89.3	7.9	2.9	42.9	52.4	4.7	2,235
Rural	39.1	57.1	3.9	86.3	11.8	1.8	33.6	60.6	5.7	3,463
Province										
Manicaland	38.7	55.9	5.4	88.5	9.2	2.3	27.8	66.8	5.4	844
Mashonaland Central	31.0	65.3	3.7	90.0	8.7	1.4	33.4	61.9	4.7	465
Mashonaland East	37.8	59.0	3.2	87.9	8.2	3.9	33.5	60.6	5.9	436
Mashonaland West	41.4	54.3	4.3	86.5	11.9	1.6	36.8	50.3	12.9	511
Matabeleland North	54.5	39.8	5.7	83.0	14.1	3.0	57.9	36.6	5.4	292
Matabeleland South	46.2	51.8	2.0	76.7	20.8	2.5	54.3	42.6	3.0	310
Midlands	32.7	63.6	3.7	88.7	10.9	0.5	35.1	62.3	2.6	731
Masvingo	37.3	60.2	2.4	85.3	13.8	0.9	28.1	69.2	2.8	607
Harare	35.9	59.0	5.1	88.8	7.7	3.5	38.5	54.9	6.6	1,047
Bulawayo	34.6	60.9	4.5	91.9	4.9	3.2	51.1	45.6	3.3	456
Education										
No education	48.6	45.9	5.5	85.4	12.0	2.6	27.2	57.5	15.3	362
Primary	41.5	53.8	4.7	86.3	11.7	2.0	34.2	59.8	6.0	2,244
Secondary+	33.7	62.7	3.7	88.6	9.1	2.4	40.7	55.6	3.7	3,093
Total	37.7	58.1	4.2	87.5	10.3	2.2	37.3	57.4	5.4	5,698

It has been suggested that children should be introduced to AIDS-prevention messages before they reach an age at which sexual activity typically begins. The ZDHS 1999 asked men and women whether they thought children age 12-14 years should be taught about using a condom to avoid AIDS. The results were mixed, with men more likely to accept the idea (50 percent) than women (37 percent). For both women and men, education and residence in the provinces of Matabeleland North and Matabeleland South were associated with a more positive attitude towards early introduction to the idea of condom use to avoid AIDS.

Table 11.5.2 Social aspects of AIDS prevention and mitigation: men

Percent distribution of men who know of HIV/AIDS by responses to questions on various social aspects of AIDS prevention and mitigation, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Believe person with AIDS should be allowed to keep status private			Willing to care for relative with AIDS at home			Believe children age 12-14 should be taught how to use condom			Number of men
	Yes	No	Don't know	Yes	No	Don't know	Yes	No	Don't know	
Age										
15-19	33.9	64.6	1.5	86.7	10.9	2.4	48.6	47.3	4.1	703
20-24	31.2	66.4	2.4	88.3	10.0	1.6	50.4	47.1	2.6	503
25-29	35.5	61.3	3.2	86.6	11.3	2.1	53.3	43.8	2.9	427
30-39	31.1	62.8	6.2	91.8	5.5	2.6	54.0	43.9	2.1	496
40-49	34.9	61.8	3.3	88.8	7.9	3.3	42.5	55.5	2.0	353
50-54	32.2	64.8	3.0	89.7	8.3	2.1	40.8	54.7	4.5	103
Marital status										
Never married										
Has had sex	32.8	64.4	2.8	87.1	9.5	3.4	58.1	39.5	2.4	611
Has never had sex	32.5	65.4	2.1	86.1	11.9	2.0	42.3	52.8	4.9	628
Married or in union	34.3	61.9	3.7	90.5	7.6	1.9	48.2	49.2	2.6	1,229
Divorced, widowed	26.5	69.0	4.6	84.9	11.0	4.1	59.0	41.0	0.0	116
Residence										
Urban	38.0	58.7	3.2	86.5	10.7	2.8	47.6	50.7	1.7	1,085
Rural	29.7	67.2	3.1	89.8	8.2	2.0	51.1	45.0	3.9	1,500
Province										
Manicaland	31.3	62.3	6.4	86.5	10.4	3.1	38.9	50.9	10.2	351
Mashonaland Central	18.4	79.7	1.8	93.2	5.9	0.9	42.5	55.9	1.5	235
Mashonaland East	38.8	59.3	1.9	90.4	4.3	5.3	61.7	36.8	1.4	212
Mashonaland West	56.4	41.7	1.9	94.1	4.8	1.1	46.4	50.4	3.3	267
Matabeleland North	27.6	71.0	1.4	84.7	12.0	3.4	61.7	34.9	3.4	145
Matabeleland South	25.3	70.6	4.1	86.5	11.1	2.5	66.6	32.2	1.2	119
Midlands	15.8	81.8	2.4	91.8	7.8	0.4	57.7	40.4	1.9	307
Masvingo	13.9	83.9	2.2	96.5	2.8	0.7	50.2	49.0	0.8	225
Harare	45.1	51.9	3.0	78.7	19.4	1.9	45.5	53.4	1.1	508
Bulawayo	42.9	52.0	5.1	90.4	3.3	6.3	46.8	50.5	2.7	214
Education										
No education	38.7	59.8	1.4	91.3	5.6	3.1	34.8	54.7	10.5	62
Primary	33.5	62.8	3.7	86.0	11.0	2.9	44.4	50.7	4.9	817
Secondary+	32.8	64.2	2.9	89.4	8.5	2.1	52.6	45.6	1.7	1,706
Total	33.2	63.7	3.2	88.4	9.2	2.4	49.6	47.4	3.0	2,584

11.4 TESTING FOR THE HIV/AIDS VIRUS

ZDHS respondents were asked whether they had ever been tested for HIV or the AIDS virus. If they said that they had not, respondents were then asked whether they would like to be tested. If they said they would like to be tested, respondents were asked whether they knew of a specific place where they could go to get the test for the AIDS virus. Tables 11.6.1 and 11.6.2 show that 12 percent of women and 9 percent of men reported that they had already been tested for HIV, with urban men and women, those with more education, and those in peak childbearing years (women age 20-39; men age 25-49) experiencing the highest levels of HIV/AIDS testing.

Table 11.6.1 Testing for the HIV/AIDS virus: women

Percent distribution of women by whether they have been tested for the AIDS virus or would like to be tested, and among those not tested, the source(s) cited for HIV testing, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Already tested for HIV/AIDS virus	Among those not tested, would you like to be tested for the AIDS virus?			Number of women	Among those not tested, source(s) cited for HIV testing ¹				Number of women not tested
		Yes	No	Don't know/Unsure		Do not know a source	Public facility	Private medical facility	Other	
Age										
15-19	6.1	61.6	23.6	8.7	1,447	69.2	23.0	10.8	0.1	1,278
20-24	14.0	62.2	18.0	5.7	1,294	59.8	29.2	15.7	0.4	1,075
25-29	16.6	56.9	20.6	5.9	1,034	57.9	33.0	13.0	0.6	827
30-39	14.8	56.2	22.5	6.5	1,305	61.8	28.3	14.0	0.7	1,084
40-49	7.3	57.4	27.9	7.4	827	67.2	25.1	9.5	0.2	741
Marital status										
Never married										
Has had sex	16.1	58.7	20.7	4.5	422	58.6	31.2	14.2	0.0	343
Has never had sex	3.1	61.9	25.3	9.7	1,215	68.0	23.9	11.8	0.1	1,111
Married or in union	13.5	58.3	21.8	6.5	3,609	62.2	27.9	13.3	0.5	3,008
Divorced, widowed	15.4	59.1	20.0	5.5	662	63.7	29.9	10.4	0.6	542
Residence										
Urban	16.8	51.1	25.7	6.4	2,279	55.1	33.4	16.7	0.6	1,851
Rural	8.6	64.2	20.1	7.2	3,628	68.3	24.0	10.4	0.3	3,153
Province										
Manicaland	8.8	63.2	21.8	6.2	882	67.4	23.9	12.3	0.2	766
Mashonaland Central	7.4	73.3	14.2	5.2	477	54.2	37.4	16.0	0.2	430
Mashonaland East	9.0	62.7	17.7	10.6	461	70.8	25.7	7.8	1.3	394
Mashonaland West	7.3	61.5	18.3	12.9	559	72.4	23.4	5.7	0.0	470
Matabeleland North	4.7	66.0	22.4	6.9	302	74.8	15.5	10.4	0.0	278
Matabeleland South	15.4	50.5	29.4	4.8	321	59.0	34.9	10.5	0.2	261
Midlands	13.7	61.1	21.1	4.1	741	61.7	28.9	10.6	0.4	629
Masvingo	7.9	62.5	24.1	5.5	629	64.8	22.8	14.7	0.2	557
Harare	19.9	48.8	23.0	8.4	1,077	57.8	29.3	17.3	0.9	832
Bulawayo	15.2	48.3	33.3	3.2	457	54.9	34.2	17.3	0.3	387
Education										
No education	4.8	56.4	25.1	13.7	396	80.5	14.8	4.9	0.0	342
Primary	8.0	61.9	21.6	8.6	2,377	69.8	24.0	9.1	0.1	2,055
Secondary	15.2	58.3	21.9	4.6	2,965	57.6	31.4	15.3	0.5	2,475
Higher	21.4	41.8	30.1	6.6	168	29.1	39.5	40.1	2.9	132
Total	11.8	59.1	22.2	6.9	5,907	63.4	27.5	12.7	0.4	5,004

¹ May sum to more than 100 percent because multiple responses were allowed.

The overall desire or demand to be tested includes those who responded that they have not yet been tested but would like to be tested (i.e., unmet demand) and those who have already been tested (i.e., met demand). In this approach, columns 1 and 2 of Table 11.6 can be added together to estimate the total demand for HIV testing. For instance, 71 percent of women and 66 percent of men have a desire to be tested (see Figure 11.2). For women, 12 percent had already had the test, indicating that only 17 percent of the demand has been satisfied. The corresponding figure for men is even less (14 percent). The same approach can be used across background characteristics of the population. For example, 8 percent of the HIV-testing demand is satisfied among women who have never been to school, compared with 33 percent among women with more than a secondary school education. Among men in Masvingo Province, only 5 percent of the demand for testing is met, compared with 27 percent of men in Harare.

Table 11.6.2 Testing for the HIV/AIDS virus: men

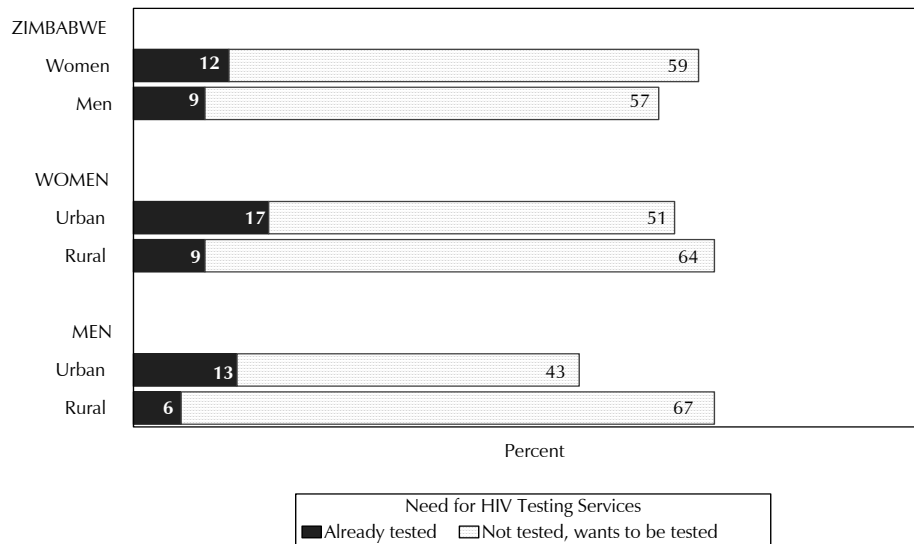
Percent distribution of men by whether they have been tested for the AIDS virus or would like to be tested, and among those not tested the source(s) cited for HIV testing, according to background characteristics, Zimbabwe 1999

Background characteristic	Already tested for HIV/AIDS virus	Among those not tested, would you like to be tested for the AIDS virus?			Number of men	Among those not tested, source(s) cited for HIV testing ¹				Number of men not tested
		Yes	No	Don't know/Unsure		Do not know a source	Public facility	Private medical facility	Other	
Age										
15-19	2.8	59.4	32.0	5.8	713	75.4	19.0	6.5	1.0	683
20-24	7.3	62.1	26.9	3.7	506	63.5	27.2	13.1	0.0	466
25-29	12.0	56.6	26.1	5.3	430	58.9	30.2	15.5	0.5	375
30-39	13.3	53.5	29.0	4.2	500	61.0	28.8	14.6	0.0	430
40-49	15.7	49.2	30.4	4.8	356	68.9	21.7	12.5	1.1	297
50-54	7.7	56.3	28.3	7.7	104	64.7	25.7	13.3	0.0	95
Marital status										
Never married										
Has had sex	6.5	61.1	27.9	4.5	614	64.0	27.1	12.6	0.0	571
Has never had sex	3.4	56.1	33.5	7.0	638	75.2	18.1	7.6	1.2	606
Married or in union	12.7	55.5	27.6	4.2	1,239	62.6	27.5	13.9	0.5	1,072
Divorced, widowed	17.1	52.3	26.9	3.7	118	69.5	24.6	9.2	0.0	96
Residence										
Urban	13.1	43.4	36.7	6.8	1,090	58.2	28.9	16.6	1.3	942
Rural	6.3	66.5	23.6	3.6	1,519	72.1	22.1	8.5	0.0	1,403
Province										
Manicaland	5.6	65.7	19.4	9.3	360	76.7	14.9	8.8	0.0	331
Mashonaland Central	7.6	71.2	20.0	1.2	236	64.4	29.7	13.5	0.0	218
Mashonaland East	4.2	47.6	44.9	3.3	217	69.1	30.4	0.5	0.0	203
Mashonaland West	12.8	66.7	18.9	1.5	268	66.2	29.9	8.3	0.0	233
Matabeleland North	6.7	58.9	30.0	4.5	146	60.1	20.4	22.5	0.0	135
Matabeleland South	6.7	53.5	37.8	2.0	120	75.9	21.5	5.2	0.0	111
Midlands	14.5	64.6	19.6	1.3	308	59.4	30.8	14.6	0.0	263
Masvingo	3.8	77.7	17.0	1.5	225	79.1	17.3	7.6	0.0	217
Harare	14.0	37.6	39.5	8.9	514	60.4	23.5	17.4	2.2	436
Bulawayo	6.6	36.3	48.0	9.0	214	57.9	32.5	15.1	1.3	200
Education										
No education	3.8	57.2	31.0	8.0	66	82.0	11.7	6.3	0.0	59
Primary	5.6	60.5	28.9	5.0	830	77.9	17.9	6.0	0.3	770
Secondary	10.0	56.2	29.3	4.5	1,556	62.9	27.9	12.5	0.7	1,393
Higher	21.6	43.1	27.5	7.8	157	28.6	40.0	41.7	0.0	123
Total	9.2	56.8	29.1	4.9	2,609	66.5	24.8	11.8	0.5	2,346

¹ May sum to more than 100 percent because multiple responses were allowed.

Among respondents who reported that they have not yet been but would like to be tested for the AIDS virus, 63 percent of women and 67 percent of men were not aware of a place where they could be tested. Among women not yet tested for HIV, four in five women without any education do not know of a place to receive a test, compared with fewer than one in three women with a secondary school education. About 28 percent of women and 25 percent of men cited a government-run facility where they could be tested; 13 percent of women and 12 percent of men mentioned a private medical facility. Urban respondents and respondents with more education were more likely to cite privately run health facilities.

Figure 11.2 Percentage of Women and Men by Need for HIV Testing Services and Urban-Rural Residence, Zimbabwe 1999



ZDHS 1999

11.5 KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED DISEASES

In the 1999 ZDHS, respondents were asked to report on their knowledge of and experience with sexually transmitted infections other than HIV/AIDS. Men and women were asked to report, in an open-ended question, on any signs and symptoms that they think would characterise an STI in a man and in a woman. Tables 11.7.1 and 11.7.2 (male symptoms) and Tables 11.8.1 and 11.8.2 (female symptoms) provide a summary of those results. The symptoms that are included or counted in this analysis (both male and female symptoms) are genital discharge/dripping, foul-smelling discharge, burning pain on urination, redness/inflammation in genital area, genital sore/ulcers, swelling in genital area, genital warts, and blood in urine. Not surprisingly, the results indicate that men know more than women about STI symptoms in men and women know more than men about STI symptoms in women. Forty-three percent of women and 21 percent of men said either that they did not know about STIs (other than AIDS) or they did not cite any symptom. An additional 4 percent of women and 8 percent of men reported symptoms other than the common ones listed above. About one-quarter of women and one-half of men were able to cite two of the symptoms listed above.

Table 11.7.1 Knowledge of signs and symptoms of STIs in men: women

Percent distribution of women by knowledge of signs and symptoms associated with sexually transmitted infections (STIs) in men, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Knowledge of specific signs or symptoms of STIs in men ¹				Total	Number of women
	No knowledge of STIs ²	Does not know any STI symptoms	Knows at least one symptom	Knows two or more symptoms		
Age						
15-19	60.8	5.6	21.3	12.3	100.0	1,447
20-24	45.7	3.4	27.2	23.7	100.0	1,294
25-29	35.9	3.9	29.4	30.8	100.0	1,034
30-39	31.5	3.9	26.6	38.0	100.0	1,305
40-49	32.7	2.8	26.2	38.3	100.0	827
Marital status						
Never married						
Has had sex	39.1	6.8	28.6	25.5	100.0	422
Has never had sex	63.3	5.8	19.1	11.8	100.0	1,215
Married or in union	38.0	3.0	27.1	31.8	100.0	3,609
Divorced, widowed	32.6	4.9	29.7	32.8	100.0	662
Residence						
Urban	41.3	4.5	28.3	25.9	100.0	2,279
Rural	43.6	3.8	24.3	28.3	100.0	3,628
Province						
Manicaland	55.5	3.6	19.5	21.4	100.0	882
Mashonaland Central	39.9	2.6	26.2	31.3	100.0	477
Mashonaland East	50.4	3.9	14.0	31.7	100.0	461
Mashonaland West	44.5	0.9	16.0	38.6	100.0	559
Matabeleland North	48.5	5.7	23.6	22.2	100.0	302
Matabeleland South	25.7	9.9	35.3	29.1	100.0	321
Midlands	26.4	7.4	38.0	28.3	100.0	741
Masvingo	39.5	3.7	23.4	33.4	100.0	629
Harare	49.8	2.7	27.8	19.8	100.0	1,077
Bulawayo	33.2	3.7	36.1	27.0	100.0	457
Education						
No education	48.7	2.4	20.7	28.2	100.0	396
Primary	43.4	3.6	23.8	29.3	100.0	2,377
Secondary	42.8	4.7	27.8	24.7	100.0	2,965
Higher	16.8	4.2	34.6	44.3	100.0	168
Total	42.7	4.1	25.9	27.4	100.0	5,907

¹ See text for explanation of symptoms included.

² Includes those not knowing of STIs at all (except for HIV/AIDS).

Women generally have better knowledge of STIs in women than STIs in men, but not that much better. Only one in three women were able to report two or more of the common symptoms of an STI in women. Among men, the picture is worse, with only one in five men being able to report two or more STI symptoms in women.

Table 11.7.2 Knowledge of signs and symptoms of STIs in men: men

Percent distribution of men by knowledge of signs and symptoms associated with sexually transmitted infections (STIs) in men, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Knowledge of specific signs ¹ or symptoms of STIs in men ¹				Total	Number of men
	No knowledge of STIs ²	Does not know any STI symptoms	Knows at least one symptom	Knows two or more symptoms		
Age						
15-19	38.2	7.1	26.2	28.5	100.0	713
20-24	19.0	12.7	22.5	45.8	100.0	506
25-29	15.3	6.9	19.1	58.7	100.0	430
30-39	10.9	6.6	18.7	63.9	100.0	500
40-49	10.2	4.4	16.4	69.0	100.0	356
50-54	8.6	4.4	11.5	75.5	100.0	104
Marital status						
Never married						
Has had sex	17.3	7.8	26.3	48.7	100.0	614
Has never had sex	43.4	9.9	23.0	23.9	100.0	638
Married or in union	11.0	6.3	17.7	65.0	100.0	1,239
Divorced, widowed	12.4	8.0	16.3	63.3	100.0	118
Residence						
Urban	22.5	10.0	24.0	43.4	100.0	1,090
Rural	19.0	5.8	18.8	56.5	100.0	1,519
Province						
Manicaland	26.7	10.9	16.5	45.9	100.0	360
Mashonaland Central	13.6	3.2	14.5	68.7	100.0	236
Mashonaland East	14.0	17.2	33.7	35.0	100.0	217
Mashonaland West	14.4	2.7	18.0	64.9	100.0	268
Matabeleland North	18.9	10.3	16.1	54.7	100.0	146
Matabeleland South	19.4	2.0	16.4	62.2	100.0	120
Midlands	10.4	2.0	14.4	73.2	100.0	308
Masvingo	23.2	0.0	16.8	60.0	100.0	225
Harare	33.2	13.7	32.5	20.7	100.0	514
Bulawayo	14.4	5.7	18.3	61.6	100.0	214
Education						
No education	15.2	0.0	8.6	76.2	100.0	66
Primary	21.4	6.0	18.3	54.3	100.0	830
Secondary	21.5	8.8	23.4	46.4	100.0	1,556
Higher	7.9	7.4	15.8	69.0	100.0	157
Total	20.5	7.5	21.0	51.0	100.0	2,609

¹ See text for explanation of symptoms included.

² Includes those not knowing of STIs at all (except for HIV/AIDS).

As expected, knowledge of STIs varies widely across socioeconomic characteristics of the population. Of particular concern is the very low level of knowledge among young men and women. Only 12 percent of women under age 20 were able to cite two or more common STI symptoms (both male and female). Sixty percent of this same population were either not aware of non-HIV STIs at all or were not able to cite a single STI symptom.

Table 11.8.1 Knowledge of signs and symptoms of STIs in women: women

Percent distribution of women by knowledge of signs and symptoms associated with sexually transmitted infections (STIs) in women, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Knowledge of specific signs or symptoms of STIs in women ¹				Total	Number of women
	No knowledge of STIs ²	Does not know any STI symptoms	Knows at least one symptom	Knows two or more symptoms		
Age						
15-19	59.2	5.7	22.7	12.5	100.0	1,447
20-24	42.1	4.2	25.2	28.6	100.0	1,294
25-29	30.8	3.7	27.3	38.2	100.0	1,034
30-39	27.0	3.1	23.4	46.6	100.0	1,305
40-49	27.4	1.7	27.3	43.5	100.0	827
Marital status						
Never married						
Has had sex	34.0	6.6	27.9	31.5	100.0	422
Has never had sex	62.5	5.9	19.7	11.9	100.0	1,215
Married or in union	33.4	2.6	26.3	37.7	100.0	3,609
Divorced, widowed	28.9	5.0	24.4	41.8	100.0	662
Residence						
Urban	36.0	4.9	26.6	32.5	100.0	2,279
Rural	40.7	3.2	23.7	32.3	100.0	3,628
Province						
Manicaland	53.0	3.3	15.7	27.8	100.0	882
Mashonaland Central	37.8	2.8	24.5	35.0	100.0	477
Mashonaland East	47.6	1.9	14.9	35.6	100.0	461
Mashonaland West	38.4	0.7	17.0	43.8	100.0	559
Matabeleland North	42.4	6.1	23.9	27.6	100.0	302
Matabeleland South	23.8	6.6	35.6	34.0	100.0	321
Midlands	26.0	7.5	37.4	29.1	100.0	741
Masvingo	34.6	3.7	24.3	37.7	100.0	629
Harare	44.3	3.7	24.6	27.4	100.0	1,077
Bulawayo	27.4	2.9	36.6	33.1	100.0	457
Education						
No education	44.7	1.1	20.0	34.2	100.0	396
Primary	39.5	2.8	23.6	34.1	100.0	2,377
Secondary	38.9	5.2	26.4	29.5	100.0	2,965
Higher	16.8	1.9	26.9	54.4	100.0	168
Total	38.9	3.9	24.8	32.4	100.0	5,907

¹ See text for explanation of symptoms included.

