Zimbabwe

Demographic and Health Survey

2010-11

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Zimbabwe National Statistics Agency
Harare, Zimbabwe

ICF International, Inc.
Calverton, Maryland USA

March 2012

The 2010-11 Zimbabwe Demographic and Health Survey (2010-11 ZDHS) was implemented by the Zimbabwe National Statistics Agency (ZIMSTAT). The funding for the ZDHS was provided by the United States Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (DFID), the European Union (EU), and the Government of Zimbabwe. ICF International supported the project through the MEASURE DHS project, a USAID-funded project providing support, technical assistance, and funding for population and health surveys in countries worldwide.

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Recommended citation:

Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. *Zimbabwe Demographic and Health Survey 2010-11*. Calverton, Maryland: ZIMSTAT and ICF International Inc.

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PREFACE

The 2010-11 Zimbabwe Demographic and Health Survey (2010-11 ZDHS) presents the major findings of a survey of a large, nationally representative sample of nearly 11,000 households. This survey was conducted by the Zimbabwe National Statistics Agency (ZIMSTAT) from late September 2010 through March 2011. The 2010-11 ZDHS is a follow-up to the 1988, 1994, 1999, and 2005-06 ZDHS surveys and provides updated estimates of basic demographic and health indicators. In contrast with past ZDHS surveys, the 2010-11 ZDHS was carried out using electronic personal digital assistants (PDAs) rather than paper questionnaires for recording responses during interviews. A preliminary report was published in June 2011.

The primary objective of the 2010-11 ZDHS is to provide current information for policymakers, planners, researchers, and programme managers. Topics include fertility levels; nuptiality; sexual activity; fertility preferences; knowledge 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; malaria prevention and treatment; awareness and behaviour regarding HIV and other sexually transmitted infections; and domestic violence. Additionally, the 2010-11 ZDHS provides population-based prevalence estimates for anaemia among men, women, and young children and for HIV among women age 15-49 and men age 15-54.

ZIMSTAT extends its acknowledgement and gratitude to the various agencies and individuals in the government, donor community, and public sector for support that facilitated the successful implementation of the survey. Specific mention is due to the following: the Ministry of Health and Child Welfare (MOHCW), the National Microbiology Reference Laboratory (NMRL), the USAID/Zimbabwe Mission, the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the Centers for Disease Control and Prevention (CDC), the United Kingdom Department for International Development (DFID), the European Union (EU), the National AIDS Council (NAC), Population Services International (PSI), University of Zimbabwe (UZ), the Joint United Nations Programmes on HIV and AIDS (UNAIDS), the Zimbabwe National Family Planning Council (ZNFPC), and the World Health Organization (WHO). ICF International provided technical assistance and funding to the 2010-11 ZDHS through the MEASURE DHS project, a USAID-funded programme supporting the implementation of population and health surveys in countries worldwide. Finally, we wish to thank all field personnel for commitment to high-quality work under difficult conditions and all ZDHS respondents for their patience and cooperation.

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Director General
Zimbabwe National Statistics Agency

Millennium Development Goal Indicators, Zimbabwe 2010-11

Indicator		Sex		
		Male	Female	Total
1.	**Eradicate extreme poverty and hunger**			
1.8	Prevalence of underweight children under 5 years of age	11.1	8.4	9.7
2.	**Achieve universal primary education**			
2.1	Net attendance ratio in primary education[1]	87.4	88.8	88.1
2.3	Literacy rate of 15-24 year-olds[2]	95.2	96.2	95.7[a]
3.	**Promote gender equality and empower women**			
3.1	Ratio of girls to boys in primary, secondary, and tertiary education			
3.1a	Ratio of girls to boys in primary education[3]	na	na	1.0
3.1b	Ratio of girls to boys in secondary education[3]	na	na	1.0
3.1c	Ratio of girls to boys in tertiary education[3]	na	na	0.7
4.	**Reduce child mortality**			
4.1	Under five mortality rate[4]	87	68	84
4.2	Infant mortality rate[4]	64	44	57
4.3	Proportion of 1 year old children immunised against measles	78.1	80.2	79.1
5.	**Improve maternal health**			
5.1	Maternal mortality ratio[5]	na	na	960
5.2	Proportion of births attended by skilled health personnel[6]	na	na	66.2
5.3	Contraceptive prevalence rate[7]	na	58.5	na
5.4	Adolescent birth rate[8]	na	114.6	na
5.5	Antenatal care coverage			
5.5a	At least one visit	na	89.8	na
5.5b	Four or more visits	na	64.8	na
5.6	Unmet need for family planning	na	12.8	na
6.	**Combat HIV/AIDS, malaria and other diseases**			
6.1	HIV prevalence among population age 15-24	3.6	7.3	5.5
6.2	Condom use at last high-risk sex[9]	73.7	48.0	60.9
6.3	Percentage of population age 15-24 years with comprehensive correct knowledge of HIV/AIDS[10]	47.0	51.9	49.5[a]
6.4	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	0.91	0.94	0.92
6.7	Percentage of children under 5 sleeping under insecticide-treated bednets	9.2	10.2	9.7
6.8	Percentage of children under 5 with fever who are appropriately treated with anti-malarial drugs[11]	2.1	2.5	2.3
		Urban	Rural	Total
7.	**Ensure environmental sustainability**			
7.8	Percentage of population using an improved drinking water source[12]	95.1	68.7	76.7
7.9	Percentage of population with access to improved sanitation[13]	49.8	31.8	37.3

na = Not applicable

[a] The total is calculated as the simple arithmetic mean of the percentages in the columns for males and females

[1] Based on reported attendance, not enrollment, in primary education among primary school age children (6-10 year-olds). The rate also includes children of primary school age attending secondary education. This is a proxy for MDG indicator 2.1, Net enrollment ratio.

[2] Refers to respondents who attended secondary school or higher or who could read a whole sentence or part of a sentence.

[3] Based on reported net attendance not gross enrollment, among 6-12 year-olds for primary, 13-18 year-olds for secondary and 19-24 year-olds for tertiary education.

[4] Expressed in terms of deaths per 1,000 live births. Mortality by sex refers to a 10-year reference period preceding the survey. Mortality rates for males and females combined refer to the 5-year period preceding the survey.

[5] Expressed in terms of maternal deaths per 100,000 live births in the 7-year period preceding the survey

[6] Among births in the five years before the survey

[7] Percentage of currently married women age 15-49 using any method of contraception

[8] Equivalent to the age-specific fertility rate for women age 15-19 for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15-19

[9] Higher-risk sex refers to sexual intercourse with a non-marital, non-cohabitating partner. Expressed as a percentage of men and women age 15-24 who had higher-risk sex in the past 12 months.

[10] Comprehensive knowledge means knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV.

[11] Measured as the percentage of children age 0-59 months who were ill with a fever in the two weeks preceding the interview and received any anti-malarial drug

[12] Percentage of de-jure population whose main source of drinking water is a household connection (piped), public tap or standpipe, tubewell or borehole, protected dug well, protected spring, rainwater collection, or bottled water

[13] Percentage of de-jure population whose household has a flush toilet, ventilated improved pit latrine, or pit latrine with a slab, and does not share this facility with other households

ZIMBABWE

N
ZAMBIA
Zambezi River
Mashonaland Central
Mashonaland West
Harare
Matabeleland North
Midlands
Mashonaland East
Manicaland
Bulawayo
Masvingo
Matabeleland South
BOTSWANA
Limpopo River
MOZAMBIQUE
SOUTH AFRICA
0 50 100 200
Kilometres

INTRODUCTION 1

1.1 GEOGRAPHY AND ECONOMY

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

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

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

The economy is diversified but biased toward agriculture and mining, which are by far the country's major foreign-currency earning sectors. In addition to mineral processing, major industries include food processing, construction, chemicals, textiles, wood and furniture, and production transport equipment. In recent years the mining industry has faced challenges such as frequent power outages, inefficient infrastructure, flight of skilled workers, and shortages of funds for working capital and recapitalisation. The manufacturing industry also has suffered constraints such as deindustrialisation, inadequate and erratic supply of key economic enablers (namely electricity, fuel, coal, and water), and the high cost of establishing business.

The agriculture sector has well-developed commercial and communal farming systems. As a result of the country's resettlement scheme, Zimbabwe now has some A1 and A2 farms that previously were largely commercial farms. The communal and resettlement sector's contribution to the production of industrial raw materials and food products has increased substantially since 1980, despite its poor physical and socioeconomic infrastructure. The agricultural sector continues to face many challenges such as poor irrigation, unaffordable inputs, and low capitalisation levels. The main agricultural export product is tobacco, along with maize, cotton, sugar, and groundnuts. However, the economic challenges of recent years have affected export crops.

In 2011, the inclusive government of Zimbabwe implemented a five-year strategic development plan, the Zimbabwe 2011-2015 Medium Term Plan (MTP) (MEPIP, 2011). It outlines the economic policies, projects, and programmes that will guide the nation and set priorities through 2015. The goals of the MTP are to maintain macroeconomic stability, restore the economy's capacity to produce goods and services competitively, and empower people to fully participate in the economy so as to achieve the vision of the plan. The MTP empowers Zimbabweans both socially and economically in order to eradicate poverty and ensure sustainable development.

1.2 POPULATION

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

Table 1.1 Population size and growth rate

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

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

Source: Central Statistical Office, 2002

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

Table 1.2 Demographic indicators

Selected demographic indicators, Zimbabwe 1992 and 2002

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

Source: Central Statistical Office, 2002

1.3 OBJECTIVES OF THE SURVEY

The 2010-2011 Zimbabwe Demographic and Health Survey (2010-11 ZDHS) is one of a series of surveys undertaken by the Zimbabwe National Statistics Agency (ZIMSTAT) as part of the Zimbabwe National Household Survey Capability Programme (ZNHSCP) and the worldwide MEASURE DHS programme. The Ministry of Health and Child Welfare (MOH&CW) and the Zimbabwe National Family Planning Council (ZNFPC) contributed significantly to the design and implementation of the 2010-11 ZDHS and to the analysis of the survey results. Financial support for the 2010-11 ZDHS was provided by the government of Zimbabwe, the United States Agency for International Development (USAID), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United Kingdom Department for International Development (DFID), the European Union (EU), the United Nations Population Fund (UNFPA), the United Nations Development Fund (UNDP), the United Nations Children's Fund (UNICEF), and the Centers for Disease Control and Prevention (CDC). The Demographic and Health Research Division of ICF International provided technical assistance during all phases of the survey.

The 2010-11 ZDHS is a follow-on to the 1988, 1994, 1999, and 2005-06 ZDHS surveys and provides updated estimates of basic demographic and health indicators covered in these earlier surveys. Data on malaria prevention and treatment, domestic violence, anaemia, and HIV/AIDS were also collected in the 2010-11 ZDHS. In contrast to the earlier surveys, the 2010-11 ZDHS was carried out using electronic personal digital assistants (PDAs) rather than paper questionnaires for recording responses during interviews.

The primary objective of the 2010-11 ZDHS is 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 knowledge and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs).

1.4 SURVEY IMPLEMENTATION

1.4.1 Sample Design

The sample for the 2010-11 ZDHS was designed to provide population and health indicator estimates at the national and provincial levels. The sample design allows for specific indicators, such as contraceptive use, to be calculated for each of Zimbabwe's 10 provinces (Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Midlands, Masvingo, Harare, and Bulawayo). The sampling frame used for the 2010-11 ZDHS was the 2002 Population Census.

Administratively, each province in Zimbabwe is divided into districts and each district into smaller administrative units called wards. During the 2002 Population Census, each of the wards was subdivided into enumeration areas (EAs). The 2010-11 ZDHS sample was selected using a stratified, two-stage cluster design, and EAs were the sampling units for the first stage. Overall, the sample included 406 EAs, 169 in urban areas and 237 in rural areas.

Households were the units for the second stage of sampling. A complete listing of households was carried out in each of the 406 selected EAs in July and August 2010. Maps were drawn for each of the clusters, and all private households were listed. The listing excluded institutional living facilities (e.g., army barracks, hospitals, police camps, and boarding schools). A representative sample of 10,828 households was selected for the 2010-11 ZDHS.

All women age 15-49 and all men age 15-54 who were either permanent residents of the selected households or visitors who stayed in the household the night before the survey were eligible to be interviewed. Anaemia testing was performed in each household among eligible women and men who consented to being tested. With the parent's or guardian's consent, children age 6-59 months were also tested for anaemia. Also, among eligible women and men who consented, blood samples were collected for laboratory testing of HIV in each household. In addition, one eligible woman in each household was randomly selected to be asked additional questions about domestic violence.

1.4.2 Questionnaires

Three questionnaires were used for the 2010-11 ZDHS: the Household Questionnaire, the Woman's Questionnaire, and the Man's Questionnaire. These questionnaires were adapted from model survey instruments developed for the MEASURE DHS project to reflect population and health issues relevant to Zimbabwe. Relevant issues were identified at a series of meetings with various stakeholders from government ministries and agencies, nongovernmental organizations (NGOs), and international donors. Also, more than 30 individuals representing 19 separate stakeholders attended a questionnaire design meeting on 8-9 February 2010. In addition to English, the questionnaires were translated into two major languages, Shona and Ndebele.

The Household Questionnaire was used to list all of the usual members and visitors of selected households. Some basic information was collected on the characteristics of each person listed, including his or her age, sex, education, and relationship to the head of the household. For children under age 18, survival status of the parents was determined. The data on age and sex obtained in the Household Questionnaire were used to identify women and men who were eligible for an individual interview. Additionally, the Household Questionnaire collected information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities,

materials used for the floor of the house, ownership of various durable goods, and ownership and use of mosquito nets (to assess the coverage of malaria prevention programmes).

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

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

The Man's Questionnaire was administered to all men age 15-54 in each household in the 2010-11 ZDHS sample. The Man's Questionnaire collected much of the same information found in the Woman's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

In this survey, instead of using paper questionnaires, interviewers used personal digital assistants to record responses during interviews. The PDAs were equipped with Bluetooth technology to enable remote electronic transfer of files (e.g., transfer of assignment sheets from team supervisors to interviewers and transfer of completed questionnaires from interviewers to supervisors). The PDA data collection system was developed by the MEASURE DHS project using the mobile version of CSPro. CSPro is software developed jointly by the U.S. Census Bureau, the MEASURE DHS project, and Serpro S.A.

1.4.3 Anthropometry, Anaemia, and HIV Testing

The 2010-11 ZDHS incorporated three "biomarkers": anthropometry, anaemia testing, and HIV testing. In contrast to the data collection procedure for the household and individual interviews, data related to biomarkers were initially recorded on a paper form (the Biomarker Data Collection Form) and subsequently entered into the PDA. The protocol for anaemia testing and for blood specimen collection for HIV testing was reviewed and approved by the Medical Research Council of

Zimbabwe (MRCZ), the Institutional Review Board of ICF Macro (now ICF International), and the CDC.

Anthropometry. In all households, height and weight measurements were recorded for children age 0-59 months, women age 15-49, and men age 15-54.

Anaemia testing. Blood specimens for anaemia testing were collected from all children age 6-59 months, women age 15-49, and men age 15-54 who voluntarily provided written consent to be tested. Blood samples were drawn from a drop of blood taken from a finger prick (or a heel prick in the case of children age 6-12 months with especially small or thin fingers) and collected in a microcuvette. Haemoglobin analysis was carried out on site using a battery-operated portable HemoCue analyzer. Results were provided verbally and in writing. Parents of children with a haemoglobin level under 7 g/dl were instructed to take the child to a health facility for follow-up care. Likewise, nonpregnant women, pregnant women, and men were referred for follow-up care if their haemoglobin levels were below 7 g/dl, 9 g/dl, and 9 g/dl, respectively. All households in which anthropometry and/or anaemia testing was conducted were given a brochure explaining the causes and prevention of anaemia.

HIV testing. ZDHS biomarker technicians collected blood specimens for laboratory testing of HIV from all women age 15-49 and men age 15-54 who provided written consent to be tested. The protocol for blood specimen collection and analysis was based on the anonymous linked protocol developed for MEASURE DHS. This protocol allows for merging of HIV test results with the sociodemographic data collected in the individual questionnaires after removal of all information that could potentially identify an individual.

Interviewers explained the procedure, the confidentiality of the data, and the fact that the test results would not be made available to the respondent. If a respondent consented to HIV testing, five blood spots from the finger prick were collected on a filter paper card to which a barcode label unique to the respondent was affixed. A duplicate label was attached to the Biomarker Data Collection Form. A third copy of the same barcode was affixed to the Blood Sample Transmittal Form to track the blood samples from the field to the laboratory.

Respondents were asked whether they would consent to having the laboratory store their blood sample for future unspecified testing. If respondents did not consent to additional testing using their sample, it was indicated on the Biomarker Data Collection Form that they refused additional tests, and the words "no additional testing" were written on the filter paper card. Each household, whether individuals consented to HIV testing or not, was given an informational brochure on HIV/AIDS and a list of fixed sites providing voluntary counselling and testing services in surrounding districts within the province.

Blood samples were dried overnight and packaged for storage the following morning. Samples were periodically collected in the field, along with the completed questionnaires, and transported to ZIMSTAT in Harare to be logged in and checked; they were then transported to the National Microbiology Reference Laboratory (NMRL) in Harare.

Once it arrived at NMRL, each blood sample was logged into the CSPro HIV Test Tracking System database, given a laboratory number, and stored at -20˚C until tested. The HIV testing protocol stipulated that blood could be tested only after questionnaire data collection had been completed, data had been verified and cleaned, and all unique identifiers other than the anonymous barcode number had been removed from the data file. The algorithm called for testing all samples on

the first assay test, an enzyme-linked immunosorbent assay (ELISA), the Ani Labsystems HIV EIA. A negative result was considered negative. All samples with positive results were subjected to a second ELISA, the Vironostika® HIV Uni-Form II Plus O (Biomerieux). Positive samples on the second test were considered positive. If the first and second tests were discordant, a third confirmatory test, the HIV 2.2 western blot (DiaSorin), was administered. The final result was considered positive if the western blot confirmed it to be positive and negative if the western blot confirmed it to be negative. If the western blot results were indeterminate, the sample was considered indeterminate.

1.4.4 Training of Field Staff

ZIMSTAT staff and a variety of experts from government ministries, NGOs, and donor organizations participated in a three-day training of trainers session conducted from 30 June to 2 July 2010. Immediately following this training session, pretest training and fieldwork took place. For two weeks in July 2010, 16 participants were trained to administer both paper and electronic questionnaires, take anthropometric measurements, and collect blood samples for anaemia and HIV testing. A representative from the NMRL assisted in training participants on use of finger pricks for blood collection and on proper handling and storage of dried blood spots for HIV testing. The pretest fieldwork was conducted over four days and covered approximately 100 households. Debriefing sessions were held with the pretest field staff, and modifications to the questionnaires were made based on lessons drawn from the exercise.

ZIMSTAT recruited and trained 125 people for the main fieldwork to serve as supervisors, deputy supervisors, interviewers, and reserve interviewers. Training of field staff for the main survey was conducted during a four-week period in late August and September 2010. The training course consisted of instruction regarding interviewing techniques and field procedures, a detailed review of questionnaire content, instruction on how to administer the paper and electronic questionnaire, 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 2010-11 ZDHS sample points. In addition, interviewers who were assigned as team biomarker technicians completed field practice in anthropometry, anaemia testing, and blood collection. Team supervisors and deputy supervisors were trained in data quality control procedures, fieldwork coordination, and use of special programs for the PDAs. Deputy supervisors were also trained in using Global Positioning System (GPS) receivers to obtain coordinates for sample clusters.

1.4.5 Fieldwork

Fifteen interviewing teams carried out data collection for the 2010-11 ZDHS. Each team consisted of one team supervisor, one deputy supervisor, three female interviewers, three male interviewers, and one driver. Three of the interviewers on each team also served as biomarker technicians. Electronic data files were transferred from each interviewer's PDA to the team supervisor's PDA each day. Thirteen senior staff members from ZIMSTAT coordinated and supervised fieldwork activities. Electronic data files were transferred to ZIMSTAT staff PDAs during field visits. Participants in fieldwork monitoring also included a survey technical specialist, a consultant, and two data processing staff from the MEASURE DHS project as well as representatives from other organisations supporting the survey, including NMRL, UNFPA, USAID, and ZNFPC. Data collection took place over a six-month period, from 29 September 2010 through late March 2011.

1.4.6 Data Processing

All electronic data files for the ZDHS were returned to the ZIMSTAT central office in Harare, where they were stored on a password-protected computer. The data processing operation included secondary editing, which involved resolution of computer-identified inconsistencies and coding of open-ended questions. Two members of the data processing staff processed the data. Data editing was accomplished using CSPro software. Office editing and data processing were initiated in October 2010 and completed in May 2011.

1.5 RESPONSE RATES

Table 1.3 shows response rates for the 2010-11 ZDHS. A total of 10,828 households were selected for the sample, of which 10,166 were found to be occupied during the survey fieldwork. The shortfall was largely due to members of some households being away for an extended period of time and to structures that were found to be vacant at the time of the interview. Of the 10,166 existing households, 9,756 were successfully interviewed, yielding a household response rate of 96 percent.

A total of 9,831 eligible women were identified in the interviewed households, and 9,171 of these women were interviewed, yielding a response rate of 93 percent. Of the 8,723 eligible men identified, 7,480 were successfully interviewed (86 percent response rate). The principal reason for nonresponse among both eligible men and women was the failure to find them at home despite repeated visits to the households. The lower response rate among men than among women was due to the more frequent and longer absences of men from the households. Nevertheless, the response rates for both women and men were higher in the 2010-11 ZDHS than in the 2005-06 ZDHS (in which response rates were 90 percent for women and 82 percent for men).

Table 1.3 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Zimbabwe 2010-11

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	3,718	7,110	10,828
Households occupied	3,558	6,608	10,166
Households interviewed	3,325	6,431	9,756
Household response rate[1]	93.5	97.3	96.0
Interviews with women age 15-49			
Number of eligible women	3,808	6,023	9,831
Number of eligible women interviewed	3,437	5,734	9,171
Eligible women response rate[2]	90.3	95.2	93.3
Interviews with men age 15-54			
Number of eligible men	3,253	5,470	8,723
Number of eligible men interviewed	2,539	4,941	7,480
Eligible men response rate[2]	78.1	90.3	85.8

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

HOUSING CHARACTERISTICS AND HOUSEHOLD POPULATION 2

Key Findings

- Seventy-nine percent of Zimbabwean households are using an improved source of drinking water.
- Ownership of mobile phones has risen dramatically since the 2005-06 ZDHS. Whereas 14 percent of households owned a mobile phone in 2005-06, 62 percent of households reported owning a mobile phone in the 2010-11 ZDHS.
- Five in ten children under age 5 have a birth certificate or have had their birth registered.
- Approximately one-fifth of children under age 18 are orphaned (that is, one or both parents are not living).
- Ninety-three percent of males and 91 percent of females age 6 and over have ever attended school.

This chapter presents information on demographic and socioeconomic characteristics of the household population such as age, sex, education, and place of residence. The environmental profile of households included in the 2010-11 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.

In the 2010-11 ZDHS, a household referred to a person or group of related and unrelated persons who lived together in the same dwelling unit(s), who acknowledged one adult male or female as the head of the household, who shared the same housekeeping arrangements, and who were considered a single unit. Information was collected from all usual residents of each selected household and visitors who had stayed in the selected household the night before the interview. Those persons who stayed in the selected household the night before the interview (whether usual residents or visitors) represent the de facto population; usual residents alone constitute the de jure population. To maintain comparability with other surveys, all tables in this report refer to the de facto population unless otherwise specified.

2.1 HOUSEHOLD CHARACTERISTICS

The physical characteristics of households and the availability and accessibility of basic household facilities are important in assessing the general welfare and socioeconomic condition of the population. The 2010-11 ZDHS collected information on a range of housing characteristics. These data are presented for households and are further disaggregated by residence.

2.1.1 Drinking Water

Table 2.1 shows information on drinking water. The source of drinking water is an indicator of water quality. Sources that are likely to be of suitable quality are listed under "improved source," while sources not of suitable quality are listed under "non-improved source," reflecting the categorizations of the WHO/UNICEF Joint Monitoring Programme (JMP) for Water and Sanitation (WHO/UNICEF JMP, 2012).

Table 2.1 Household drinking water

Percent distribution of households and de jure population by source of drinking water, time to obtain drinking water, and treatment of drinking water, according to residence, Zimbabwe 2010-11

Characteristic	Households			Population		
	Urban	Rural	Total	Urban	Rural	Total
Source of drinking water						
Improved source						
Piped water into dwelling/yard/plot	71.0	7.3	28.8	71.5	5.1	25.4
Public tap/standpipe	5.5	4.2	4.7	5.2	3.1	3.7
Tubewell/borehole	11.6	37.0	28.4	12.0	38.5	30.4
Protected dug well	6.5	20.8	16.0	6.2	21.0	16.5
Protected spring	0.0	1.1	0.7	0.1	1.0	0.7
Rainwater	0.0	0.0	0.0	0.0	0.0	0.0
Bottled water	0.2	0.0	0.1	0.2	0.0	0.1
Non-improved source						
Unprotected dug well	3.6	17.3	12.7	3.4	18.4	13.8
Unprotected spring	0.3	3.5	2.4	0.4	3.6	2.6
Tanker truck/cart with drum	0.7	0.1	0.3	0.4	0.1	0.2
Surface water	0.2	8.6	5.8	0.3	9.2	6.4
Other source	0.2	0.1	0.1	0.4	0.1	0.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Percentage using any improved source of drinking water	94.9	70.4	78.7	95.1	68.7	76.7
Time to obtain drinking water (round trip)						
Water on premises	80.1	23.2	42.4	79.9	21.6	39.4
Less than 30 minutes	14.2	47.3	36.1	14.3	47.1	37.1
30 minutes or longer	5.1	28.4	20.6	5.3	30.4	22.8
Don't know	0.6	1.0	0.9	0.4	0.9	0.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
Water treatment prior to drinking[1]						
Boiled	16.0	4.9	8.6	16.2	4.7	8.2
Bleach/chlorine added	13.4	14.9	14.4	14.5	15.8	15.4
Strained through cloth	0.0	0.1	0.1	0.0	0.1	0.1
Ceramic, sand or other filter	0.5	0.2	0.3	0.6	0.3	0.4
Solar disinfection	0.2	0.0	0.1	0.1	0.0	0.0
Other	0.3	0.7	0.6	0.3	0.6	0.6
No treatment	72.6	80.9	78.1	71.6	80.3	77.6
Percentage using an appropriate treatment method[2]	27.1	18.7	21.5	28.1	19.3	22.0
Number	3,290	6,466	9,756	12,344	28,057	40,401

[1] Respondents may report multiple treatment methods so the sum of treatment may exceed 100 percent.
[2] Appropriate water treatment methods include boiling, bleaching, straining, filtering, and solar disinfecting.

The majority of households in Zimbabwe (79 percent) have access to an improved source of water (95 percent in urban areas and 70 percent in rural areas). This proportion is virtually the same as that found in the 2005-06 ZDHS.

With regard to specific sources, 29 percent of households have water piped into the dwelling, yard, or plot, while 28 percent of households use a tubewell/borehole, 16 percent use a protected dug well, and 5 percent use a public tap or standpipe. Seven in 10 urban households drink water that is piped into the dwelling, yard, or plot. In rural areas, tubewells/boreholes are the main source of drinking water (37 percent), followed by protected and unprotected dug wells (21 percent and 17 percent, respectively).

In 80 percent of urban households, water is available within the dwelling or plot (on premises). In contrast, three-quarters of rural households obtain water from a source not on the premises, with 28 percent of these households reporting that it takes 30 minutes or longer (round trip) to access drinking water.

Most households (78 percent) do not treat their drinking water. Nine percent of households boil their water, and 14 percent use bleach or chlorine. The latter proportion is higher than in 2005-06,

when 2 percent of households reported that they used bleach or chlorine to treat water used for drinking. Among urban households, 73 percent do not treat their water, compared with 81 percent in rural areas. Much of this difference is attributable to the higher proportion of urban than rural households that report boiling water prior to drinking it (16 percent and 5 percent, respectively).

2.1.2 Sanitation Facilities and Waste Disposal

Table 2.2 presents information on the proportion of households that have access to hygienic sanitation facilities by type of toilet/latrine. A household's sanitation facility is classified as unhygienic if it is shared with other households or if it is unimproved (i.e., it does not effectively separate human waste from human contact). The types of facilities considered improved are toilets that flush or pour flush into a piped sewer system, septic tank, or pit latrine; ventilated improved pit (VIP) latrines or Blair toilets; and pit latrines with a slab.

Table 2.2 Household sanitation facilities

Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence, Zimbabwe 2010-11

	Households			Population		
Type of toilet/latrine facility	Urban	Rural	Total	Urban	Rural	Total
Improved, not shared facility	44.9	30.8	35.5	49.8	31.8	37.3
Flush/pour flush to piped sewer system	36.0	1.9	13.4	40.6	1.6	13.5
Flush/pour flush to septic tank	5.2	1.2	2.5	5.5	0.9	2.3
Flush/pour flush to pit latrine	1.4	0.5	0.8	1.5	0.4	0.7
Ventilated improved pit (VIP) latrine/Blair toilet	1.3	16.4	11.3	1.2	17.6	12.6
Pit latrine with slab	1.0	10.7	7.4	1.0	11.3	8.1
Shared facility[1]	48.5	18.9	28.9	44.0	15.5	24.2
Flush/pour flush to piped sewer system	38.5	0.6	13.4	35.9	0.4	11.3
Flush/pour flush to septic tank	3.7	0.3	1.5	3.0	0.2	1.0
Flush/pour flush to pit latrine	2.5	0.1	0.9	2.1	0.1	0.7
Ventilated improved pit (VIP) latrine/Blair toilet	1.8	11.5	8.2	1.5	9.1	6.8
Pit latrine with slab	2.1	6.4	4.9	1.6	5.7	4.4
Non-improved facility	6.6	50.3	35.6	6.2	52.7	38.5
Flush/pour flush not to sewer/septic tank/pit latrine	1.0	0.1	0.4	0.9	0.1	0.3
Pit latrine without slab/open pit	1.9	11.5	8.3	2.1	12.5	9.3
Bucket	1.7	0.0	0.6	1.5	0.0	0.5
No facility/bush/field	1.9	38.6	26.2	1.6	40.0	28.3
Other	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
Number	3,290	6,466	9,756	12,344	28,057	40,401

[1] Facilities that would be considered improved if they were not shared by two or more households

Thirty-six percent of households in Zimbabwe have improved toilet facilities that are not shared with other households. Slightly less than half of these households have flush toilets, mainly toilets connected to a piped sewer system (13 percent). Nineteen percent of households use some type of a latrine that is not shared with other households. Most urban households with improved, not shared facilities have toilets that are piped to a sewer system or flushed to a septic tank or pit latrine (43 percent). In rural areas, the most common improved, non-shared toilets are VIP latrines and Blair toilets (16 percent), followed by pit latrines with a slab (11 percent).

Slightly more than one-quarter of Zimbabwean households have improved facilities that are shared with other households. Urban households are more than twice as likely to share an improved facility as rural households (49 percent and 19 percent, respectively). Half of rural households have an unimproved facility, compared with 7 percent of urban households. The most common unimproved facilities in urban households are buckets, pit latrines without a slab/open pits, and no

facility/bush/field (2 percent each). Thirty-nine percent of households in rural areas have no toilet facility, a slightly lower proportion than that reported in the 2005-06 ZDHS (45 percent).

2.1.3 Housing Characteristics

Table 2.3 presents information on a number of household dwelling characteristics along with the percentage of households using various types of fuel for cooking and the frequency of smoking inside the home. These characteristics reflect the household's socio-economic situation. They also may influence environmental conditions that have a direct bearing on household members' health and welfare.

Thirty-seven percent of households in Zimbabwe have access to electricity that is connected via power lines. There is a significant difference in access to electricity between urban and rural areas. In urban areas 83 percent of households have electricity, compared with 13 percent in rural areas.

The most commonly used flooring material is cement (67 percent), followed by dung (16 percent) and earth/sand (13 percent). In urban areas, 87 percent of households have cement floors, compared with 58 percent in rural areas. Earth/sand or dung floors are found in 41 percent of rural dwelling units.

Data were collected on the number of sleeping rooms per household. Forty-two percent of households have one room used for sleeping, while 33 percent have two rooms and 25 percent have three or more rooms. The number of rooms used for sleeping does not vary much by place of residence.

Information on type of fuel used for cooking and place for cooking was obtained to assess the extent to which household members may be exposed to the potentially harmful effects of smoke from cooking with solid fuels, that is, coal, plant materials, and animal waste (WHO, 2011). Slightly less than 7 of 10 households in Zimbabwe use some type of solid fuel. Almost all households using solid fuels cook with wood. In rural areas, 94 percent of households use wood for cooking, compared with 20 percent in urban areas. A majority of urban households use electricity for cooking (73 percent); in contrast, only 6 percent of rural households use electricity for this purpose.

Table 2.3 Household characteristics

Percent distribution of households by housing characteristics, percentage using solid fuel for cooking, and percent distribution by frequency of smoking in the home, according to residence, Zimbabwe 2010-11

Housing characteristic	Residence		Total
	Urban	Rural	
Electricity			
Yes	83.2	13.3	36.9
No	16.8	86.7	63.1
Total	100.0	100.0	100.0
Flooring material			
Earth/sand	1.6	18.2	12.6
Dung	0.4	23.1	15.5
Wood planks	0.6	0.4	0.5
Parquet or polished wood	1.6	0.2	0.7
Vinyl or asphalt strips	0.4	0.1	0.2
Ceramic tiles	5.0	0.2	1.9
Cement	86.8	57.5	67.4
Carpet	3.2	0.2	1.2
Other	0.4	0.1	0.2
Total	100.0	100.0	100.0
Rooms used for sleeping			
One	48.7	38.3	41.8
Two	29.0	35.7	33.4
Three or more	22.2	26.0	24.8
Total	100.0	100.0	100.0
Place for cooking			
In the house	77.5	33.3	48.2
In a separate building	4.5	54.4	37.6
Outdoors	17.9	12.3	14.2
No food cooked in household	0.1	0.0	0.0
Total	100.0	100.0	100.0
Cooking fuel			
Electricity	73.2	5.6	28.4
LPG/natural gas/biogas	0.4	0.0	0.2
Kerosene/paraffin	5.2	0.2	1.9
Jelly	0.1	0.0	0.0
Coal/lignite	0.0	0.0	0.0
Charcoal	0.2	0.1	0.1
Wood	19.8	93.9	68.9
Straw/shrubs/grass	0.0	0.0	0.0
Agricultural crop waste	0.0	0.0	0.0
Other	0.9	0.0	0.3
No food cooked in household	0.1	0.0	0.0
Total	100.0	100.0	100.0
Percentage using solid fuel for cooking[1]	20.0	94.1	69.1
Frequency of smoking in the home			
Daily	11.7	20.3	17.4
Weekly	2.1	3.8	3.2
Monthly	1.8	1.7	1.7
Less than monthly	1.7	1.9	1.8
Never	82.7	72.3	75.9
Total	100.0	100.0	100.0
Number	3,290	6,466	9,756

LPG = Liquid petroleum gas
[1] Includes coal/lignite, charcoal, wood, straw/shrubs/grass, and agricultural crop waste

The potential for exposure to harmful effects of smoke from using solid fuels for cooking is increased if cooking occurs within the home itself rather than outdoors or in a separate building. Forty-eight percent of households in Zimbabwe cook in the house, 38 percent cook in a separate building, and 14 percent cook outdoors. Seventy-eight percent of urban households cook in the house, compared with 33 percent of rural households. On the other hand, two-thirds of rural households cook in a separate building or outdoors, versus just over a fifth of urban households.

Information on frequency of smoking inside the home was obtained to assess the percentage of households in which there is exposure to secondhand smoke, which causes health risks in children and adults who do not smoke. Pregnant women who are exposed to secondhand smoke have a higher risk of delivering a low birth weight baby (Windham et al., 1999), and children exposed to secondhand smoke are at increased risk for respiratory and ear infections and poor lung development (U.S. Department of Health and Human Services, 2006). Seventeen percent of Zimbabwean households report that someone smokes at the home daily, 3 percent report that someone smokes at least once a week, 2 percent report that someone smokes monthly, and 2 percent report that someone smokes less frequently than once a month. In 76 percent of households, smoking never occurs in the home. Overall, smoking inside the home is less frequent in urban areas than in rural areas; smoking never occurs in 72 percent of rural households, compared with 83 percent of urban households.

2.1.4 Household Durable Goods

Information on ownership of durable goods and other possessions is presented in Table 2.4 by residence. In general, ownership of household effects, means of transportation, and agricultural land and farm animals is a rough measure of a household's socio-economic status.

Table 2.4 Household possessions

Percentage of households possessing various household effects, means of transportation, agricultural land, livestock/farm animals, and bank account by residence, Zimbabwe 2010-11

Possession	Residence		Total
	Urban	Rural	
Household effects			
Battery/generator	11.0	13.2	12.4
Solar panel	5.1	24.7	18.1
Radio	48.9	32.3	37.9
Television	73.7	17.3	36.3
Mobile telephone	90.1	48.0	62.2
Non-mobile telephone	11.0	0.6	4.1
Refrigerator	45.9	4.3	18.3
Computer	10.2	0.8	4.0
Means of transport			
Bicycle	20.7	23.5	22.6
Animal drawn cart	9.6	23.9	19.0
Motorcycle/scooter	1.6	0.9	1.1
Car/truck	15.6	3.1	7.3
Boat with a motor	0.6	0.1	0.3
Wheelbarrow	26.5	33.5	31.1
Tractor	1.0	0.7	0.8
Ownership of agricultural land	30.9	79.6	63.2
Ownership of farm animals[1]	31.1	80.0	63.5
Ownership of bank account	40.4	12.2	21.7
Number	3,290	6,466	9,756

[1] Cattle, horses, mules/donkeys, goats, sheep, pigs, rabbits, or chickens/poultry

Table 2.4 shows that, with respect to household effects, 38 percent of households have a radio, 36 percent have a television, 62 percent have a mobile telephone, and 4 percent have a non-mobile phone. Urban households are more likely than rural households to own modern conveniences powered by electricity, such as a radio (49 percent and 32 percent, respectively) and a television (74 percent and 17 percent, respectively). Eighteen percent of Zimbabwean households own a solar panel, which may be a convenient means to power or charge electrical devices, especially in the absence of access to electricity that is available via power lines. Consistent with the observation that access to electricity that is connected is much lower in rural areas than urban areas (Table 2.3), ownership of solar panels is much higher in rural areas (25 percent) than urban areas (5 percent).

The most common means of transportation owned by households in both urban and rural areas is a wheelbarrow (27 percent in urban areas and 34 percent in rural areas). Bicycles, owned by 21 percent of urban households and 24 percent of rural households, are also a common means of transport. Around 1 in 4 rural households and 1 in 10 urban households own an animal drawn cart. Urban households are much more likely to own a car or truck than rural households (16 percent and 3 percent, respectively). A small proportion of households in both urban and rural areas own a motorcycle or scooter (2 percent and 1 percent, respectively).

Sixty-three percent of households own agricultural land, and 64 percent own farm animals. Among urban households, 31 percent own agricultural land, compared with 80 percent in rural areas.

In Zimbabwe, 22 percent of households have a bank account. Households in urban areas are over three times more likely than households in rural areas to have a bank account (40 percent versus 12 percent).

2.2 HOUSEHOLD WEALTH

Information on household assets was used to create an index that is used throughout this report to represent the wealth of the households interviewed in the 2010-11 ZDHS. The wealth index was developed and tested in a large number of countries in relation to inequalities in household income, use of health services, and health outcomes (Rutstein et al., 2000). It has been shown to be consistent with expenditure and income measures (Rutstein, 1999).

The wealth index is constructed using household asset data, including ownership of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics such as source of drinking water, sanitation facilities, and type of flooring material. In its current form, which takes account of urban-rural differences in these items and characteristics, the wealth index is created in three steps.[1] In the first step, a subset of indicators common to urban and rural areas is used to create wealth scores for households in both areas. For purposes of creating scores, categorical variables are transformed into separate dichotomous (0-1) indicators. These indicators and those that are continuous are then examined using a principal components analysis to produce a common factor score for each household. In the second step, separate factor scores are produced for households in urban and rural areas using area-specific indicators. The third step combines the separate area-specific factor scores to produce a nationally applicable combined wealth index by adjusting area-specific scores through a regression on the common factor scores. The resulting combined wealth index has a mean of zero and a standard deviation of one. Once the index is computed, national-level wealth quintiles (from lowest to highest) are formed by assigning the household score to each de jure household member, ranking each person in the population by that score, and then dividing the ranking into five equal categories, each comprising 20 percent of the population.

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

[1] The approach to the construction of the wealth index in ZDHS surveys prior to the 2010-11 survey did not take into account urban-rural differences.

Table 2.5 presents wealth quintiles by urban-rural residence and province. Also included in the table is the Gini Coefficient, which indicates the level of concentration of wealth, 0 being an equal distribution and 1 a totally unequal distribution.

Almost all of the urban population is represented in the fourth and highest quintiles (91 percent), while around 6 in 10 households in rural areas are in the lowest and second wealth quintiles. The wealth quintile distribution among provinces shows large variations. As expected, the two urban provinces, Bulawayo and Harare, have the largest proportions in the highest wealth quintile (69 percent and 53 percent, respectively). In contrast, Matabeleland North and Masvingo have the largest proportions in the lowest wealth quintile (61 percent and 33 percent, respectively).

Table 2.5 Wealth quintiles

Percent distribution of the de jure population by wealth quintiles and the Gini Coefficient, according to residence and province, Zimbabwe 2010-11

Residence/province	Wealth quintile					Total	Number of persons	Gini coefficient
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	0.0	1.1	8.2	36.9	53.9	100.0	12,344	0.09
Rural	28.8	28.3	25.2	12.6	5.1	100.0	28,057	0.40
Province								
Manicaland	17.5	21.5	29.2	20.4	11.3	100.0	5,623	0.38
Mashonaland Central	25.9	28.8	21.6	13.2	10.5	100.0	3,936	0.41
Mashonaland East	10.2	29.7	34.1	15.5	10.6	100.0	4,158	0.31
Mashonaland West	18.2	24.4	22.1	22.8	12.5	100.0	4,650	0.35
Matabeleland North	61.0	13.5	8.6	8.5	8.3	100.0	2,181	0.59
Matabeleland South	26.8	23.2	26.7	17.3	6.1	100.0	2,293	0.39
Midlands	27.0	23.7	15.9	17.6	15.7	100.0	5,230	0.45
Masvingo	33.0	27.4	20.0	12.1	7.5	100.0	4,397	0.43
Harare	0.0	1.6	10.1	35.4	52.9	100.0	5,916	0.10
Bulawayo	0.0	0.3	2.1	28.3	69.4	100.0	2,016	0.08
Total	20.0	20.0	20.0	20.0	20.0	100.0	40,401	0.39

2.3 HAND WASHING

Hand washing with soap and water is ideal. However, hand washing with a non-soap cleaning agent such as ash or sand is an improvement over not using any cleansing agent.