² Includes those not knowing of STIs at all (except for HIV/AIDS).

11.6 SELF-REPORTING OF RECENT SEXUALLY TRANSMITTED INFECTIONS

The 1999 ZDHS asked respondents whether they had a sexually transmitted infection other than HIV/AIDS in the last 12 months. They were also asked whether they had experienced a genital sore or ulcer and whether they had any genital discharge in the past 12 months. Although these symptoms have been shown useful in identifying STIs in men, they are less useful in women since women are likely to experience many more non-STI conditions of the reproductive tract that produce a discharge. Furthermore, the symptoms of STIs in women are often not easily recognised. It should

Table 11.8.2 Knowledge of signs and symptoms of STIs in women: men

Percent distribution of men by knowledge of signs and symptoms associated with sexually transmitted infections (STIs) in women, according to selected background characteristics, Zimbabwe 1999

Background characteristic	Knowledge of specific signs or symptoms of STIs in women ¹				Total	Number of men
	No knowledge of STIs ²	Does not know any STI symptoms	Knows at least one symptom	Knows two or more symptoms		
Age						
15-19	65.2	8.3	15.6	10.9	100.0	713
20-24	53.0	14.0	14.9	18.1	100.0	506
25-29	40.0	10.4	23.5	26.1	100.0	430
30-39	37.6	13.2	19.3	29.8	100.0	500
40-49	31.8	12.2	21.4	34.5	100.0	356
	33.3	7.4	15.5	43.8	100.0	104
Marital status						
Never married						
Has had sex	35.6	11.7	21.1	31.5	100.0	1,239
Has never had sex	41.2	13.4	19.3	26.0	100.0	118
Married or in union	50.8	11.9	17.6	19.6	100.0	614
Divorced, widowed	68.9	9.1	13.1	8.9	100.0	638
Residence						
Urban	47.3	11.8	21.7	19.2	100.0	1,090
Rural	47.8	10.9	15.7	25.6	100.0	1,519
Province						
Manicaland	52.4	21.8	9.7	16.1	100.0	360
Mashonaland Central	44.2	6.9	15.1	33.8	100.0	236
Mashonaland East	37.4	22.5	27.0	13.1	100.0	217
Mashonaland West	50.0	12.2	19.9	17.9	100.0	268
Matabeleland North	51.4	10.8	18.9	18.9	100.0	146
Matabeleland South	45.3	6.5	15.2	33.0	100.0	120
Midlands	33.9	0.9	10.5	54.7	100.0	308
Masvingo	57.5	0.4	19.7	22.5	100.0	225
Harare	45.0	15.1	28.0	11.8	100.0	514
Bulawayo	64.6	5.4	12.6	17.4	100.0	214
Education						
No education	42.5	5.6	14.3	37.6	100.0	66
Primary	50.4	11.6	16.1	21.9	100.0	830
Secondary	48.7	11.2	19.1	21.0	100.0	1,556
Higher	23.3	12.1	22.5	42.1	100.0	157
Total	47.6	11.2	18.3	22.9	100.0	2,609

¹ See text for explanation of symptoms included.

² Includes those not knowing of STIs at all (except for HIV/AIDS).

also be understood that reporting of STIs and recognised STI symptoms is subject to a downward bias (i.e., underreporting) due to the social stigma attached to STIs. This reporting bias is probably more pronounced for women than for men.

Tables 11.9.1 and 11.9.2 show that about 4 percent of both women and men reported an STI in the past 12 months. When asked whether they had experienced a genital discharge in the past 12 months, 6 percent of women and 4 percent of men reported that they had. Four percent of both women and men reported a genital sore or ulcer. The pattern of these reports suggests that some of the discharge reports by women are not related to STIs; however, this interpretation has not been validated. It should be mentioned that in the 1994 ZDHS, specific questions on STI symptoms were

Table 11.9.1 Self-reporting of sexually transmitted infections (STIs) and STI symptoms: women

Among women who have ever had sex, the percentage who had a sexually transmitted infection and/or associated (self-reported) symptoms during the 12 months prior to the survey, according to background characteristics, Zimbabwe 1999

Background characteristic	Had sexually transmitted infection in last 12 months?			Had genital discharge in last 12 months?			Had genital sore or ulcer in last 12 months?			Had either discharge or ulcer last 12 months	Number of women
	Yes	No	Don't know/ Missing	Yes	No	Don't know/ Missing	Yes	No	Don't know/ Missing		
Age											
15-19	1.9	71.1	1.1	5.0	67.9	1.1	3.2	69.7	1.1	6.8	467
20-24	3.8	77.1	0.4	7.6	71.9	1.8	4.2	75.3	1.7	9.5	1,088
25-29	4.0	80.7	0.4	6.4	77.3	1.5	4.9	78.9	1.3	8.8	1,009
30-39	3.7	80.3	0.3	6.9	76.1	1.3	3.4	79.6	1.3	8.3	1,295
40-49	3.3	76.7	0.4	4.5	73.9	2.1	2.9	75.7	1.8	5.8	826
Marital status											
Never married	2.8	80.3	1.2	4.8	78.4	1.2	4.2	79.0	1.2	7.0	422
Married or in union	3.5	77.5	0.3	6.5	73.4	1.5	3.8	76.2	1.4	8.4	3,603
Divorced, widowed	4.1	79.7	0.7	6.4	75.8	2.3	3.5	78.8	2.2	7.2	660
Residence											
Urban	3.7	86.3	0.7	8.1	80.3	2.4	4.4	84.1	2.2	10.2	1,764
Rural	3.4	73.1	0.3	5.3	70.5	1.1	3.5	72.4	1.0	6.8	2,921
Province											
Manicaland	3.6	58.4	0.4	4.4	56.7	1.3	2.8	58.3	1.3	5.8	681
Mashonaland Central	3.7	75.9	0.7	12.4	67.1	0.7	4.6	75.1	0.5	14.2	395
Mashonaland East	2.1	70.2	0.3	2.9	68.1	1.6	2.7	69.1	0.8	4.3	374
Mashonaland West	6.1	73.0	1.0	4.6	68.6	6.9	4.0	69.0	7.1	6.3	474
Matabeleland North	1.1	75.0	0.2	1.3	75.1	0.0	1.3	75.1	0.0	2.4	258
Matabeleland South	2.1	88.4	0.2	2.7	87.7	0.4	2.5	87.9	0.4	4.1	272
Midlands	3.8	88.6	0.8	7.3	83.7	2.2	5.3	85.7	2.2	9.6	574
Masvingo	4.9	79.5	0.0	9.3	75.1	0.0	4.5	79.9	0.0	10.9	461
Harare	2.7	84.9	0.2	8.7	78.0	1.1	5.0	81.9	0.9	11.4	838
Bulawayo	4.2	92.5	0.5	4.4	92.8	0.0	2.6	94.6	0.0	5.2	359
Education											
No education	3.2	60.5	0.3	4.3	59.2	0.4	1.9	61.7	0.4	5.4	385
Primary	3.5	73.1	0.5	5.8	69.5	1.8	4.3	71.0	1.8	7.9	2,100
Secondary+	3.7	85.8	0.5	7.2	81.3	1.5	3.7	85.0	1.3	8.7	2,199
Drinking behaviour (last 30 days)											
Never drank	3.2	77.8	0.4	5.7	74.2	1.5	3.4	76.7	1.4	7.2	3,958
Drinks, but did not get drunk	5.0	80.5	1.0	10.0	74.7	1.8	5.6	79.1	1.8	12.8	578
Drinks, got drunk once	2.1	77.0	0.0	8.6	66.4	4.1	5.9	70.5	2.7	12.4	72
Drinks, got drunk 2+ times	11.3	73.1	0.8	7.3	75.4	2.6	12.2	70.6	2.6	13.4	75
Total	3.6	78.1	0.5	6.3	74.2	1.6	3.8	76.8	1.5	8.1	4,685

not asked, but men did report that they had had an STI in the past 12 months more frequently than women in the sample (5 percent and 3 percent, respectively). That in the 1999 ZDHS, men and women reported about equal rates of infections (4 percent) should not be overinterpreted. The difference is small and well within sampling and expected measurement error. The level of stigma associated with STIs may also have changed, leading to more complete (i.e., higher) reports by women.

Some important differentials are observed in STI reports. As expected, men and women at ages of peak sexual activity (20-39 years) show the highest levels of reported STIs and STI symptoms. Differences among subgroups based on marital status are not very pronounced, although

Table 11.9.2 Self-reporting of sexually transmitted infections (STIs) and STI symptoms: men

Among men who have ever had sex, the percentage who had a sexually transmitted infection and/or associated (self-reported) symptoms during the 12 months prior to the survey, according to background characteristics, Zimbabwe 1999

Background characteristic	Had sexually transmitted infection in last 12 months?			Had genital discharge in last 12 months?			Had genital sore or ulcer in last 12 months?			Had either discharge or ulcer last 12 months	Number of men
	Yes	No	Don't know/ Missing	Yes	No	Don't know/ Missing	Yes	No	Don't know/ Missing		
Age											
15-19	1.4	90.2	0.9	1.2	90.9	0.5	3.2	88.9	0.5	4.3	210
20-24	4.7	91.4	0.7	4.1	92.0	0.7	4.5	91.5	0.7	7.2	387
25-29	6.3	90.2	0.2	4.3	92.3	0.0	3.6	93.0	0.0	6.5	416
30-39	2.6	93.7	0.0	3.2	93.0	0.0	4.6	91.7	0.0	5.7	499
40-49	3.2	92.5	0.5	5.5	89.6	1.1	4.4	91.2	0.5	6.3	356
50-54	0.0	93.2	0.0	2.6	90.6	0.0	2.6	88.7	1.8	2.6	104
Marital status											
Never married	4.1	89.8	0.9	3.4	90.9	0.6	3.5	90.7	0.6	5.9	614
Married or in union	2.8	93.7	0.0	3.8	92.6	0.2	3.8	92.7	0.0	5.4	1,239
Divorced, widowed	9.3	83.0	1.6	6.3	86.1	1.6	9.8	80.9	3.2	12.1	118
Residence											
Urban	3.2	92.9	0.5	2.6	93.3	0.7	3.5	92.4	0.7	4.9	878
Rural	4.0	91.0	0.3	4.7	90.4	0.2	4.5	90.6	0.2	6.8	1,092
Province											
Manicaland	2.6	90.8	0.0	1.6	91.8	0.0	1.0	92.4	0.0	2.6	221
Mashonaland Central	3.4	95.0	0.0	12.8	85.7	0.0	12.0	86.5	0.0	15.0	185
Mashonaland East	8.2	85.2	0.0	6.6	86.9	0.0	4.9	88.5	0.0	9.3	185
Mashonaland West	5.8	86.7	0.4	4.9	87.5	0.4	3.5	88.9	0.4	7.5	230
Matabeleland North	2.6	95.5	0.0	1.5	96.7	0.0	1.5	96.7	0.0	3.0	108
Matabeleland South	5.4	90.8	0.0	2.7	93.5	0.0	2.7	93.5	0.0	4.3	90
Midlands	1.9	96.3	1.0	2.7	95.9	0.6	4.7	94.0	0.6	5.5	240
Masvingo	2.6	93.5	0.7	3.1	93.0	0.7	2.0	94.1	0.7	4.4	138
Harare	2.7	93.2	0.5	1.4	94.1	0.9	4.1	91.4	0.9	4.1	417
Bulawayo	2.1	91.7	0.8	2.1	92.1	0.4	2.5	91.7	0.4	3.7	155
Education											
No education	3.3	86.3	2.6	4.7	85.9	1.6	2.7	87.9	1.6	4.7	65
Primary	3.6	90.7	0.4	5.6	88.8	0.3	6.1	88.1	0.6	8.6	657
Secondary+	3.6	92.8	0.2	2.8	93.5	0.4	3.1	93.3	0.2	4.6	1,249
Drinking behaviour (last 30 days)											
Never drank	2.5	90.1	0.5	2.1	90.3	0.6	2.9	89.8	0.4	4.3	782
Drinks, but did not get drunk	2.8	95.2	0.5	2.9	95.1	0.5	3.1	94.6	0.9	4.2	544
Drinks, got drunk once	5.4	93.9	0.0	5.7	93.7	0.0	6.9	92.5	0.0	8.5	159
Drinks, got drunk 2+ times	5.8	90.2	0.2	7.0	89.2	0.0	6.3	89.9	0.0	10.0	477
Total	3.6	91.9	0.4	3.8	91.7	0.4	4.1	91.4	0.4	6.0	1,971

men who were divorced or widowed tended to report STIs at a higher rate than other men. Rural men report slightly more STIs than their urban counterparts, but the same is not true for women. Provincial differentials in STI prevalence vary between men and women and are confused by large differences between the reports of STIs as opposed to STI symptoms. For example, in men, the highest levels of reported STI symptoms (either discharge or sore/ulcer) occur in the three Mashonaland provinces (Central, East, and West). Among women, reports of STI symptoms are highest in Mashonaland Central, Harare, and Masvingo. Women who have received more education were more likely to report an STI in the past 12 months than less-educated women. For men, this relationship is not pronounced.

In the 1999 ZDHS, women and men were asked to report on their drinking habits (alcoholic beverages) and whether and how often they became “drunk” in the past 30 days. It is thought that drinking, especially excessive drinking, increases the likelihood of risky sexual behaviour that could lead to STIs. The results indicate a strong association between drinking behaviour and risk of getting an STI in both men and women. For example, a report of either genital discharge or sore/ulcer in men is more than twice as likely if a man reported having been drunk in the past 30 days, compared with men who did not drink at all.

11.7 TREATMENT-SEEKING AND OTHER BEHAVIOURS IN RESPONSE TO STIS

If respondents reported an STI or an STI symptom (i.e., discharge or sore/ulcer) in the past 12 months, they were asked questions on their actions in response to the illness. Table 11.10 presents information on the 406 women and 130 men who reported an STI or symptom in the past 12 months. Men were more likely than women to have reported that they sought some type of treatment or advice (84 percent and 65 percent, respectively). The male-female difference is narrowed when looking specifically at whether a health facility was the source for treatment (66 percent for men and 57 percent for women). Men were much more likely than women to go to a traditional healer in response to an STI (12 percent and 2 percent, respectively). Shops, friends, and relatives were cited infrequently as a source for care of an STI.

Table 11.10 Treatment-seeking behaviour among self-reported STI cases

Among women and men who had a sexually transmitted infection (STI) or STI symptom in the 12 months prior to the survey, the percentage who sought treatment or advice, and the source of treatment or advice, Zimbabwe 1999

	Sought any kind of treatment or advice	Source of treatment or advice				Number of women/men
		Clinic, hospital, or private doctor	Traditional healer	Shop	Friends or relatives	
Women	65.3	56.7	2.3	0.2	0.2	406
Men	83.5	66.0	12.0	2.0	4.7	130

Table 11.11 shows that about three-quarters of women and two-thirds of men reporting an STI in the past year said that they had informed (all of) their partner(s). Twenty-eight percent of men and 15 percent of women said that they did not inform (any of) their partner(s). Missing values were common in this variable, especially among women (11 percent), probably because many respondents to this question had not actually reported an STI (i.e., they reported discharge or sore/ulcer) and did not think they would have a reason to “inform” their partner(s).

Table 11.11 Other actions taken by respondents who reported an STI in the past 12 months

Among women and men who had a sexually-transmitted disease during the 12 months prior to the survey, the percentage who informed their partner and the percentage who took other measures to avoid infecting their partner, Zimbabwe 1999

	Informed partner			Did something to avoid infecting partner				Number of women/men with an STI	Among those who did something to avoid infecting partner, the percentage who:			Number of women/men who did something to avoid infecting partner
	Yes	No	Missing	Yes	No	Partner already infected	Missing		Avoided sex	Used condoms	Used medicine	
Women	73.4	15.3	11.4	43.3	33.5	12.1	11.0	406	40.5	14.7	62.2	176
Men	66.7	27.7	5.6	65.9	26.0	2.6	5.6	130	29.7	21.8	63.6	85

Almost two-thirds of men but less than one-half of women reported that they had taken some action to avoid infecting their partner(s). This is rather misleading without further examination. First, as mentioned above, some women who had a discharge, for instance, may not have had an STI. The large number of missing responses to this question is certainly related to this conceptual problem in the survey instrument. Second, and more important, in 12 percent of reported STI cases among women, the respondent reported that it was her partner that brought the infection into the partnership. This scenario was reported much less commonly by men (3 percent).

Among the 176 women and 85 men reporting that they had done something to avoid infecting their partner(s), use of medicine was the most common action taken (62 percent for women and 64 percent for men). Avoiding sex, the second most commonly reported action, was reported more frequently by women (41 percent) than men (30 percent).

11.8 NUMBER OF SEXUAL PARTNERS

Given the evidence 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 disease. The 1999 ZDHS included questions on the respondent's last three sexual partners in the 12 months preceding the survey. Two broad partner types were defined: those cohabiting with the respondent (mostly spouses) and those not cohabiting with the respondent at the time of the last sexual encounter with that partner. For male respondents, a question was asked about whether they had paid for sex in the past 12 months. Information on use of condoms at the last sexual encounter with each of these partner types was also collected.

Tables 11.12.1 and 11.12.2 show the percent distributions of men and women by number of persons with whom they had sex in the past 12 months, by background characteristics, according to marital status. These data show that men reported having more sexual partners than women. Only 1 percent of currently married women reported extramarital sexual activity in the past 12 months, compared with 16 percent of married men. About 3 percent of married men reported two or more extramarital partners in the past year, while virtually no married women reported the same.

Among unmarried men, 42 percent had some sexual activity in the previous 12 months—more than one-quarter of these reported two or more partners. Unmarried women reported less sexual activity than unmarried men. About 27 percent of the unmarried women reported having had

Table 11.12.1 Number of sexual partners: women

Percent distribution of currently married and unmarried women, by number of persons with whom they had sexual intercourse in the last 12 months, according to background characteristics, Zimbabwe 1999

Background characteristic	Currently married: number of partners including spouse and cohabiting partners				Currently married: number of partners excluding spouse and cohabiting partners				Unmarried women: number of partners									
	0	1	2+	Don't know/ Missing	Total	0	1	2+	Don't know/ Missing	Total	0	1	2+	Don't know/ Missing	Total	Number of currently married women	Number of unmarried women	
																		0
Age																		
15-19	1.2	97.1	1.1	0.6	100.0	97.8	1.6	0.0	0.6	100.0	89.6	9.5	0.8	0.0	100.0	314	1,133	
20-24	1.6	96.5	1.6	0.3	100.0	97.7	1.6	0.4	0.3	100.0	60.8	34.0	5.2	0.0	100.0	820	474	
25-29	2.6	96.9	0.6	0.0	100.0	98.9	0.8	0.2	0.0	100.0	46.6	47.7	5.7	0.0	100.0	788	247	
30-39	1.7	98.0	0.3	0.0	100.0	99.1	0.7	0.2	0.0	100.0	1,039	42.3	5.7	0.0	100.0	648	266	
40-49	4.6	94.7	0.4	0.3	100.0	98.6	1.1	0.0	0.3	100.0	70.1	25.4	4.5	0.0	100.0	648	179	
Marital status																		
Never married	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	422	
Has had sex	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1,215	
Has never had sex	2.3	96.8	0.7	0.2	100.0	98.5	1.1	0.2	0.2	100.0	3,609	NA	NA	NA	NA	NA	NA	
Married or in union	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	662	
Divorced, widowed	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Residence																		
Urban	1.0	97.8	0.7	0.5	100.0	97.9	1.4	0.3	0.5	100.0	69.4	27.5	3.1	0.0	100.0	1,306	973	
Rural	3.1	96.1	0.7	0.0	100.0	98.9	0.9	0.2	0.0	100.0	75.9	21.0	3.1	0.0	100.0	2,303	1,326	
Province																		
Manicaland	4.4	95.6	0.0	0.0	100.0	99.5	0.5	0.0	0.0	100.0	81.0	15.2	3.8	0.0	100.0	561	321	
Mashonaland Central	2.7	96.3	1.0	0.0	100.0	98.4	1.4	0.2	0.0	100.0	325	19.8	3.4	0.0	100.0	325	153	
Mashonaland East	2.6	97.4	0.0	0.0	100.0	100.0	0.0	0.0	0.0	100.0	310	15.8	3.9	0.0	100.0	310	151	
Mashonaland West	1.4	96.8	0.8	1.0	100.0	97.3	1.3	0.3	1.0	100.0	367	22.7	3.1	0.0	100.0	367	192	
Matabeleland North	1.6	97.4	0.9	0.0	100.0	99.1	0.9	0.0	0.0	100.0	180	44.6	2.4	0.0	100.0	180	121	
Matabeleland South	2.6	95.2	2.3	0.0	100.0	96.9	1.7	1.4	0.0	100.0	45.6	48.5	5.9	0.0	100.0	170	151	
Midlands	1.8	96.1	1.8	0.3	100.0	97.7	1.7	0.3	0.3	100.0	444	18.2	3.4	0.0	100.0	444	297	
Masvingo	2.8	97.2	0.0	0.0	100.0	99.7	0.3	0.0	0.0	100.0	367	10.2	2.2	0.0	100.0	367	262	
Harare	1.1	98.0	0.9	0.0	100.0	98.3	1.4	0.3	0.0	100.0	667	23.4	2.3	0.0	100.0	667	410	
Bulawayo	2.3	96.8	0.3	0.6	100.0	97.7	1.7	0.0	0.6	100.0	58.4	39.5	2.1	0.0	100.0	217	239	
Education																		
No education	5.4	93.6	1.0	0.0	100.0	98.2	1.5	0.3	0.0	100.0	71.8	24.2	4.0	0.0	100.0	310	87	
Primary	2.9	95.9	1.0	0.2	100.0	98.5	1.1	0.2	0.2	100.0	1,665	29.7	5.2	0.0	100.0	1,665	712	
Secondary	1.3	98.2	0.4	0.1	100.0	98.6	1.1	0.2	0.1	100.0	1,523	20.1	2.2	0.0	100.0	1,523	1,443	
Higher	0.0	99.4	0.0	0.6	100.0	99.4	0.0	0.0	0.6	100.0	111	59.9	0.0	0.0	100.0	111	57	
Drinking behaviour (last 30 days)																		
Never drank	2.1	97.2	0.6	0.1	100.0	98.8	1.0	0.1	0.1	100.0	3,103	77.0	21.0	2.0	0.0	100.0	3,103	2,021
Drinks, but did not get drunk	4.0	94.4	1.2	0.5	100.0	98.3	0.5	0.7	0.5	100.0	413	52.0	7.5	0.0	100.0	413	217	
Drinks, got drunk once	3.9	95.3	0.8	0.0	100.0	95.3	4.7	0.0	0.0	100.0	50	*	*	*	*	50	24	
Drinks, got drunk 2+ times	(2.3)	(91.7)	(6.0)	(0.0)	100.0	(87.8)	(6.2)	(6.0)	(0.0)	100.0	41	(15.4)	(50.0)	(34.7)	(0.0)	100.0	41	36
Total	2.3	96.8	0.7	0.2	100.0	98.5	1.1	0.2	0.2	100.0	3,609	73.2	23.7	3.1	0.0	100.0	3,609	2,298