To obtain hand-washing information, interviewers asked to see the place where members of the household most often washed their hands; information on the availability of water and/or cleansing agents was recorded only for households where the hand washing place was observed. Table 2.6 shows that interviewers observed the place most often used for hand washing in 56 percent of households. Interviewers were able to observe the hand washing place more often in urban areas (67 percent) than in rural areas (51 percent). The most common reason interviewers were not able to observe the place where members of the household washed their hands was that there was no specific place designated for hand washing (data not shown).

Table 2.6 Hand washing

Percentage of households in which the place most often used for washing hands was observed, and among households in which the place for hand washing was observed, percent distribution by availability of water, soap and other cleansing agents, Zimbabwe 2010-11

Background characteristic	Percentage of households where place for washing hands was observed	Number of households	Among households where place for hand washing was observed							
			Soap and water[1]	Water and cleansing agent[2] other than soap only	Water only	Soap but no water[3]	Cleansing agent other than soap only[2]	No water, no soap, no other cleansing agent	Total	Number of households with place for hand washing observed
Residence										
Urban	66.8	3,290	60.5	1.1	28.7	3.2	0.0	6.4	100.0	2,197
Rural	51.0	6,466	32.8	1.9	35.6	3.9	1.7	24.2	100.0	3,295
Province										
Manicaland	51.6	1,436	42.7	1.4	49.4	1.7	0.4	4.4	100.0	741
Mashonaland Central	24.0	890	45.9	0.7	31.7	3.5	0.0	18.2	100.0	214
Mashonaland East	38.6	1,042	43.4	4.6	23.6	7.6	4.7	16.1	100.0	402
Mashonaland West	38.2	1,077	53.9	3.7	31.6	2.1	0.8	8.0	100.0	412
Matabeleland North	65.4	495	26.3	1.2	24.7	4.5	2.2	41.2	100.0	324
Matabeleland South	70.1	511	21.8	0.0	24.2	8.3	0.6	45.1	100.0	358
Midlands	81.5	1,153	44.3	1.2	34.6	6.1	2.1	11.8	100.0	939
Masvingo	74.4	1,066	24.3	0.6	35.2	2.1	0.4	37.4	100.0	792
Harare	56.3	1,564	55.9	2.2	32.5	2.0	0.0	7.4	100.0	881
Bulawayo	82.1	522	78.2	0.2	20.5	0.6	0.2	0.3	100.0	428
Wealth quintile										
Lowest	51.0	1,835	22.3	2.4	33.4	3.4	2.6	35.9	100.0	935
Second	46.2	1,785	25.7	2.2	40.0	4.7	2.2	25.2	100.0	825
Middle	43.9	1,933	35.1	1.1	36.8	4.6	1.2	21.2	100.0	849
Fourth	61.3	2,144	45.8	1.7	36.4	3.6	0.3	12.2	100.0	1,315
Highest	76.2	2,059	69.4	0.9	23.6	2.6	0.1	3.4	100.0	1,568
Total	56.3	9,756	43.9	1.6	32.8	3.6	1.1	17.1	100.0	5,492

[1] Soap includes soap or detergent in bar, liquid, powder, or paste form. This column includes households with soap and water only as well as those that had soap and water and another cleansing agent.
[2] Cleansing agents other than soap include locally available materials such as ash, mud, or sand.
[3] Includes households with soap only as well as those with soap and another cleansing agent

Among households where the hand washing place was observed, the most common hand washing agent was soap and water (44 percent), followed by water only (33 percent), soap but no water (4 percent), water with another cleansing agent (2 percent), and, finally, another cleansing agent but no water (1 percent). In the case of 17 percent of the households, no water, soap, or any other cleansing agent was observed at the hand washing place; lack of water and a cleansing agent decreased with increasing wealth quintile.

2.4 HOUSEHOLD POPULATION BY AGE, SEX, AND RESIDENCE

The 2010-11 ZDHS Household Questionnaire collected 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. Table 2.7 shows the distribution of the 2010-11 ZDHS household population by five-year age groups, according to sex and residence. A total of 40,343 individuals resided in the 9,756 households successfully interviewed; 21,249 were female (representing 53 percent of the population), and 19,094 were male (representing 47 percent of the population).

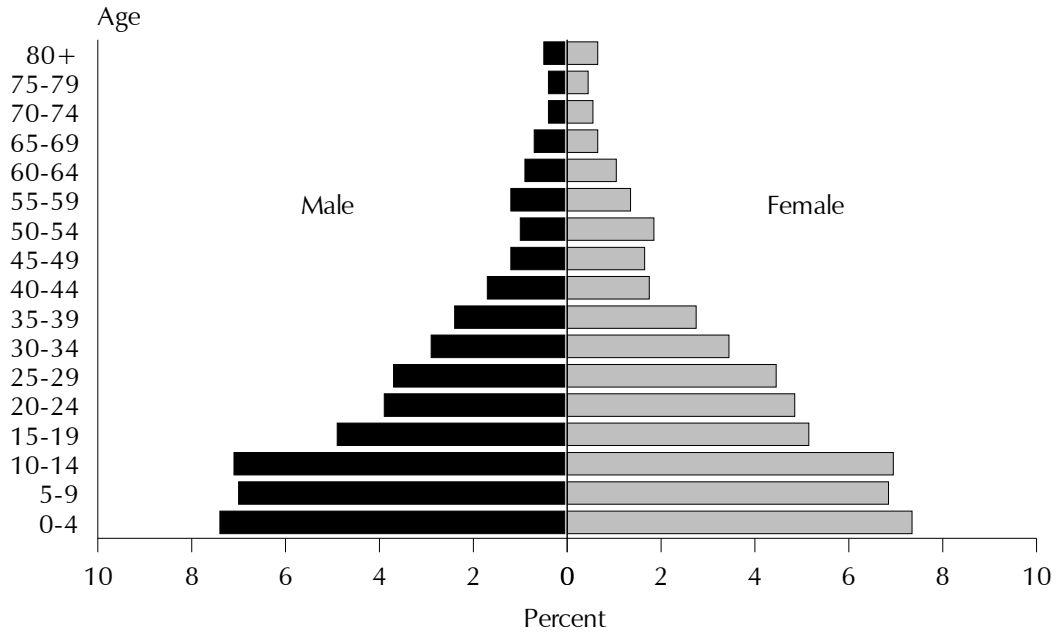
The age-sex structure of the population is shown in the population pyramid in Figure 2.1. The broad base of the pyramid indicates that Zimbabwe's population is young, a scenario typical of countries with high fertility rates. The proportion of children under age 15 was around 43 percent in 2010-11, while the proportion of individuals age 65 and older was about 5 percent.

Table 2.7 Household population by age, sex, and residence

Percent distribution of the de facto household population by five-year age groups, according to sex and residence, Zimbabwe 2010-11

	Urban			Rural			Total		
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	14.0	12.3	13.1	16.2	14.9	15.5	15.5	14.1	14.8
5-9	11.6	10.5	11.0	16.0	14.3	15.1	14.7	13.2	13.9
10-14	10.5	10.3	10.4	17.0	14.6	15.8	15.1	13.3	14.1
15-19	9.6	11.9	10.8	10.8	8.9	9.8	10.4	9.8	10.1
20-24	10.9	12.7	11.9	7.2	7.9	7.6	8.3	9.4	8.9
25-29	10.8	11.2	11.0	6.4	7.3	6.9	7.8	8.5	8.2
30-34	8.4	8.6	8.5	5.1	5.9	5.5	6.1	6.7	6.4
35-39	6.9	5.8	6.3	4.4	5.1	4.8	5.2	5.3	5.2
40-44	5.0	4.2	4.6	3.1	3.1	3.1	3.7	3.5	3.6
45-49	2.9	3.5	3.2	2.3	3.1	2.7	2.4	3.2	2.8
50-54	2.8	3.1	2.9	1.9	3.9	3.0	2.2	3.7	3.0
55-59	2.7	2.1	2.4	2.5	2.8	2.7	2.6	2.6	2.6
60-64	1.3	1.3	1.3	2.0	2.5	2.3	1.8	2.1	2.0
65-69	1.2	0.9	1.0	1.6	1.6	1.6	1.4	1.4	1.4
70-74	0.4	0.6	0.5	1.1	1.4	1.3	0.9	1.2	1.0
75-79	0.6	0.6	0.6	1.1	1.0	1.0	0.9	0.9	0.9
80+	0.5	0.6	0.5	1.2	1.6	1.4	1.0	1.3	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	5,714	6,589	12,303	13,380	14,660	28,040	19,094	21,249	40,343

Figure 2.1 Population Pyramid



ZDHS 2010-11

2.5 HOUSEHOLD COMPOSITION

Table 2.8 shows that a female heads 45 percent of the households in Zimbabwe. This is an increase from the proportion in 2005-06, when 38 percent of households were headed by females. Almost all of the growth in female-headed households has taken place in urban areas; the proportion of female-headed households increased in urban areas from 29 percent to 45 percent during the period between the two surveys while remaining essentially stable in rural areas (43 percent in 2005-06 and 44 percent in 2010-11).

Table 2.8 Household composition

Percent distribution of households by sex of head of household and by household size; mean size of household, and percentage of households with orphans and foster children under age 18, according to residence, Zimbabwe 2010-11

Characteristic	Residence		Total
	Urban	Rural	
Household headship			
Male	54.6	55.9	55.4
Female	45.4	44.1	44.6
Total	100.0	100.0	100.0
Number of usual members			
0	0.3	0.2	0.3
1	13.1	10.9	11.6
2	15.2	11.4	12.7
3	20.3	17.1	18.2
4	20.5	17.9	18.8
5	13.3	15.5	14.7
6	8.7	10.7	10.0
7	4.1	7.3	6.2
8	2.1	3.7	3.1
9+	2.5	5.2	4.3
Total	100.0	100.0	100.0
Mean size of households	3.8	4.3	4.1
Percentage of households with orphans and foster children under age 18			
Foster children[1]	23.9	36.9	32.6
Double orphans	5.8	10.7	9.0
Single orphans[2]	14.4	22.0	19.5
Foster and/or orphan children	29.2	42.6	38.1
Number of households	3,290	6,466	9,756

Note: Table is based on de jure household members, i.e., usual residents.
[1] Foster children are those under age 18 living in households with neither their mother nor their father present.
[2] Includes children with one dead parent and an unknown survival status of the other parent

The average household size has decreased slightly, from 4.5 people in 2005-06 to 4.1 people in 2010-11. Urban households are, on average, slightly smaller (3.8 people) than rural households (4.3 people).

Information was also collected on the living arrangements and survival status of all children under age 18 residing in the ZDHS sample households. These data can be used to assess the extent to which households are faced with a need to care for orphaned or foster children. Orphans include children whose mother or father has died (single orphans) as well as children who have lost both parents (double orphans). In the case of foster children, both parents are alive but the children are living in a household where neither their natural mother nor natural father resides. Overall, 38 percent of households in Zimbabwe are caring for foster and/or orphaned children. Rural households are more

likely than urban households to be caring for foster and/or orphaned children (43 percent versus 29 percent).

2.6 BIRTH REGISTRATION

The registration of births is the inscription of the facts of each birth into an official log kept at the registrar's office. Information on the registration of births was collected in the household interview, where respondents were asked whether children under age 5 residing in the household had a birth certificate. If they responded that the child did not have a birth certificate, an additional question was posed to ascertain whether the child's birth had ever been registered with the births and deaths registry. Table 2.9 shows the percentage of de jure children under age 5 whose births were officially registered and the percentage who had a birth certificate at the time of the survey.

Table 2.9 Birth registration of children under age five

Percentage of de jure children under age five whose births are registered with the civil authorities, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Children whose births are registered			Number of children
	Percentage who had a birth certificate	Percentage who did not have a birth certificate	Percentage registered	
Age				
<2	17.7	21.4	39.1	2,524
2-4	40.2	15.8	56.0	3,388
Sex				
Male	30.4	17.9	48.3	2,938
Female	30.8	18.5	49.3	2,974
Residence				
Urban	48.1	17.1	65.2	1,600
Rural	24.1	18.6	42.7	4,312
Province				
Manicaland	28.1	15.4	43.5	884
Mashonaland Central	28.8	17.3	46.1	608
Mashonaland East	28.3	23.2	51.5	616
Mashonaland West	25.6	11.7	37.3	684
Matabeleland North	32.7	25.0	57.7	299
Matabeleland South	28.7	28.1	56.8	346
Midlands	26.2	22.5	48.8	773
Masvingo	21.9	13.6	35.5	693
Harare	47.1	13.6	60.7	759
Bulawayo	50.0	27.4	77.4	249
Wealth quintile				
Lowest	16.6	18.8	35.4	1,387
Second	21.2	19.9	41.1	1,282
Middle	27.9	19.5	47.4	1,180
Fourth	38.1	16.7	54.8	1,187
Highest	59.8	15.1	74.9	877
Total	30.6	18.2	48.8	5,912

The proportion of de jure children whose births were registered was 49 percent. Thirty-one percent had a birth certificate, and 18 percent did not. There is little variation by sex in the proportion of children registered, but there is evidence that children age 2-4 are more likely than those under age 2 to be registered (56 percent and 39 percent, respectively). Children in urban households are more likely to have their birth registered than children in rural households (65 percent and 43 percent, respectively). The proportion of registered births was highest in Bulawayo (77 percent). Children in Masvingo were least likely to have their births registered (36 percent). Households in the highest wealth quintile were most likely to register children's births, and households in the lowest quintile were least likely (75 percent versus 35 percent). A comparison of the 2005-06 ZDHS with the 2010-11 ZDHS reveals that the percentage of children under age 5 whose births were registered has dropped sharply (74 percent versus 49 percent).

2.7 CHILDREN'S LIVING ARRANGEMENTS, SCHOOL ATTENDANCE, AND PARENTAL SURVIVAL

As mentioned above, information was collected on the living arrangements and survival status of all children under age 18 residing in the ZDHS sample households to assess the potential burden on households of the need to provide for orphaned or foster children. These data were also used to assess the situation from the perspective of the children themselves. Table 2.10 presents the proportion of children under age 18 who are not living with one or both parents, either because the parent(s) died or for other reasons.

Table 2.10 Children's living arrangements and orphanhood

Percent distribution of de jure children under age 18 by living arrangements and survival status of parents, the percentage of children not living with a biological parent, and the percentage of children with one or both parents dead, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Living with both parents	Living with mother but not with father		Living with father but not with mother		Not living with either parent					Total	Percentage not living with a biological parent	Percentage with one or both parents dead[1]	Number of children
		Father alive	Father dead	Mother alive	Mother dead	Both alive	Only father alive	Only mother alive	Both dead	Missing information on father/ mother				
Age														
0-4	54.1	27.7	2.3	1.0	0.2	10.2	0.5	1.3	0.7	2.0	100.0	12.6	5.1	5,912
<2	60.9	31.9	1.5	0.3	0.0	4.0	0.1	0.2	0.2	0.8	100.0	4.5	2.0	2,524
2-4	49.0	24.6	3.0	1.5	0.4	14.8	0.7	2.0	1.0	2.8	100.0	18.7	7.4	3,388
5-9	42.3	17.9	5.2	3.0	0.6	16.1	2.0	5.2	3.8	3.8	100.0	27.1	17.4	5,596
10-14	34.6	13.6	9.4	3.0	1.9	12.8	2.9	8.0	9.8	4.0	100.0	33.5	33.0	5,715
15-17	28.2	10.0	10.3	2.9	1.9	15.0	4.0	9.7	14.9	3.3	100.0	43.5	41.4	2,489
Sex														
Male	42.1	18.8	6.1	2.5	1.1	12.5	2.0	5.4	5.9	3.4	100.0	25.8	21.1	9,881
Female	41.5	18.4	6.3	2.2	0.9	14.0	2.1	5.4	6.1	3.1	100.0	27.6	21.4	9,832
Residence														
Urban	47.0	17.7	6.4	3.3	1.0	12.3	1.8	3.9	4.6	1.9	100.0	22.7	18.2	5,002
Rural	40.0	18.9	6.1	2.1	1.1	13.6	2.1	5.9	6.5	3.7	100.0	28.0	22.3	14,711
Province														
Manicaland	40.8	21.3	6.2	2.7	1.0	13.6	1.7	5.3	5.5	1.9	100.0	26.1	20.1	2,848
Mashonaland Central	50.7	16.2	6.3	1.7	0.6	10.8	2.2	4.4	5.2	1.8	100.0	22.7	19.2	1,985
Mashonaland East	39.0	18.1	6.2	2.0	0.7	15.2	2.9	5.1	6.8	4.0	100.0	30.0	22.5	2,117
Mashonaland West	47.2	17.0	6.0	1.9	0.9	11.2	2.1	4.9	6.4	2.5	100.0	24.6	20.6	2,338
Matabeleland North	37.1	19.7	8.2	1.9	1.4	13.3	2.2	6.0	5.2	5.1	100.0	26.7	23.8	1,126
Matabeleland South	25.2	21.8	7.1	1.6	0.5	17.7	2.2	7.0	7.3	9.5	100.0	34.2	25.2	1,217
Midlands	42.9	14.1	5.6	3.0	1.5	13.1	2.2	6.8	7.0	4.0	100.0	29.0	23.7	2,605
Masvingo	35.6	23.8	6.0	2.3	1.4	13.7	1.6	6.3	6.7	2.7	100.0	28.3	22.4	2,326
Harare	52.6	15.7	5.8	2.9	1.0	11.2	1.4	3.8	4.3	1.2	100.0	20.8	16.8	2,300
Bulawayo	31.3	22.8	6.3	4.1	1.3	16.1	2.5	5.2	5.5	4.9	100.0	29.2	21.8	850
Wealth quintile														
Lowest	44.3	18.4	7.2	1.9	1.2	10.2	1.5	5.0	6.2	4.2	100.0	22.8	21.8	4,457
Second	39.8	19.2	6.2	1.3	0.9	13.8	2.3	6.0	6.5	3.9	100.0	28.6	22.4	4,385
Middle	36.5	19.2	6.8	1.8	1.0	15.0	2.8	6.6	7.0	3.5	100.0	31.3	24.8	4,104
Fourth	43.3	18.8	5.7	2.9	0.9	13.7	1.8	5.2	5.4	2.4	100.0	26.1	19.4	3,635
Highest	46.4	17.1	4.7	4.7	1.2	14.0	1.9	4.1	4.3	1.7	100.0	24.3	16.6	3,132
Total <15	43.8	19.9	5.6	2.3	0.9	13.0	1.8	4.8	4.7	3.3	100.0	24.3	18.4	17,224
Total <18	41.8	18.6	6.2	2.4	1.0	13.2	2.0	5.4	6.0	3.3	100.0	26.7	21.3	19,713

Note: Table is based on de jure members, i.e., usual residents.
[1] Includes children with father dead, mother dead, both parents dead, and one parent dead but missing information on survival status of the other parent

Around 6 in 10 Zimbabwean children under age 18 are not living with both parents. More than one-quarter of children are not living with either parent. Just over one-fifth of children under age 18 are orphaned, that is, one or both parents are dead.

The percentage of orphaned children increases rapidly with age, from 5 percent of children under age 5 to 41 percent of children age 15-17. Rural children (22 percent) are more likely to be orphaned than urban children (18 percent). Harare (17 percent) had the lowest proportion of children orphaned, and Matabeleland South had the highest (25 percent). The percentage of children with one or both parents dead peaks at the middle wealth quintile (25 percent) and is lowest at the highest wealth quintile (17 percent).

Table 2.11 presents data on school attendance rates and parental survivorship among de jure children age 10-14. The table contrasts the situation among children whose parents are both dead (double orphans) with that among children whose parents are both alive and the children are living with at least one parent. The school attendance ratio in the final column of the table allows an assessment of the extent to which orphaned children are disadvantaged in terms of access to education; ratios below 1.0 indicate that access to education is more limited for double orphans.

Table 2.11 School attendance by survivorship of parents

For de jure children age 10-14, the percentage attending school by parental survival and the ratio of the percentage attending, by parental survival, according to background characteristics, Zimbabwe 2010-11

	Percentage attending school by survivorship of parents				
Background characteristic	Both parents deceased	Number	Both parents alive and living with at least one parent	Number	Ratio[1]
Sex					
Male	85.9	281	95.0	1,489	0.90
Female	89.6	281	95.2	1,441	0.94
Residence					
Urban	90.8	101	96.3	732	0.94
Rural	87.1	460	94.7	2,197	0.92
Province					
Manicaland	94.5	82	93.7	406	1.01
Mashonaland Central	94.1	(42)	94.6	310	1.00
Mashonaland East	91.6	67	94.4	326	0.97
Mashonaland West	71.9	74	96.4	392	0.75
Matabeleland North	76.4	26	93.9	176	0.81
Matabeleland South	84.9	39	94.5	128	0.90
Midlands	89.7	91	95.0	364	0.94
Masvingo	86.3	77	94.9	355	0.91
Harare	97.6	(47)	96.6	355	1.01
Bulawayo	86.3	(16)	98.2	116	0.88
Wealth quintile					
Lowest	82.1	137	91.3	675	0.90
Second	89.7	146	95.0	649	0.94
Middle	91.1	142	95.1	554	0.96
Fourth	81.9	85	97.2	540	0.84
Highest	97.9	51	98.1	511	1.00
Total	87.8	561	95.1	2,930	0.92

Notes: Table is based only on children who usually live in the household. Figures in parentheses are based on 25-49 unweighted cases.
[1] Ratio of the percentage with both parents deceased to the percentage with both parents alive and living with at least one parent

The results in Table 2.11 show that double orphans are slightly less likely than children whose parents are both alive and who live with at least one parent to be currently in school (88 percent and 95 percent, respectively). An examination of school attendance ratios suggests that

double orphans in Mashonaland West (0.75) and Matabeleland North (0.81) are the most disadvantaged relative to children whose parents are both alive and who live with at least one parent.

2.8 EDUCATION OF THE HOUSEHOLD POPULATION

2.8.1 Educational Attainment

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

Tables 2.12.1 and 2.12.2 show the distribution of female and male household members age 6 and above by the highest level of schooling ever attended (even if they did not complete that level) and the median number of years of education completed according to age, urban-rural residence, province, and wealth quintile. The majority of Zimbabweans have attained some education, and there is very little difference by sex in educational attainment. Overall, 94 percent of males age 6 and over have ever attended school, compared with 91 percent of females.

Table 2.12.1 Educational attainment of the female household population

Percent distribution of the de facto female household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Zimbabwe 2010-11

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	16.9	82.8	0.1	0.2	0.0	0.0	0.0	100.0	2,299	0.6
10-14	1.0	71.0	10.4	17.5	0.1	0.0	0.0	100.0	2,818	4.7
15-19	1.2	8.9	12.9	75.3	1.1	0.5	0.1	100.0	2,081	8.7
20-24	0.9	7.4	14.8	68.4	3.7	4.5	0.2	100.0	1,992	10.0
25-29	1.4	8.0	16.9	65.2	1.7	6.0	0.6	100.0	1,810	10.0
30-34	2.2	9.1	18.3	61.8	1.3	6.6	0.6	100.0	1,432	9.5
35-39	3.2	11.9	19.7	58.7	0.6	5.2	0.6	100.0	1,125	8.7
40-44	5.9	15.3	17.8	54.2	0.4	5.4	1.0	100.0	736	8.4
45-49	14.6	28.1	23.8	25.7	0.3	5.8	1.7	100.0	678	6.3
50-54	22.9	34.4	22.2	14.1	0.0	3.4	3.0	100.0	777	4.7
55-59	19.8	40.6	20.8	13.9	0.0	2.7	2.2	100.0	547	4.5
60-64	26.5	48.1	11.3	10.1	0.1	1.0	2.8	100.0	451	3.2
65+	41.4	42.5	7.6	4.6	0.2	1.3	2.4	100.0	1,012	1.3
Residence										
Urban	3.3	22.9	9.3	55.2	2.2	6.0	1.1	100.0	5,656	8.9
Rural	11.0	39.6	15.1	32.1	0.3	1.3	0.5	100.0	12,102	5.9
Province										
Manicaland	8.4	37.2	13.9	36.0	0.6	3.5	0.4	100.0	2,409	6.3
Mashonaland Central	12.6	40.9	14.3	29.4	0.4	2.1	0.4	100.0	1,652	5.6
Mashonaland East	7.4	35.4	15.1	39.6	0.7	1.3	0.6	100.0	1,840	6.4
Mashonaland West	9.5	37.2	14.0	37.0	0.4	1.1	0.8	100.0	1,967	6.2
Matabeleland North	15.9	37.8	16.0	28.2	0.3	0.9	1.0	100.0	953	5.3
Matabeleland South	8.1	38.1	17.9	33.6	0.3	1.4	0.7	100.0	999	6.2
Midlands	9.5	35.6	12.1	39.6	0.6	2.2	0.3	100.0	2,292	6.3
Masvingo	10.9	38.8	14.6	32.5	0.4	2.5	0.4	100.0	2,005	6.0
Harare	3.2	21.4	8.3	57.0	2.5	6.3	1.3	100.0	2,683	9.2
Bulawayo	3.4	23.6	11.2	52.6	2.6	4.8	1.8	100.0	960	8.6
Wealth quintile										
Lowest	16.5	44.4	16.5	22.0	0.1	0.0	0.6	100.0	3,521	4.5
Second	10.2	41.1	15.9	32.0	0.1	0.1	0.5	100.0	3,477	5.8
Middle	9.7	37.3	14.0	37.3	0.4	0.8	0.6	100.0	3,474	6.2
Fourth	4.6	28.3	12.3	50.4	1.0	2.7	0.6	100.0	3,547	7.5
Highest	2.2	21.4	7.9	54.4	2.9	10.0	1.2	100.0	3,740	9.7
Total	8.6	34.3	13.3	39.4	0.9	2.8	0.7	100.0	17,759	6.5

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

Table 2.12.2 Educational attainment of the male household population

Percent distribution of the de facto male household population age six and over by highest level of schooling attended or completed and median years completed, according to background characteristics, Zimbabwe 2010-11

Background characteristic	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary	Don't know/ missing	Total	Number	Median years completed
Age										
6-9	19.0	80.8	0.1	0.1	0.0	0.0	0.0	100.0	2,256	0.5
10-14	1.2	76.7	8.8	13.1	0.0	0.0	0.2	100.0	2,879	4.5
15-19	1.0	13.3	13.0	70.6	1.2	0.4	0.5	100.0	1,995	8.4
20-24	0.7	7.7	10.8	65.8	7.6	6.5	0.8	100.0	1,587	10.2
25-29	1.2	6.3	11.5	66.0	5.8	8.3	1.0	100.0	1,481	10.3
30-34	1.3	6.2	12.3	65.7	3.7	9.8	1.1	100.0	1,161	10.3
35-39	1.0	5.9	14.8	65.7	2.7	8.9	0.9	100.0	986	10.2
40-44	1.7	5.3	9.8	67.4	2.0	12.0	1.9	100.0	701	10.3
45-49	2.7	16.1	17.2	49.4	2.8	9.7	2.0	100.0	467	9.5
50-54	6.2	21.3	31.2	31.1	0.9	7.1	2.3	100.0	416	6.7
55-59	8.1	32.7	23.4	26.7	0.7	4.6	3.9	100.0	494	6.3
60-64	14.6	33.0	21.1	19.7	0.4	4.1	7.1	100.0	346	5.8
65+	20.9	43.3	14.2	12.0	0.4	4.9	4.2	100.0	810	3.8
Residence										
Urban	3.0	20.5	6.6	54.2	5.0	9.0	1.5	100.0	4,769	10.1
Rural	6.5	41.5	13.1	34.8	0.9	2.2	0.9	100.0	10,811	6.1
Province										
Manicaland	4.4	38.1	11.5	38.4	1.7	4.9	1.0	100.0	2,133	6.5
Mashonaland Central	5.8	39.7	12.1	38.3	1.2	2.2	0.7	100.0	1,542	6.3
Mashonaland East	4.8	36.6	12.2	41.5	1.0	3.4	0.5	100.0	1,610	6.6
Mashonaland West	6.5	37.5	11.1	39.2	1.3	2.4	2.0	100.0	1,912	6.4
Matabeleland North	11.2	42.4	17.5	25.1	1.0	1.7	1.1	100.0	823	5.4
Matabeleland South	5.2	43.6	17.5	29.4	1.2	1.9	1.3	100.0	857	6.0
Midlands	6.8	35.6	10.8	41.0	1.2	4.1	0.5	100.0	2,005	6.6
Masvingo	6.6	43.7	11.2	33.0	1.4	3.6	0.5	100.0	1,583	5.9
Harare	2.9	18.3	5.7	56.8	6.2	8.6	1.5	100.0	2,357	10.2
Bulawayo	2.7	23.0	8.8	50.2	4.2	8.2	2.8	100.0	758	9.0
Wealth quintile										
Lowest	10.0	50.4	13.7	24.9	0.1	0.1	0.9	100.0	2,813	4.7
Second	6.5	43.1	13.8	34.7	0.7	0.5	0.8	100.0	3,049	6.0
Middle	5.5	38.9	12.8	39.3	0.9	1.1	1.4	100.0	3,226	6.3
Fourth	3.6	25.6	10.2	52.9	2.3	4.2	1.2	100.0	3,170	8.5
Highest	2.3	20.1	5.6	49.6	6.4	14.6	1.3	100.0	3,322	10.2
Total	5.5	35.1	11.1	40.8	2.2	4.3	1.1	100.0	15,580	6.7

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

The median number of years of educational attainment is slightly higher for males (6.7 years) than for females (6.5 years). As expected, regardless of sex, educational attainment is higher among urban than rural residents. Among both males and females, the median number of years of schooling is lowest in Matabeleland North and highest in Harare and Bulawayo. Educational attainment rises with wealth quintile, peaking in the highest wealth quintile for both sexes.

2.8.2 School Attendance Ratios

In Table 2.13, school attendance ratios are presented by level of schooling and sex, residence, province, and wealth quintile. The net attendance ratio (NAR) is an indicator of participation in schooling among children of official school age—age 6-12 for primary school and age 13-18 for secondary school—and the gross attendance ratio (GAR) indicates participation at each level of schooling among those of any age between 5 and 24. The GAR is nearly always higher than the NAR for the same level because the GAR includes participation by those who may be older or younger than the official age range for that level.[2] Finally, the Gender Parity Index (GPI), or the ratio of female to male attendance rates at the primary and secondary levels, indicates the magnitude of the gender gap

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

in school attendance. A GPI less than one indicates that a smaller proportion of females than males attend school.

Table 2.13 School attendance ratios

Net attendance ratios (NAR) and gross attendance ratios (GAR) for the de facto household population by sex and level of schooling; and the Gender Parity Index (GPI), according to background characteristics, Zimbabwe 2010-11

Background characteristic	Net attendance ratio[1]				Gross attendance ratio[2]			
	Male	Female	Total	Gender Parity Index[3]	Male	Female	Total	Gender Parity Index[3]
PRIMARY SCHOOL								
Residence								
Urban	85.6	90.1	88.0	1.05	97.5	100.0	98.8	1.03
Rural	86.8	86.5	86.6	1.00	106.5	103.1	104.8	0.97
Province								
Manicaland	88.7	85.6	87.2	0.97	109.9	100.3	105.1	0.91
Mashonaland Central	88.8	88.7	88.7	1.00	109.0	106.1	107.6	0.97
Mashonaland East	86.1	86.4	86.2	1.00	104.0	98.9	101.5	0.95
Mashonaland West	84.7	85.3	85.0	1.01	102.3	105.2	103.7	1.03
Matabeleland North	82.6	86.9	84.8	1.05	108.5	105.2	106.8	0.97
Matabeleland South	89.6	89.2	89.4	1.00	103.3	106.8	104.9	1.03
Midlands	83.2	87.3	85.3	1.05	102.8	103.6	103.2	1.01
Masvingo	88.3	87.6	87.9	0.99	105.7	100.7	103.2	0.95
Harare	87.2	88.4	87.8	1.01	98.0	97.4	97.7	0.99
Bulawayo	85.4	92.9	89.3	1.09	97.2	104.9	101.3	1.08
Wealth quintile								
Lowest	83.6	83.0	83.3	0.99	105.1	98.5	101.7	0.94
Second	88.1	88.4	88.3	1.00	106.7	105.5	106.1	0.99
Middle	86.4	87.6	87.0	1.01	107.0	106.1	106.6	0.99
Fourth	85.8	89.1	87.5	1.04	103.4	101.9	102.6	0.99
Highest	89.6	90.4	90.0	1.01	98.0	100.0	99.0	1.02
Total	86.6	87.3	87.0	1.01	104.5	102.3	103.4	0.98
SECONDARY SCHOOL								
Residence								
Urban	61.7	56.4	58.7	0.91	70.9	62.9	66.4	0.89
Rural	42.7	44.4	43.5	1.04	49.5	49.2	49.3	0.99
Province								
Manicaland	48.8	49.1	48.9	1.01	56.9	52.4	54.8	0.92
Mashonaland Central	39.7	35.9	37.9	0.90	47.9	38.7	43.5	0.81
Mashonaland East	53.4	56.2	54.8	1.05	58.6	61.9	60.2	1.06
Mashonaland West	43.1	40.4	41.8	0.94	52.3	47.3	50.0	0.90
Matabeleland North	28.8	44.3	36.2	1.54	34.7	48.7	41.4	1.41
Matabeleland South	35.6	39.9	37.7	1.12	38.3	43.4	40.8	1.13
Midlands	44.7	51.4	48.0	1.15	54.5	56.3	55.4	1.03
Masvingo	49.7	46.6	48.2	0.94	58.7	54.0	56.3	0.92
Harare	60.0	52.3	55.7	0.87	65.1	58.8	61.6	0.90
Bulawayo	67.7	62.6	64.7	0.92	74.1	70.1	71.8	0.95
Wealth quintile								
Lowest	26.7	30.5	28.7	1.14	31.2	34.2	32.7	1.10
Second	42.6	45.2	43.8	1.06	47.7	49.3	48.5	1.03
Middle	46.9	48.6	47.6	1.04	55.3	54.5	54.9	0.98
Fourth	52.4	51.1	51.7	0.97	60.3	55.5	57.9	0.92
Highest	69.4	62.6	65.6	0.90	80.7	70.8	75.0	0.88
Total	47.3	48.2	47.8	1.02	54.7	53.6	54.1	0.98

[1] The NAR for primary school is the percentage of the primary-school age (6-12 years) population that is attending primary school. The NAR for secondary school is the percentage of the secondary-school age (13-18 years) population that is attending secondary school. By definition the NAR cannot exceed 100 percent.
[2] The GAR for primary school is the total number of primary school students, expressed as a percentage of the official primary-school-age population. The GAR for secondary school is the total number of secondary school students, expressed as a percentage of the official secondary-school-age population. If there are significant numbers of overage and underage students at a given level of schooling, the GAR can exceed 100 percent.
[3] The Gender Parity Index for primary school is the ratio of the primary school NAR(GAR) for females to the NAR(GAR) for males. The Gender Parity Index for secondary school is the ratio of the secondary school NAR(GAR) for females to the NAR(GAR) for males.

The results in Table 2.13 show that, 87 percent of children age 6 to 12 attend primary school and 48 percent of children age 13 to 18 attend secondary school. There is virtually no difference in the NARs for males and females at either the primary or secondary level. At the primary level, the NAR in urban areas is only slightly higher than in rural areas (88 percent and 87 percent, respectively),

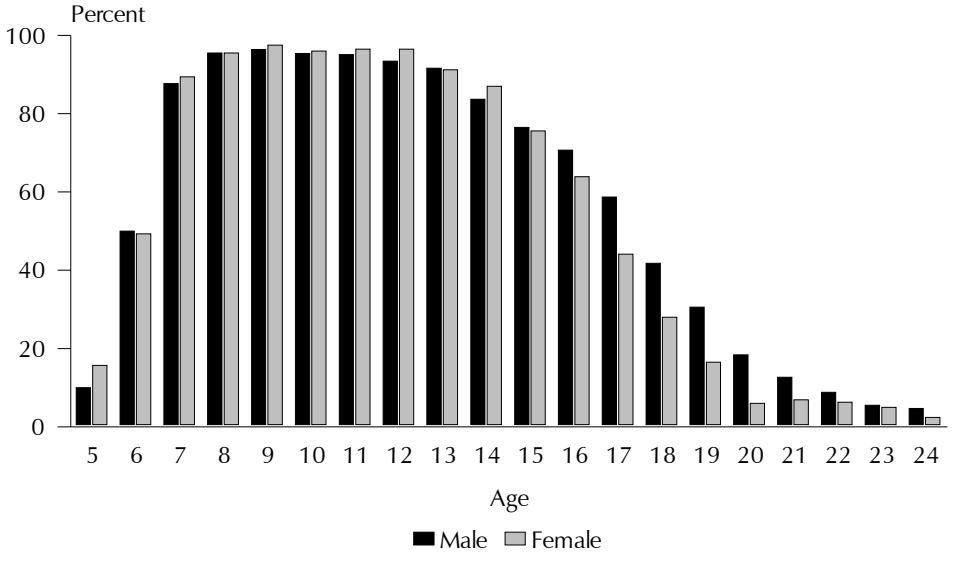
while there is a much wider gap in the NAR between urban and rural areas at the secondary level (59 percent and 44 percent, respectively). By province, only small differences in NAR are observed at the primary school level. In contrast, at the secondary level, there is a high degree of variation in NAR. Bulawayo (65 percent) has the highest NAR and Matabeland North the lowest (36 percent). Attendance is higher among wealthy households than poorer households at both the primary and secondary levels, with greater differences observed at the secondary level. For example, 29 percent of children age 13 to 18 in the lowest wealth quintile attend secondary school, compared with 66 percent in the highest wealth quintile.

At the primary school level, the GAR is 103 percent. This figure exceeds the primary school NAR (87 percent) by 16 percent, indicating that a number of children outside the official school age population are attending primary school. At the secondary level, the GAR (54 percent) is closer to the NAR (48 percent), indicating that fewer children outside of the official school age population are attending secondary school.

The GPIs for the NAR and GAR are close to 1 at both the primary and secondary school levels. Reflecting the high level of primary school attendance among both boys and girls, variations in GPIs by background characteristics are generally minor and, in a number of subgroups, favour girls. At the secondary level, GAR GPI differences are generally somewhat larger than those observed at the primary level. For example, Table 2.13 shows that the gender gap is somewhat wider in the highest wealth quintile (0.88) than in the lowest wealth quintile (1.10), where, in fact, more girls than boys attend secondary school.

Age-specific attendance rates (ASARs) for the population age 5 to 24 are presented in Figure 2.2 by age and sex. The ASAR indicates participation in schooling at any level, from primary to higher levels of education. The trends are the same for males and females. Approximately half of children attend school by age 6. In the 8-13 age group, 9 of 10 children attend school. At age 14, attendance rates begin to decline with increasing age, and the decline is faster for females than males after age 15.

Figure 2.2 **Age-specific Attendance Rates of the de facto Population 5 to 24 Years**



ZDHS 2010-11

CHARACTERISTICS OF RESPONDENTS 3

Key Findings

- Literacy rates are high in Zimbabwe: 94 percent of women and 96 percent of men are literate.
- Among women who were employed in the past 12 months, 36 percent worked in sales and services. Among men who were employed in the past 12 months, 29 percent worked in agriculture.
- Twenty-one percent of men report that they smoke cigarettes, while less than 1 percent of women report using any form of tobacco. Both proportions are comparable to those reported in the 2005-06 ZDHS.

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

3.1 CHARACTERISTICS OF SURVEY RESPONDENTS

Background characteristics of the 9,171 women age 15-49 and 7,480 men age 15-54 interviewed in the 2010-11 ZDHS are presented in Table 3.1. The distribution of respondents according to age shows a similar pattern for men and women. The proportion of respondents in each age group declines with increasing age for both sexes. Forty-one percent of women and 44 percent of men are in the 15-24 age group, and 33 percent of women and 31 percent of men are in the 25-34 age group.

Fifty-nine percent of women and 50 percent of men are married, while 3 percent of women and 1 percent of men are in informal unions. Male respondents are much more likely than female respondents to have never married (45 percent versus 24 percent). Six percent of female respondents and 1 percent of male respondents are widowed. Men are less likely to be divorced or separated than women (3 percent versus 8 percent).

The proportion of men in urban areas (37 percent) does not vary much from that of women (39 percent). The largest proportions of both male and female respondents live in Harare (18 percent and 19 percent, respectively) and Manicaland (14 percent and 13 percent, respectively). The smallest proportions live in Matabeleland North and Matabeleland South (5 percent each).