Note: Figures in parentheses are based on 25-49 cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. NA = Not applicable

Table 11.1.2.2. Number of sexual partners: men

Percent distribution of currently married and unmarried men, by number of persons with whom they had sexual intercourse in the last 12 months, according to background characteristics, Zimbabwe 1999

Background characteristic	Currently married: number of partners including spouse and cohabiting partners				Currently married: number of partners excluding spouse and cohabiting partners				Unmarried men: number of partners							
	0	1	2+	Don't know/ Missing	Total	0	1	2+	Don't know/ Missing	0	1	2+	Don't know/ Missing	Total	Number of unmarried men	
Age																
15-19	16.5	37.2	46.3	0.0	100.0	*	*	*	*	77.6	18.3	4.1	0.0	100.0	709	
20-24	0.0	78.4	21.6	0.0	100.0	77.4	15.3	7.3	0.0	42.1	38.5	19.0	0.4	100.0	395	
25-29	0.0	83.4	16.6	0.0	100.0	81.4	16.2	2.4	0.0	283	20.1	24.4	1.4	100.0	147	
30-39	0.0	89.5	10.0	0.4	100.0	87.0	11.8	0.8	0.4	433	52.5	19.2	2.2	100.0	67	
40-49	1.8	84.2	13.7	0.3	100.0	84.1	12.7	2.9	0.3	321	(40.8)	(25.5)	(2.1)	100.0	35	
50-54	1.6	84.8	11.9	1.7	100.0	85.7	9.4	3.2	1.7	87	*	*	*	*	17	
Marital status																
Never married	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	19.2	0.3	100.0	614	
Has had sex	NA	NA	NA	NA	NA	NA	NA	NA	NA	100.0	0.0	0.0	0.0	100.0	638	
Has never had sex	0.6	85.3	13.8	0.4	100.0	83.9	13.2	2.5	0.4	1,239	NA	NA	NA	NA	NA	
Married or in union	NA	NA	NA	NA	NA	NA	NA	NA	NA	25.7	41.8	28.6	4.0	100.0	118	
Divorced, widowed																
Residence																
Urban	0.3	86.2	13.1	0.3	100.0	84.3	12.8	2.5	0.3	546	33.9	15.2	0.1	100.0	544	
Rural	0.9	84.5	14.3	0.4	100.0	83.6	13.5	2.5	0.4	693	27.9	9.6	0.7	100.0	826	
Province																
Manicaland	2.1	89.0	7.8	1.0	100.0	91.1	6.8	1.0	1.0	139	23.1	2.3	1.3	100.0	221	
Mashonaland Central	0.6	82.1	17.3	0.0	100.0	79.3	18.5	2.3	0.0	127	27.9	12.3	0.7	100.0	109	
Mashonaland East	0.0	95.6	4.4	0.0	100.0	92.1	7.9	0.0	0.0	117	42.4	9.1	1.0	100.0	100	
Mashonaland West	0.0	78.8	20.6	0.7	100.0	74.9	19.2	5.2	0.7	147	46.2	27.7	25.3	0.8	100.0	121
Matabelerland North	0.0	77.4	22.6	0.0	100.0	76.7	18.7	4.7	0.0	61	54.3	23.8	21.9	0.0	100.0	85
Matabelerland South	(1.1)	(85.2)	(13.8)	(0.0)	100.0	(85.2)	(11.7)	(3.2)	(0.0)	46	53.0	39.2	7.1	0.7	100.0	74
Midlands	0.0	82.9	17.1	0.0	100.0	82.9	13.2	3.9	0.0	143	52.3	28.6	19.1	0.0	100.0	165
Masvingo	1.8	83.5	14.7	0.0	100.0	85.3	13.8	0.9	0.0	102	74.9	20.0	5.1	0.0	100.0	123
Harare	0.7	88.8	9.8	0.7	100.0	86.7	10.5	2.1	0.7	271	54.7	35.9	9.4	0.0	100.0	243
Bulawayo	0.0	81.2	18.8	0.0	100.0	78.9	18.0	3.0	0.0	86	50.5	34.0	15.0	0.5	100.0	129
Education																
No education	(1.8)	(78.6)	(17.6)	(2.0)	100.0	(75.1)	(22.0)	(0.8)	(2.0)	49	*	*	*	*	16	
Primary	1.3	83.3	15.1	0.3	100.0	82.6	13.8	3.3	0.3	461	58.5	27.0	13.8	0.7	100.0	369
Secondary	0.1	87.1	12.4	0.3	100.0	85.8	11.8	2.1	0.3	617	58.8	29.7	11.2	0.3	100.0	939
Higher	0.0	86.0	14.0	0.0	100.0	82.8	15.0	2.3	0.0	112	(59.3)	(10.0)	(0.0)	100.0	45	
Drinking behaviour (last 30 days)																
Never drank	0.5	88.6	10.4	0.5	100.0	88.5	9.2	1.8	0.5	410	70.6	24.1	5.0	0.3	100.0	944
Drinks, but did not get drunk	1.5	87.8	10.0	0.7	100.0	86.2	11.7	1.4	0.7	370	37.5	40.1	22.0	0.5	100.0	223
Drinks, got drunk once	0.0	83.9	16.1	0.0	100.0	83.0	13.9	3.1	0.0	110	23.6	43.3	29.9	3.2	100.0	54
Drinks, got drunk 2+ times	0.0	79.2	20.8	0.0	100.0	76.4	19.2	4.4	0.0	340	15.3	50.4	33.3	1.0	100.0	148
Total	0.6	85.3	13.8	0.4	100.0	83.9	13.2	2.5	0.4	1,239	57.4	30.3	11.8	0.5	100.0	1,370

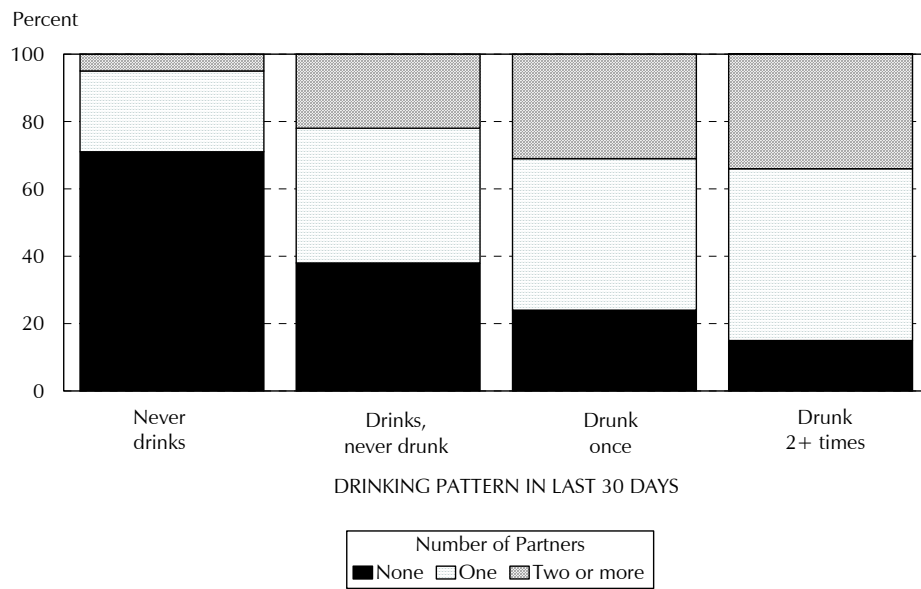
Note: Figures in parentheses are based on 25-49 cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed. NA = Not applicable

any sex in the past year. Of those women who did report having had sex, a smaller percentage reported having had sex with more than one partner than men did (12 percent versus 28 percent).

Among currently married men and women, having multiple partners is not closely tied to age although there is a tendency among married men for extramarital activity to diminish with age. In both unmarried men and women, the age group 25-29 is the period of peak sexual activity. More than 50 percent of unmarried women and about 80 percent of unmarried men age 25-29 are sexually active.

The 1999 ZDHS collected information on the respondent’s drinking habits (including getting “drunk”) over the past 30 days, which can be cross-tabulated with patterns of sexual activity. Drinking (alcoholic beverages) is associated with higher rates of both extramarital sexual activity and multiple partnering among unmarried individuals. This is true of both men and women, but the percentage of men who drink and who get drunk is much larger.² Eleven percent of married men who do not drink are engaged in sexuality activity outside their marriage(s), compared with 24 percent of men who get drunk more than once in 30 days. Among unmarried men, 5 percent who do not drink had two or more partners in the past 12 months, compared with 33 percent of those who had been drunk more than once in the past 30 days (Figure 11.3).

Figure 11.3 Percent Distribution of Unmarried Men by Number of Sexual Partners in Last 12 Months, According to Drinking Pattern in Last 30 Days, Zimbabwe 1999



ZDHS 1999

² Thirty-six percent of married men and 15 percent of unmarried men reported being drunk at least once in the past 30 days, compared with 3 percent of both married and unmarried women.

11.9 PAYMENT FOR SEXUAL RELATIONS

In the 1999 ZDHS, male respondents were asked whether they had ever “paid for sex” in the past 12 months. Table 11.13 shows that 7 percent of men age 15-54 who ever had sex have engaged in sex for money within the past year. Unmarried men are nearly twice as likely to have paid for sex in the past year than married men. No clear patterns exist in the relationship between paying for sex and age and educational level of the man. Among unmarried men, urban residence is associated with a much greater likelihood (as opposed to rural residence) of having paid for sex in the past 12 months. Among married men, the urban-rural difference is negligible.

For both married and unmarried men, the likelihood that a man engages in commercial sex increases sharply with increasing use of alcohol. Only 3 percent of all men who did not drink in the past 30 days reported paying for sex, compared with 5 percent of men who drank but did not get “drunk,” 12 percent who reported getting “drunk” only once in the past 30 days, and 14 percent who got “drunk” more often than that.

Table 11.13 Payment for sexual relations

Among men who have ever had sexual intercourse, the percentage who gave or received money, gifts, or favours in return for sex in the last 12 months, by marital status and background characteristics, Zimbabwe 1999

Background characteristic	Currently married men		Unmarried men		All men	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-19	*	4	2.1	205	3.0	210
20-24	6.1	110	11.1	276	9.7	387
25-29	6.4	283	16.0	133	9.5	416
30-39	3.9	433	7.4	65	4.4	499
40-49	6.7	321	22.3	35	8.3	356
50-54	1.7	87	8.1	17	2.7	104
Residence						
Urban	5.7	546	12.7	332	8.3	878
Rural	5.2	693	7.0	399	5.9	1,092
Education						
No education	10.1	49	4.7	15	8.8	65
Primary	5.4	461	10.7	196	7.0	657
Secondary	5.1	729	9.3	521	6.9	1,249
Drinking behaviour (last 30 days)						
Never drank	1.4	410	4.9	372	3.0	782
Drinks, but did not get drunk	2.8	370	8.8	174	4.7	544
Drinks, got drunk once	8.5	110	19.8	49	12.0	159
Drinks, got drunk 2+ times	12.2	340	19.9	137	14.4	477
Total	5.4	1,239	9.6	732	7.0	1,971

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

11.10 KNOWLEDGE OF SOURCES FOR MALE AND FEMALE CONDOMS

Because of the important role that the male condom plays in combatting the transmission of HIV, respondents were asked where they could be obtained. The female condom has recently been introduced in Zimbabwe. To establish a baseline for knowledge of this option, a separate set of questions was asked of men and women on where female condoms could be obtained.

MALE CONDOMS

Tables 11.14.1 and 11.14.2 show that more than one-quarter of women and one-sixth of men could not cite a place where they could obtain a (male) condom. Knowledge of a source for condoms varies widely, with the lowest levels of knowledge among men and women who are less educated and those living in rural areas, particularly in the provinces of Manicaland, Masvingo, and Matabeleland North. An important and troubling finding is that one-half of women and one-third of men in the age group 15-19 do not know where to get a condom. Since the 1994 ZDHS, knowledge of a source for condoms has much improved in all age groups, except this most

Table 11.14.1 Knowledge of source for condoms: women

Percent distribution of women by knowledge of a specific source for condoms, according to background characteristics, Zimbabwe 1999

Background characteristic	Does not know a source for condoms	Source for condoms				Number of women
		Public	Private medical	Pharmacy	Shop/Other	
Age						
15-19	50.0	30.1	2.4	3.0	14.5	1,447
20-24	24.1	51.9	4.0	6.8	13.1	1,294
25-29	14.8	65.6	4.1	4.3	11.2	1,034
30-39	17.8	64.0	3.4	5.1	9.7	1,305
40-49	29.4	57.2	2.9	4.3	6.3	827
Marital status						
Never married						
Has had sex	21.7	46.3	8.9	6.8	16.3	422
Has never had sex	52.8	23.9	1.3	5.6	16.3	1,215
Married or in union	22.3	61.1	3.3	4.0	9.3	3,609
Divorced, widowed	18.7	60.7	4.0	5.7	10.9	662
Residence						
Urban	19.3	48.2	4.3	11.0	17.2	2,279
Rural	33.7	55.0	2.7	0.8	7.8	3,628
Province						
Manicaland	37.1	50.5	1.9	1.0	9.4	882
Mashonaland Central	23.1	63.7	4.3	1.2	7.8	477
Mashonaland East	26.9	66.0	0.4	1.5	5.2	461
Mashonaland West	32.7	52.4	3.7	3.9	7.3	559
Matabeleland North	37.9	38.0	11.2	2.7	10.3	302
Matabeleland South	26.8	58.8	6.8	1.3	6.3	321
Midlands	26.9	56.7	3.3	1.3	11.8	741
Masvingo	35.0	50.0	3.1	1.7	10.2	629
Harare	22.1	42.2	2.3	15.1	18.4	1,077
Bulawayo	13.3	55.6	2.9	8.8	19.5	457
Education						
No education	49.0	45.6	3.0	0.3	2.2	396
Primary	32.1	56.4	3.1	1.3	7.2	2,377
Secondary	23.4	50.7	3.5	6.9	15.5	2,965
Higher	7.1	41.0	6.0	24.7	21.2	168
Total	28.2	52.4	3.4	4.7	11.4	5,907

Table 11.14.2 Knowledge of source for condoms: men

Percent distribution of men by knowledge of a specific source for condoms, according to background characteristics, Zimbabwe 1999

Background characteristic	Does not know a source for condoms	Source for condoms				Number of men
		Public	Private medical	Pharmacy	Shop/ Other	
Age						
15-19	31.7	31.0	5.2	3.9	28.2	713
20-24	12.8	33.7	4.8	4.3	44.3	506
25-29	6.6	32.6	6.5	6.6	47.7	430
30-39	7.2	38.9	9.5	7.2	37.1	500
40-49	15.2	38.5	10.9	6.6	28.9	356
50-54	24.3	36.0	5.5	5.7	28.6	104
Marital status						
Never married						
Has had sex	6.5	27.5	5.0	2.4	58.6	614
Has never had sex	38.2	32.7	3.6	5.3	20.2	638
Married or in union	11.1	39.7	9.5	7.4	32.3	1,239
Divorced, widowed	12.0	26.8	9.0	2.5	49.7	118
Residence						
Urban	9.1	24.2	5.4	12.2	49.0	1,090
Rural	22.1	42.0	8.1	0.7	27.2	1,519
Province						
Manicaland	32.8	30.9	8.9	2.0	25.4	360
Mashonaland Central	14.0	44.6	10.4	0.0	30.9	236
Mashonaland East	15.0	31.8	19.1	0.5	33.7	217
Mashonaland West	15.2	37.6	12.2	3.5	31.6	268
Matabeleland North	21.6	33.0	17.3	0.8	27.3	146
Matabeleland South	18.2	53.1	0.0	0.4	28.3	120
Midlands	10.0	40.2	4.7	2.8	42.3	308
Masvingo	25.3	58.1	0.8	1.4	14.4	225
Harare	11.1	13.7	1.1	18.1	56.1	514
Bulawayo	6.0	36.3	1.8	9.0	46.8	214
Education						
No education	28.0	33.7	8.4	0.0	30.0	66
Primary	25.3	39.0	9.4	1.4	25.0	830
Secondary	12.9	32.8	5.7	6.8	41.7	1,556
Higher	3.9	28.3	6.0	16.6	45.3	157
Total	16.7	34.5	7.0	5.5	36.3	2,609

vulnerable group, within which knowledge has worsened. Between 1994 and 1999, the percentage of respondents age 15-19 not knowing a source for condoms has increased from 40 percent to 50 percent among women and 24 percent to 32 percent among men.

When respondents were asked where a person could go for condoms, 50 percent of women and 35 percent of men responded that they could go to a public (government-run) facility. Men were more likely than women to cite private facilities, pharmacies, and especially “other” sources. “Other” sources, which includes friends, relatives, schools, and shops (other than private pharmacies), were cited by more than one-third of male respondents. As expected, public facilities are more commonly cited by rural residents and those with less education, for whom fewer options exist and less disposable income is available for purchase of condoms from private vendors and institutions.

FEMALE CONDOMS

Neither men nor women were very familiar with places where female condoms could be obtained. About four out of five men and women did not know a single source for this new method of protection (Tables 11.15.1 and 11.15.2). One-half of this lack of practical knowledge is due to the fact that women and men simply have never heard of the female condom; the other half knew of female condoms but did not know where a person could go to get one.

As with the male condom, lack of knowledge of sources for female condoms is more common in the youngest age group (15-19), among rural residents, and among the least educated segments of the population. In Manicaland, only 6 percent of women reported knowledge of a source for female condoms versus as high as 36 percent of women in Bulawayo.

Table 11.15.1 Knowledge of source for female condoms: women

Percent distribution of women by knowledge of a specific source for female condoms, according to background characteristics, Zimbabwe 1999

Background characteristic	Does not know a source for condoms	Source for condoms				Number of women
		Public	Private medical	Pharmacy	Shop/ Other	
Age						
15-19	90.7	4.4	0.6	2.4	2.0	1,447
20-24	78.6	10.3	1.0	5.9	4.2	1,294
25-29	78.9	12.7	0.3	5.4	2.8	1,034
30-39	77.3	13.2	1.0	5.8	2.6	1,305
40-49	84.2	10.2	0.7	2.8	2.1	827
Marital status						
Never married						
Has had sex	75.8	10.7	1.0	7.1	5.3	422
Has never had sex	88.9	3.9	0.6	3.7	2.8	1,215
Married or in union	80.8	11.6	0.8	4.5	2.3	3,609
Divorced, widowed	80.8	11.2	0.7	3.9	3.5	662
Residence						
Urban	69.9	14.0	1.1	9.5	5.5	2,279
Rural	89.8	7.3	0.5	1.3	1.1	3,628
Province						
Manicaland	93.6	4.6	0.0	1.0	0.8	882
Mashonaland Central	81.0	13.8	0.7	1.9	2.6	477
Mashonaland East	88.6	7.5	0.2	2.8	0.8	461
Mashonaland West	85.9	8.6	0.7	3.7	1.1	559
Matabeleland North	85.9	6.5	3.3	2.8	1.5	302
Matabeleland South	76.3	16.8	2.8	2.7	1.4	321
Midlands	84.8	9.8	1.4	2.2	1.8	741
Masvingo	87.7	6.7	0.0	2.5	3.0	629
Harare	71.5	10.1	0.5	11.0	6.8	1,077
Bulawayo	64.2	21.4	0.1	9.7	4.5	457
Education						
No education	90.7	7.6	0.4	0.0	1.3	396
Primary	89.8	7.8	0.5	0.8	1.1	2,377
Secondary	77.1	11.7	0.9	6.4	4.0	2,965
Higher	40.7	13.9	2.2	34.2	8.9	168
Total	82.1	9.9	0.7	4.5	2.7	5,907

Table 11.15.2 Knowledge of source for female condoms: men

Percent distribution of men by knowledge of a specific source for female condoms, according to background characteristics, Zimbabwe 1999

Background characteristic	Does not know a source for condoms	Source for condoms				Number of men
		Public	Private medical	Pharmacy	Shop/ Other	
Age						
15-19	92.7	1.3	0.8	3.6	1.6	713
20-24	81.3	3.8	0.4	11.4	3.1	506
25-29	73.0	6.2	1.1	13.1	6.7	430
30-39	80.0	5.7	0.9	8.4	5.0	500
40-49	83.9	5.2	1.7	6.6	2.6	356
	88.6	3.9	0.9	5.5	1.1	104
Marital status						
Never married						
Has had sex	80.6	6.0	1.2	8.3	3.9	1,239
Has never had sex	80.3	5.3	1.1	6.7	6.7	118
Married or in union	80.8	2.5	0.7	12.1	3.9	614
Divorced, widowed	92.1	1.6	0.5	4.1	1.8	638
Residence						
Urban	70.0	4.4	1.2	17.3	7.1	1,090
Rural	93.0	3.8	0.7	1.5	0.9	1,519
Province						
Manicaland	86.2	4.6	1.2	2.2	5.7	360
Mashonaland Central	90.3	5.5	0.6	0.9	2.7	236
Mashonaland East	93.5	2.3	0.5	3.3	0.4	217
Mashonaland West	89.3	5.1	1.1	1.7	2.7	268
Matabeleland North	88.6	3.9	1.7	3.6	2.2	146
Matabeleland South	91.0	6.3	0.0	1.6	1.2	120
Midlands	84.5	6.3	2.5	5.4	1.4	308
Masvingo	97.4	0.7	0.0	1.1	0.7	225
Harare	68.3	2.2	0.7	21.0	7.7	514
Bulawayo	66.1	5.7	0.0	25.5	2.7	214
Education						
No education	93.8	5.1	0.0	0.0	1.1	66
Primary	95.1	2.0	0.8	1.4	0.7	830
Secondary	80.4	4.7	0.8	9.4	4.6	1,556
Higher	47.6	8.4	2.3	33.5	8.2	157
Total	83.4	4.1	0.9	8.1	3.5	2,609

Government-run health facilities and private pharmacies are the two most commonly cited sources for female condoms among both men and women, but men tended to mention pharmacies more often and women mentioned the health facilities more often.

11.11 USE OF CONDOMS

Tables 11.16.1 and 11.16.2 show the percentages of men and women who used a condom during their last sexual encounter, by partner type and background characteristics. Based on 1999 ZDHS data, men are about three times more likely than women to have used a condom at their last sexual encounter—taking all types of partners together (i.e., any partner). The last sexual encounter (with any partner) involved use of a condom 9 percent of the time for women and 27 percent of the time for men.