Table 3.1 Background characteristics of respondents

Percent distribution of women and men age 15-49 by selected background characteristics, Zimbabwe 2010-11

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	21.2	1,945	1,980	24.4	1,735	1,848
20-24	20.1	1,841	1,815	19.3	1,372	1,332
25-29	18.4	1,686	1,696	17.4	1,236	1,186
30-34	14.1	1,296	1,287	13.6	970	962
35-39	11.5	1,051	1,034	11.6	828	818
40-44	8.0	732	727	8.3	589	570
45-49	6.8	620	632	5.3	379	388
Religion						
Traditional	0.6	57	63	3.9	280	249
Roman Catholic	8.4	773	764	10.0	712	696
Protestant	16.8	1,539	1,511	13.9	991	935
Pentecostal	21.1	1,939	1,850	14.5	1,030	997
Apostolic Sect	38.0	3,488	3,396	27.7	1,968	1,955
Other Christian	8.4	768	953	7.7	550	556
Muslim	0.5	43	40	0.6	42	41
None	6.1	558	589	21.5	1,526	1,666
Other	0.1	6	5	0.1	10	9
Marital status						
Never married	24.0	2,197	2,332	45.3	3,221	3,322
Married	59.4	5,443	5,317	49.7	3,531	3,402
Living together	2.8	260	261	0.8	53	62
Divorced/separated	7.8	711	680	3.4	238	255
Widowed	6.1	560	581	0.9	66	63
Residence						
Urban	38.7	3,548	3,437	36.9	2,621	2,412
Rural	61.3	5,623	5,734	63.1	4,488	4,692
Province						
Manicaland	13.4	1,227	1,011	13.7	972	789
Mashonaland Central	9.5	871	904	10.4	738	789
Mashonaland East	9.0	824	847	9.4	667	714
Mashonaland West	11.2	1,026	970	12.3	872	836
Matabeleland North	4.8	443	767	4.9	349	557
Matabeleland South	5.1	467	835	4.9	352	650
Midlands	12.2	1,123	979	12.5	885	808
Masvingo	9.9	909	816	8.2	585	517
Harare	18.8	1,722	1,196	18.4	1,307	894
Bulawayo	6.1	558	846	5.4	382	550
Education						
No education	2.3	212	224	0.8	56	69
Primary	28.0	2,568	2,650	21.2	1,508	1,671
Secondary	65.1	5,966	5,904	70.7	5,027	4,893
More than secondary	4.6	424	393	7.3	519	471
Wealth quintile						
Lowest	16.9	1,546	1,707	15.1	1,074	1,223
Second	17.4	1,594	1,585	17.1	1,216	1,244
Middle	18.3	1,681	1,589	19.3	1,371	1,355
Fourth	22.6	2,073	2,060	23.4	1,664	1,606
Highest	24.8	2,278	2,230	25.1	1,786	1,676
Total 15-49	100.0	9,171	9,171	100.0	7,110	7,104
50-54	na	na	na	na	370	376
Total 15-54	na	na	na	na	7,480	7,480

Note: Education categories refer to the highest level of schooling attended, whether or not that level was completed.
na = Not applicable

Education is an important factor in influencing an individual's attitude and outlook on various aspects of life. Generally, educational attainment in Zimbabwe is high; 78 percent of men and 70 percent of women have attended secondary school or higher. Twenty-one percent of men and 28 percent of women have attended only primary school. One percent of men and 2 percent of women have no education.

The majority of the respondents (74 percent of men and 93 percent of women) are Christians. Men (22 percent) are more likely than women (6 percent) to report no religion. Men are also more likely to practice traditional religion than women (4 percent and 1 percent, respectively).

3.2 EDUCATIONAL ATTAINMENT BY BACKGROUND CHARACTERISTICS

Tables 3.2.1 and 3.2.2 present the percent distributions of female and male respondents by highest level of education attained, according to age, urban-rural residence, and province. Overall, the results show a high level of education in Zimbabwe among both female and male respondents. Men have a slight advantage in average educational attainment, having completed a median of 10 years of schooling compared with 9 years among women.

Table 3.2.1 Educational attainment: Women

Percent distribution of women age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Highest level of schooling						Total	Median years completed	Number of women
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	0.3	8.4	13.6	72.6	2.4	2.7	100.0	9.2	3,786
15-19	0.1	9.2	12.7	76.0	1.3	0.7	100.0	8.8	1,945
20-24	0.5	7.6	14.7	69.0	3.5	4.7	100.0	10.0	1,841
25-29	1.4	9.0	16.1	66.1	1.4	6.0	100.0	10.0	1,686
30-34	1.6	9.5	19.5	61.9	0.7	6.7	100.0	9.3	1,296
35-39	2.4	12.2	20.8	58.0	0.7	5.9	100.0	8.7	1,051
40-44	5.9	16.7	16.5	55.2	0.4	5.4	100.0	8.4	732
45-49	14.3	32.5	22.7	24.8	0.3	5.3	100.0	6.1	620
Residence									
Urban	0.8	4.4	8.8	75.3	2.7	7.9	100.0	10.2	3,548
Rural	3.3	15.8	21.5	56.2	0.7	2.5	100.0	8.0	5,623
Province									
Manicaland	1.9	12.8	18.3	60.1	1.3	5.7	100.0	8.7	1,227
Mashonaland Central	5.3	23.4	17.5	49.7	0.6	3.4	100.0	7.1	871
Mashonaland East	2.0	6.9	18.8	68.4	1.5	2.4	100.0	9.0	824
Mashonaland West	2.7	16.3	18.7	59.7	0.6	2.0	100.0	8.3	1,026
Matabeleland North	4.5	16.0	27.4	50.2	0.4	1.5	100.0	7.2	443
Matabeleland South	1.6	10.0	25.7	59.4	0.9	2.4	100.0	8.3	467
Midlands	2.7	11.2	15.0	65.8	0.8	4.5	100.0	9.0	1,123
Masvingo	2.4	14.1	21.7	56.4	0.7	4.6	100.0	8.4	909
Harare	0.7	4.6	7.6	76.3	3.1	7.8	100.0	10.2	1,722
Bulawayo	1.1	2.0	10.7	75.6	3.5	7.0	100.0	10.2	558
Wealth quintile									
Lowest	5.7	25.5	27.5	41.1	0.2	0.1	100.0	6.6	1,546
Second	3.1	16.3	23.0	57.2	0.1	0.2	100.0	7.8	1,594
Middle	2.4	12.5	17.1	65.5	0.8	1.7	100.0	8.5	1,681
Fourth	1.3	6.2	13.4	73.3	1.6	4.3	100.0	10.0	2,073
Highest	0.4	2.4	7.2	73.1	3.6	13.2	100.0	10.3	2,278
Total	2.3	11.4	16.6	63.6	1.5	4.6	100.0	9.0	9,171

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

Table 3.2.2 Educational attainment: Men

Percent distribution of men age 15-49 by highest level of schooling attended or completed, and median years completed, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Highest level of schooling						Total	Median years completed	Number of men
	No education	Some primary	Completed primary[1]	Some secondary	Completed secondary[2]	More than secondary			
Age									
15-24	0.6	10.0	11.5	70.9	4.1	3.0	100.0	9.3	3,107
15-19	0.7	12.2	11.9	74.0	1.1	0.2	100.0	8.6	1,735
20-24	0.6	7.1	10.9	66.9	8.0	6.5	100.0	10.2	1,372
25-29	0.7	6.5	12.2	65.2	5.0	10.5	100.0	10.2	1,236
30-34	0.6	6.2	13.3	65.9	2.7	11.3	100.0	10.2	970
35-39	0.7	7.1	16.4	64.5	1.8	9.4	100.0	10.1	828
40-44	1.4	5.3	10.9	68.7	1.5	12.2	100.0	10.3	589
45-49	2.2	18.6	16.3	51.3	2.1	9.5	100.0	8.9	379
Residence									
Urban	0.1	2.1	5.8	72.9	6.5	12.5	100.0	10.4	2,621
Rural	1.2	12.4	16.6	63.9	1.7	4.3	100.0	8.9	4,488
Province									
Manicaland	0.4	9.0	11.9	67.8	2.3	8.7	100.0	9.8	972
Mashonaland Central	1.3	15.9	14.8	62.1	2.0	3.8	100.0	8.7	738
Mashonaland East	0.3	6.5	12.8	72.3	1.8	6.3	100.0	10.0	667
Mashonaland West	0.4	9.0	16.3	68.0	2.5	3.8	100.0	9.3	872
Matabeleland North	5.8	16.8	26.8	44.3	2.3	4.0	100.0	7.1	349
Matabeleland South	0.2	12.1	28.0	52.8	2.7	4.2	100.0	7.9	352
Midlands	0.6	9.7	10.7	70.9	2.7	5.3	100.0	9.7	885
Masvingo	1.3	11.4	11.1	65.2	2.8	8.2	100.0	9.7	585
Harare	0.2	1.8	4.9	74.1	7.5	11.5	100.0	10.4	1,307
Bulawayo	0.0	1.6	8.0	70.3	5.2	15.0	100.0	10.3	382
Wealth quintile									
Lowest	2.6	22.9	22.4	51.6	0.3	0.2	100.0	7.0	1,074
Second	1.0	11.2	19.7	66.0	1.2	1.0	100.0	8.6	1,216
Middle	0.6	9.6	15.3	70.4	1.9	2.2	100.0	9.2	1,371
Fourth	0.5	4.3	8.8	76.8	3.0	6.6	100.0	10.2	1,664
Highest	0.0	1.4	3.4	66.2	8.6	20.4	100.0	10.6	1,786
Total 15-49	0.8	8.6	12.6	67.2	3.5	7.3	100.0	10.0	7,110
50-54	5.7	28.2	29.9	28.9	1.1	6.2	100.0	6.5	370
Total 15-54	1.0	9.6	13.5	65.3	3.4	7.2	100.0	9.9	7,480

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

Younger respondents are more likely to be educated and to have reached higher levels of education than older respondents. For example, the proportion of women with no education ranges from less than 1 percent among those age 15-19 to 14 percent among those age 45-49. Women age 15-19 also are more than twice as likely as women age 45-49 to have attended at least some secondary school (78 percent versus 30 percent). Similarly, 75 percent of men age 15-19 have attended at least some secondary school, compared with 63 percent of men age 45-49. The improvement in level of education among younger cohorts reflects the significant expansion of and improved accessibility to the educational system after independence in 1980.

Rural respondents are less educated than their urban counterparts. For example, 59 percent of rural women have attended secondary school or higher, as compared with 86 percent of urban women. Similarly, 92 percent of urban men have attended secondary school or higher, compared with 70 percent of rural men.

Harare and Bulawayo, which are urban centres, have the most educated populations; in these provinces, 1 percent or less of both male and female respondents have never attended school, and more than 9 in 10 men and 8 in 10 women have attended secondary school or higher. Mashonaland Central and Matabeleland North have the highest proportions of women with no education (5 percent each) and the lowest proportions of women with at least some secondary schooling (54 percent and 52 percent, respectively). Matabeleland North has by far the highest proportion of men with no education (6 percent versus 1 percent or less in the other provinces) and the lowest proportion with a secondary or higher education (51 percent versus 60 percent or more in the other provinces).

Higher wealth status is associated with greater educational attainment. For example, the proportion of female respondents who have attended secondary school or higher varies from 41 percent in the lowest quintile to 90 percent in the highest quintile. Among male respondents, 95 percent in the highest wealth quintile have attended secondary school or higher, compared with 52 percent in the lowest quintile.

3.3 LITERACY

Literacy is widely acknowledged as benefiting both individuals and society. It is also associated with a number of positive health outcomes. In the 2010-11 ZDHS, literacy status was determined by respondents' ability to read all or part of a sentence. Respondents who had not attended school or had attended only primary school were asked to demonstrate their ability to read. Those with a secondary education or higher were assumed to be literate.

Tables 3.3.1 and 3.3.2 show the percent distributions of women and men by level of schooling attended and level of literacy, along with the percentage of respondents who are literate, according to background characteristics. Literacy rates in Zimbabwe are very high; overall, 94 percent of women and 96 percent of men are literate. Given the high overall rate, variations in literacy across subgroups of the population are generally small. The rate is lower among women age 45-49 (79 percent) than among both women in younger age cohorts (90 percent or higher) and men in the same age cohort (94 percent). Women and men in urban areas have slightly higher literacy rates (98 percent and 99 percent, respectively) than their rural counterparts (91 percent and 94 percent, respectively). Bulawayo and Harare have the highest literacy rates for both women (99 percent and 98 percent, respectively) and men (99 percent each). Mashonaland Central has the lowest literacy rate for women (86 percent), while Matabeleland North has the lowest rate for men (84 percent). As with educational attainment, literacy is directly associated with wealth status.

Table 3.3.1 Literacy: Women

Percent distribution of women age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Secondary school or higher	No schooling or primary school: Can read a whole sentence	No schooling or primary school: Can read part of a sentence	No schooling or primary school: Cannot read at all	No schooling or primary school: No card with required language	No schooling or primary school: Blind/ visually impaired	Total	Percentage literate[1]	Number of women
Age									
15-24	77.6	13.6	5.0	3.6	0.2	0.0	100.0	96.2	3,786
15-19	78.0	12.8	5.5	3.4	0.3	0.0	100.0	96.3	1,945
20-24	77.2	14.5	4.4	3.7	0.1	0.1	100.0	96.1	1,841
25-29	73.5	16.3	5.2	4.9	0.0	0.1	100.0	95.0	1,686
30-34	69.4	18.5	6.6	5.3	0.2	0.0	100.0	94.5	1,296
35-39	64.6	21.2	7.7	6.3	0.1	0.2	100.0	93.5	1,051
40-44	60.9	20.8	8.3	9.6	0.2	0.3	100.0	90.0	732
45-49	30.5	33.0	15.6	20.4	0.1	0.5	100.0	79.0	620
Residence									
Urban	86.0	9.8	2.5	1.7	0.0	0.1	100.0	98.2	3,548
Rural	59.4	22.5	9.1	8.7	0.2	0.1	100.0	91.0	5,623
Province									
Manicaland	67.1	22.5	4.9	5.4	0.1	0.0	100.0	94.4	1,227
Mashonaland Central	53.7	25.8	6.3	14.0	0.0	0.1	100.0	85.8	871
Mashonaland East	72.3	14.6	8.1	5.0	0.0	0.0	100.0	95.0	824
Mashonaland West	62.3	21.2	7.9	8.6	0.0	0.0	100.0	91.4	1,026
Matabeleland North	52.1	25.5	10.2	9.8	2.1	0.2	100.0	87.9	443
Matabeleland South	62.7	20.3	9.9	6.7	0.3	0.0	100.0	92.9	467
Midlands	71.1	18.1	6.5	4.0	0.0	0.2	100.0	95.7	1,123
Masvingo	61.8	16.3	13.0	8.5	0.0	0.4	100.0	91.1	909
Harare	87.1	8.6	2.8	1.4	0.0	0.0	100.0	98.6	1,722
Bulawayo	86.1	11.2	1.1	1.5	0.0	0.1	100.0	98.4	558
Wealth quintile									
Lowest	41.3	30.2	13.1	14.6	0.6	0.2	100.0	84.5	1,546
Second	57.6	23.0	9.7	9.6	0.1	0.1	100.0	90.3	1,594
Middle	68.0	19.3	6.4	6.2	0.0	0.1	100.0	93.7	1,681
Fourth	79.2	14.0	4.2	2.5	0.1	0.1	100.0	97.4	2,073
Highest	90.0	7.1	2.2	0.7	0.0	0.1	100.0	99.3	2,278
Total	69.7	17.6	6.5	6.0	0.1	0.1	100.0	93.8	9,171

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

Table 3.3.2 Literacy: Men

Percent distribution of men age 15-49 by level of schooling attended and level of literacy, and percentage literate, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Secondary school or higher	No schooling or primary school: Can read a whole sentence	No schooling or primary school: Can read part of a sentence	No schooling or primary school: Cannot read at all	No schooling or primary school: No card with required language	No schooling or primary school: Blind/ visually impaired	Total	Percentage literate[1]	Number of men
Age									
15-24	78.0	10.5	6.7	4.7	0.1	0.0	100.0	95.2	3,107
15-19	75.3	11.4	7.6	5.6	0.0	0.0	100.0	94.3	1,735
20-24	81.4	9.4	5.6	3.4	0.2	0.0	100.0	96.3	1,372
25-29	80.6	10.8	5.7	2.9	0.0	0.0	100.0	97.1	1,236
30-34	79.9	11.0	5.5	3.5	0.2	0.0	100.0	96.3	970
35-39	75.8	13.9	6.7	3.5	0.0	0.2	100.0	96.4	828
40-44	82.4	9.3	5.0	3.3	0.0	0.0	100.0	96.7	589
45-49	62.9	20.1	10.6	6.4	0.0	0.0	100.0	93.6	379
Residence									
Urban	92.0	5.0	2.0	0.9	0.0	0.0	100.0	99.1	2,621
Rural	69.8	15.2	9.0	5.8	0.1	0.0	100.0	94.0	4,488
Province									
Manicaland	78.7	11.6	5.6	4.0	0.0	0.0	100.0	96.0	972
Mashonaland Central	68.0	18.4	8.9	4.7	0.0	0.0	100.0	95.3	738
Mashonaland East	80.4	9.2	5.5	4.9	0.0	0.0	100.0	95.1	667
Mashonaland West	74.2	18.0	5.6	2.2	0.0	0.0	100.0	97.8	872
Matabeleland North	50.6	15.4	17.5	15.6	0.8	0.2	100.0	83.5	349
Matabeleland South	59.7	17.0	14.8	7.9	0.6	0.0	100.0	91.5	352
Midlands	79.0	11.0	6.0	4.0	0.0	0.0	100.0	96.0	885
Masvingo	76.3	11.1	7.5	4.9	0.0	0.2	100.0	94.9	585
Harare	93.2	3.4	2.6	0.8	0.0	0.0	100.0	99.2	1,307
Bulawayo	90.4	6.4	1.7	1.5	0.0	0.0	100.0	98.5	382
Wealth quintile									
Lowest	52.1	22.9	14.3	10.4	0.3	0.0	100.0	89.3	1,074
Second	68.1	17.9	8.6	5.2	0.0	0.1	100.0	94.7	1,216
Middle	74.5	14.2	7.9	3.4	0.0	0.0	100.0	96.5	1,371
Fourth	86.4	6.6	4.2	2.8	0.0	0.0	100.0	97.2	1,664
Highest	95.2	2.5	1.2	1.0	0.1	0.0	100.0	98.9	1,786
Total 15-49	78.0	11.4	6.4	4.0	0.1	0.0	100.0	95.9	7,110
50-54	36.2	39.0	17.9	6.9	0.0	0.0	100.0	93.1	370
Total 15-54	75.9	12.8	7.0	4.2	0.1	0.0	100.0	95.7	7,480

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

3.4 EXPOSURE TO MASS MEDIA

The 2010-11 ZDHS collected information on respondents' exposure to common print and electronic media. Respondents were asked how often they read a newspaper, listened to the radio, or watched television. This information is important because it indicates the extent to which Zimbabweans are regularly exposed to mass media, often used to convey messages on family planning, HIV/AIDS awareness, and other health topics.

Tables 3.4.1 and 3.4.2 show the percentages of female and male respondents who were exposed to different types of mass media by age, urban-rural residence, province, level of education, and wealth quintile. Sixteen percent of women and 31 percent of men read newspapers at least once a week, 36 percent of women and 42 percent of men watch television at least once a week, and 33 percent of women and 49 percent of men listen to the radio at least once a week. Overall, only 8 percent of women and 17 percent of men are exposed to all three media at least once per week. Almost half of women and one-third of men are not exposed to any of the three media on a regular basis.

Table 3.4.1 Exposure to mass media: Women

Percentage of women age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Zimbabwe 2010-11

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of women
Age						
15-19	17.7	38.1	34.1	8.8	46.7	1,945
20-24	17.2	38.6	35.9	9.3	45.3	1,841
25-29	17.1	36.9	33.1	9.0	48.3	1,686
30-34	15.5	35.1	32.1	7.6	48.1	1,296
35-39	14.4	30.1	29.9	7.2	53.9	1,051
40-44	16.1	33.4	30.3	7.4	51.6	732
45-49	10.8	27.5	25.4	5.6	61.2	620
Residence						
Urban	30.2	67.8	44.9	16.9	21.1	3,548
Rural	7.4	15.2	24.9	2.8	66.8	5,623
Province						
Manicaland	15.9	29.9	38.5	7.1	47.6	1,227
Mashonaland Central	11.3	24.1	32.7	4.1	53.8	871
Mashonaland East	12.3	21.4	33.7	4.4	55.3	824
Mashonaland West	8.7	28.9	27.3	4.7	57.5	1,026
Matabeleland North	4.7	15.9	6.5	0.6	79.3	443
Matabeleland South	5.4	12.3	15.9	1.7	76.6	467
Midlands	10.8	29.0	23.2	5.3	59.2	1,123
Masvingo	8.3	16.6	21.1	3.5	68.2	909
Harare	32.6	65.8	47.2	18.4	20.9	1,722
Bulawayo	35.5	84.9	55.1	23.5	9.4	558
Education						
No education	0.6	11.4	13.4	0.0	79.8	212
Primary	3.6	17.5	23.6	1.5	68.0	2,568
Secondary	19.1	41.5	36.1	9.6	42.4	5,966
More than secondary	58.8	72.7	48.1	34.1	14.5	424
Wealth quintile						
Lowest	1.9	2.4	11.3	0.2	87.3	1,546
Second	4.5	6.8	20.9	1.2	74.4	1,594
Middle	8.7	13.1	28.8	2.2	62.3	1,681
Fourth	18.2	52.8	41.1	9.0	30.8	2,073
Highest	37.8	79.0	50.3	22.4	12.5	2,278
Total	16.2	35.5	32.6	8.3	49.1	9,171

Table 3.4.2 Exposure to mass media: Men

Percentage of men age 15-49 who are exposed to specific media on a weekly basis, by background characteristics, Zimbabwe 2010-11

Background characteristic	Reads a newspaper at least once a week	Watches television at least once a week	Listens to the radio at least once a week	Accesses all three media at least once a week	Accesses none of the three media at least once a week	Number of men
Age						
15-19	20.0	38.1	43.2	11.0	40.7	1,735
20-24	32.0	45.2	51.4	17.0	30.2	1,372
25-29	36.4	45.6	50.4	18.2	29.0	1,236
30-34	35.7	42.3	52.5	20.0	30.8	970
35-39	35.9	42.1	49.7	19.5	33.5	828
40-44	39.0	43.4	52.7	21.1	29.4	589
45-49	31.0	38.9	49.1	19.4	37.8	379
Residence						
Urban	57.3	72.1	55.2	32.5	12.7	2,621
Rural	16.1	24.9	45.6	7.8	45.4	4,488
Province						
Manicaland	29.1	37.2	54.8	16.9	32.2	972
Mashonaland Central	18.6	28.3	50.9	8.8	38.9	738
Mashonaland East	23.9	28.1	50.0	9.7	37.3	667
Mashonaland West	25.4	43.8	59.8	16.7	29.3	872
Matabeleland North	21.0	27.3	32.0	13.3	56.5	349
Matabeleland South	14.1	19.4	28.3	7.0	62.4	352
Midlands	27.4	38.3	42.2	11.5	37.5	885
Masvingo	11.5	21.2	30.9	2.3	54.8	585
Harare	58.0	69.9	56.6	32.3	13.2	1,307
Bulawayo	61.3	85.7	59.6	39.9	6.2	382
Education						
No education	1.3	18.0	19.3	1.3	73.3	56
Primary	8.3	20.3	38.9	3.8	53.0	1,508
Secondary	34.2	46.1	52.4	18.9	29.4	5,027
More than secondary	73.9	71.8	51.1	37.2	10.2	519
Wealth quintile						
Lowest	5.1	10.1	32.4	2.0	63.9	1,074
Second	11.2	17.3	46.0	3.9	47.9	1,216
Middle	18.6	25.3	48.7	8.3	41.8	1,371
Fourth	39.9	56.5	55.2	22.2	21.7	1,664
Highest	62.5	78.5	56.2	36.3	9.4	1,786
Total 15-49	31.3	42.3	49.2	16.9	33.4	7,110
50-54	26.4	42.1	49.2	13.9	33.1	370
Total 15-54	31.1	42.3	49.2	16.7	33.3	7,480

The proportions of respondents who are not exposed to any media on at least a weekly basis are highest among women age 45-49 and among men age 15-19 (61 percent and 41 percent, respectively). Urban residents are more likely to be exposed to all forms of mass media than rural residents. Overall, 67 percent of rural women and 45 percent of rural men reported having no exposure to any form of mass media at least once a week, compared with 21 percent of urban women and 13 percent of urban men. Harare and Bulawayo residents are more likely to read newspapers, watch television, and listen to the radio than people living in other provinces. Women in Matabeleland North and men in Matabeleland South are most likely to report having no exposure to any of the three media (79 percent and 62 percent, respectively).