Table 11.16.1 Use of condoms: women

Among women who had sex in the past year, percentage who used condoms during last sexual intercourse with cohabiting and non-cohabiting partners, by selected background characteristics, Zimbabwe 1999

Background characteristic	Used condom during last sexual intercourse with:					
	Spouse or cohabiting partner		Non-cohabiting partner		Any partner	
	Percentage	Number of women	Percentage	Number of women	Percentage	Number of women
Age						
15-19	7.1	314	36.8	115	14.7	424
20-24	3.8	835	44.3	175	9.8	993
25-29	6.4	792	49.1	113	11.3	898
30-39	3.7	1,039	40.8	111	7.2	1,148
40-49	2.0	615	33.6	58	4.6	669
Marital status						
Never married	NA	NA	41.7	292	41.4	295
Married or in union	4.1	3,498	(37.2)	49	4.1	3,520
Divorced, widowed	14.0	97	43.3	230	34.7	316
Residence						
Urban	4.7	1,311	50.0	288	12.4	1,585
Rural	4.1	2,284	33.8	283	7.0	2,546
Province						
Manicaland	3.2	544	(37.3)	55	6.4	597
Mashonaland Central	6.6	326	(56.5)	30	10.2	351
Mashonaland East	3.8	313	*	18	6.9	331
Mashonaland West	3.5	368	(46.0)	49	8.0	410
Matabeleland North	3.7	181	27.0	54	8.7	233
Matabeleland South	5.6	169	26.1	83	11.9	248
Midlands	4.3	446	50.4	61	8.6	499
Masvingo	3.0	362	(46.6)	26	6.0	388
Harare	4.3	669	53.8	100	10.3	765
Bulawayo	7.5	217	37.5	95	16.6	310
Education						
No education	3.8	292	(41.3)	28	6.4	316
Primary	3.5	1,658	37.4	222	6.9	1,859
Secondary+	5.3	1,645	45.2	322	11.6	1,956
Drinking behaviour (last 30 days)						
Never drank	4.2	3,099	37.0	422	7.8	3,496
Drinks, but did not get drunk	4.3	407	55.7	98	13.7	498
Drinks, got drunk once	(6.2)	48	*	18	20.4	66
Drinks, got drunk 2+ times	(15.7)	39	54.5	34	31.3	70
Total	4.3	3,595	42.0	572	9.1	4,132

Note: Figures in parentheses are based on 25-49 cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.
NA = Not applicable

Table 11.16.2 Use of condoms: men

Among men who had sex in the past year, percentage who used condoms during last sexual intercourse with cohabiting and non-cohabiting partners, by selected background characteristics, Zimbabwe 1999

Background characteristic	Used condom during last sexual intercourse with:					
	Spouse or cohabiting partner		Non-cohabiting partner		Any partner	
	Percentage	Number of men	Percentage	Number of men	Percentage	Number of men
Age						
15-19	*	4	59.1	160	57.8	161
20-24	11.1	109	75.1	248	54.6	338
25-29	6.2	276	79.4	161	28.9	398
30-39	5.6	423	66.7	96	12.3	479
40-49	7.0	310	62.6	56	12.0	334
50-54	4.2	87	*	10	7.6	92
Marital status						
Never married	NA	NA	70.3	489	70.5	493
Married or in union	6.1	1,194	70.2	168	8.2	1,227
Divorced, widowed	*	12	69.2	74	61.1	83
Residence						
Urban	5.8	529	80.1	342	32.1	809
Rural	7.0	680	61.4	388	24.0	993
Province						
Manicaland	3.7	135	62.7	64	22.1	191
Mashonaland Central	11.3	122	77.2	64	29.9	170
Mashonaland East	4.4	115	74.6	64	29.3	173
Mashonaland West	4.3	142	58.8	90	19.6	209
Matabeleland North	8.0	61	(43.5)	49	21.6	99
Matabeleland South	(6.5)	45	(63.1)	38	31.4	80
Midlands	11.0	143	71.8	98	32.1	222
Masvingo	2.7	102	(61.1)	43	14.2	131
Harare	6.6	260	84.0	142	31.7	377
Bulawayo	6.1	84	78.3	77	39.0	149
Education						
No education	(3.1)	48	*	18	12.3	58
Primary	5.7	445	54.1	203	17.9	603
Secondary+	7.2	716	77.6	509	33.6	1,142
Drinking behaviour (last 30 days)						
Never drank	5.1	406	68.6	305	30.8	681
Drinks, but did not get drunk	8.8	355	74.1	175	27.9	501
Drinks, got drunk once	6.9	111	73.0	55	23.5	150
Drink, got drunk 2+ times	5.7	330	68.9	193	24.6	463
Total	6.5	1,209	70.2	731	27.7	1,803

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

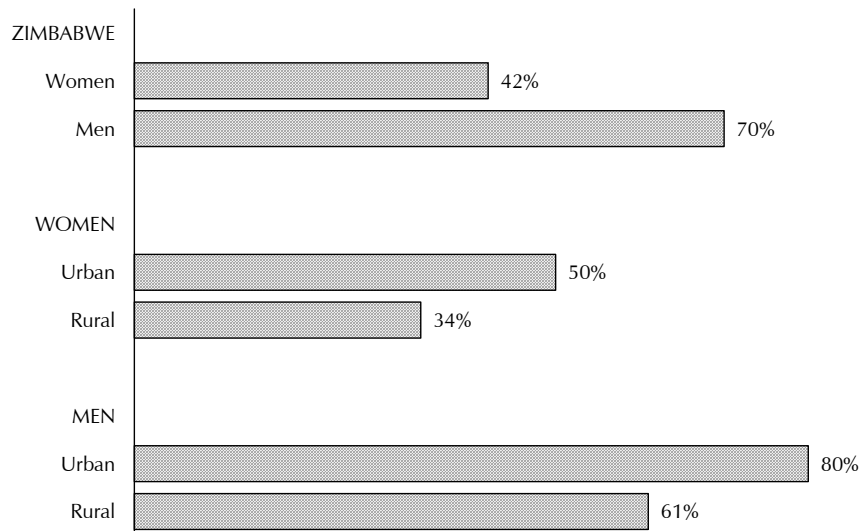
NA = Not applicable

Condoms are used much less during sex with cohabiting partners (includes mostly spouses) for both women (4 percent) and men (7 percent), compared with sex with non-cohabiting partners (42 percent for women and 70 percent for men). It is clear that both women and men understand that sex outside of a stable relationship entails greater risk.

No clear patterns emerge for the association between age of the respondent and use of condoms, except that in sex with non-cohabiting partners, young persons (under 20) and older persons (40+) are least likely to use a condom.

Urban men and women were more likely to use a condom at last sexual encounter with any partner than their rural counterparts. The urban-rural differential is especially pronounced for condom use with non-cohabiting partners (Figure 11.4). Women living in urban areas are 50 percent more likely to use a condom during sex with non-cohabiting partners than women in rural areas.

Figure 11.4 Percentage of Women and Men Who Used a Condom at Last Sex with a Noncohabiting Partner, by Urban-Rural Residence, Zimbabwe 1999



ZDHS 1999

Education is uniformly associated with higher reported condom use by men; the same is true among women but less pronounced.

It might be expected that drinking, especially drinking to excess, would be associated with risky behaviour, namely non-use of condoms. This is not the pattern that emerges from the 1999 ZDHS. For men, condom use at last sexual encounter does indeed decrease with increased reported drinking, but this relationship is spurious and due to a large number of nondrinkers having had recent sex with a noncohabiting partner. For women, however, a clear pattern does emerge. Although the numbers are not large, women who drink more and get drunk more frequently are more likely to use condoms than women who do not drink. This does not mean, of course, that

drinking is protective or that it leads to more condom use. It suggests that drinkers are self-selected into a category of sexual activity that recognises and, to a certain degree, is responding to a higher risk context.

In the 1999 ZDHS, men were asked to report whether they used a condom during their last sexual encounter with a women who was paid for sex. Table 11.17 shows that of men who paid for sex in the past 12 months, 82 percent used a condom at last paid sexual encounter. Age, marital status, and drinking habits of respondents are not closely associated with condom use in commercial sex. However, condom use is markedly higher among urban residents and among those with a higher educational level.

Table 11.17 Use of condoms during commercial sex

Among men who paid for sex in the past 12 months, percentage who used a condom at last paid intercourse, by background characteristics, Zimbabwe 1999

Background characteristic	Percentage using a condom	Number of men
Age		
15-19	(74.5)	43
25-29	88.8	61
40-54	(75.5)	32
Marital status		
Currently married	75.7	67
Not married	87.0	70
Residence		
Urban	98.2	73
Rural	62.5	64
Education		
Did not attend secondary	66.3	52
Attended secondary	92.6	86
Drinking behaviour (last 30 days)		
Did not get drunk	(80.0)	49
Got drunk one or more times	82.2	88
Total	81.5	137

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 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 1999 ZDHS women's 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.

12.1 THE DATA

Each respondent was first asked to give the total number of her mother's live births. Then the respondent was 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 2 months after the end of a pregnancy or childbirth?"

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 that 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 1999 ZDHS sibling history data do not show any obvious defects that would indicate poor data quality or systematic underreporting.

Table 12.1 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 34,418 siblings reported in the sibling histories of ZDHS respondents, survival status was not reported for only 65 (less than 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 87 percent of deceased siblings, both age at death and years since the death (or year of death) were reported. In 8 percent of cases, either the age at death or the years since death (or year of death) was missing while for 5 percent of deceased siblings, both 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.

Table 12.1 Data on siblings: completeness of the reported data

Number of siblings reported by survey respondents and completeness of the reported data on age, age at death, and years since death, Zimbabwe 1999

Sibling status and completeness of reporting	Sisters		Brothers		Total	
	Number	Percent	Number	Percent	Number	Percent
All siblings	17,344	100.0	17,074	100.0	34,418	100.0
Living	15,219	87.7	14,594	85.5	29,813	86.6
Dead	2,089	12.0	2,451	14.4	4,540	13.2
Missing survival status	37	0.2	29	0.2	65	0.2
Living siblings	15,219	100.0	14,594	100.0	29,813	100.0
Age reported	15,098	99.2	14,448	99.0	29,546	99.1
Age missing	121	0.8	146	1.0	267	0.9
Dead siblings	2,089	100.0	2,451	100.0	4,540	100.0
AD and YSD reported	1,832	87.7	2,123	86.6	3,955	87.1
Only AD missing	100	4.8	157	6.4	257	5.7
Only YSD missing	44	2.1	46	1.9	90	2.0
AD and YSD missing	113	5.4	125	5.1	238	5.2

AD = Age at death
YSD = Years since death

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.

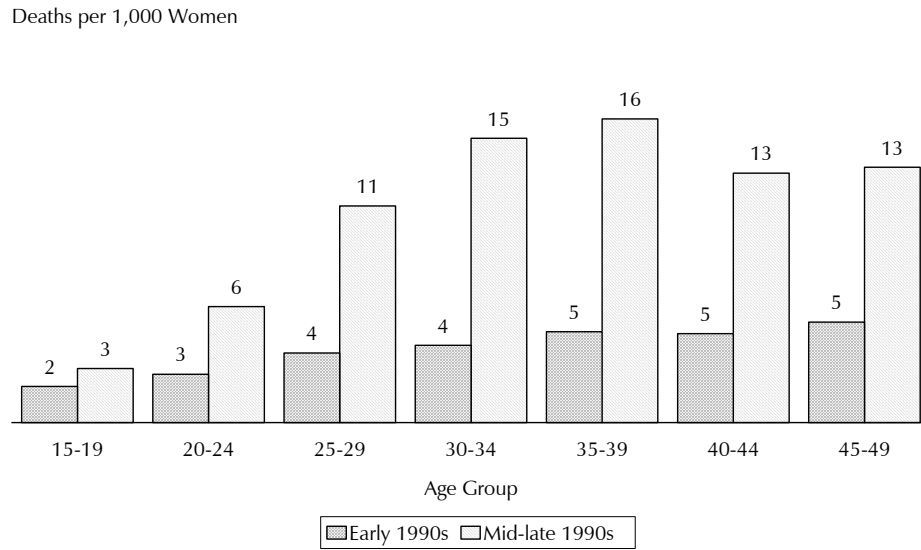
12.2 DIRECT ESTIMATES OF ADULT MORTALITY

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 for the potential of the AIDS epidemic.

Table 12.2 shows age-specific mortality rates for men and women age 15-49, for a calendar period 0-4 and 5-9 years before the 1999 ZDHS. Also shown are identically calculated estimates drawn from the 1994 ZDHS for a period 0-9 years before that survey. This comparison allows two approaches to assess mortality trends. The first is to look at the trend between two calendar periods using retrospective reports within the same survey; the other is to look at the trend based on calendar periods immediately before both the 1994 and 1999 surveys. Since the number of deaths on which the rates are based is not very large (between 200 and 700 deaths per estimate), the estimated age-specific rates are subject to some sampling variation and indeed display fluctuations between age groups (Figure 12.1) that are not related to the force of mortality per se. Given this fact, it is recommended that for purposes of trend evaluation, attention be focused on the estimates for the 15-49 age range.

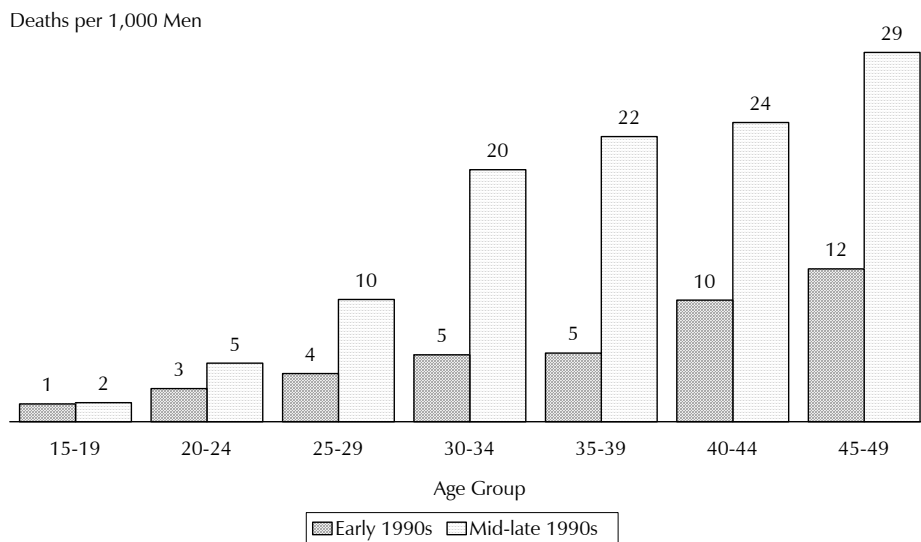
<u>Table 12.2 Adult mortality rates</u>					
Adult mortality rates for periods by age, Zimbabwe 1999					
Age	1999 DHS				1994 ZDHS
	Deaths	Exposure years	Mortality rates (/1000)		Mortality rate for 0-9 years
			0-4 years	5-9 years	
WOMEN					
15-19	32	11,246	2.82	1.75	1.87
20-24	74	12,354	6.01	3.26	2.51
25-29	125	11,165	11.17	5.34	3.63
30-34	135	9,149	14.72	5.31	3.99
35-39	112	7,107	15.73	5.13	4.75
40-44	58	4,525	12.85	6.73	4.62
45-49	33	2,506	13.16	5.97	5.18
15-49	568	58,052	9.14	4.13	3.34
MEN					
15-19	16	10,873	1.49	1.05	1.44
20-24	54	11,634	4.63	1.74	2.59
25-29	106	10,991	9.63	5.38	3.78
30-34	167	8,445	19.81	7.09	5.26
35-39	147	6,584	22.36	7.34	5.41
40-44	101	4,297	23.50	7.19	9.56
45-49	71	2,439	29.05	11.13	11.90
15-49	662	55,263	11.35	4.42	4.17

Figure 12.1 Trends in Age-specific Mortality among Women 15-49, Zimbabwe 1999



ZDHS 1999

Figure 12.2 Trends in Age-specific Mortality among Men 15-49, Zimbabwe 1999



ZDHS 1999

Despite some fluctuations in the age-specific rates, the results of this analysis are unambiguous. Figure 12.2 clearly shows that, whether using just the data of the 1999 survey or comparing estimates from the 1994 against the 1999 survey, adult mortality has risen sharply between the period of the late 1980s-early 1990s and the mid-late 1990s. Indeed, when looking at the summary measure of mortality for the age group 15-49, a two- to threefold increase in both male and female mortality is observed. Of particular interest is the broad age-pattern “signature” to the rises in mortality, with the largest changes for men occurring from age 30 and older. For women, an earlier impact is observed (age 25 and over). This mortality age pattern is consistent with the age pattern of HIV infection in Zimbabwe (i.e., younger women with older men).

12.3 DIRECT ESTIMATES OF MATERNAL MORTALITY

Maternal deaths are a subset of all female deaths, those associated with pregnancy and childbearing. The same approach to presentation of the maternal mortality results is used as was used for presentation of overall adult mortality. Age-specific estimates of maternal mortality from the reported survivorship of sisters are shown in Table 12.3 for the periods 0-4 and 5-9 years before the survey, alongside estimates based on the 1994 ZDHS data for the period 0-9 years before that survey.

Table 12.3 Direct estimates of maternal mortality

Maternal mortality rates for periods by age, Zimbabwe 1999

Age	1999 DHS				1994 ZDHS
	Maternal deaths	Exposure years	Mortality rates (\1000)		Mortality rate for 0-9 years
			0-4 years	5-9 years	
15-19	5.4	11,246	0.477	0.101	0.147
20-24	14.4	12,354	1.163	0.677	0.472
25-29	13.4	11,165	1.199	0.615	0.645
30-34	13.7	9,149	1.500	1.019	1.101
35-39	9.9	7,107	1.395	0.617	0.223
40-44	2.4	4,525	0.532	1.253	0.190
45-49	0.0	2,506	0.000	0.000	0.474
15-49	59.2	58,052	0.943	0.561	0.458
General Fertility Rate (GFR)			0.135	0.160	0.162
Maternal Mortality Ratio (MMR) ¹			695	350	283

¹ Per 100,000 live births; calculated as the maternal mortality rate divided by the general fertility rate.

Again, the number of maternal deaths is small, so age-specific rates should not be overinterpreted. The preferred approach is to calculate one estimate for all childbearing ages (15-49 years). For the period 0-4 years before the survey (1995-1999), the rate of mortality due to causes related to pregnancy and childbearing years is 0.943 maternal deaths per 1,000 woman-years of exposure.² The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate of 0.135 operating during the same time period. In this way, the obstetrical risk of pregnancy and childbearing is underlined. By direct estimation procedures, the maternal mortality ratio is estimated to be 695 maternal deaths per 100,000 live births, applicable to the period 1995-1999.

This estimate of the maternal mortality ratio far exceeds, by a factor of 2.5, that estimated from the 1994 ZDHS (283 maternal deaths per 100,000 live births). If instead the trend is evaluated based on the changes captured within the 1999 ZDHS sibling histories, i.e., the change between 5-9 and 0-4 years before the survey, a twofold increase is observed.

The proportion of all female deaths that are maternity-related has changed as well from 15 percent based on data from the pre-1995 period to about 10 percent based on the most recent estimate from the 1999 ZDHS.³ This means that non-maternal female mortality (e.g., AIDS-related), has risen more rapidly than mortality per se.

² The rate for the whole age range 15-49 is standardised on the ZDHS household age structure.

³ These figures of 10 to 15 percent are rather low in comparison with proportionate maternal mortality estimates by Stanton and Hill (1997) in their exhaustive review of similar data collected around the world. This may mean that maternal mortality, and thus overall female adult mortality, was underreported in both the 1994 and 1999 surveys. An alternative explanation, perhaps more realistic, is that the mortality picture in Zimbabwe, dominated in recent years by a single disease, should indeed be expected to produce proportionate maternal mortality rates lower than elsewhere.

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Table A.1.1 Sample implementation: women

Percent distribution of households and eligible women in the ZDHS sample by results of the household and individual interviews and household, eligible women, and overall response rates, according to province and urban-rural residence, Zimbabwe 1999

Result	Residence		Province										Total
	Urban	Rural	Manica-land	Ma-shona-land Central	Ma-shona-land East	Ma-shona-land West	Mata-bele-land North	Mata-bele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo	
Selected households													
Completed (C)	93.4	89.8	94.1	90.0	85.4	85.0	87.8	89.2	94.4	91.1	96.1	95.1	90.9
Household present but no competent respondent at home (HP)	0.9	0.9	0.4	0.4	0.9	1.5	0.4	2.3	0.7	0.7	0.0	1.4	0.9
Refused (R)	1.5	0.2	0.1	0.0	0.4	1.0	0.4	0.1	0.0	0.1	2.9	0.6	0.6
Dwelling not found (DNF)	0.8	0.5	0.4	0.3	1.0	2.5	0.7	0.3	0.0	0.4	0.1	0.1	0.6
Household absent (HA)	1.1	4.5	3.4	3.7	7.9	3.4	5.6	4.4	2.3	3.8	0.1	0.4	3.5
Dwelling vacant/address not a dwelling (DV)	1.9	3.0	1.5	3.8	4.0	3.9	2.9	2.6	2.0	3.7	0.6	2.1	2.7
Dwelling destroyed (DD)	0.3	1.0	0.0	1.7	0.0	2.6	1.7	0.9	0.4	0.1	0.1	0.1	0.8
Other (O)	0.1	0.2	0.0	0.0	0.4	0.1	0.4	0.3	0.1	0.0	0.0	0.1	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 households	2,058	4,952	681	703	697	685	696	704	702	707	716	719	7,010
Household response rate (HRR)¹	96.7	98.3	98.9	99.2	97.4	94.5	98.2	97.1	99.3	98.6	96.9	97.9	97.8
Eligible women													
Completed (EWC)	93.2	96.0	95.7	95.3	97.1	93.0	96.8	94.0	97.0	96.2	89.5	96.7	95.2
Not at home (EWNH)	2.5	2.3	2.9	2.7	1.9	2.3	1.4	3.9	1.7	2.9	2.2	1.9	2.4
Postponed (EWP)	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Refused (EWR)	2.5	0.4	0.7	0.3	0.4	1.5	0.6	0.6	0.1	0.0	6.1	0.1	1.0
Partly completed (EWPC)	0.3	0.1	0.0	0.3	0.0	0.2	0.0	0.3	0.0	0.2	0.3	0.0	0.1
Incapacitated (EWI)	0.8	1.0	0.7	1.0	0.4	2.3	1.1	0.6	1.2	0.6	1.0	0.8	1.0
Other (EWO)	0.6	0.2	0.0	0.3	0.2	0.8	0.0	0.4	0.0	0.2	1.0	0.5	0.3
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	1,940	4,268	581	595	478	528	621	671	694	658	628	754	6,208
Eligible woman response rate (EWRR)²	93.2	96.0	95.7	95.3	97.1	93.0	96.8	94.0	97.0	96.2	89.5	96.7	95.2
Overall response rate (ORR)³	90.2	94.4	94.7	94.5	94.5	87.9	95.1	91.3	96.2	94.9	86.7	94.6	93.1

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, dwelling not found, household absent, dwelling vacant, dwelling destroyed, and "other." The eligible woman response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated, and "other." The overall response rate is the product of the household and woman response rates.

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + R + DNF} * 100$$

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

$$\frac{EWC}{EWC + EWNH + EWP + EWR + EWPC + EWI + EWO} * 100$$

³ The overall response rate (ORR) is calculated as:

$$ORR = (HRR * EWRR) \div 100$$

Table A.1.2 Sample implementation: men

Percent distribution of households and eligible men in the ZDHS sample by results of the household and individual interviews and household, eligible men, and overall response rates, according to province and urban-rural residence, Zimbabwe 1999

Result	Residence		Province										Total	
	Urban	Rural	Manica-land	Ma-shona-land Central	Ma-shona-land East	Ma-shona-land West	Matabele-land North	Matabele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo		
Selected households														
Completed (C)	94.6	91.1	84.4	85.4	88.3	90.1	95.2	90.4	95.3	93.8	92.3	90.3	90.9	
Household present but no competent respondent at home (HP)	0.9	0.3	0.9	2.0	0.9	3.1	0.3	1.1	0.0	1.4	1.1	1.1	1.1	
Refused (R)	0.0	0.0	0.9	0.6	0.3	0.0	0.0	0.0	3.6	0.0	1.6	0.1	0.5	
Dwelling not found (DNF)	0.6	0.0	1.1	2.6	0.9	0.0	0.0	0.6	0.0	0.3	0.8	0.5	0.6	
Household absent (HA)	2.4	3.7	7.1	4.4	5.2	3.7	1.4	3.4	0.0	0.9	1.5	3.9	3.2	
Dwelling vacant/address not a dwelling (DV)	1.5	2.6	4.8	2.6	2.3	2.5	2.3	4.2	0.8	3.4	2.4	2.9	2.7	
Dwelling destroyed (DD)	0.0	2.3	0.0	2.3	1.7	0.3	0.6	0.3	0.3	0.0	0.3	1.0	0.8	
Other (O)	0.0	0.0	0.9	0.0	0.3	0.3	0.3	0.0	0.0	0.3	0.2	0.2	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 households	333	348	352	343	343	353	351	354	359	352	1,021	2,467	3,488	
Household response rate (HRR)¹	98.4	99.7	96.7	94.2	97.7	96.7	99.7	98.2	96.3	98.2	96.4	98.1	97.6	
Eligible men														
Completed (EMC)	91.4	93.6	87.0	81.2	90.7	84.1	91.8	91.5	82.6	85.2	83.7	90.0	87.8	
Not at home (EMNH)	6.3	3.4	7.7	7.9	5.5	12.3	5.0	7.3	5.8	12.8	9.9	6.2	7.5	
Postponed (EMP)	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.1	0.1	
Refused (EMR)	0.4	0.3	0.4	5.4	2.4	0.7	0.3	0.0	9.1	1.3	4.6	0.9	2.1	
Partly completed (EMPC)	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.1	0.1	0.1	
Incapacitated (EMI)	1.2	0.0	2.4	1.1	0.7	1.1	1.6	0.8	0.6	0.3	0.3	1.2	0.9	
Other (EMO)	0.8	2.7	2.0	4.3	0.7	1.1	1.3	0.4	1.5	0.5	1.4	1.6	1.5	
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	255	328	246	277	291	277	317	260	328	391	1,009	1,961	2,970	
Eligible man response rate (EMRR)²	91.4	93.6	87.0	81.2	90.7	84.1	91.8	91.5	82.6	85.2	83.7	90.0	87.8	
Overall response rate (ORR)³	89.9	93.3	84.2	76.5	88.7	81.3	91.5	89.9	79.6	83.6	80.7	88.3	85.7	

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, dwelling not found, household absent, dwelling vacant, dwelling destroyed, and "other." The eligible man response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated, and "other." The overall response rate is the product of the household and man response rates.

¹ Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{C}{C + HP + R + DNF} * 100$$

² Using the number of eligible men falling into specific response categories, the eligible man response rate (EMRR) is calculated as:

$$\frac{EMC}{EMC + EMNH + EMP + EMR + EMPC + EMI + EMO} * 100$$

³ The overall response rate (ORR) is calculated as:

$$ORR = (HRR * EMRR) \div 100$$

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 1999 ZDHS to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 1999 ZDHS 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 1999 ZDHS sample is the result of a two-stage stratified design, and consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 1999 ZDHS is the ISSA Sampling Error Module (ISSAS). 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:

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

in which

$$z_{hi} = y_{hi} - r \cdot x_{hi}, \text{ and } z_h = y_h - r \cdot x_h$$

where h represents the stratum which varies from 1 to H,
 m_h is the total number of enumeration areas selected in the h^{th} stratum,
 y_{hi} is the sum of the values of variable y in EA i in the h^{th} stratum,
 x_{hi} is the sum of the number of cases in EA i 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. Pseudoindependent replications are thus created. In the 1999 ZDHS, there were 230 non-empty clusters. Hence, 230 replications were created. The variance of a rate r is calculated as follows:

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

in which

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

where r is the estimate computed from the full sample of 230 clusters,
 $R_{(i)}$ is the estimate computed from the reduced sample of 229 clusters (i^{th} cluster excluded), and
 k is the total number of clusters.

In addition to the standard error, ISSAS 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. ISSAS also computes the relative error and confidence limits for the estimates.

Sampling errors for the 1999 ZDHS are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Table B.2 presents the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/ R), and the 95 percent confidence limits ($R \pm 2SE$), 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 childbearing.

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions.

The confidence interval (e.g., as calculated for *Children ever born to women age 15-49*) can be interpreted as follows: the overall average from the national sample is 2.3 and its standard error is .04. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., $2.3 \pm .04$. There is a high probability (95 percent) that the *true* average number of children ever born to all women age 15 to 49 is between 2.2 and 2.4.

Table B.1 List of selected variables for sampling errors, Zimbabwe 1999

Variable	Estimate	Base population
WOMEN		
Urban residence	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Never married (in union)	Proportion	All women 15-49
Currently married (in union)	Proportion	All women 15-49
Married before age 20	Proportion	Women 20-49
Had first sexual intercourse before 18	Proportion	Women 20-49
Children ever born	Mean	All women 15-49
Children ever born to women over 40	Mean	Women age 40-49
Children surviving	Mean	All women 15-49
Know any contraceptive method	Proportion	Currently married women 15-49
Know any modern contraceptive method	Proportion	Currently married women 15-49
Ever used any contraceptive method	Proportion	Currently married women 15-49
Currently using any method	Proportion	Currently married women 15-49
Currently using a modern method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using IUD	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using Norplant	Proportion	Currently married women 15-49
Currently using condom	Proportion	Currently married women 15-49
Currently using female sterilisation	Proportion	Currently married women 15-49
Currently using male sterilisation	Proportion	Currently married women 15-49
Currently using abstinence	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Using public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mothers received tetanus injection	Proportion	Births in last 5 years
Mothers received medical care at birth	Proportion	Births in last 5 years
Had diarrhoea in the last 2 weeks	Proportion	Children 1-59 months
Sought medical treatment	Proportion	Children under 5 with diarrhoea in last 2 weeks
Having health card, seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT vaccination (3 doses)	Proportion	Children 12-23 months
Received polio vaccination (3 doses)	Proportion	Children 12-23 months
Received measles vaccination	Proportion	Children 12-23 months
Fully immunised	Proportion	Children 12-23 months
Weight-for-height	Proportion	Children 1-59 months
Height-for-age	Proportion	Children 1-59 months
Weight-for-age	Proportion	Children 1-59 months
Total fertility rate (3 years)	Rate	Woman-years of exposure to childbearing
Neonatal mortality rate (0-4 years)	Rate	Number of births
Infant mortality rate (0-4 years)	Rate	Number of births
Child mortality rate (0-4 years)	Rate	Number of births
Under-five mortality rate (0-4 years)	Rate	Number of births
Postneonatal mortality rate (0-4 years)	Rate	Number of births
MEN		
Urban residence	Proportion	All men 15-54
No education	Proportion	All men 15-54
Secondary education or higher	Proportion	All men 15-54
Never married (in union)	Proportion	All men 15-54
Currently married (in union)	Proportion	All men 15-54
Know any contraceptive method	Proportion	Currently married men 15-54
Know any modern contraceptive method	Proportion	Currently married men 15-54
Ever used any contraceptive method	Proportion	Currently married men 15-54
Currently using any method	Proportion	Currently married men 15-54
Currently using a modern method	Proportion	Currently married men 15-54
Currently using pill	Proportion	Currently married men 15-54
Currently using IUD	Proportion	Currently married men 15-54
Currently using injectables	Proportion	Currently married men 15-54
Currently using Norplant	Proportion	Currently married men 15-54
Currently using condom	Proportion	Currently married men 15-54
Currently using female sterilisation	Proportion	Currently married men 15-54
Currently using male sterilisation	Proportion	Currently married men 15-54
Currently using abstinence	Proportion	Currently married men 15-54
Currently using withdrawal	Proportion	Currently married men 15-54
Want no more children	Proportion	Currently married men 15-54
Want to delay at least 2 years	Proportion	Currently married men 15-54
Ideal number of children	Mean	All men 15-54

Table B.2 Sampling errors - National sample: Zimbabwe 1999

Variable	Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative error (SE/R)	Confidence limits	
			Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
WOMEN								
Urban residence	0.386	0.012	5907	5907	1.925	0.032	0.361	0.410
No education	0.067	0.005	5907	5907	1.441	0.070	0.058	0.077
Secondary education or higher	0.530	0.012	5907	5907	1.793	0.022	0.507	0.554
Never married (in union)	0.277	0.008	5907	5907	1.363	0.029	0.261	0.293
Currently married (in union)	0.611	0.009	5907	5907	1.365	0.014	0.594	0.628
Married before age 20	0.564	0.012	4439	4460	1.616	0.021	0.540	0.588
Had first sexual intercourse before 18	0.385	0.010	4439	4460	1.434	0.027	0.364	0.406
Children ever born	2.307	0.039	5907	5907	1.207	0.017	2.229	2.385
Children ever born to women over 40	5.866	0.106	874	827	1.161	0.018	5.654	6.078
Children surviving	2.097	0.034	5907	5907	1.162	0.016	2.029	2.165
Know any contraceptive method	0.987	0.002	3553	3609	1.339	0.003	0.982	0.992
Know any modern contraceptive method	0.985	0.003	3553	3609	1.569	0.003	0.978	0.991
Ever used any contraceptive method	0.830	0.009	3553	3609	1.431	0.011	0.812	0.848
Currently using any method	0.535	0.010	3553	3609	1.243	0.019	0.515	0.556
Currently using a modern method	0.504	0.012	3553	3609	1.371	0.023	0.481	0.527
Currently using pill	0.355	0.010	3553	3609	1.270	0.029	0.334	0.375
Currently using IUD	0.009	0.002	3553	3609	1.097	0.189	0.006	0.013
Currently using injectables	0.081	0.005	3553	3609	1.181	0.067	0.070	0.092
Currently using Norplant	0.005	0.002	3553	3609	1.313	0.306	0.002	0.008
Currently using condom	0.018	0.003	3553	3609	1.182	0.148	0.012	0.023
Currently using female sterilisation	0.026	0.003	3553	3609	1.129	0.116	0.020	0.032
Currently using male sterilisation	0.001	0.001	3553	3609	1.087	0.622	0.000	0.002
Currently using abstinence	0.002	0.001	3553	3609	1.083	0.454	0.000	0.003
Currently using withdrawal	0.026	0.004	3553	3609	1.524	0.157	0.018	0.034
Using public sector source	0.755	0.015	2037	2101	1.585	0.020	0.725	0.785
Want no more children	0.382	0.010	3553	3609	1.172	0.025	0.363	0.401
Want to delay at least 2 years	0.322	0.009	3553	3609	1.133	0.028	0.304	0.340
Ideal number of children	3.930	0.045	5746	5774	1.773	0.012	3.839	4.020
Mothers received tetanus injection	0.617	0.011	3643	3559	1.399	0.018	0.596	0.639
Mothers received medical care at birth	0.724	0.014	3643	3559	1.641	0.020	0.696	0.753
Had diarrhoea in the last 2 weeks	0.139	0.006	3350	3269	1.004	0.044	0.126	0.151
Sought medical treatment	0.321	0.025	436	453	1.120	0.079	0.271	0.372
Having health card, seen	0.686	0.025	724	699	1.408	0.036	0.636	0.736
Received BCG vaccination	0.881	0.017	724	699	1.394	0.019	0.847	0.915
Received DPT vaccination (3 doses)	0.809	0.021	724	699	1.421	0.026	0.767	0.852
Received polio vaccination (3 doses)	0.807	0.021	724	699	1.411	0.026	0.765	0.849
Received measles vaccination	0.791	0.020	724	699	1.287	0.025	0.751	0.831
Fully immunised	0.748	0.022	724	699	1.352	0.030	0.703	0.793
Weight-for-height	0.064	0.006	2632	2520	1.156	0.090	0.053	0.076
Height-for-age	0.265	0.010	2632	2520	1.144	0.039	0.244	0.285
Weight-for-age	0.130	0.008	2632	2520	1.162	0.061	0.114	0.146
Total fertility rate (3 years)	3.964	0.115	NA	16342	1.302	0.029	3.734	4.194
Neonatal mortality rate (0-4 years)	28.854	3.792	3727	3640	1.192	0.131	21.270	36.438
Infant mortality rate (0-4 years)	65.032	4.845	3735	3650	1.082	0.074	55.343	74.721
Child mortality rate (0-4 years)	39.610	4.575	3763	3683	1.264	0.116	30.459	48.761
Under-five mortality rate (0-4 years)	102.066	6.755	3772	3694	1.198	0.066	88.555	115.577
Postneonatal mortality rate (0-4 years)	36.178	3.593	3734	3650	1.112	0.099	28.992	43.364
MEN								
Urban residence	0.418	0.017	2609	2609	1.769	0.041	0.384	0.452
No education	0.025	0.003	2609	2609	1.069	0.130	0.019	0.032
Secondary education or higher	0.657	0.012	2609	2609	1.264	0.018	0.633	0.680
Never married (in union)	0.480	0.012	2609	2609	1.204	0.025	0.456	0.503
Currently married (in union)	0.475	0.012	2609	2609	1.192	0.025	0.452	0.498
Know any contraceptive method	0.997	0.002	1203	1239	1.246	0.002	0.993	1.000
Know any modern contraceptive method	0.997	0.002	1203	1239	1.246	0.002	0.993	1.000
Ever used any contraceptive method	0.924	0.009	1203	1239	1.175	0.010	0.906	0.942
Currently using any method	0.655	0.018	1203	1239	1.340	0.028	0.618	0.692
Currently using a modern method	0.609	0.018	1203	1239	1.301	0.030	0.573	0.646
Currently using pill	0.454	0.018	1203	1239	1.274	0.040	0.417	0.490
Currently using IUD	0.001	0.001	1203	1239	0.791	1.001	0.000	0.002
Currently using injectables	0.074	0.008	1203	1239	1.068	0.109	0.057	0.090
Currently using Norplant	0.004	0.002	1203	1239	1.313	0.622	0.000	0.008
Currently using condom	0.057	0.007	1203	1239	0.991	0.116	0.044	0.071
Currently using female sterilisation	0.020	0.004	1203	1239	1.093	0.218	0.011	0.029
Currently using male sterilisation	0.000	0.000	1203	1239	NA	NA	0.000	0.000
Currently using abstinence	0.010	0.003	1203	1239	1.045	0.301	0.004	0.016
Currently using withdrawal	0.016	0.004	1203	1239	1.066	0.238	0.009	0.024
Want no more children	0.321	0.017	1203	1239	1.286	0.054	0.286	0.355
Want to delay at least 2 years	0.347	0.015	1203	1239	1.103	0.044	0.316	0.377
Ideal number of children	4.089	0.069	2569	2570	1.365	0.017	3.950	4.228

NA = Not applicable

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Ethiopia 2000

Age	Males		Females		Age	Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
<1	375	2.9	335	2.5	37	82	0.6	141	1.1
1	362	2.8	364	2.7	38	105	0.8	109	0.8
2	377	2.9	355	2.7	39	101	0.8	115	0.9
3	347	2.7	345	2.6	40	110	0.9	107	0.8
4	355	2.7	361	2.7	41	85	0.7	104	0.8
5	332	2.6	339	2.5	42	89	0.7	91	0.7
6	367	2.8	332	2.5	43	83	0.6	103	0.8
7	403	3.1	392	2.9	44	74	0.6	76	0.6
8	365	2.8	385	2.9	45	106	0.8	103	0.8
9	388	3.0	367	2.8	46	83	0.6	95	0.7
10	395	3.1	405	3.0	47	99	0.8	80	0.6
11	351	2.7	364	2.7	48	56	0.4	47	0.4
12	400	3.1	386	2.9	49	77	0.6	48	0.4
13	395	3.1	392	2.9	50	73	0.6	133	1.0
14	414	3.2	454	3.4	51	48	0.4	112	0.8
15	359	2.8	272	2.0	52	81	0.6	125	0.9
16	402	3.1	366	2.8	53	45	0.3	67	0.5
17	331	2.6	308	2.3	54	48	0.4	66	0.5
18	282	2.2	266	2.0	55	80	0.6	57	0.4
19	289	2.2	284	2.1	56	66	0.5	67	0.5
20	257	2.0	304	2.3	57	75	0.6	55	0.4
21	189	1.5	271	2.0	58	61	0.5	47	0.4
22	248	1.9	274	2.1	59	59	0.5	63	0.5
23	227	1.8	245	1.8	60	75	0.6	99	0.7
24	248	1.9	245	1.8	61	45	0.4	39	0.3
25	254	2.0	232	1.7	62	52	0.4	45	0.3
26	176	1.4	238	1.8	63	44	0.3	45	0.3
27	188	1.5	208	1.6	64	40	0.3	35	0.3
28	156	1.2	197	1.5	65	58	0.4	63	0.5
29	198	1.5	179	1.3	66	27	0.2	37	0.3
30	206	1.6	185	1.4	67	52	0.4	42	0.3
31	158	1.2	144	1.1	68	26	0.2	29	0.2
32	133	1.0	133	1.0	69	29	0.2	49	0.4
33	111	0.9	123	0.9	70+	320	2.5	363	2.7
34	87	0.7	107	0.8	Don't know/ Missing	8	0.1	10	0.1
35	124	1.0	139	1.0					
36	108	0.8	142	1.1					
					Total	12,917	100.0	13,307	100.0

Note: The de facto population includes all residents and nonresidents who slept in the household the night before the interview.

Table C.2 Age distribution of eligible and interviewed women

Percent distribution of the de facto household population of women age 10-54, and of interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted) by five-year age groups, Zimbabwe 1999

Age group	Household population of women age 10-54		Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Percent	Number	Percent	
10-14	2,002	NA	NA	NA	NA
15-19	1,497	24.6	1,416	24.6	94.6
20-24	1,339	22.0	1,258	21.9	94.0
25-29	1,054	17.3	997	17.4	94.6
30-34	692	11.4	651	11.3	94.1
35-39	646	10.6	617	10.7	95.6
40-44	480	7.9	456	7.9	95.0
45-49	374	6.2	352	6.1	93.9
50-54	503	NA	NA	NA	NA
15-49	6,082	NA	5,747	NA	94.5

Note: The de facto population includes all residents and nonresidents who slept in the household the night before interview. Weights for both household population of women and interviewed women are household weights. Age is based on that reported in the household schedule. NA = Not applicable

Table C.3 Age distribution of eligible and interviewed men

Percent distribution of the de facto household population of men age 10-69, and of interviewed men age 15-54, and percentage of eligible men who were interviewed (weighted) by five-year age groups, Zimbabwe 1999

Age group	Household population of men age 10-69		Interviewed men age 15-54		Percentage of eligible men interviewed
	Number	Percent	Number	Percent	
10-14	998	NA	NA	NA	NA
15-19	787	24.0	702	27.2	89.2
20-24	570	17.4	503	19.5	88.3
25-29	488	14.9	421	16.3	86.3
30-34	328	10.0	275	10.7	83.8
35-39	257	7.8	212	8.2	82.6
40-44	200	6.1	175	6.8	87.4
45-49	201	6.1	179	6.9	88.8
50-54	122	3.7	110	4.3	89.6
55-59	191	5.8	NA	NA	NA
60-64	132	4.0	NA	NA	NA
65+	102	NA	NA	NA	NA
15-64	3,276	NA	2,576	NA	78.6

Note: The de facto population includes all residents and nonresidents who slept in the household the night before interview. Weights for both household population of women and interviewed women are household weights. Age is based on that reported in the household schedule. NA = Not applicable

Table C.4 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Zimbabwe 1999

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in last 15 years		
Month only		0.5	9,521
Month and year		0.0	9,521
Age at death	Among births in last 15 years	0.6	775
Age/date at first union ¹	Ever-married women	0.7	4,270
Respondent's education	All women	0.2	5,907
Child's size at birth	Births in last 0-59 months	4.1	2,806
Anthropometry	Living children age 0-59 months		
Height		7.6	3,269
Weight		6.9	3,269
Height or weight		7.7	3,269
Diarrhoea in last 2 weeks	Living children age 0-59 months	5.7	3,269

¹ Both year and age missing

Table C.5 Births by calendar years

Distribution of births by calendar years for living (L), dead (D), and all (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Zimbabwe 1999

Calendar year	Number of births			Percentage with complete birth date ¹			Sex ratio at birth ²			Calendar ratio ³			Male			Female		
	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T	L	D	T
	1999	601	60	660	100.0	100.0	100.0	92.3	91.1	92.1	NA	288	NA	288	28	317	312	31
1998	612	75	687	99.1	95.4	98.7	114.3	95.6	112.0	101.1	326	104.3	326	37	363	285	38	324
1997	609	48	657	99.8	100.0	99.8	113.2	113.1	113.2	104.2	323	68.6	323	26	349	285	23	308
1996	557	65	622	99.8	97.8	99.6	96.1	102.4	96.7	98.2	273	132.9	273	33	306	284	32	316
1995	525	50	575	99.8	99.2	99.8	101.5	181.5	106.6	93.2	265	93.1	265	32	297	261	18	278
1994	571	43	614	99.9	93.0	99.4	103.4	85.6	102.1	110.7	290	103.5	290	20	310	280	23	304
1993	506	34	540	99.2	98.1	99.1	88.1	100.6	88.8	94.4	237	79.3	237	17	254	269	17	286
1992	501	42	543	99.0	93.3	98.6	106.1	250.7	112.9	98.1	258	122.5	258	30	288	243	12	255
1991	515	35	550	99.1	95.6	98.9	91.1	122.4	92.8	103.0	246	89.5	246	19	265	270	16	285
1990	500	35	535	98.8	94.9	98.6	85.7	115.5	87.5	NA	231	NA	231	19	250	269	16	286
1995-1999	2,903	298	3,200	99.7	98.2	99.5	103.3	109.6	103.9	NA	1,475	NA	1,475	156	1,630	1,428	142	1,570
1990-1994	2,593	189	2,782	99.2	94.8	98.9	94.7	124.7	96.5	NA	1,261	NA	1,261	105	1,366	1,331	84	1,415
1985-1989	2,019	198	2,217	99.1	97.8	99.0	106.6	129.9	108.5	NA	1,042	NA	1,042	112	1,154	977	86	1,063
1980-1984	1,145	173	1,317	99.3	97.1	99.0	94.2	116.4	96.9	NA	555	NA	555	93	648	590	80	669
<1980	575	102	678	98.7	94.0	98.0	113.2	150.4	118.1	NA	306	NA	306	61	367	270	41	311
All	9,234	959	10,193	99.3	96.8	99.1	101.0	121.7	102.7	NA	4,639	NA	4,639	526	5,165	4,595	433	5,028

NA = Not applicable

¹ Both year and month of birth given

² $(B_m/B_t)*100$, where B_m and B_t are the numbers of male and female births, respectively

³ $[2B_x/(B_{x-1} + B_{x+1})]*100$, where B_x is the number of births in calendar year x

Table C.6 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 preceding the survey (unweighted), Zimbabwe 1999