Not surprisingly, media exposure is related to education among both women and men. For example, 80 percent of women with no education report that they are not exposed to any media on at least a weekly basis, compared with 15 percent of women with more than a secondary education. Similarly, 73 percent of men who never attended school have no exposure to any media at least once a week, as compared with 10 percent of men with more than a secondary education.

Media exposure among women and men is also affected by wealth status. For example, 38 percent of women in the highest wealth quintile read a newspaper at least once a week, compared with 2 percent of women in the lowest wealth quintile. Among men, 63 percent in the highest wealth quintile and 5 percent in the lowest quintile read a newspaper at least once a week. Seventy-nine percent of both women and men in the highest wealth quintile watch television at least once a week, in contrast to 2 percent of women and 10 percent of men in the lowest wealth quintile. Differences between wealth quintiles are less pronounced with respect to listening to the radio at least once a week. Fifty percent of women and 56 percent of men in the highest wealth quintile listen to the radio at least once a week, compared with 11 percent of women and 32 percent of men in the lowest wealth quintile.

3.5 EMPLOYMENT STATUS

The 2010-11 ZDHS asked respondents several questions about their current employment status and continuity of employment in the 12 months prior to the survey. Figure 3.1 and Table 3.5.1 present the proportion of women who were currently employed (i.e., who were working in the seven days preceding the survey), the proportion who were not currently employed but had been employed at some time during the 12 months before the survey, and the proportion who had not been employed at any time during the 12-month period. Table 3.5.2 presents employment status data for men. Overall, 37 percent of women reported that they were currently employed. An additional 6 percent of women were not currently employed but had worked in the 12 months preceding the survey. Approximately 7 in 10 men age 15-49 were either currently employed (61 percent) or had worked in the year prior to the survey (8 percent).

Figure 3.1 **Women's Employment Status in the Past 12 Months**

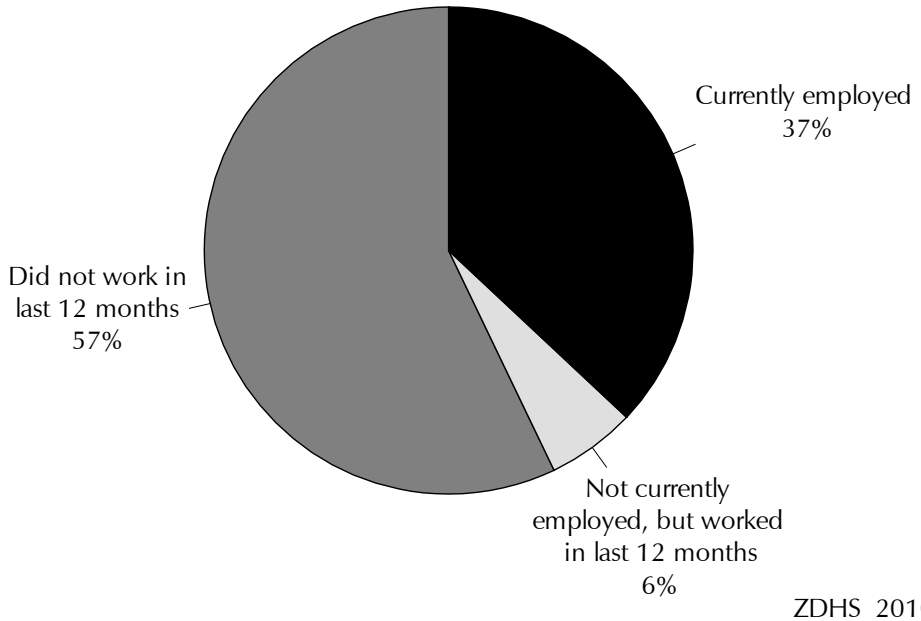


Table 3.5.1 Employment status: Women

Percent distribution of women age 15-49 by employment status, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of women
	Currently employed[1]	Not currently employed			
Age					
15-19	14.8	4.3	80.9	100.0	1,945
20-24	33.0	8.1	58.9	100.0	1,841
25-29	42.1	6.1	51.9	100.0	1,686
30-34	46.6	7.2	46.2	100.0	1,296
35-39	46.3	6.4	47.3	100.0	1,051
40-44	56.1	4.9	39.0	100.0	732
45-49	48.4	3.3	48.3	100.0	620
Marital status					
Never married	24.6	6.0	69.4	100.0	2,197
Married or living together	38.0	6.1	55.9	100.0	5,703
Divorced/separated/widowed	55.0	5.7	39.3	100.0	1,271
Number of living children					
0	24.2	6.0	69.8	100.0	2,510
1-2	41.4	6.0	52.6	100.0	3,731
3-4	44.2	6.7	49.1	100.0	2,052
5+	39.8	4.3	55.9	100.0	878
Residence					
Urban	44.4	6.3	49.3	100.0	3,548
Rural	32.6	5.8	61.6	100.0	5,623
Province					
Manicaland	48.2	4.5	47.3	100.0	1,227
Mashonaland Central	50.8	9.8	39.3	100.0	871
Mashonaland East	39.4	4.9	55.7	100.0	824
Mashonaland West	29.9	5.5	64.6	100.0	1,026
Matabeleland North	16.1	3.1	80.8	100.0	443
Matabeleland South	22.4	6.3	71.3	100.0	467
Midlands	30.4	6.5	63.1	100.0	1,123
Masvingo	22.0	4.4	73.6	100.0	909
Harare	47.5	6.7	45.8	100.0	1,722
Bulawayo	37.1	7.4	55.5	100.0	558
Education					
No education	35.2	3.2	61.6	100.0	212
Primary	35.0	5.9	59.1	100.0	2,568
Secondary	35.7	6.1	58.2	100.0	5,966
More than secondary	72.2	6.2	21.6	100.0	424
Wealth quintile					
Lowest	23.9	6.0	70.2	100.0	1,546
Second	29.5	6.0	64.5	100.0	1,594
Middle	36.7	5.8	57.6	100.0	1,681
Fourth	43.4	6.3	50.3	100.0	2,073
Highest	46.2	6.0	47.9	100.0	2,278
Total	37.2	6.0	56.8	100.0	9,171

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

Table 3.5.2 Employment status: Men

Percent distribution of men age 15-49 by employment status, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Employed in the 12 months preceding the survey		Not employed in the 12 months preceding the survey	Total	Number of men
	Currently employed[1]	Not currently employed			
Age					
15-19	27.0	5.1	67.9	100.0	1,735
20-24	61.1	9.8	29.1	100.0	1,372
25-29	75.1	9.0	15.9	100.0	1,236
30-34	77.0	7.1	15.9	100.0	970
35-39	76.8	8.6	14.5	100.0	828
40-44	78.4	5.7	15.9	100.0	589
45-49	74.2	7.8	18.0	100.0	379
Marital status					
Never married	43.1	6.9	50.0	100.0	3,221
Married or living together	77.1	8.1	14.8	100.0	3,584
Divorced/separated/widowed	69.4	8.9	21.7	100.0	304
Number of living children					
0	46.5	7.0	46.6	100.0	3,594
1-2	77.1	8.7	14.2	100.0	1,889
3-4	78.5	7.4	14.0	100.0	1,122
5+	70.2	8.0	21.7	100.0	504
Residence					
Urban	67.5	6.6	26.0	100.0	2,621
Rural	57.8	8.2	34.1	100.0	4,488
Province					
Manicaland	58.1	8.2	33.7	100.0	972
Mashonaland Central	81.0	4.6	14.4	100.0	738
Mashonaland East	58.9	11.6	29.6	100.0	667
Mashonaland West	58.2	8.6	33.1	100.0	872
Matabeleland North	35.6	7.0	57.4	100.0	349
Matabeleland South	49.9	10.4	39.8	100.0	352
Midlands	62.5	9.2	28.3	100.0	885
Masvingo	50.6	4.6	44.8	100.0	585
Harare	72.0	5.5	22.4	100.0	1,307
Bulawayo	54.5	8.1	37.4	100.0	382
Education					
No education	46.0	3.7	50.4	100.0	56
Primary	60.3	8.4	31.2	100.0	1,508
Secondary	59.8	7.6	32.6	100.0	5,027
More than secondary	80.5	5.5	14.1	100.0	519
Wealth quintile					
Lowest	47.1	10.5	42.4	100.0	1,074
Second	55.0	8.8	36.2	100.0	1,216
Middle	62.1	7.1	30.8	100.0	1,371
Fourth	68.9	6.7	24.4	100.0	1,664
Highest	66.6	6.2	27.3	100.0	1,786
Total 15-49	61.3	7.6	31.1	100.0	7,110
50-54	68.7	8.7	22.6	100.0	370
Total 15-54	61.7	7.6	30.7	100.0	7,480

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

Women and men in the 15-19 age group are less likely to be currently employed than their counterparts in older age groups, a finding that is partially due to the fact that many in this age cohort are students. Women who are divorced, separated, or widowed are more likely to be currently employed (55 percent) than other women. Men who are married or living with their partner are more likely to be currently employed (77 percent) than men who have never been married or who are divorced, separated, or widowed.

Women and men with no children are less likely to be currently employed than those who have children. This finding may be linked to the fact that the former are typically younger than those with children. A higher percentage of urban women and men (44 percent and 68 percent, respectively) than their rural counterparts (33 percent and 58 percent, respectively) are currently employed.

There are substantial provincial variations in women's and men's employment status. Women in Manicaland, Mashonaland Central, and Harare are much more likely to be currently employed than women in other provinces; around half of women in each of these provinces reported that they were employed in the seven days before the survey. Men in Mashonaland Central, Harare, and Midlands are much more likely than men in other provinces to be currently employed (81 percent, 72 percent, and 63 percent, respectively).

Women and men with more than a secondary education were most likely to be currently employed (72 percent and 81 percent, respectively). Women with more than a secondary education were twice as likely as those with less education to be currently employed. Among men, unemployment decreased with increasing level of education.

The proportion of women who were currently employed increased with increasing wealth quintile. Among men, a similar trend was observed. Twenty-four percent of women in the lowest wealth quintile were currently employed as compared to 46 percent in the highest wealth quintile. For men the employment rate ranges from 47 percent in the lowest wealth quintile to a peak of 69 percent in the fourth wealth quintile.

3.6 OCCUPATION

Respondents who were currently employed or had worked in the 12 months preceding the survey were further asked to specify their occupation. Information on the current occupation of employed women and men is shown in Tables 3.6.1 and 3.6.2. Women are most likely to be employed in sales and services (36 percent), followed by agriculture (21 percent). Men age 15-49 are most commonly employed in agriculture (29 percent) and unskilled manual labour (23 percent).

Urban women are most often employed in sales and services (45 percent). Among urban men, the most common occupations are skilled manual labour (26 percent) and unskilled manual labour (24 percent). In rural areas, the majority of women (35 percent) and men (45 percent) are employed in agriculture. Mashonaland West has the highest percentage of women in agricultural occupations (37 percent), while Mashonaland Central has the highest percentage of men working in agriculture (56 percent). Matabeleland North has the highest percentage of women in sales and services (52 percent), and Harare has the highest percentage of men employed in that sector (22 percent). Harare and Bulawayo have the highest percentages of men employed in skilled manual labour (26 percent and 30 percent, respectively). Masvingo has the highest percentage of women in professional, technical, and managerial occupations (17 percent), while Matabeleland North has the highest percentage of men in those occupations (16 percent).

Table 3.6.1 Occupation: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Other	Don't know/ missing	Total	Number of women
Age											
15-19	0.3	1.7	30.9	0.4	14.7	32.0	19.2	0.0	0.9	100.0	371
20-24	4.9	4.1	37.1	2.0	21.2	9.8	17.9	1.4	1.6	100.0	757
25-29	9.8	3.1	38.7	0.8	18.9	6.9	19.4	1.7	0.6	100.0	812
30-34	11.5	4.5	35.9	2.7	16.5	7.4	18.6	1.9	1.1	100.0	698
35-39	10.2	2.9	36.9	1.9	15.5	6.0	21.6	3.5	1.4	100.0	554
40-44	12.7	3.2	34.6	0.7	17.1	3.8	24.4	2.1	1.5	100.0	447
45-49	7.9	1.6	32.1	1.7	18.2	4.9	29.9	1.8	1.9	100.0	320
Marital status											
Never married	9.8	5.6	30.4	2.4	14.9	26.0	6.5	1.6	2.6	100.0	672
Married or living together	8.7	2.7	36.2	1.4	18.2	3.8	26.3	1.8	0.9	100.0	2,515
Divorced/separated/widowed	6.6	3.0	39.9	1.3	19.0	12.5	14.6	2.1	1.0	100.0	772
Number of living children											
0	9.3	5.4	32.5	2.3	14.5	22.6	9.2	2.2	2.0	100.0	758
1-2	10.5	3.3	38.3	1.5	19.0	6.8	17.7	2.1	0.8	100.0	1,768
3-4	7.3	2.7	35.6	0.9	18.8	5.6	26.6	1.3	1.3	100.0	1,045
5+	1.4	0.3	32.6	2.1	16.1	4.2	40.8	1.1	1.3	100.0	387
Residence											
Urban	9.3	5.1	45.1	2.2	18.1	11.3	3.2	3.6	2.1	100.0	1,801
Rural	7.8	1.7	28.3	1.0	17.5	7.6	35.2	0.4	0.5	100.0	2,158
Province											
Manicaland	9.7	0.8	30.5	2.0	18.5	7.7	29.9	0.7	0.2	100.0	646
Mashonaland Central	5.3	2.1	31.4	0.1	18.4	6.6	34.7	0.2	1.3	100.0	528
Mashonaland East	7.1	3.4	30.6	0.5	14.0	11.4	31.5	1.4	0.0	100.0	365
Mashonaland West	4.9	2.0	26.5	1.6	20.4	6.4	37.1	0.7	0.3	100.0	363
Matabeleland North	13.2	1.3	52.4	1.5	12.7	13.3	3.6	1.2	0.9	100.0	85
Matabeleland South	7.6	3.6	35.5	1.0	20.7	16.5	7.5	1.5	6.2	100.0	134
Midlands	9.9	4.3	33.2	1.2	16.5	8.8	25.3	0.5	0.3	100.0	415
Masvingo	17.2	2.2	39.6	1.3	15.4	7.5	16.6	0.0	0.3	100.0	240
Harare	8.0	5.3	44.6	2.1	18.7	10.6	2.8	5.7	2.2	100.0	934
Bulawayo	9.6	6.0	44.0	4.2	17.4	12.0	3.0	0.3	3.5	100.0	248
Education											
No education	0.0	0.0	16.4	0.0	23.6	10.3	48.8	0.0	0.8	100.0	82
Primary	0.3	0.1	29.4	1.3	17.3	14.0	36.3	1.0	0.3	100.0	1,050
Secondary	5.3	3.7	42.4	1.5	19.4	8.5	15.8	2.1	1.4	100.0	2,494
More than secondary	60.9	11.1	13.2	3.1	5.7	0.0	0.8	2.5	2.6	100.0	332
Wealth quintile											
Lowest	0.2	0.3	30.3	1.4	17.1	7.8	42.3	0.5	0.1	100.0	462
Second	2.5	0.4	27.4	0.4	17.2	8.4	43.2	0.0	0.4	100.0	566
Middle	7.4	1.2	35.9	1.0	16.6	6.8	29.4	1.0	0.8	100.0	713
Fourth	7.7	3.9	42.2	1.9	20.0	8.8	11.9	2.2	1.5	100.0	1,029
Highest	15.9	6.5	36.7	2.2	17.2	12.1	3.9	3.4	2.1	100.0	1,188
Total	8.5	3.3	35.9	1.5	17.8	9.3	20.7	1.8	1.2	100.0	3,959

Occupation also varies with level of education. Sixty-one percent of women and 55 percent of men with more than a secondary education are employed in the professional, technical, and managerial sector. Women and men with no education or only a primary education most commonly work in the agricultural sector.

Employed women and men in the lowest wealth quintile are concentrated in agricultural occupations (42 percent and 52 percent, respectively). Sales and services is the most common occupation among women in the highest wealth quintile (37 percent). Men in the highest wealth quintile are most commonly employed in skilled manual labour (24 percent).

Table 3.6.2 Occupation: Men

Percent distribution of men age 15-49 employed in the 12 months preceding the survey by occupation, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Professional/ technical/ managerial	Clerical	Sales and services	Skilled manual	Unskilled manual	Domestic service	Agriculture	Other	Don't know/ missing	Total	Number of men
Age											
15-19	1.5	0.0	8.5	9.0	19.3	6.1	53.9	0.9	0.8	100.0	557
20-24	5.2	1.9	12.6	17.0	26.8	3.4	29.0	2.5	1.5	100.0	973
25-29	8.0	4.9	14.1	20.8	24.3	2.2	22.2	2.7	0.9	100.0	1,040
30-34	9.3	3.2	12.0	22.1	21.9	4.2	23.2	2.8	1.2	100.0	816
35-39	10.9	4.9	8.6	21.9	21.8	3.2	25.7	1.4	1.6	100.0	707
40-44	14.2	5.5	8.7	22.2	20.0	2.4	23.8	2.0	1.2	100.0	496
45-49	12.1	3.6	5.0	25.8	16.4	2.8	31.4	2.8	0.2	100.0	311
Marital status											
Never married	7.2	2.6	11.5	13.7	23.6	3.8	34.3	2.2	1.2	100.0	1,609
Married or living together	9.0	4.0	10.6	22.8	21.2	3.4	25.6	2.3	1.1	100.0	3,053
Divorced/separated/widowed	5.5	1.5	10.2	17.0	31.9	1.9	28.3	1.4	2.1	100.0	238
Number of living children											
0	7.8	2.9	11.3	14.3	23.7	4.1	32.9	1.9	1.0	100.0	1,920
1-2	8.5	3.8	13.3	22.1	22.6	3.5	22.1	2.8	1.3	100.0	1,621
3-4	9.7	4.4	8.1	23.6	21.5	2.4	27.1	1.6	1.4	100.0	965
5+	5.3	2.0	6.1	24.7	18.6	2.5	37.5	2.7	0.6	100.0	394
Residence											
Urban	11.7	6.2	19.0	25.8	23.6	4.4	4.0	3.9	1.5	100.0	1,941
Rural	6.0	1.6	5.6	15.5	21.8	2.8	44.7	1.1	0.9	100.0	2,960
Province											
Manicaland	11.9	4.1	6.8	19.4	28.8	1.9	23.0	0.0	4.2	100.0	644
Mashonaland Central	3.8	1.9	5.4	12.6	15.3	2.5	55.8	1.6	1.1	100.0	632
Mashonaland East	6.9	2.3	5.9	14.3	24.9	2.7	40.4	2.3	0.5	100.0	470
Mashonaland West	4.1	2.6	8.3	17.0	25.0	2.9	37.4	2.6	0.3	100.0	583
Matabeleland North	15.8	0.7	13.7	24.8	19.7	6.1	15.8	2.5	0.8	100.0	149
Matabeleland South	6.3	2.7	6.6	15.1	36.7	1.9	26.0	3.4	1.4	100.0	212
Midlands	7.2	1.3	8.6	21.4	25.0	2.2	34.2	0.0	0.2	100.0	635
Masvingo	9.5	2.3	6.1	14.7	14.9	4.2	47.9	0.3	0.2	100.0	323
Harare	10.9	6.8	22.3	25.9	19.4	5.3	3.4	4.7	1.2	100.0	1,014
Bulawayo	9.2	5.1	19.2	30.4	20.5	6.8	3.1	5.9	0.0	100.0	239
Education											
No education	(5.7)	(0.0)	(2.6)	(13.2)	(23.4)	(0.0)	(55.0)	(0.0)	(0.0)	100.0	28
Primary	0.6	0.4	5.5	15.4	25.3	7.5	43.8	1.2	0.3	100.0	1,037
Secondary	4.5	3.8	12.8	21.8	23.8	2.6	26.9	2.6	1.3	100.0	3,390
More than secondary	54.8	7.9	9.9	12.6	6.0	0.5	4.3	2.0	1.9	100.0	446
Wealth quintile											
Lowest	0.4	0.6	4.6	14.8	23.7	2.8	51.6	1.2	0.4	100.0	619
Second	2.0	0.8	5.0	15.1	22.4	2.3	51.0	0.8	0.6	100.0	776
Middle	2.7	0.7	8.3	17.7	24.4	3.6	38.7	1.5	2.4	100.0	949
Fourth	9.1	3.7	13.2	21.2	26.3	4.9	18.3	2.9	0.5	100.0	1,258
Highest	18.9	8.0	17.2	24.2	17.1	2.9	6.8	3.4	1.6	100.0	1,299
Total 15-49	8.2	3.4	10.9	19.5	22.5	3.4	28.6	2.2	1.1	100.0	4,901
50-54	9.0	3.8	6.5	21.1	17.0	4.0	32.4	3.8	2.4	100.0	287
Total 15-54	8.3	3.5	10.7	19.6	22.2	3.5	28.8	2.3	1.2	100.0	5,187

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

3.7 TYPE OF EMPLOYMENT

Table 3.7 shows the percent distribution of women employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural). Fifty percent of women engaged in agricultural work and 77 percent of women engaged in nonagricultural work are paid in cash only. Most of the remaining women in both occupational categories receive a combination of cash and in-kind payments; however, 13 percent of women working in agriculture and 3 percent of women in nonagricultural occupations are not paid for their work. Seventy-four percent of women engaged in agricultural work and 53 percent of women engaged in nonagricultural work are self-employed. Regardless of their occupation, most other women work for someone outside the family rather than a family member. Sixty percent of women engaged in agricultural work are seasonally employed, and 60 percent of women engaged in nonagricultural work are employed all year.