Age at death (days)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1	34	26	15	20	96
1	25	13	15	3	56
2	10	5	7	3	24
3	2	7	1	3	13
4	1	2	1	0	5
5	2	0	0	0	3
6	1	0	1	0	2
7	11	6	6	16	40
8	2	0	0	1	3
11	0	1	0	0	1
14	8	8	3	7	27
16	0	0	1	0	1
21	2	4	1	0	6
24	0	1	0	0	1
29	0	2	0	0	2
30	0	2	1	0	2
Missing	1	0	0	0	1
Total 0-30	100	76	52	54	282
Percent early neonatal ¹	75.7	70.2	77.9	54.3	70.5

¹ 0-6 days/0-30 days

Table C.7 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 ages under one month, for five-year periods preceding the survey (weighted), Zimbabwe 1999

Age at death (months)	Number of years preceding survey				Total 0-19
	0-4	5-9	10-14	15-19	
<1 ^a	102	76	52	54	284
1	8	14	9	10	41
2	20	9	5	5	39
3	28	17	13	4	61
4	14	8	6	4	31
5	6	5	3	2	16
6	7	9	7	8	32
7	8	9	5	0	22
8	5	5	3	5	18
9	9	12	6	7	33
10	3	5	0	4	11
11	7	7	2	3	19
12	5	6	1	3	16
13	0	1	0	0	1
14	0	0	0	1	1
15	0	2	0	0	2
18	2	5	4	1	11
20	1	2	0	0	3
21	1	1	0	0	2
23	0	0	0	0	1
24+	1	0	0	0	1
1 year	39	29	12	17	98
Percent neonatal ¹	47.0	43.7	47.1	50.7	46.7
Total	216	174	111	106	607

^a Includes deaths under 1 month reported in days

¹ Under 1 month/under 1 year

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HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																						
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
WARD NAME _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
PROVINCE																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/RURAL																						
(LARGE CITY=1, SMALL CITY=2, TOWN = 3, RURAL=4)																						
MALE SURVEY (YES=1, NO=2)																						

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> MONTH <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> YEAR <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
NEXT VISIT: 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="width: 20px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> TOTAL ELIGIBLE MEN <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
LANGUAGE OF QUESTIONNAIRE:				LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
ENGLISH <table border="1" style="width: 20px; height: 20px; display: inline-table; text-align: center;">3</table>				

LANGUAGE OF INTERVIEW:	SHONA = 1; NDEBELE = 2; ENGLISH = 3; OTHER = 4	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	NAME _____ <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>
DATE _____	DATE _____	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>	<table border="1" style="width: 20px; height: 20px; display: inline-table;"></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	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE		SEX		AGE	ELIGIBILITY	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS 0-14 YEARS OLD**			
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?			Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
	(NAME)	What is the relationship of (NAME) to the head of the household?*	YES NO	YES NO	M F	IN YEARS	"CIRCLE" LINE NUMBER OF ALL WOMEN AGE 15-49 "ROOF" LINE NUMBER OF ALL MEN AGE 15-54 "BOX" LINE NUMBER OF ALL CHILDREN UNDER AGE 6	YES NO DK	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	YES NO DK	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	
01			1 2	1 2	1 2		01	1 2 8		1 2 8		
02			1 2	1 2	1 2		02	1 2 8		1 2 8		
03			1 2	1 2	1 2		03	1 2 8		1 2 8		
04			1 2	1 2	1 2		04	1 2 8		1 2 8		
05			1 2	1 2	1 2		05	1 2 8		1 2 8		
06			1 2	1 2	1 2		06	1 2 8		1 2 8		
07			1 2	1 2	1 2		07	1 2 8		1 2 8		
08			1 2	1 2	1 2		08	1 2 8		1 2 8		
09			1 2	1 2	1 2		09	1 2 8		1 2 8		
10			1 2	1 2	1 2		10	1 2 8		1 2 8		
11			1 2	1 2	1 2		11	1 2 8		1 2 8		
12			1 2	1 2	1 2		12	1 2 8		1 2 8		
13			1 2	1 2	1 2		13	1 2 8		1 2 8		
14			1 2	1 2	1 2		14	1 2 8		1 2 8		

*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
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

** Q.9 THROUGH Q.12
THESE QUESTIONS
REFER TO THE
BIOLOGICAL PARENTS OF
THE CHILD. IN Q.10 AND
Q.12, RECORD '00' IF
PARENT NOT LISTED IN
HOUSEHOLD SCHEDULE

***CODES FOR Qs. 14, 15C AND 15F
EDUCATION LEVEL:
0 = PRESCHOOL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	EDUCATION															
	IF AGE 3 YEARS OR OLDER				IF AGE 3 -24 YEARS											
	Has (NAME) ever been to school?		What is the highest level of school (NAME) attended or attending?*** What is the highest grade (NAME) completed at that level?***		Is (NAME) currently attending school?		Was (NAME) ever in attendance in school at any point during this school year?		During this school year, what level and grade [is (NAME) attending / was (NAME) enrolled in]?		Did (NAME) attend school during the previous school year?		Was (NAME) ever in attendance in school at any point during the previous school year?		During the previous school year, what level and grade [did (NAME) attend/was (NAME) enrolled in]?	
(13)		(14)		(15A)		(15B)		(15C)		(15D)		(15E)		(15F)		
YES NO		LEVEL GRADE		YES NO		YES NO		LEVEL GRADE		YES NO		YES NO		LEVEL GRADE		
01	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
02	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
03	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
04	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
05	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
06	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
07	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
08	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
09	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
10	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
11	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
12	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
13	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					
14	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15C	1 2 ↓ GO TO 15D	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2 ↓ GO TO 15F	1 2 ↓ NEXT LINE	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>					

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
→
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO
→
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO
→

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
16	What is the main source of drinking water for members of your household? ¹	PIPED WATER PIPED INTO OWN DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 WELL WATER PROTECTED WELL 21 UNPROTECTED WELL 22 BOREHOLE 23 SURFACE WATER SPRING 31 RIVER/STREAM 32 POND/LAKE/DAM 33 RAINWATER 41 OTHER _____ 96 (SPECIFY)	 → 18 → 18 → 18 → 18																		
17	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																			
18	What kind of toilet or sanitation facility do most members of your household use?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE/BLAIR TOILET 22 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96 (SPECIFY)	 → 19																		
18A	With how many other households do you share this facility? RECORD "OO" IF TOILET NOT SHARED	OTHER HOUSEHOLDS <input type="text"/> <input type="text"/>																			
19	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator?	<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>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE	1	2																			
REFRIGERATOR	1	2																			
19A	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE/PARAFFIN 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD, STRAW 07 DUNG 08 OTHER _____ 96 (SPECIFY)																			
21	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 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)																			
22	Does any member of your household own: A modern oxcart/scotchcart? A bicycle? A motorcycle? A car or truck?	<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>MODERN OXCART</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</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> </tbody> </table>		YES	NO	MODERN OXCART	1	2	BICYCLE	1	2	MOTORCYCLE	1	2	CAR/TRUCK	1	2				
	YES	NO																			
MODERN OXCART	1	2																			
BICYCLE	1	2																			
MOTORCYCLE	1	2																			
CAR/TRUCK	1	2																			
22A	Does your household have any bednets that are used while sleeping?	YES 1 NO 2	 → 22E																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
22B	CHECK 5 AND 7 : NUMBER OF CHILDREN UNDER AGE 5 WHO SLEPT IN THE HOUSEHOLD LAST NIGHT NONE <input type="checkbox"/> _____ ONE <input type="checkbox"/> TWO OR MORE <input type="checkbox"/> _____ ↓		→22E →22D												
22C	Did (NAME) sleep under a bednet last night?	YES 1 NO 2	<input type="checkbox"/> →22E												
22D	Did all, some or none of the children under age 5 who slept in the household last night sleep under a bednet?	ALL CHILDREN 1 SOME CHILDREN 2 NONE 3													
22E	Does your household have any place which is used for hand washing?	YES 1 NO 2	<input type="checkbox"/> →23												
22F	ASK TO SEE THE PLACE USED MOST OFTEN AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WATER/TAP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOAP, ASH OR OTHER CLEANSING AGENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BASIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATER/TAP	1	2	SOAP, ASH OR OTHER CLEANSING AGENT	1	2	BASIN	1	2	
	YES	NO													
WATER/TAP	1	2													
SOAP, ASH OR OTHER CLEANSING AGENT	1	2													
BASIN	1	2													
23	TYPE OF SALT TEST OF IODINE.	00 PPM (NO IODINE/UNDETECTABLE) ... 1 01-14 PPM 2 15+ PPM 3													

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT

CHECK COLUMNS (8): RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 AND ALL CHILDREN UNDER AGE 6.

WOMEN 15-49				HEIGHT AND WEIGHT MEASUREMENT OF WOMEN 15-49			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)
		YEARS					
<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"/>

CHILDREN UNDER AGE 6				WEIGHT AND HEIGHT MEASUREMENT OF CHILDREN BORN IN 1994 OR LATER			
LINE NO. FROM COL.(8)	NAME FROM COL.(2)	AGE FROM COL.(7)	What is (NAME)'s date of birth?	WEIGHT (KILOGRAMS)	HEIGHT (CENTIMETERS)	MEASURED LYING DOWN OR STANDING UP	RESULT 1 MEASURED 2 NOT PRESENT 3 REFUSED 6 OTHER
						LYING STAND.	
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	0 <input type="text"/>	<input type="text"/>	1 2	<input type="text"/>

TICK HERE IF CONTINUATION SHEET USED

WOMEN'S QUESTIONNAIRE

IDENTIFICATION																						
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><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></tr> <tr><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></tr> <tr><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></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
WARD NAME _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
PROVINCE																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/RURAL																						
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																						
NAME AND LINE NUMBER OF WOMAN _____																						

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ (SPECIFY) 3 POSTPONED 6 INCAPACITATED				

LANGUAGE OF QUESTIONNAIRE: ENGLISH	<table border="1" style="width: 20px; height: 20px; margin: auto;"></table>
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LANGUAGE OF INTERVIEW: SHONA = 1; NDEBELE = 2; ENGLISH = 3; OTHER = 4	<table border="1" style="width: 20px; height: 20px; margin: auto;"></table>
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey.</p> <p>I would like to ask you about your health and that of your children. This information may help the country plan health services. Whatever answers you provide will be confidential and will not be shown to other persons.</p> <p>We hope you will participate in this survey since your views are important. Shall we proceed with the interview?</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1</p> <p align="center">↓</p> <p>RESPONDENT DOES NOT AGREE 2 → END</p> <p>I HAVE READ THE ABOVE STATEMENT TO THE RESPONDENT AND SHE HAS AGREED TO BE INTERVIEWED.</p> <p>SIGNATURE OF INTERVIEWER _____</p>	
--	--

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	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, on a commercial farm or in another rural area?	CITY 1 TOWN 2 COMMERCIAL FARM 3 OTHER RURAL 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	<input type="checkbox"/> → 105
104	Just before you moved here, did you live in a city, in a town, on a commercial farm or in another rural area?	CITY 1 TOWN 2 COMMERCIAL FARM 3 OTHER RURAL 4	
105	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	
106	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"/>	
107	Have you ever attended school?	YES 1 NO 2	<input type="checkbox"/> → 114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM <input type="text"/> <input type="text"/>	
113	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		<input type="checkbox"/> → 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→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 1 CHRISTIAN 2 MUSLIM 3 NONE 4 OTHER _____ 6 (SPECIFY)	
120	Have you ever drank an alcohol-containing beverage?	YES 1 NO 2	→123
121	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE/NEVER 997	→123
122	In the last 30 days, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE/NEVER 997	
123	In the last 3 months, have you had any kind of injection?	YES 1 NO 2	→201
124	In the last 3 months, how many times did you have an injection?	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> EVERY DAY 998	
124A	What was the injection for? RECORD ALL RESPONSES.	MEDICAL TREATMENT A OTHER B	
125	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL 1 PHARMACIST 2 TRADITIONAL HEALER 3 FRIEND/RELATIVE 4 SELF 5 OTHER 6 _____ (SPECIFY)	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→206
202	Do you have any sons or daughters to whom you have given birth 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 <input type="text"/> <input type="text"/> DAUGHTERS AT HOME ... <input type="text"/> <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth 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 <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="text"/> NO <input type="text"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="text"/> NO BIRTHS <input type="text"/>		→227

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 IF ALIVE:	218 IF ALIVE:	218A IF ALIVE:	219 IF DEAD:	220
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)?
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 ↓ 219	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 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
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 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	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 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	218A IF ALIVE:	219 IF DEAD:	220
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)?
08	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES .. 1 NO ... 2 ↓ 219	AGE IN YEARS <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	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 ↓ 219	AGE IN YEARS <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	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 ↓ 219	AGE IN YEARS <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 220)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>	YES .. 1 NO ... 2
223	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						YES 1 NO 2		
224	<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>↓</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. <input type="text"/></p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. <input type="text"/></p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. <input type="text"/></p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. <input type="text"/></p>								
225	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 1994 OR LATER. IF NONE, RECORD '0'.								<input type="text"/>
226	FOR EACH BIRTH SINCE JANUARY 1994 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.								

227	Are you currently pregnant?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	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 TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
229	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	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→235
231	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"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN <input type="text"/> LAST PREGNANCY ENDED BEFORE <input type="text"/> JAN. 1994 OR LATER JAN. 1994		→236
233	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"/>	
234	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1994. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235A	IN THE BOXES AT THE BOTTOM OF THE CALENDAR, FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 1994.		
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
237	From one menstrual period to next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→301
238	Is this time during her period, right after her period has ended, just before her period begins or in the middle of her menstrual cycle?	DURING HER PERIOD 1 RIGHT AFTER HER PERIOD HAS ENDED 2 JUST BEFORE HER PERIOD BEGINS 3 IN THE MIDDLE OF THE CYCLE 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 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 303.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	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.	Have you ever had a partner who had an operation to avoid having children? YES 1 NO 2
03	PILL Women can take a pill every day	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	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	FEMALE CONDOM : Women can place a rubber sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	DIAPHRAGM Women can place a diaphragm in their vagina before intercourse.	YES 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after a birth.	YES 1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2
14	EMERGENCY CONTRACEPTION: Women can take pills the day after sexual intercourse to avoid becoming pregnant.	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 NO 2 YES 1 NO 2

304	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 309
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→307
306	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→332
307	What have you used or done? CORRECT 303 AND 304 (AND 301 IF NECESSARY).		
309	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"/>	
311	CHECK 303 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A
312	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→325
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→325
314 314A	Which method are you using? CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
318	<p>Where did the sterilization take place?</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>CENTRAL HOSPITAL 11</p> <p>PROVINCIAL HOSPITAL 12</p> <p>DISTRICT/RURAL HOSPITAL ... 13</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>PRIVATE DOCTOR 32</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____36</p> <p>(SPECIFY)</p> <p>OTHER _____96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>							
318A	<p>Before the sterilization operation, were (you/your husband/your partner) told that you would not be able to have any (more) children?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>							
321	<p>In what month and year was the sterilization performed?</p>	<p>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></table></p> <p>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></table></p>							
322	<p>CHECK 321:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>STERILIZED BEFORE JANUARY 1994</p> <p>_____ <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1994</p> <p>THEN SKIP TO →327</p> </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: right;">STERILIZED</p> <p>IN JANUARY 1994 OR LATER</p> <p>_____ <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO →325</p> </td> </tr> </table>			<p>STERILIZED BEFORE JANUARY 1994</p> <p>_____ <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1994</p> <p>THEN SKIP TO →327</p>	<p style="text-align: right;">STERILIZED</p> <p>IN JANUARY 1994 OR LATER</p> <p>_____ <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO →325</p>				
<p>STERILIZED BEFORE JANUARY 1994</p> <p>_____ <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1994</p> <p>THEN SKIP TO →327</p>	<p style="text-align: right;">STERILIZED</p> <p>IN JANUARY 1994 OR LATER</p> <p>_____ <input type="checkbox"/></p> <p>↓</p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO →325</p>								
324	<p>ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. IF CURRENT METHOD STARTED IN JANUARY 1994 OR LATER, ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN THE SAME MONTH THAT USE OF CURRENT METHOD BEGAN.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • When did you start using this method continuously? • How long have you been using this method continuously? • When you started using this method, where did you obtain it? 								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<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 1994 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> <ul style="list-style-type: none"> • 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. 		
327	<p>CHECK 314/314A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CIRCLED IN 314/314A, CIRCLE CODE FOR HIGHEST METHOD IN LIST</p>	<p>NOT ASKED 00 →332</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02 →334</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTIONS 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07 →328I</p> <p>FEMALE CONDOM 08 →328I</p> <p>DIAPHRAGM 09 →328I</p> <p>FOAM/JELLY 10 →328I</p> <p>LACTATIONAL AMEN. METHOD .. 11 →328I</p> <p>PERIODIC ABSTINENCE 12 →334</p> <p>WITHDRAWAL 13 →334</p> <p>OTHER METHOD 96 →334</p>	
328B	<p>CHECK COLUMN 1 OF CALENDAR FOR LENGTH OF USE OF CURRENT METHOD:</p> <p>STARTED USING AFTER JANUARY 1994 <input type="text"/></p> <p>STARTED USING IN JANUARY 1994 <input type="text"/> OR BEFORE</p>		→328K
328G	<p>You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) on (DATE). At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2 →328I</p>	
328H	<p>Were you told what to do if you experienced side effects?</p>	<p>YES 1</p> <p>NO 2</p>	
328I	<p>When you were given the (CURRENT METHOD), were you told about other methods of family planning which you could use?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328K	CHECK 314/314A: CIRCLE METHOD CODE:	NOT ASKED 00 →332 FEMALE STERILIZATION 01 →334 MALE STERILIZATION 02 →334 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD . . 11 →334 PERIODIC ABSTINENCE 12 →334 WITHDRAWAL 13 →334 OTHER METHOD 96 →334	
328L	Where did you obtain (CURRENT METHOD) the last time? 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 GOVT. HOSPITAL/CLINIC 11 RURAL/MUNICIPAL CLINIC 12 RURAL HEALTH CENTER 13 ZNFPC (FIXED) CLINIC 14 ZNFPC MOBILE CLINIC 15 MOH MOBILE CLINIC 16 ZNFPC CBD 17 MOH CBD 18 OTHER PUBLIC 19 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 →334 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIENDS/RELATIVES 43 OTHER 96 (SPECIFY)	} }
332	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2 →334	
333	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 11 RURAL/MUNICIPAL CLINIC 12 RURAL HEALTH CENTER 13 ZNFPC (FIXED) CLINIC 14 ZNFPC MOBILE CLINIC 15 MOH MOBILE CLINIC 16 ZNFPC CBD 17 MOH CBD 18 OTHER PUBLIC 19 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIENDS/RELATIVES 43 OTHER 96 (SPECIFY)	
334	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES 1 NO 2	
335	In the last 12 months, have you attended a health facility for care for yourself (or your children)?	YES 1 NO 2 →401	
336	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 225: ONE OR MORE BIRTHS IN JAN. 1994 OR LATER <input type="checkbox"/>	NO BIRTHS IN JAN. 1994 OR LATER <input type="checkbox"/> → (SKIP TO 470)	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1994 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE 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 Q212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
404A	Has (NAME) been registered?	YES 1 NO 2 (SKIP TO 405) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 405) ← DON'T KNOW 8
404B	Does (NAME) have a birth certificate? IF YES: May I see it, please?	YES, SEEN 1 YES, NOT SEEN 2 NO CERTIFICATE 3	YES, SEEN 1 YES, NOT SEEN 2 NO CERTIFICATE 3
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 want <u>no (more)</u> children at all?	THEN 1 (SKIP TO 407) ← LATER 2 NO MORE 3 (SKIP TO 407) ←	THEN 1 (SKIP TO 412) ← LATER 2 NO MORE 3 (SKIP TO 412) ←
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
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 TRAINING UNCERTAIN ... E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ←	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	
409A	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> (SKIP TO 409C)	MORE THAN ONCE OR DK <input type="checkbox"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
409B	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
409C	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE ... 1 2	
409D	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 410) ← DON'T KNOW 8	
409E	Were you told where to go if you had these problems?	YES 1 NO 2 DON'T KNOW 8	
410	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 411A) ← DON'T KNOW 8	
410A	During this pregnancy, how many times did you get this injection?	NO. OF TIMES <input type="text"/> DON'T KNOW 8	
411A	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 411C) ← DON'T KNOW 8	
411B	During the whole pregnancy, how many tablets did you take?	NUMBER OF TABLETS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
411C	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
411D	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8	
411E	During this pregnancy, were you given or did you buy any drugs in order to prevent malaria?	YES 1 NO 2 (SKIP TO 412) ← DON'T KNOW 8	
411F	Which drug was that? RECORD ALL MENTIONED.	ASPIRIN A FANSIDAR B CHLOROQUINE C DELTAPRIM D NOROLON E QUININE F OTHER _____ X (SPECIFY)	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
412	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
413	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 415) ← _____ DON'T KNOW 8	YES 1 NO 2 (SKIP TO 415) ← _____ DON'T KNOW 8
414	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD OR MOTHER'S CARD, IF AVAILABLE.	GRAMS FROM CARD .. 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL ... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
415	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D TRAINING UNCERTAIN ... E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 417) ← _____	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE TRAINED C UNTRAINED D TRAINING UNCERTAIN E OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 417) ← _____
416	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 418A) ← _____ OTHER HOME 12 PUBLIC SECTOR CENTRAL HOSPITAL 21 PROVINCIAL HOSPITAL . 22 DIST/RURAL HOSPITAL . 23 RURAL HEALTH CENTRE 24 (SKIP TO 418A) ← _____ RURAL/MUNICIPAL CLC . 25 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC . 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) MISSION FACILITY 41 OTHER _____ 96 (SPECIFY) (SKIP TO 418A) ← _____	HOME YOUR HOME 11 (SKIP TO 418A) ← _____ OTHER HOME 12 PUBLIC SECTOR CENTRAL HOSPITAL 21 PROVINCIAL HOSPITAL 22 DIST/RURAL HOSPITAL 23 RURAL HEALTH CENTRE ... 24 (SKIP TO 418A) ← _____ RURAL/MUNICIPAL CLC 25 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ . 36 (SPECIFY) MISSION FACILITY 41 OTHER _____ 96 (SPECIFY) (SKIP TO 418A) ← _____
417	Was (NAME) delivered by caesarian section?	YES 1 NO 2	YES 1 NO 2
418A	After (NAME) was born, did anyone check on your health?	YES 1 NO 2 (SKIP TO 419) ← _____	YES 1 NO 2 (SKIP TO 420) ← _____

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
425	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 431) ←	YES 1 NO 2 (SKIP TO 431) ←
426	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"/>
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 429) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 429) ←
428	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 432) ← NO 2	YES 1 (SKIP TO 432) ← NO 2
429	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
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 434) (GO BACK TO 404 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 434) (GO BACK TO 404 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
432	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"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>
434	Did (NAME) drink anything from a bottle with a teat yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
437	<p>Now I would like to ask you about the types of foods [NAME] has been fed over the last seven days, including yesterday.</p> <p>How many days during last seven days was [NAME] given each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: How many times yesterday or last night was [NAME] given [ITEM]?</p> <p>A. Plain water?</p> <p>B. Commercially prepared baby formula?</p> <p>C. Fresh cow or goat milk?</p> <p>D. Any other milk such as tinned or powdered milk?</p> <p>E. Fruit juice?</p> <p>F. Any other liquids such as glucose water, tea, herbal teas/roots, or mahewu?</p> <p>G. Any other foods made from grains such as sadza, bread, porridge or thin gruel?</p> <p>H. Pumpkin, squash, sweet potatoes, or carrots?</p> <p>I. Potatoes or other food made from tubers?</p> <p>J. Any green leafy vegetables?</p> <p>K. Mango or pawpaw?</p> <p>L. Beans, groundnuts, or peanut butter?</p> <p>M. Any other fruits and vegetables such as oranges, bananas or tomatoes?</p> <p>N. Meat, poultry, fish, or eggs?</p> <p>O. Cheese or yogurt?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p> <p>L <input type="text"/></p> <p>M <input type="text"/></p> <p>N <input type="text"/></p> <p>O <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p> <p>L <input type="text"/></p> <p>M <input type="text"/></p> <p>N <input type="text"/></p> <p>O <input type="text"/></p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p> <p>L <input type="text"/></p> <p>M <input type="text"/></p> <p>N <input type="text"/></p> <p>O <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p> <p>L <input type="text"/></p> <p>M <input type="text"/></p> <p>N <input type="text"/></p> <p>O <input type="text"/></p>
438	<p>How many times was (NAME) fed solid or semi-solid (mashed or pureed) food yesterday or last night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		
439		<p>GO BACK TO 404A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.</p>	<p>GO BACK TO 404A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.</p>		

SECTION 4B. IMMUNIZATION AND HEALTH

440	ENTER THE NAME AND LINE NUMBER OF EACH LIVING CHILD BORN SINCE JANUARY 1994 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. BEGIN WITH THE YOUNGEST CHILD. (IF THERE ARE MORE THAN 2 LIVING CHILDREN, USE ADDITIONAL QUESTIONNAIRES).																																																																																																																																		
441	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>																																																																																																																																
442	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 442 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 464A)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (GO TO 442 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 464A)																																																																																																																																
443	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 445) ← YES, NOT SEEN 2 (SKIP TO 447) ← NO CARD 3	YES, SEEN 1 (SKIP TO 445) ← YES, NOT SEEN 2 (SKIP TO 447) ← NO CARD 3																																																																																																																																
444	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 447) ← NO 2	YES 1 (SKIP TO 447) ← NO 2																																																																																																																																
445	(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. BCG POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES	DAY MONTH YEAR BCG <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									P1								P2								P3								D1								D2								D3								MEA								DAY MONTH YEAR BCG <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>D3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>MEA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									P1								P2								P3								D1								D2								D3								MEA							
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		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
446	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 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) (SKIP TO 448H) ← NO 2 (SKIP TO 448H) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) (SKIP TO 448H) ← NO 2 (SKIP TO 448H) ← DON'T KNOW 8
447	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 449) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8
448	Please tell me if (NAME) received any of the following vaccinations:		
448A	A BCG vaccination against tuberculosis, that is, an injection in the right arm or shoulder that caused a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8
448D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
448E	DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8
448F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
448G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448H	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
449	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
450	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 451A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 451A) ← DON'T KNOW 8
451	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451A	CHECK 449 AND 450: FEVER OR COUGH?	"YES" IN 449 OR 450 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 454)	"YES" IN 449 OR 450 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 454)
452	Did you seek advice or treatment for the illness?	YES 1 NO 2 (SKIP TO 454) ←	YES 1 NO 2 (SKIP TO 454) ←

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
453	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DIST/RURAL HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLC E VILLAGE COMM WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC I PVT. DOCTOR J PHARMACY K VILLAGE COMM. WORKER L OTHER PVT. MEDICAL _____ . M (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DIST/RURAL HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLC E VILLAGE COMM WORKER ... F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC I PVT. DOCTOR J PHARMACY K VILLAGE COMM. WORKER ... L OTHER PVT. MEDICAL _____ . M (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O OTHER _____ X (SPECIFY)		
453A	CHECK 449: HAD FEVER?	“YES” IN 449 <input type="checkbox"/> ↓	“NO”/“DK” in 449 <input type="checkbox"/> ↓ (SKIP TO 454)	“YES” IN 449 <input type="checkbox"/> ↓	“NO”/“DK” IN 449 <input type="checkbox"/> ↓ (SKIP TO 454)
453B	Did (NAME) take any antimalarial drugs for the fever?	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8		
453C	What drug was that? RECORD ALL MENTIONED.	PARACETAMOL A ASPIRIN B FANSIDAR C CHLOROQUINE D DELTAPRIM E NOROLON F OTHER _____ X (SPECIFY) DON'T KNOW Z	PARACETAMOL A ASPIRIN B FANSIDAR C CHLOROQUINE D DELTAPRIM E NOROLON F OTHER _____ X (SPECIFY) DON'T KNOW Z		
454	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 464) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464) ← DON'T KNOW 8		
457	When (NAME) had diarrhea, was he/she given less than usual to drink, about the same amount, or more than usual to drink?	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8		
458	Was he/she given less than usual to eat, about the same amount, or more than usual to eat?	LESS 1 SAME 2 MORE 3 DON'T KNOW 8	LESS 1 SAME 2 MORE 3 DON'T KNOW 8		
459	Was he/she given any of the following to drink: A sugar-salt-water solution (SSS)? Any other liquid?	YES NO DK SSS 1 2 8 OTHER LIQUID... 1 2 8	YES NO DK SSS 1 2 8 OTHER LIQUID... 1 2 8		
460	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER _____ X (SPECIFY)
462	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 464)←	YES 1 NO 2 (SKIP TO 464)←
463	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL ... B DIST/RURAL HOSPITAL ... C RURAL HEALTH CENTRE .. D RURAL/MUNICIPAL CLC ... E VILLAGE COMM WORKER . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... I PVT. DOCTOR J PHARMACY K VILLAGE COMM. WORKER . L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER O OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL .. B DIST/RURAL HOSPITAL ... C RURAL HEALTH CENTRE .. D RURAL/MUNICIPAL CLC ... E VILLAGE COMM WORKER . F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... I PVT. DOCTOR J PHARMACY K VILLAGE COMM. WORKER L OTHER PVT. MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP N TRAD. PRACTITIONER ... O OTHER _____ X (SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 464A.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 464A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
464A	CHECK 442, ALL COLUMNS: NUMBER OF LIVING CHILDREN BORN SINCE JANUARY 1994 ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→470																																
464B	The last time you fed your children, did you wash your hands immediately before feeding them?	YES 1 NO 2 NEVER FED CHILDREN 3																																	
464C	The last time you had to clean (your child/one of your children) after (he/she) defecated, did you wash your hands immediately afterwards?	YES 1 NO 2 NEVER CLEANED CHILDREN 3																																	
464D	What usually happens with your child(ren)'s stools when they do not use any toilet facility?	ALWAYS USE TOILET/LATRINE ... 01 DISPOSED OF IN TOILET/LATRINE . 02 DISPOSED OF OUTSIDE DWELLING 03 DISPOSED OF OUTSIDE YARD 04 BURY IN THE YARD 05 WASHED AWAY 06 NOT DISPOSED OF 07 OTHER 96 (SPECIFY)																																	
469	CHECK 459, ALL COLUMNS: NO CHILD RECEIVED SSS <input type="checkbox"/> ANY CHILD RECEIVED SSS <input type="checkbox"/>		→470A																																
470	Have you ever heard of a special solution prepared using sugar and salt and water that is used for the treatment of diarrhea?	YES 1 NO 2																																	
470A	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>		→470C																																
470B	When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3																																	
470C	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, a small problem, or no problem for you? Knowing where to go Getting permission to go Getting money needed for treatment Not having a health facility nearby Having to take transport Not wanting to go alone Concern that there may not be a female health provider Fear of verbal abuse by health provider	<table border="0"> <tr> <td></td> <td>BIG PROBLEM</td> <td>SMALL PROBLEM</td> <td>NO PROBLEM</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		BIG PROBLEM	SMALL PROBLEM	NO PROBLEM		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3	
	BIG PROBLEM	SMALL PROBLEM	NO PROBLEM																																
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	1	2	3																																
	1	2	3																																
	1	2	3																																
	1	2	3																																
	1	2	3																																
	1	2	3																																
470D	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO E	→470F																																
470E	In the last 24 hours, how many times did you smoke?	TIMES <input type="text"/>																																	
470F	The last time you prepared a meal for your family, before starting, did you wash your hands?	YES 1 NO 2 NEVER PREPARED MEALS 3																																	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> →507
504	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→506 →511
505	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1994 _____		→515
506	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> →511
507	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
507A	RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. <input type="text"/> <input type="text"/>		
508	Besides yourself, how many wives does your husband have?	NUMBER OF CO-WIVES ... <input type="text"/> <input type="text"/>	
511	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
512	Now we will talk about your (first) husband/partner. In what month and year did you start living with him?	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	→514
513	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
514	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1994. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1994. 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. 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.		
514A	CHECK 502: CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> ▼	NOT CURRENTLY MARRIED AND NOT CURRENTLY LIVING WITH A MAN <input type="checkbox"/> _____	→515
514B	CHECK 314/314A: ANY CODE CIRCLED <input type="checkbox"/> ▼	NOT ASKED (NO CODE CIRCLED) <input type="checkbox"/> _____	→515

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514C	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	RESPONDENT 1 HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED 96	→525
517	When was the last time you had sexual intercourse?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→525
518	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→519
518A	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS . 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
519	What is your relationship to the man with whom you last had sex? IF "GIRLFRIEND OR FIANCEE", ASK "the last time you had sex with this partner, were you living with him?" IF "YES", RECORD '1' IF "NO. RECORD '2'	SPOUSE/COHABITING PARTNER ... 1 GIRL FRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX WORKER 5 RELATIVE 6 OTHER _____ 7 (SPECIFY)	→520
519A	How long have you had a sexual relationship with this man?	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"/>	
520	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→525
522	The last time you had sexual intercourse with this other man, was a condom used?	YES 1 NO 2	→523

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
522A	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS . 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
523	What is your relationship to this man? IF "GIRLFRIEND OR FIANCEE", ASK "the last time you had sex with this partner, were you living with him?" IF "YES", RECORD '1' IF "NO. RECORD '2'	SPOUSE/COHABITING PARTNER ... 1 GIRL FRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX WORKER 5 RELATIVE 6 OTHER _____ 7 (SPECIFY)	→524								
523A	How long have you had a sexual relationship with this man?	DAYS 1 <table border="1" data-bbox="1273 696 1369 741"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" data-bbox="1273 748 1369 792"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" data-bbox="1273 799 1369 844"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" data-bbox="1273 851 1369 896"><tr><td></td><td></td></tr></table>									
524	Altogether, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS .. <table border="1" data-bbox="1273 940 1369 985"><tr><td></td><td></td></tr></table>									
525	Do you know of a place where one can get condoms?	YES 1 NO 2	→527								
526	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSP./CLINIC 11 RURAL/MUNICIPAL CLINIC 12 RURAL HEALTH CENTRE 13 ZNFPC (FIXED) CLINIC 14 ZNFPC MOBILE CLINIC 15 MOH MOBILE CLINIC 16 ZNFPC CBD 17 MOH CBD 18 OTHER PUBLIC _____ 19 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIENDS/RELATIVES 43 OTHER _____ 96 (SPECIFY)									
526A	If you wanted to, could you yourself easily get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8									
527	Do you know of a place where one can get female condoms?	YES 1 NO 2	→601								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
528	<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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSP./CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC (FIXED) CLINIC 14</p> <p>ZNFPC MOBILE CLINIC 15</p> <p>MOH MOBILE CLINIC 16</p> <p>ZNFPC CBD 17</p> <p>MOH CBD 18</p> <p>OTHER PUBLIC _____ 19</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>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIENDS/RELATIVES 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
528A	<p>If you wanted to, could you yourself easily get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314/314A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→612
602	CHECK 227: 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 →604 SAYS SHE CAN'T GET PREGNANT .. 3 →606 UNDECIDED/DON'T KNOW AND PREGNANT 8 →605 AND NOT PREGNANT 8 →606	
603	CHECK 227: 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 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→606
604	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→608
604A	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→605
604B	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 0-23 MONTHS OR 01 YEAR <input type="checkbox"/>		→608

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																						
616	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2											
	YES	NO																							
RADIO	1	2																							
TELEVISION	1	2																							
NEWSPAPER OR MAGAZINE	1	2																							
618	In the last few months, have you discussed the practice of family planning with your friends, neighbours, or relatives?	<table style="width: 100%; border: none;"> <tr> <td>YES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: right;">2</td> </tr> </table>	YES	1	NO	2	→620																		
YES	1																								
NO	2																								
619	With whom? Anyone else? RECORD ALL MENTIONED.	<table style="width: 100%; border: none;"> <tr> <td>HUSBAND/PARTNER</td> <td style="text-align: right;">A</td> </tr> <tr> <td>MOTHER</td> <td style="text-align: right;">B</td> </tr> <tr> <td>FATHER</td> <td style="text-align: right;">C</td> </tr> <tr> <td>SISTER(S)</td> <td style="text-align: right;">D</td> </tr> <tr> <td>BROTHER(S)</td> <td style="text-align: right;">E</td> </tr> <tr> <td>DAUGHTER</td> <td style="text-align: right;">F</td> </tr> <tr> <td>SON</td> <td style="text-align: right;">G</td> </tr> <tr> <td>MOTHER-IN-LAW</td> <td style="text-align: right;">H</td> </tr> <tr> <td>FRIENDS/NEIGHBOURS</td> <td style="text-align: right;">I</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">X</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	HUSBAND/PARTNER	A	MOTHER	B	FATHER	C	SISTER(S)	D	BROTHER(S)	E	DAUGHTER	F	SON	G	MOTHER-IN-LAW	H	FRIENDS/NEIGHBOURS	I	OTHER _____	X	(SPECIFY)		
HUSBAND/PARTNER	A																								
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SON	G																								
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FRIENDS/NEIGHBOURS	I																								
OTHER _____	X																								
(SPECIFY)																									
620	CHECK 502: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES, CURRENTLY MARRIED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">YES, LIVING WITH A MAN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">NO, NOT IN UNION</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES, CURRENTLY MARRIED	<input type="checkbox"/>	YES, LIVING WITH A MAN	<input type="checkbox"/>	NO, NOT IN UNION	<input type="checkbox"/>		→623A																
YES, CURRENTLY MARRIED	<input type="checkbox"/>	YES, LIVING WITH A MAN	<input type="checkbox"/>	NO, NOT IN UNION	<input type="checkbox"/>																				
621	Husbands and wives do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	<table style="width: 100%; border: none;"> <tr> <td>APPROVES</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DISAPPROVES</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	APPROVES	1	DISAPPROVES	2	DON'T KNOW	8																	
APPROVES	1																								
DISAPPROVES	2																								
DON'T KNOW	8																								
622	How often have you talked to your husband/partner about family planning in the past year?	<table style="width: 100%; border: none;"> <tr> <td>NEVER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>ONCE OR TWICE</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MORE OFTEN</td> <td style="text-align: right;">3</td> </tr> </table>	NEVER	1	ONCE OR TWICE	2	MORE OFTEN	3																	
NEVER	1																								
ONCE OR TWICE	2																								
MORE OFTEN	3																								
623	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?	<table style="width: 100%; border: none;"> <tr> <td>SAME NUMBER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td style="text-align: right;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8															
SAME NUMBER	1																								
MORE CHILDREN	2																								
FEWER CHILDREN	3																								
DON'T KNOW	8																								
623A	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 is tired or not in the mood? She has recently given birth? She knows he has sex with women other than his wife (wives)? She knows he has the AIDS virus?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> <td style="text-align: right;">DK</td> </tr> <tr> <td>TIRED/MOOD</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>RECENT BIRTH</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>OTHER WOMEN</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> <tr> <td>HAS THE AIDS VIRUS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> </tr> </table>		YES	NO	DK	TIRED/MOOD	1	2	8	RECENT BIRTH	1	2	8	OTHER WOMEN	1	2	8	HAS THE AIDS VIRUS	1	2	8			
	YES	NO	DK																						
TIRED/MOOD	1	2	8																						
RECENT BIRTH	1	2	8																						
OTHER WOMEN	1	2	8																						
HAS THE AIDS VIRUS	1	2	8																						

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504: 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"/>	→703 →709
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8	→706
705	What was the highest (grade/form/year) he completed at that level?	GRADE <input type="text"/> DON'T KNOW 98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?	<input type="text"/> <hr/> <hr/>	
709	Aside from your own housework, are you currently working?	YES 1 NO 2	→712
710	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→712
711	Have you done any work in the last 12 months?	YES 1 NO 2	→723A
712	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <hr/> <hr/>	
713	CHECK 712: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→715
714	Do you work mainly on your own land, do you work on communal land, or do you rent land, or work on someone else's land?	OWN/FAMILY LAND 1 COMMUNAL/RESETTLEMENT 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
715	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	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	
720	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	<input type="checkbox"/> → 723
720A	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
722A	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. . 6	
723	Do you usually work at home or away from home?	HOME 1 AWAY 2	
723A	Who in your family usually has the final say on the following decisions: Your own health? Large household purchases? Daily household purchases? Visits to family, friends, or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
728A	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRS/ LISTN. PRS/ NOT LISTN NOT PRS LISTN CHILDREN <10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES .. 1 2 8	
728B	Sometimes a husband is annoyed or angered by things which 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 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 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→816
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→810
803	What can a person do? Anything else? RECORD ALL 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 INTRAVEN H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS/BLADES N OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DON'T KNOW Z	
804	CHECK 803: NEITHER CODE 'C' NOR CODE 'D' CIRCLED <input type="checkbox"/> ↓	CODE 'C' AND/OR CODE 'D' CIRCLED <input type="checkbox"/>	→807
805	In your view, is a person's chance of getting AIDS influenced by the number of partners he or she has?	YES 1 NO 2 DON'T KNOW 8	→807
806	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS 1 LESSER CHANCE OF AIDS 2	
807	CHECK 803: DID NOT MENTION USE OF A CONDOM DURING SEX (CODE 'B' NOT CIRCLED) <input type="checkbox"/> ↓	MENTIONED USE OF A CONDOM DURING SEX (CODE 'B' CIRCLED) <input type="checkbox"/>	→810
808	In your view, is a person's chance of getting AIDS affected by using a condom every time he or she has sexual intercourse?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→810
809	If a person uses a condom every time he or she is engaged in sexual intercourse, does this person have a greater or a lesser chance of getting AIDS than someone who doesn't use a condom?	GREATER CHANCE OF AIDS 1 LESSER CHANCE OF AIDS 2	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 813
812A	When can the virus that causes AIDS be transmitted from a mother to a child? Any other times? RECORD ALL RESPONSES	DURING PREGNANCY A AT DELIVERY B DURING BREASTFEEDING C OTHER TIMES. D DON'T KNOW Z	
813	CHECK 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN <input type="checkbox"/>	<input type="checkbox"/> → 814A
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2	
814A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers?	ACCEPTABLE UNACCEPT RADIO 1 2 TELEVISION 1 2 NEWSPAPER 1 2	
815A	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	
815B	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
815C	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK 1 SHOULD NOT CONTINUE WORK 2 DK/NOT SURE/DEPENDS 8	
815D	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
815E	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	<input type="checkbox"/> → 815HX
815F	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 3	
815G	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	<input type="checkbox"/> → 816

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815H 815HX	Where can you go for the test? Where did you go for the test? Any other places? RECORD ALL MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PRIVATE DOCTOR J OTHER PRIVATE MEDICAL _____ K (SPECIFY) TRADITIONAL HEALER L OTHER _____ X (SPECIFY)	
816	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→901
817	In a man, what signs and symptoms would lead you to think that he has such an infection? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE/STERILITY K NO SIGNS/SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
818	In a woman, what signs and symptoms would lead you to think that she has such an infection? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J INFERTILITY/STERILITY K NO SIGN/SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
819	CHECK 515: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→901

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
820	Now I would like to ask some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	YES 1 NO 2 DON'T KNOW 8	
820A	Sometimes women experience a discharge from their vagina. During the last 12 months have you had a discharge from your vagina?	YES 1 NO 2 DON'T KNOW 8	
820B	Sometimes women experience a sore or ulcer in or near their vagina. During the last 12 months have you had a a sore or ulcer in or near your vagina?	YES 1 NO 2 DON'T KNOW 8	
822	CHECK 820, 820A AND 820B: HAD STI <input type="checkbox"/> ↓	DID NOT HAVE STI <input type="checkbox"/>	→901
825	The last time you had (INFECTION FROM 820/820A/820B), did you seek advice or treatment?	YES 1 NO 2	→827
826	Where did you seek advice or treatment? RECORD ALL MENTIONED.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E VILLAGE COMMUNITY WORKER F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K VILLAGE COMMUNITY WORKER L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP N RELATIVE/FRIENDS O TRADITIONAL HEALER P OTHER _____ X (SPECIFY)	
827	When you had (INFECTION FROM 820/820A/820B), did you inform the persons with whom you have been having sex?	YES 1 NO 2 SOME/ NOT ALL 3	
828	When you had (INFECTION FROM 820/820A/820B) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	→901
829	What did you do? Anything else? RECORD ALL RESPONSES	STOPPED SEXUAL INTERCOURSE A USED CONDOMS B TOOK MEDICINES C OTHER _____ X (SPECIFY)	

SECTION 9. MATERNAL 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: <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> →916 TWO OR MORE BIRTHS ▼							
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	In what year did (NAME) die?	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	
909	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"/>	
910	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]	
911	Was (NAME) pregnant when she died?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
912	Did (NAME) die during childbirth?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	
913	Did (NAME) die within 2 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	
915	How many children did (NAME) give birth to during her lifetime?	<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]	
IF NO MORE BROTHERS OR SISTERS, GO TO 916								

904	What was 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)?	<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]
908	In what year did (NAME) die?	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998	1 9 <input type="text"/> <input type="text"/> GO TO 910← DK 9998
		<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 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"/>
910	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]
911	Was (NAME) pregnant when she died?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2
912	Did (NAME) die during childbirth?	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2	YES 1 GO TO 915← NO 2
913	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
915	How many children did (NAME) give birth to during her lifetime?	<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]
IF NO MORE BROTHERS OR SISTERS, GO TO 916							
916	RECORD THE TIME.	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>					

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 INJECTIONS
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- F FOAM OR JELLY
- L LACTATIONAL AMENORRHEA METHOD
- A PERIODIC ABSTINENCE
- W WITHDRAWAL
- X OTHER _____
 (SPECIFY)

COL.2: SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL/CLINIC
- 2 GOVT. RURAL/MUNICIPAL CLINIC
- 3 GOVT. RURAL HEALTH CENTRE
- 4 ZNFPC FIXED CLINIC
- 5 ZNFPC MOBILE CLINIC
- 6 MOH MOBILE CLINIC
- 7 ZNFPC CBD
- 8 MOH CBD
- 9 OTHER PUBLIC
- A MISSION FACILITY
- B PVT. HOSPITAL/CLINIC
- C PHARMACY
- D PRIVATE DOCTOR
- E PRIVATE CBD/FIELD WORKER
- F OTHER PRIVATE MEDICAL
- G SHOP
- H CHURCH
- I FRIENDS/RELATIVES
- 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 DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST 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