Table 3.7 Type of employment: Women

Percent distribution of women age 15-49 employed in the 12 months preceding the survey by type of earnings, type of employer, and continuity of employment, according to type of employment (agricultural or nonagricultural), Zimbabwe 2010-11

Employment characteristic	Agricultural work	Nonagricultural work	Total
Type of earnings			
Cash only	49.9	77.1	71.6
Cash and in-kind	35.2	19.5	22.7
In-kind only	2.4	0.9	1.2
Not paid	12.5	2.5	4.6
Total	100.0	100.0	100.0
Type of employer			
Employed by family member	1.7	3.4	3.1
Employed by nonfamily member	24.7	43.3	39.5
Self-employed	73.7	53.3	57.4
Total	100.0	100.0	100.0
Continuity of employment			
All year	32.3	60.2	54.4
Seasonal	59.7	22.8	30.3
Occasional	8.0	17.0	15.3
Total	100.0	100.0	100.0
Number of women employed during the last 12 months	818	3,101	3,959

Note: Total includes women with information missing on type of employment.

3.8 HEALTH INSURANCE COVERAGE

The 2010-11 ZDHS collected data on respondents' health insurance coverage (Tables 3.8.1 and 3.8.2). The majority of women (93 percent) and men (91 percent) do not have health insurance. Among women with health insurance, most are covered by social security or other employer plans. Six percent of women have insurance through their employer, less than 1 percent are covered under a privately purchased commercial plan, and the remaining women are covered through some other mechanism. As expected, women who reside in urban areas and women in the highest wealth quintile are most likely to have health insurance. Education is strongly associated with health insurance coverage. Nearly half of women with more than a secondary education have health insurance, compared with 2 percent of women with no education, 1 percent with only a primary education, and 7 percent with only a secondary education.

As was the case with women, men are most commonly covered by social security and other employer-based plans; 7 percent of men are covered through their employer, 2 percent are covered under a privately purchased commercial plan, and less than 1 percent are covered through some other mechanism. Again, higher education greatly increases the chance a man will have health insurance coverage. Forty-two percent of men with more than a secondary education have health insurance, compared with 3 percent of men with no education, 1 percent with only a primary education, and 8 percent with only a secondary education.

Table 3.8.1 Health insurance coverage: Women

Percentage of women age 15-49 with specific types of health insurance coverage, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Social security	Other employer-based insurance	Mutual Health Organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Number of women
Age							
15-19	0.6	3.3	0.2	0.4	0.0	95.6	1,945
20-24	0.8	3.6	0.3	0.9	0.1	94.4	1,841
25-29	0.6	5.0	0.8	0.5	0.0	93.2	1,686
30-34	1.3	5.6	0.5	1.8	0.0	91.3	1,296
35-39	1.1	5.3	0.5	1.0	0.0	92.1	1,051
40-44	1.6	7.4	0.5	1.9	0.0	89.1	732
45-49	1.3	8.0	0.5	0.9	0.0	89.3	620
Residence							
Urban	1.3	9.8	0.9	1.8	0.0	86.5	3,548
Rural	0.7	1.7	0.2	0.4	0.0	97.0	5,623
Province							
Manicaland	0.7	3.1	0.1	0.6	0.2	95.4	1,227
Mashonaland Central	0.5	4.5	0.3	0.8	0.0	93.8	871
Mashonaland East	0.8	2.7	0.3	0.4	0.0	96.1	824
Mashonaland West	1.1	2.4	0.2	0.4	0.0	96.0	1,026
Matabeleland North	0.2	2.0	0.3	0.5	0.0	97.0	443
Matabeleland South	0.0	2.1	0.0	2.6	0.0	95.4	467
Midlands	0.6	5.9	0.2	0.9	0.0	92.6	1,123
Masvingo	2.0	2.1	0.3	1.2	0.0	94.4	909
Harare	1.0	10.1	1.1	1.4	0.0	86.5	1,722
Bulawayo	1.7	7.6	1.5	0.7	0.0	88.8	558
Education							
No education	0.5	1.0	0.0	0.0	0.0	98.4	212
Primary	0.3	0.8	0.0	0.1	0.0	98.8	2,568
Secondary	0.8	4.9	0.4	0.8	0.0	93.2	5,966
More than secondary	6.6	30.1	4.5	8.7	0.5	51.1	424
Wealth quintile							
Lowest	0.0	0.5	0.0	0.0	0.0	99.5	1,546
Second	0.4	0.4	0.0	0.0	0.0	99.1	1,594
Middle	0.4	1.3	0.0	0.2	0.0	98.2	1,681
Fourth	0.7	4.6	0.4	0.8	0.0	93.4	2,073
Highest	2.4	13.7	1.3	2.9	0.1	80.0	2,278
Total	0.9	4.8	0.4	0.9	0.0	93.0	9,171

Table 3.8.2 Health insurance coverage: Men

Percentage of men age 15-49 with specific types of health insurance coverage, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Social security	Other employer-based insurance	Mutual Health Organization/ community-based insurance	Privately purchased commercial insurance	Other	None	Number of men
Age							
15-19	0.2	2.1	0.4	1.3	0.4	95.8	1,735
20-24	0.5	3.4	0.8	1.5	0.4	93.7	1,372
25-29	1.1	6.5	1.1	2.5	0.0	89.3	1,236
30-34	0.4	7.9	0.8	2.0	0.1	89.1	970
35-39	1.1	7.7	0.7	3.6	0.1	87.1	828
40-44	0.4	10.1	1.0	2.8	0.0	86.0	589
45-49	2.0	11.5	0.7	0.7	0.0	85.7	379
Residence							
Urban	1.3	10.1	1.5	4.0	0.4	83.3	2,621
Rural	0.3	3.2	0.3	0.8	0.1	95.5	4,488
Province							
Manicaland	1.5	5.7	0.4	2.0	0.0	91.4	972
Mashonaland Central	0.4	2.8	0.0	1.5	0.4	95.0	738
Mashonaland East	0.1	2.4	0.9	1.0	0.3	95.4	667
Mashonaland West	0.2	3.3	0.2	0.5	0.3	95.7	872
Matabeleland North	0.8	1.8	0.5	1.1	0.0	95.9	349
Matabeleland South	1.4	2.9	0.4	2.7	0.0	92.8	352
Midlands	0.1	9.2	0.8	2.2	0.0	88.0	885
Masvingo	0.3	6.3	0.6	1.1	0.1	91.6	585
Harare	0.9	9.1	1.7	3.3	0.6	84.7	1,307
Bulawayo	1.1	8.3	1.4	5.1	0.0	85.1	382
Education							
No education	0.0	2.8	0.0	0.0	0.0	97.2	56
Primary	0.1	1.3	0.0	0.0	0.0	98.6	1,508
Secondary	0.5	5.1	0.5	2.0	0.2	92.0	5,027
More than secondary	4.4	24.5	5.1	8.5	1.1	58.1	519
Wealth quintile							
Lowest	0.1	0.1	0.0	0.0	0.0	99.9	1,074
Second	0.0	1.1	0.2	0.2	0.1	98.4	1,216
Middle	0.1	2.1	0.0	0.4	0.0	97.4	1,371
Fourth	0.7	6.2	0.6	1.8	0.0	91.0	1,664
Highest	1.8	14.6	2.3	6.0	0.7	75.6	1,786
Total 15-49	0.7	5.7	0.7	2.0	0.2	91.0	7,110
50-54	2.0	10.3	0.5	3.4	0.0	84.0	370
Total 15-54	0.7	5.9	0.7	2.1	0.2	90.6	7,480

3.9 USE OF TOBACCO

The 2010-11 ZDHS collected information on women's and men's tobacco use. Tobacco use has been shown to adversely affect both the health of users and those around them and is considered by the World Health Organization to be the primary cause of preventable deaths worldwide (WHO, 2011).

Tables 3.9.1 and 3.9.2 present the percentages of women and men who smoke cigarettes or a pipe or use other tobacco products (e.g., snuff). Table 3.9.2 also includes information obtained from male cigarette smokers on number of cigarettes smoked in the 24 hours before the interview.

Almost all women (more than 99 percent) and a large majority of men age 15-49 (78 percent) reported that they do not use tobacco. Given the small number of women who report using tobacco, it is not informative to examine the pattern of tobacco use among women by background characteristics. Among men, tobacco use is lowest among those under age 25. It is somewhat more common among men living in rural areas than among urban residents and more common among men in Mashonaland Central than among men living in other provinces. Tobacco use among men generally decreases with increasing education and wealth status.

Most of the male respondents who use tobacco products smoke cigarettes. Overall, one in five men smoke cigarettes. Among cigarette users, 8 in 10 smoked at least three cigarettes within 24 hours of prior to the interview, and nearly one-third smoked 10 or more cigarettes during the same period.

Table 3.9.1 Use of tobacco: Women

Percentage of women age 15-49 who smoke cigarettes or a pipe or use other tobacco products, according to background characteristics and maternity status, Zimbabwe 2010-11

Background characteristic	Uses tobacco				Does not use tobacco	Number of women
	Cigarettes	Pipe	Snuff	Other tobacco		
Age						
15-19	0.1	0.0	0.1	0.0	99.8	1,945
20-24	0.0	0.0	0.1	0.0	99.9	1,841
25-29	0.3	0.0	0.4	0.0	99.3	1,686
30-34	0.1	0.0	0.3	0.0	99.6	1,296
35-39	0.1	0.0	0.4	0.0	99.5	1,051
40-44	0.3	0.0	0.7	0.1	99.0	732
45-49	0.5	0.2	2.0	0.0	97.7	620
Maternity status						
Pregnant	0.0	0.0	0.4	0.1	99.5	758
Breastfeeding (not pregnant)	0.1	0.0	0.2	0.0	99.7	1,902
Neither	0.2	0.0	0.4	0.0	99.4	6,511
Residence						
Urban	0.3	0.0	0.3	0.0	99.4	3,548
Rural	0.1	0.0	0.4	0.0	99.5	5,623
Province						
Manicaland	0.0	0.0	0.4	0.0	99.6	1,227
Mashonaland Central	0.1	0.0	0.3	0.0	99.6	871
Mashonaland East	0.0	0.0	0.5	0.0	99.5	824
Mashonaland West	0.0	0.0	0.7	0.0	99.3	1,026
Matabeleland North	0.7	0.3	1.1	0.0	98.4	443
Matabeleland South	0.4	0.0	0.8	0.3	98.6	467
Midlands	0.2	0.0	0.0	0.0	99.8	1,123
Masvingo	0.0	0.0	0.1	0.0	99.9	909
Harare	0.2	0.0	0.2	0.1	99.6	1,722
Bulawayo	0.5	0.0	0.2	0.0	99.3	558
Education						
No education	0.6	0.6	1.9	0.0	97.5	212
Primary	0.2	0.0	0.6	0.1	99.2	2,568
Secondary	0.2	0.0	0.2	0.0	99.6	5,966
More than secondary	0.0	0.0	0.2	0.0	99.8	424
Wealth quintile						
Lowest	0.2	0.1	0.6	0.0	99.3	1,546
Second	0.0	0.0	0.2	0.0	99.7	1,594
Middle	0.1	0.0	0.4	0.0	99.5	1,681
Fourth	0.2	0.0	0.3	0.0	99.5	2,073
Highest	0.2	0.0	0.3	0.0	99.5	2,278
Total	0.2	0.0	0.4	0.0	99.5	9,171

Table 3.9.2 Use of tobacco: Men

Percentage of men age 15-49 who smoke cigarettes or a pipe or use other tobacco products and the percent distribution of cigarette smokers by number of cigarettes smoked in preceding 24 hours, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Uses tobacco				Does not use tobacco	Number of men	Percent distribution of men who smoke cigarettes by number of cigarettes in the past 24 hours						Total	Number of cigarette smokers
	Cigarettes	Pipe	Snuff	Other tobacco			0	1-2	3-5	6-9	10+	Don't know		
Age														
15-19	3.8	0.1	0.2	1.1	95.5	1,735	9.2	21.4	48.7	6.3	14.4	0.0	100.0	66
20-24	17.6	2.0	0.7	3.2	80.8	1,372	7.5	21.1	31.8	18.7	19.5	1.6	100.0	241
25-29	30.6	1.4	1.3	4.8	67.9	1,236	2.8	17.4	28.5	16.1	34.1	1.0	100.0	378
30-34	28.1	2.4	1.8	3.8	70.4	970	6.6	13.1	28.9	12.5	37.6	1.2	100.0	272
35-39	28.5	1.7	2.4	3.0	69.2	828	2.0	13.1	31.4	19.0	33.8	0.8	100.0	236
40-44	24.2	1.4	3.4	2.5	72.3	589	4.7	11.7	33.5	14.2	35.2	0.7	100.0	143
45-49	32.8	4.9	4.7	2.4	64.7	379	6.2	8.7	25.8	17.9	39.2	2.2	100.0	124
Residence														
Urban	17.2	0.4	0.8	2.4	81.6	2,621	5.7	13.6	28.1	15.0	37.0	0.5	100.0	452
Rural	22.4	2.2	1.8	3.2	75.6	4,488	4.6	16.2	32.0	16.2	29.7	1.4	100.0	1,007
Province														
Manicaland	23.2	2.2	1.6	2.9	74.9	972	4.6	19.7	33.2	14.7	27.1	0.8	100.0	225
Mashonaland Central	26.8	5.9	2.8	4.6	69.7	738	2.8	14.7	35.1	17.0	29.9	0.6	100.0	198
Mashonaland East	23.1	1.5	1.0	6.6	75.6	667	0.4	14.2	24.8	20.8	39.3	0.5	100.0	154
Mashonaland West	23.9	0.0	1.1	1.8	74.7	872	3.6	14.5	33.2	14.7	32.4	1.4	100.0	208
Matabeleland North	14.0	0.5	1.5	0.1	85.6	349	8.7	16.3	29.8	18.3	20.1	6.8	100.0	49
Matabeleland South	22.0	1.3	1.4	0.3	77.5	352	6.7	13.4	28.9	22.0	28.5	0.6	100.0	77
Midlands	18.3	0.5	1.7	4.4	79.0	885	6.4	15.6	32.0	12.0	33.4	0.6	100.0	162
Masvingo	17.5	3.0	2.5	0.8	81.2	585	10.5	12.0	30.0	11.8	32.7	3.1	100.0	103
Harare	16.8	0.5	0.7	2.8	82.2	1,307	6.3	15.5	27.1	15.1	36.0	0.0	100.0	219
Bulawayo	16.8	0.2	0.7	1.1	81.9	382	4.9	14.8	29.1	18.1	30.3	2.8	100.0	64
Education														
No education	21.5	2.5	4.0	1.3	75.2	56	*	*	*	*	*	*	100.0	12
Primary	27.5	2.7	2.6	4.9	69.5	1,508	3.3	13.7	34.3	17.9	28.9	1.9	100.0	414
Secondary	19.3	1.3	1.1	2.6	79.4	5,027	4.4	16.3	29.1	15.6	34.0	0.7	100.0	971
More than secondary	12.1	0.5	1.3	0.8	86.9	519	19.0	15.1	33.4	8.9	23.7	0.0	100.0	63
Wealth quintile														
Lowest	26.2	2.8	2.2	4.4	71.1	1,074	5.8	15.1	34.1	14.3	29.0	1.7	100.0	281
Second	21.7	1.8	2.0	4.3	76.1	1,216	4.1	14.5	27.1	20.6	32.7	1.1	100.0	264
Middle	24.3	2.6	1.9	2.6	74.5	1,371	4.2	14.0	32.5	17.6	30.8	0.9	100.0	333
Fourth	19.5	0.8	0.9	2.3	79.2	1,664	6.0	16.7	28.7	14.8	32.2	1.6	100.0	324
Highest	14.4	0.6	0.9	1.9	84.4	1,786	4.4	16.9	31.2	11.7	35.5	0.4	100.0	258
Total 15-49	20.5	1.6	1.5	2.9	77.8	7,110	4.9	15.4	30.8	15.9	31.9	1.1	100.0	1,459
50-54	33.8	3.6	4.0	1.3	63.6	370	0.0	12.6	35.3	15.8	34.4	1.9	100.0	125
Total 15-54	21.2	1.7	1.6	2.8	77.1	7,480	4.5	15.2	31.1	15.9	32.1	1.2	100.0	1,584

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

MARRIAGE AND SEXUAL ACTIVITY 4

Key Findings

- Median age at first marriage among women is 19.7 years; median age at first marriage for men is 24.8 years.
- The average woman and man in Zimbabwe initiate sexual activity before marriage. The median age at first sexual intercourse is 18.9 years for women and 20.6 years for men.
- Eleven percent of currently married women are married to men who are in a polygynous union; 5 percent of currently married men are in a polygynous union.

Marriage is a primary indication of the exposure of women to the risk of pregnancy and therefore is important to the understanding of fertility. Populations in which women marry at a young age tend to have high fertility and initiate early childbearing. For this reason, there is an interest in age at marriage. More direct measures of the beginning of exposure to pregnancy are also included in this chapter: age at first intercourse and the frequency of intercourse.

4.1 MARITAL STATUS

Table 4.1 presents the percent distribution of women and men by current marital status. The proportion of women who have never married (or lived with a man) declines sharply with age, from 74 percent of women age 15-19 to 2 percent of women age 45-49. Marriage is thus nearly universal in Zimbabwe. Although nearly all men eventually marry, men tend to marry later than women and thus a higher percentage of men than women age 15-49 are not currently married (45 percent versus 24 percent).

Six in ten women and five in ten men age 15-49 are currently married or living together with a partner as though married (Married and Living together columns, Table 4.1). Eight percent of women and 3 percent of men age 15-49 are separated or divorced, the same levels seen in the 2005-06 ZDHS. Six percent of women and 1 percent of men age 15-49 are widowed.