TERMINATION OF LAST NON-LIVE BIRTH PREGNANCY PRIOR
 TO JANUARY 1994

IF NO PREVIOUS NON-LIVE BIRTH PREGNANCY, RECORD '00'
 FOR MONTH AND '0000' FOR YEAR

MONTH

--	--

YEAR

--	--	--	--

		1	2	3	4		
12 DEC	01					01	DEC
11 NOV	02					02	NOV
10 OCT	03					03	OCT
09 SEP	04					04	SEP
1 08 AUG	05					05	AUG 1
9 07 JUL	06					06	JUL 9
9 06 JUN	07					07	JUN 9
9 05 MAY	08					08	MAY 9
04 APR	09					09	APR
03 MAR	10					10	MAR
02 FEB	11					11	FEB
01 JAN	12					12	JAN

12 DEC	13					13	DEC
11 NOV	14					14	NOV
10 OCT	15					15	OCT
09 SEP	16					16	SEP
1 08 AUG	17					17	AUG 1
9 07 JUL	18					18	JUL 9
9 06 JUN	19					19	JUN 9
8 05 MAY	20					20	MAY 8
04 APR	21					21	APR
03 MAR	22					22	MAR
02 FEB	23					23	FEB
01 JAN	24					24	JAN

12 DEC	25					25	DEC
11 NOV	26					26	NOV
10 OCT	27					27	OCT
09 SEP	28					28	SEP
1 08 AUG	29					29	AUG 1
9 07 JUL	30					30	JUL 9
9 06 JUN	31					31	JUN 9
7 05 MAY	32					32	MAY 7
04 APR	33					33	APR
03 MAR	34					34	MAR
02 FEB	35					35	FEB
01 JAN	36					36	JAN

12 DEC	37					37	DEC
11 NOV	38					38	NOV
10 OCT	39					39	OCT
09 SEP	40					40	SEP
1 08 AUG	41					41	AUG 1
9 07 JUL	42					42	JUL 9
9 06 JUN	43					43	JUN 9
6 05 MAY	44					44	MAY 6
04 APR	45					45	APR
03 MAR	46					46	MAR
02 FEB	47					47	FEB
01 JAN	48					48	JAN

12 DEC	49					49	DEC
11 NOV	50					50	NOV
10 OCT	51					51	OCT
09 SEP	52					52	SEP
1 08 AUG	53					53	AUG 1
9 07 JUL	54					54	JUL 9
9 06 JUN	55					55	JUN 9
5 05 MAY	56					56	MAY 5
04 APR	57					57	APR
03 MAR	58					58	MAR
02 FEB	59					59	FEB
01 JAN	60					60	JAN

12 DEC	61					61	DEC
11 NOV	62					62	NOV
10 OCT	63					63	OCT
09 SEP	64					64	SEP
1 08 AUG	65					65	AUG 1
9 07 JUL	66					66	JUL 9
9 06 JUN	67					67	JUN 9
4 05 MAY	68					68	MAY 4
04 APR	69					69	APR
03 MAR	70					70	MAR
02 FEB	71					71	FEB
01 JAN	72					72	JAN

MEN'S QUESTIONNAIRE

IDENTIFICATION																						
NAME OF HOUSEHOLD HEAD _____	<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> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																					
WARD NAME _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
PROVINCE																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/RURAL																						
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																						
NAME AND LINE NUMBER OF MAN _____																						

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE TIME	_____	_____		TOTAL NO. OF VISITS
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ (SPECIFY) 3 POSTPONED 6 INCAPACITATED				

LANGUAGE OF QUESTIONNAIRE: ENGLISH	3
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LANGUAGE OF INTERVIEW: SHONA = 1; NDEBELE = 2; ENGLISH = 3; OTHER = 4	
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____
DATE _____	DATE _____	_____	_____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 1 CHRISTIAN 2 MUSLIM 3 NONE 4 OTHER 6 (SPECIFY)	
120	Have you ever drank an alcohol-containing beverage?	YES 1 NO 2	→123
121	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE/NEVER 97	→123
122	In the last 30 days, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE/NEVER 97	
123	In the last 3 months, have you had any kind of injection?	YES 1 NO 2	→126
124	In the last 3 months, how many times did you have an injection?	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> EVERY DAY 98	
124A	What was the injection for? RECORD ALL RESPONSES.	MEDICAL TREATMENT A OTHER B	
125	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL 1 PHARMACIST 2 TRADITIONAL HEALER 3 FRIEND/RELATIVE 4 SELF 5 OTHER 6 (SPECIFY)	
126	Are you currently working?	YES 1 NO 2	→201
127	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2	→206								
202	Do you have any sons or daughters 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 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 had a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
305	Have you or any of your partners ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→334						
307	What have you used or done? CORRECT 303 AND 304 (AND 301 IF NECESSARY).								
313	Are you or any of your partners currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→334						
314	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→334						
318	Where did the sterilization 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)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL ... 13 OTHER PUBLIC _____ 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PRIVATE DOCTOR 32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98							
318A	Before the sterilization operation, were (you/your wife/your partner) told that you would not be able to have any (more) children?	YES 1 NO 2							
321	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></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			1	9			
1	9								
334	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES 1 NO 2							
335	In the last 12 months, have you attended a health facility for care for yourself (or your children)?	YES 1 NO 2	→401						
336	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2							

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman ?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→403 →405
402	How many wives do you have?	NUMBER OF WIVES <input type="text"/>	
403	How many (other) women are you living with as if you were married? RECORD '00' IF THE RESPONSE IS "NONE"	NUMBER OF <input type="text"/> LIVE-IN PARTNERS	
404	WRITE THE NAMES AND LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE OR WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00' IN THE LINE NUMBER BOX. THE NUMBER OF BOXES FILLED MUST BE EQUAL TO THE NUMBER OF WIVES. IF THE SUM OF 402 AND 403 IS '01' Please tell me the name of your wife/partner 1 _____ IF THE SUM OF 402 AND 403 IS '02' OR MORE Please tell me the names of all your wives and live-in partners 1 _____ 2 _____ 3 _____ 4 _____	LINE NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→408
405	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER 2 NO SEXUAL PARTNER 3	
406	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→408 →411
407	What is your marital status now: are you widowed, divorced or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
408	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
409	CHECK 408: MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="text"/> In what month and year did you start living with your wife/partner? MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="text"/> Now we will talk about your first wife/partner. In what month and year did you start living with her?	MONTH <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> DON'T KNOW YEAR 9998	→411
410	How old were you when you started living with her?	AGE <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED 96	→437
412	When was the last time you had sexual intercourse?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> DO NOT REMEMBER 998	→434
413	The last time you had sexual intercourse, did you use a condom?	YES 1 NO 2	→417
414	What was the main reason you used a condom on that occasion?	OWN CONCERN TO PREVENT STD/HIV 1 OWN CONCERN TO PREVENT A PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
417	What is your relationship to the woman with whom you last had sex? IF "BOYFRIEND OR FIANCE", ASK "the last time you had sex with this partner, were you living with her?" IF "YES", RECORD '1' IF "NO", RECORD '2'	SPOUSE/COHABITING PARTNER 1 BOYFRIEND/FIANCE 2 FRIEND/ACQUAINTANCE 3 RELATIVE 4 CUSTOMER (FOR SEX) 5 OTHER _____ 8 (SPECIFY)	→419
418	How long have you had a sexual relationship with the woman you last had sex with?	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"/>	
419	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→434
420	The last time you had sexual intercourse with another woman, did you use a condom?	YES 1 NO 2	→424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
431	What is your relationship to this woman? IF "BOYFRIEND OR FIANCE", ASK "the last time you had sex with this partner, were you living with her?" IF "YES", RECORD '1' IF "NO" RECORD '2'	SPOUSE/COHABITING PARTNER 1 BOYFRIEND/FIANCE 2 FRIEND/ACQUAINTANCE 3 RELATIVE 4 CUSTOMER (FOR SEX) 5 OTHER _____ 8 (SPECIFY)	→433
432	How long have you maintained a sexual relationship with this woman?	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"/> DOES NOT REMEMBER 998	
433	Altogether, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS . . . <input type="text"/> <input type="text"/>	
434	Have you ever paid for sex?	YES 1 NO 2	→437
435	How long ago was the last time you paid for sex?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> DOES NOT REMEMBER 998	
436	The last time that you paid for sex, did you use a condom?	YES 1 NO 2	
437	Do you know of a place where one can get condoms?	YES 1 NO 2	→440

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	<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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSP./CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC FIXED CLINIC 14</p> <p>ZNFPC MOBILE CLINIC 15</p> <p>MOH MOBILE CLINIC 16</p> <p>ZNFPC CBD 17</p> <p>MOH CBD 18</p> <p>OTHER PUBLIC _____ 19</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>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIENDS/RELATIVES 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
439	<p>If you wanted to, could you yourself easily get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	
440	<p>Do you know of a place where one can get female condoms?</p>	<p>YES 1</p> <p>NO 2</p>	→501
441	<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>PUBLIC SECTOR</p> <p>GOVERNMENT HOSP./CLINIC 11</p> <p>RURAL/MUNICIPAL CLINIC 12</p> <p>RURAL HEALTH CENTRE 13</p> <p>ZNFPC FIXED CLINIC 14</p> <p>ZNFPC MOBILE CLINIC 15</p> <p>MOH MOBILE CLINIC 16</p> <p>ZNFPC CBD 17</p> <p>MOH CBD 18</p> <p>OTHER PUBLIC _____ 19</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>MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 41</p> <p>CHURCH 42</p> <p>FRIENDS/RELATIVES 43</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
442	<p>If you wanted to, could you yourself easily get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		→503A
502	CHECK 405: NOT IN UNION BUT HAS A REGULAR SEXUAL PARTNER <input type="checkbox"/>	HAS ONLY AN OCCASIONAL SEXUAL PARTNER OR NO SEXUAL PARTNER <input type="checkbox"/>	→505A
503	CHECK 401 and 405: A HAS A WIFE OR LIVING WITH WOMAN <input type="checkbox"/> Is your wife / the woman you are living with currently pregnant? Are any of your wives/ any of the women you are living with currently pregnant? B HAS A REGULAR SEXUAL PARTNER <input type="checkbox"/> Is your regular partner currently pregnant? Is one of your regular partners currently pregnant?	YES 1 NO 2 DO NOT KNOW/UNSURE 8	}→505A
504	When she became pregnant, did you want her to become pregnant <u>then</u> , did you want her to have a child but <u>wanted to wait</u> or did you <u>not want</u> her to have a child <u>at all</u> ?	THEN 1 WANTED TO WAIT 2 NOT AT ALL. 3	}→505B
505	CHECK 503: A WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/PARTNER <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? B WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child your wife/partner is 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 WIFE CAN'T GET PREGNANT 3 SAYS HE CAN'T HAVE ANY MORE 4 UNDECIDED/DON'T KNOW 8	}→505B
506	CHECK 503: A WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/PARTNER <input type="checkbox"/> How long would you like to wait to have a child? How long would you like to wait to have another child? B WIFE/PARTNER PREGNANT <input type="checkbox"/> After the child your wife/partner is expecting, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="checkbox"/> YEARS 2 <input type="checkbox"/> SOON/NOW 993 SAYS WIFE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
507	CHECK 314: USING A METHOD NOT ASKED <input type="checkbox"/> NOT USING CURRENTLY <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→512
508	Do you think you will use a method to avoid pregnancies within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→510

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	Do you think you will use a method to avoid pregnancies at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→511
510	Which method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 LACTATIONAL AMENORRHEA 10 RHYTHM/PERIODIC ABSTINENCE ... 11 WITHDRAWAL 12 OTHER _____ 96 (SPECIFY) UNDECIDED 98	→512
511	What is the main reason that you think you will never use a method?	NOT CURRENTLY MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX 22 WIFE MENOPSA/HYSTER 23 WIFE SUB/INFECUND 24 DESIRE MORE CHILDREN 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
512	CHECK 203 and 205: HAS LIVING CHILDREN NO LIVING CHILDREN <input type="checkbox"/> <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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
513	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3	
514	Is it acceptable or not acceptable to you for information on family planning to be provided on the radio?	ACCEPTABLE 1 NOT ACCEPTABLE 2 NO OPINION 8	
515	Is it acceptable or not acceptable to you for information on family planning to be provided on the television?	ACCEPTABLE 1 NOT ACCEPTABLE 2 NO OPINION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	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	
??	In the last few months have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES 1 NO 2	→520
ERR	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER/FATHER-IN-LAW H FRIENDS/NEIGHBOURS I OTHER _____ X (SPECIFY)	
ERR	CHECK 401: CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→601
ERR	Husbands and wives do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
ERR	How often have you talked to your wife/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
ERR	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
524	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 is tired or not in the mood? She has recently given birth? She knows he has sex with women other than his wife (wives)? She knows he has the AIDS virus?	YES NO DK TIRED/MOOD 1 2 8 RECENT BIRTH 1 2 8 OTHER WOMEN 1 2 8 HAS THE AIDS VIRUS. 1 2 8	

SECTION 6: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→616
602	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	☐ →610
603	What can a person do? Anything else? RECORD ALL 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 INTRAVEN. H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZOR BLADES .. N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
604	CHECK 603: NEITHER CODE 'C' NOR CODE 'D' CIRCLED ☐	CODE 'C' AND/OR CODE 'D' CIRCLED ☐	→607
605	In your view, is a person's chance of getting AIDS influenced by the number of partners he or she has?	YES 1 NO 2 DON'T KNOW 8	☐ →607
606	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS 1 LESSER CHANCE OF AIDS 2	
607	CHECK 603: DID NOT MENTION USE OF A CONDOM DURING SEX (CODE 'B' NOT CIRCLED) ☐	MENTIONED USE OF A CONDOM DURING SEX (CODE 'B' CIRCLED) ☐	→610
608	In your view, is a person's chance of getting AIDS affected by using a condom every time he or she has sexual intercourse?	YES 1 NO 2 UNSURE/DON'T KNOW 8	☐ →610
609	If a person uses a condom every time he or she is engaged in sexual intercourse, does this person have a greater or a lesser chance of getting the AIDS virus than someone who doesn't use a condom?	GREATER CHANCE OF AIDS 1 LESSER CHANCE OF AIDS 2	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
611	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	x

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →613
612A	When can the virus that causes AIDS be transmitted from a mother to a child? Any other times? RECORD ALL RESPONSES	DURING PREGNANCY A AT DELIVERY B DURING BREASTFEEDING C OTHER TIMES. D DON'T KNOW Z	
613	CHECK 401: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/>	NOT CURRENTLY MARRIED/ NOT LIVING WITH A WOMAN <input type="checkbox"/>	<input type="checkbox"/> →614A
614	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	YES 1 NO 2	
614A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers?	ACCEPTABLE UNACCEPTABLE RADIO..... 1 2 TV..... 1 2 NEWSPAPER. 1 2	
615A	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	
615B	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
615C	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK 1 SHOULD NOT CONTINUE WORK 2 DK/NOT SURE/DEPENDS 8	
615D	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
615E	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	<input type="checkbox"/> →615HX
615F	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 3	
615G	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	<input type="checkbox"/> →616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615H	Where can you go for the test?	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E	
615HX	Where did you go for the test? Any other places? RECORD ALL MENTIONED.	OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PRIVATE DOCTOR J OTHER PRIVATE MEDICAL _____ K (SPECIFY) TRADITIONAL HEALER L OTHER _____ X (SPECIFY)	
616	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→630
617	In a man, what signs and symptoms would lead you to think that he has such an infection? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE/STERILITY K NO SIGNS/SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
618	In a woman, what signs and symptoms would lead you to think that she has such an infection? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J INFERTILITY/STERILITY K NO SIGN/SYMPTOMS L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
619	CHECK 411: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→630

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
620	Now, I would like to ask some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?	YES 1 NO 2 DON'T KNOW 8					
620A	Sometimes men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES 1 NO 2 DON'T KNOW 8					
620B	Sometimes men experience 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					
622	CHECK 620/620A/620B: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">HAD STI <input type="checkbox"/></div> <div style="text-align: center;">DID NOT HAVE STI <input type="checkbox"/></div> </div>		→630				
625	The last time you had (INFECTION FROM 620/620A/620B), did you seek advice or treatment?	YES 1 NO 2	→627				
626	Where did you seek advice or treatment? Any other places? RECORD ALL RESPONSES.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E VILLAGE COMMUNITY WORKER ... F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K VILLAGE COMMUNITY WORKER ... L OTHER PRIVATE MEDICAL _____ M (SPECIFY) OTHER SOURCE SHOP N RELATIVE/FRIENDS O TRADITIONAL HEALER P OTHER _____ X (SPECIFY)					
627	When you had (INFECTION FROM 620/620A/620B), did you inform the persons with whom you have been having sex?	YES 1 NO 2 SOME/ NOT ALL 3					
628	When you had (INFECTION FROM 620/620A/620B) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED ... 3	→630				
629	What did you do? Anything else? RECORD ALL RESPONSES	STOPPED SEXUAL INTERCOURSE . A USED CONDOMS B TOOK MEDICINES C OTHER _____ X (SPECIFY)					
630	RECORD THE TIME.	HOUR <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></table> MINUTES <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></table>					

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: _____

ERRATA

Central Statistical Office [Zimbabwe] and Macro International Inc. 2000. *Zimbabwe Demographic and Health Survey 1999*. Calverton, Maryland: Central Statistical Office and Macro International Inc.

Page 13 Table 2.6 - The numbers in the table are incorrect. See new Table 2.6 below

Table 2.6 School enrolment ratios						
Net enrolment ratios (NER) and gross enrolment ratios (GER) for the de facto household population age 7-18 years, by level of schooling, sex, residence, and province, Zimbabwe 1999						
Residence and province	Net enrolment ratio ¹			Gross enrolment ratio ²		
	Male	Female	Total	Male	Female	Total
PRIMARY SCHOOL						
Residence						
Urban	83.7	86.1	84.9	99.7	100.9	100.3
Rural	79.4	80.9	80.2	112.4	106.6	109.6
Region						
Manicaland	78.6	76.5	77.6	117.0	108.1	112.6
Mashonaland Central.	78.5	81.1	79.8	111.8	107.2	109.5
Mashonaland East	78.5	82.9	80.6	107.0	106.0	106.5
Mashonaland West	80.9	79.7	80.4	109.6	105.2	107.6
Matabeleland North	79.7	86.4	83.1	101.7	101.9	101.8
Matabeleland South	82.8	81.1	82.0	108.7	101.4	105.0
Midlands	80.5	83.0	81.8	107.7	101.7	104.6
Masvingo	83.0	81.2	82.1	121.3	111.5	116.5
Harare	81.2	88.8	85.0	94.0	102.6	98.3
Bulawayo	83.5	86.6	85.1	100.0	100.9	100.5
Total	80.4	82.1	81.3	109.5	105.3	107.4
SECONDARY SCHOOL						
Residence						
Urban	59.9	49.0	53.9	69.4	55.0	61.5
Rural	33.9	31.4	32.8	38.5	33.0	35.9
Region						
Manicaland	43.8	33.1	38.6	47.7	33.5	40.8
Mashonaland Central.	28.2	25.8	27.0	36.2	27.5	31.8
Mashonaland East	36.5	35.0	35.8	43.2	38.4	41.1
Mashonaland West	27.6	33.5	30.4	33.1	33.5	33.3
Matabeleland North	31.3	36.8	33.8	32.5	36.8	34.4
Matabeleland South	29.1	37.4	33.0	31.6	41.0	36.0
Midlands	36.3	35.7	36.0	41.4	40.3	40.9
Masvingo	37.4	33.3	35.5	42.0	36.9	39.6
Harare	67.5	49.0	57.2	79.5	54.4	65.5
Bulawayo	59.8	51.4	55.4	68.6	58.3	63.2
Total	39.9	36.7	38.3	45.6	39.5	42.7

¹ The NER for primary school is the percentage of the primary-school-age (7-12 years) population that is enrolled in primary school. The NER for secondary school is the percentage of the secondary-school-age (13-18 years) population that is enrolled in secondary school. By definition the NER cannot exceed 100%.

² The GER for primary school is the total number of primary school students, regardless of age, expressed as the percentage of the official primary-school-age population. The GER for secondary school is the total number of secondary school students, regardless of age, expressed as the 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 GER can exceed 100%.

Pages 58-59 Tables 5.7.1 and 5.7.2 - The column headings (only) “Not currently using” and “Other methods” should be transposed.

Page 149 Table 10.4 - Two labels in the first column are incorrect: <4 should be <2 and <2 should be <4

Page 157 Table 10.9 - The numbers for Region and Education are misaligned. See new Table 10.9 below

Table 10.9 Nutritional status of women by background characteristics

Among women age 15-49, mean height and percentage under 145 cm, mean body mass index (BMI), percentage whose BMI is below 18.5, mean DHS Z-score, and percentage wasted, by selected background characteristics, Zimbabwe 1999

Background characteristic	Height			Weight-for-height ¹					
	Mean height in cm	Per-centage below 145 cm	Number of women	Mean body mass index (kg/m ²)	Per-centage below 18.5	Number of women	Mean DHS Z-score	Per-centage below -2 SD	Number of women
Age									
15-19	157.6	2.9	1,374	22.0	9.6	1,372	-0.3	2.3	1,366
20-24	159.3	1.6	1,230	22.8	4.6	1,233	-0.1	0.6	1,222
25-29	160.2	1.4	981	23.5	5.8	982	-0.2	2.9	977
30-34	159.8	1.9	631	24.7	2.0	633	-0.1	1.5	631
35-49	160.5	1.0	1,398	25.3	3.9	1,397	-0.1	4.8	1,394
Residence									
Urban	160.0	1.2	2,108	24.3	5.1	2,107	0.1	1.8	2,099
Rural	159.0	2.1	3,507	23.1	5.8	3,510	-0.3	3.1	3,490
Region									
Manicaland	158.1	1.8	838	23.4	4.3	840	-0.2	2.2	837
Mashonaland Centr.	159.0	1.1	424	22.7	4.8	424	-0.4	3.0	420
Mashonaland East	160.0	1.3	453	23.7	6.6	454	-0.1	3.7	452
Mashonaland West	157.2	7.7	517	23.8	6.1	522	-0.2	3.8	508
Matabeleland North	159.8	0.3	305	22.9	8.0	305	-0.4	4.5	305
Matabeleland South	159.6	0.5	291	23.3	6.5	291	-0.3	3.3	291
Midlands	159.9	1.3	748	23.3	7.7	748	-0.2	2.8	746
Masvingo	160.2	1.5	617	23.1	3.6	614	-0.2	2.0	614
Harare	160.2	1.1	963	24.1	4.6	961	0.1	0.9	959
Bulawayo	160.0	0.5	459	24.7	5.7	459	0.1	2.7	458
Education									
No education	158.4	3.5	647	22.6	8.7	647	-0.5	4.9	642
Primary	159.2	1.8	2,422	23.5	5.2	2,424	-0.2	2.9	2,412
Secondary	159.8	1.3	2,200	23.7	5.0	2,200	-0.0	1.6	2,190
Higher	160.6	1.9	318	24.9	5.7	318	0.2	1.8	317
Total	159.4	1.8	5,615	23.6	5.6	5,618	-0.2	2.6	5,590

Note: The Body Mass Index (BMI) is expressed as the ratio of weight in kilograms to the square of height in centimeters (kg/m²). The DHS Z-score is based on a study of elite mothers in DHS surveys and indicates the number of standard deviation units (SD) from the median of the DHS de facto reference population. The percentage of mothers who are more than two standard deviations below (i.e., away in the negative direction) the median of the DHS reference population (-2 SD) are shown according to background characteristics.

¹ Excludes pregnant women and women with a birth in the preceding 2 months