Table 4.1 Current marital status

Percent distribution of women and men age 15-49 by current marital status, according to age, Zimbabwe 2010-11

Age	Marital status						Total	Percentage of respondents currently in union	Number of respondents
	Never married	Married	Living together	Divorced	Separated	Widowed			
					WOMEN				
15-19	74.1	21.7	1.5	1.0	1.7	0.0	100.0	23.2	1,945
20-24	25.0	63.1	2.7	3.5	4.9	0.8	100.0	65.7	1,841
25-29	9.5	74.8	4.0	4.2	5.4	2.1	100.0	78.8	1,686
30-34	5.4	75.2	2.8	4.7	5.7	6.1	100.0	78.1	1,296
35-39	2.9	73.4	4.2	5.1	4.1	10.4	100.0	77.6	1,051
40-44	3.6	63.5	3.2	5.2	3.4	21.2	100.0	66.7	732
45-49	1.6	62.6	1.4	4.8	2.9	26.6	100.0	64.0	620
Total	24.0	59.4	2.8	3.7	4.1	6.1	100.0	62.2	9,171
					MEN				
15-19	98.9	0.9	0.1	0.0	0.1	0.0	100.0	1.0	1,735
20-24	71.2	25.1	1.0	1.2	1.4	0.1	100.0	26.1	1,372
25-29	30.2	63.1	1.6	2.8	2.1	0.2	100.0	64.7	1,236
30-34	10.0	82.0	0.7	3.1	3.5	0.8	100.0	82.6	970
35-39	3.5	88.9	0.6	2.2	2.3	2.5	100.0	89.5	828
40-44	3.6	88.6	0.9	3.0	1.8	2.0	100.0	89.5	589
45-49	1.9	89.5	0.5	1.0	1.6	5.6	100.0	89.9	379
Total 15-49	45.3	49.7	0.8	1.7	1.6	0.9	100.0	50.4	7,110
50-54	1.9	88.1	0.7	1.9	2.7	4.6	100.0	88.8	370
Total 15-54	43.2	51.6	0.7	1.7	1.7	1.1	100.0	52.3	7,480

4.2 POLYGYNY

Polygyny (the practice of having more than one wife) has implications for the frequency of exposure to sexual activity and therefore fertility. The extent of polygyny in Zimbabwe was measured by asking all women currently married or living with a man the question: "Does your husband/partner have other wives, does he live with other women as if married, or does he maintain a small house?" If the answer is yes, the woman is asked: "Including yourself, in total, how many wives or live-in partners does he have?" Currently married men or men living with a woman are asked: "Do you have other wives, or do you live with other women as if married?" If the answer is yes, the man is asked: "Altogether, how many wives or live-in partners do you have?"

Table 4.2.1 shows the distribution of currently married women by the number of co-wives, according to selected background characteristics. The majority of married women report their husband or partner has no other wives (84 percent). Eleven percent of women report their husbands have more than one wife, while 5 percent report that they don't know if their husbands have other wives. These figures are the same as reported in the 2005-06 ZDHS.

Table 4.2.1 Number of women's co-wives

Percent distribution of currently married women age 15-49 by number of co-wives, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Number of co-wives				Total	Number of women
	0	1	2+	Don't know		
Age						
15-19	90.5	4.7	1.4	3.4	100.0	452
20-24	88.9	5.8	0.9	4.4	100.0	1,210
25-29	84.0	8.6	2.2	5.2	100.0	1,329
30-34	84.5	7.9	2.3	5.4	100.0	1,012
35-39	80.6	11.5	3.6	4.2	100.0	815
40-44	78.3	12.7	5.4	3.6	100.0	488
45-49	76.4	14.7	4.3	4.6	100.0	397
Residence						
Urban	85.4	6.0	1.1	7.5	100.0	1,937
Rural	83.5	10.2	3.2	3.1	100.0	3,766
Province						
Manicaland	77.7	12.4	4.1	5.8	100.0	798
Mashonaland Central	80.7	13.6	2.4	3.3	100.0	626
Mashonaland East	88.5	8.9	2.5	0.2	100.0	541
Mashonaland West	86.0	8.6	2.9	2.5	100.0	718
Matabeleland North	75.4	8.4	4.4	11.8	100.0	257
Matabeleland South	80.7	8.2	1.1	10.1	100.0	230
Midlands	88.8	8.1	2.5	0.6	100.0	695
Masvingo	87.5	8.3	2.8	1.4	100.0	626
Harare	85.1	5.1	0.9	8.9	100.0	972
Bulawayo	85.9	3.1	1.1	9.9	100.0	239
Education						
No education	71.4	12.7	12.1	3.8	100.0	154
Primary	80.9	11.4	3.8	3.9	100.0	1,827
Secondary	86.3	7.4	1.5	4.9	100.0	3,485
More than secondary	86.8	6.2	1.1	5.8	100.0	237
Wealth quintile						
Lowest	81.2	11.3	4.6	2.9	100.0	1,109
Second	83.6	11.4	2.8	2.3	100.0	1,085
Middle	85.5	8.8	2.7	3.0	100.0	1,077
Fourth	85.1	6.6	1.1	7.2	100.0	1,291
Highest	85.3	6.3	1.4	7.0	100.0	1,141
Total	84.2	8.8	2.5	4.6	100.0	5,703

The proportion of women with co-wives increases with age. The proportions of women who report having no co-wives are lowest in Manicaland, Mashonaland Central, Matabeleland North, and Matabeleland South.

There is an inverse relationship between education and polygyny. Women with no education are least likely to report having no co-wives (71 percent) compared with women who are educated. The difference is especially pronounced when compared with women who have more than secondary education (87 percent).

Patterns of polygyny across other background characteristics are less clear because the level of "don't know" responses also varies across background characteristics. For example, although the percentage of women who report having one or more co-wives decreases with increasing wealth quintile (from 16 to 8 percent), the percentage of women who say they don't know whether or not their husband has other wives increases with increasing wealth quintile (from 3 to 7 percent). In general though, the pattern does seem to indicate a decreasing level of polygyny with increasing wealth quintile. Though only 5 percent of men age 15-49 report themselves as having more than one wife, as many as 10 percent of men age 50-54 report having more than one wife (Table 4.2.2). Provinces in which 6 percent or more of men age 15-49 report having more than one wife are Matabeleland North, Mashonaland East, Mashonaland Central, and Masvingo. The percentage of men age 15-49 who report being in a polygynous union declines somewhat with increasing education and wealth quintile.

Table 4.2.2 Number of men's wives

Percent distribution of currently married men age 15-49 by number of wives, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Number of wives		Total	Number of men
	1	2+		
Age				
15-19	*	*	100.0	17
20-24	94.9	5.1	100.0	358
25-29	96.7	3.3	100.0	800
30-34	94.5	5.5	100.0	802
35-39	95.0	5.0	100.0	740
40-44	95.7	4.3	100.0	528
45-49	95.9	4.1	100.0	341
Residence				
Urban	97.2	2.8	100.0	1,301
Rural	94.5	5.5	100.0	2,283
Province				
Manicaland	95.3	4.7	100.0	496
Mashonaland Central	94.0	6.0	100.0	421
Mashonaland East	93.6	6.4	100.0	334
Mashonaland West	95.8	4.2	100.0	468
Matabeleland North	93.2	6.8	100.0	160
Matabeleland South	99.2	0.8	100.0	124
Midlands	95.2	4.8	100.0	450
Masvingo	94.5	5.5	100.0	320
Harare	97.2	2.8	100.0	653
Bulawayo	97.9	2.1	100.0	159
Education				
No education	(94.0)	(6.0)	100.0	31
Primary	95.0	5.0	100.0	788
Secondary	95.4	4.6	100.0	2,461
More than secondary	97.6	2.4	100.0	304
Wealth quintile				
Lowest	93.2	6.8	100.0	637
Second	93.3	6.7	100.0	615
Middle	96.6	3.4	100.0	646
Fourth	96.9	3.1	100.0	857
Highest	96.4	3.6	100.0	829
Total 15-49	95.5	4.5	100.0	3,584
50-54	89.7	10.3	100.0	329
Total 15-54	95.0	5.0	100.0	3,913

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

4.3 AGE AT FIRST MARRIAGE

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

Table 4.3 presents the percentages of both women and men who first married by specific exact ages and the median age at first marriage, according to current age. The median age at marriage among women has risen by about one year, from 18.7 years among women age 45-49 to 19.9 years among women age 25-39. The proportion of women married by age 15 declined from 8 percent among those age 40-49 years to 3 percent among women age 15-19 years. Overall, three in ten women age 20-49 married by the time they were 18, and half married by age 20.

Table 4.3 Age at first marriage

Percentage of women and men age 15-49 who were first married by specific exact ages and median age at first marriage, according to current age, Zimbabwe 2010-11

	Percentage first married by exact age:							
Current age	15	18	20	22	25	Percentage never married	Number of respondents	Median age at first marriage
				WOMEN				
15-19	2.8	na	na	na	na	74.1	1,945	a
20-24	3.9	30.5	55.2	na	na	25.0	1,841	19.6
25-29	4.9	29.7	50.8	68.8	83.7	9.5	1,686	19.9
30-34	5.1	27.6	50.8	66.1	81.4	5.4	1,296	19.9
35-39	7.3	29.9	50.8	68.8	81.8	2.9	1,051	19.9
40-44	8.1	32.5	54.5	67.2	79.4	3.6	732	19.6
45-49	7.5	40.0	63.8	78.3	90.0	1.6	620	18.7
20-49	5.6	30.7	53.4	na	na	10.5	7,226	19.7
25-49	6.1	30.8	52.8	69.0	82.9	5.5	5,385	19.7
				MEN				
15-19	0.1	na	na	na	na	98.9	1,735	a
20-24	0.3	2.2	9.0	na	na	71.2	1,372	a
25-29	0.2	3.7	11.9	28.7	52.7	30.2	1,236	24.6
30-34	0.5	2.8	9.9	24.3	53.2	10.0	970	24.7
35-39	1.0	4.3	9.9	25.5	53.0	3.5	828	24.6
40-44	1.2	4.4	12.6	22.9	45.8	3.6	589	25.4
45-49	0.6	4.7	11.4	23.1	48.2	1.9	379	25.2
20-49	0.5	3.4	10.6	na	na	28.0	5,375	a
25-49	0.6	3.8	11.1	25.6	51.5	13.2	4,002	24.8
20-54	0.6	3.5	10.7	na	na	26.3	5,745	a
25-54	0.6	3.9	11.3	25.8	51.9	12.2	4,373	24.8

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

Men tend to enter into marriage at a later age than women. The median age at first marriage among men age 25-49 is 24.8, five years older than women. Only 1 in 10 men age 20-49 marries by age 20, compared with 5 in 10 women in the same age group.

Table 4.4 presents the median age at first marriage among women and men, by background characteristics. Among women age 25-49, median age at marriage is more than one year older among urban women (20.9) than among rural women (19.2). The lowest median age at marriage is observed in Mashonaland Central (18.1 years), while the highest is seen in Bulawayo (21.7 years).

Table 4.4 Median age at first marriage by background characteristics

Median age at first marriage among women age 20-49 and age 25-49, and median age at first marriage among men age 25-54, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Women age		Men age
	20-49	25-49	25-54
Residence			
Urban	a	20.9	a
Rural	19.1	19.2	24.0
Province			
Manicaland	19.4	19.4	24.7
Mashonaland Central	18.1	18.1	23.0
Mashonaland East	19.2	19.4	a
Mashonaland West	18.7	18.8	23.7
Matabeleland North	a	20.2	a
Matabeleland South	a	21.0	a
Midlands	19.5	19.6	24.1
Masvingo	19.6	20.1	a
Harare	a	20.9	a
Bulawayo	a	21.7	a
Education			
No education	17.8	17.7	24.1
Primary	18.0	18.0	23.5
Secondary	a	20.4	24.8
More than secondary	a	23.4	a
Wealth quintile			
Lowest	18.5	18.7	23.7
Second	18.8	19.0	23.9
Middle	19.3	19.4	24.7
Fourth	19.9	20.0	24.6
Highest	a	21.3	a
Total	19.7	19.7	24.8

Note: The age at first marriage is defined as the age at which the respondent began living with her/his first spouse/partner.
a = Omitted because less than 50 percent of the respondents began living with their spouses/partners for the first time before reaching the beginning of the age group

There is a marked relationship among women's level of education and median age at marriage. The median age at first marriage among women age 25-49 with no formal education is 17.7 years, and it rises steadily to 23.4 years among those with more than a secondary education. There is a positive correlation between wealth and age at marriage. The median age at marriage among women age 25-49 in the lowest quintile is two and a half years younger than women in the highest wealth quintile (18.7 and 21.3 years of age, respectively).

Median age at first marriage among men age 25-54 is 24.8 years, which is five years older than the median age among women age 25-49. Differences in the median age at first marriage among men by background characteristics are not as large as those observed among women.

4.4 AGE AT FIRST SEXUAL INTERCOURSE

Age at first marriage can be used as a proxy for the beginning of exposure to the risk of pregnancy. However, because some women are sexually active before marriage, the age at which women initiate sexual intercourse more precisely marks the beginning of their exposure to reproductive risks.

The percentages of women and men who had sexual intercourse by specific exact ages are presented in Table 4.5. The median age at first intercourse among women age 25-49 is 18.9 years. Six percent of women age 25-49 have had sexual intercourse by age 15 and 38 percent by age 18. By age 20, about six in ten Zimbabwean women have had sexual intercourse.

Table 4.5 Age at first sexual intercourse

Percentage of women and men age 15-49 who had first sexual intercourse by specific exact ages, percentage who never had intercourse, and median age at first sexual intercourse, according to current age, Zimbabwe 2010-11

	Percentage who had first sexual intercourse by exact age:					Percentage who never had sexual		Median age at first sexual
Current age	15	18	20	22	25	intercourse	Number	intercourse
				WOMEN				
15-19	3.9	na	na	na	na	66.0	1,945	a
20-24	3.7	38.0	64.2	na	na	15.0	1,841	18.9
25-29	5.0	34.6	57.9	74.3	86.1	3.6	1,686	19.3
30-34	3.9	35.8	60.1	75.3	87.0	2.3	1,296	19.1
35-39	6.1	39.3	59.4	75.1	84.3	0.8	1,051	18.9
40-44	7.2	41.2	63.1	75.7	84.5	0.3	732	18.7
45-49	6.8	48.6	73.2	84.4	90.2	0.3	620	18.1
20-49	5.0	38.2	62.0	na	na	5.2	7,226	18.9
25-49	5.5	38.3	61.2	76.1	86.2	1.9	5,385	18.9
15-24	3.8	na	na	na	na	41.2	3,786	a
				MEN				
15-19	3.6	na	na	na	na	75.3	1,735	a
20-24	4.2	22.9	48.3	na	na	26.9	1,372	a
25-29	2.9	21.5	43.6	62.2	82.7	6.7	1,236	20.6
30-34	2.5	20.4	43.0	61.4	78.0	2.2	970	20.6
35-39	2.0	20.3	42.0	62.3	78.9	0.8	828	20.7
40-44	1.4	18.5	38.6	59.0	74.3	1.1	589	20.9
45-49	2.8	20.1	43.6	64.7	76.7	0.3	379	20.5
20-49	2.9	21.1	43.9	na	na	9.1	5,375	a
25-49	2.4	20.4	42.4	61.8	79.0	2.9	4,002	20.6
15-24	3.9	na	na	na	na	53.9	3,107	a
20-54	2.7	20.8	43.6	na	na	8.5	5,745	a
25-54	2.3	20.1	42.2	61.7	78.7	2.7	4,373	20.6

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

Zimbabwean men exhibit a slightly older median age at first intercourse compared with women. Among men age 25-49, the median age at first intercourse is 20.6 years. Two percent of men age 25-49 have had sexual intercourse by age 15 and 20 percent by age 18. By age 20, about four in ten men have initiated sexual intercourse (42 percent).

Table 4.6 presents the median age at first sexual intercourse among women and men, by background characteristics. The most notable pattern is the increasing median age at marriage among women with increasing education. The median age rises steadily, from 17 among women with no education to 22 among women with more than secondary education, an increase of five years of age. Other differentials by background characteristics differ by only a year or two.

Table 4.6 Median age at first sexual intercourse by background characteristics

Median age at first sexual intercourse among women age 20-49 and age 25-49, and median age at first sexual intercourse among men age 25-54, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Women age		Men age
	20-49	25-49	25-54
Residence			
Urban	a	20.0	20.8
Rural	18.3	18.4	20.6
Province			
Manicaland	18.9	18.9	21.4
Mashonaland Central	17.9	18.0	20.2
Mashonaland East	18.4	18.3	20.5
Mashonaland West	18.5	18.5	20.3
Matabeleland North	18.0	18.0	20.0
Matabeleland South	17.9	17.9	19.1
Midlands	18.9	18.9	20.6
Masvingo	19.0	19.2	21.1
Harare	a	20.5	21.2
Bulawayo	19.8	19.7	20.8
Education			
No education	16.9	16.9	20.8
Primary	17.4	17.4	20.2
Secondary	19.5	19.7	20.8
More than secondary	a	22.3	21.5
Wealth quintile			
Lowest	17.8	17.9	20.3
Second	18.1	18.3	20.6
Middle	18.5	18.5	20.8
Fourth	19.4	19.5	20.8
Highest	a	20.3	20.7
Total	18.9	18.9	20.6

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

4.5 RECENT SEXUAL ACTIVITY

In the absence of effective contraception, the probability of becoming pregnant is highly dependent upon the frequency of intercourse. Information on sexual activity, therefore, can be used to refine measures of exposure to pregnancy. Men and women who have had sex were asked how long ago they most recently had sexual intercourse. Tables 4.7.1 and 4.7.2 show the distribution of women and men by recent sexual activity, by background characteristics.

Although about eight in ten women age 15-49 have ever had sexual intercourse (Table 4.7.1), only about five in ten women age 15-49 are currently sexually active – that is, they have had sexual intercourse in the four weeks preceding the survey. Seventeen percent of women had been sexually active within the 12-month period prior to the survey, although not in the month prior to the interview. Thirteen percent of women have had sexual intercourse, but not for one or more years. Eighteen percent of women age 15-49 have never had sexual intercourse. A higher percentage of women between the ages of 25 and 39 is currently sexually active than women of other ages. Women in union are much more likely to report recent sexual activity than women who are divorced, separated, widowed, or never married; three-quarters of currently married women report being recently sexually active.

Table 4.7.1 Recent sexual activity: Women

Percent distribution of women age 15-49 by timing of last sexual intercourse, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of women
	Within the past 4 weeks	Within 1 year[1]	One or more years[2]	Missing			
Age							
15-19	18.5	11.2	3.6	0.8	66.0	100.0	1,945
20-24	53.5	22.2	8.0	1.2	15.0	100.0	1,841
25-29	64.7	21.5	9.3	0.9	3.6	100.0	1,686
30-34	64.5	17.6	14.7	0.8	2.3	100.0	1,296
35-39	62.1	17.0	18.8	1.4	0.8	100.0	1,051
40-44	54.9	14.2	28.7	1.9	0.3	100.0	732
45-49	47.8	14.5	35.0	2.4	0.3	100.0	620
Marital status							
Never married	4.7	11.6	6.9	1.3	75.5	100.0	2,197
Married or living together	76.5	16.9	5.6	1.0	0.1	100.0	5,703
Divorced/separated/widowed	12.3	29.4	56.4	2.0	0.0	100.0	1,271
Marital duration[3]							
0-4 years	74.4	20.1	4.1	1.2	0.2	100.0	1,580
5-9 years	79.5	16.1	4.2	0.2	0.0	100.0	1,126
10-14 years	78.3	14.5	6.5	0.6	0.0	100.0	876
15-19 years	77.6	14.3	7.3	0.8	0.0	100.0	597
20-24 years	74.5	15.0	8.7	1.8	0.0	100.0	368
25+ years	71.3	17.0	9.5	2.2	0.0	100.0	383
Married more than once	77.0	16.8	5.2	1.0	0.0	100.0	771
Residence							
Urban	46.7	15.4	13.8	1.4	22.8	100.0	3,548
Rural	52.8	18.6	12.5	1.1	15.2	100.0	5,623
Province							
Manicaland	49.8	19.6	12.2	0.6	17.8	100.0	1,227
Mashonaland Central	61.5	15.4	8.9	0.7	13.5	100.0	871
Mashonaland East	53.5	16.8	14.1	0.0	15.6	100.0	824
Mashonaland West	59.3	13.3	10.8	1.3	15.2	100.0	1,026
Matabeleland North	44.1	23.5	14.0	4.9	13.5	100.0	443
Matabeleland South	40.6	25.4	15.6	0.6	17.7	100.0	467
Midlands	51.4	14.7	12.8	1.2	19.9	100.0	1,123
Masvingo	48.8	20.9	13.5	1.1	15.8	100.0	909
Harare	47.3	13.3	15.4	1.4	22.6	100.0	1,722
Bulawayo	37.1	23.9	12.2	1.3	25.4	100.0	558
Education							
No education	51.6	16.6	25.4	3.9	2.5	100.0	212
Primary	56.3	20.1	14.2	1.3	8.2	100.0	2,568
Secondary	47.9	16.3	11.8	1.0	23.0	100.0	5,966
More than secondary	49.4	16.4	15.5	1.2	17.5	100.0	424
Wealth quintile							
Lowest	55.6	19.4	12.3	1.4	11.3	100.0	1,546
Second	51.8	20.4	11.9	1.3	14.5	100.0	1,594
Middle	51.5	17.5	14.7	0.8	15.6	100.0	1,681
Fourth	51.8	16.1	13.5	1.1	17.5	100.0	2,073
Highest	43.8	14.9	12.4	1.2	27.7	100.0	2,278
Total	50.4	17.3	13.0	1.2	18.1	100.0	9,171

[1] Excludes women who had sexual intercourse within the past 4 weeks
[2] Excludes women who had sexual intercourse within the past 4 weeks or within 1 year
[3] Excludes women who are not currently married

Table 4.7.2 Recent sexual activity: Men

Percent distribution of men age 15-49 by timing of last sexual intercourse, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Timing of last sexual intercourse				Never had sexual intercourse	Total	Number of men
	Within the past 4 weeks	Within 1 year[1]	One or more years[2]	Missing			
Age							
15-19	6.0	10.9	6.9	0.8	75.3	100.0	1,735
20-24	33.6	27.6	11.5	0.4	26.9	100.0	1,372
25-29	66.1	19.1	6.7	1.4	6.7	100.0	1,236
30-34	78.5	13.9	3.9	1.5	2.2	100.0	970
35-39	83.2	11.3	3.6	1.1	0.8	100.0	828
40-44	81.9	12.2	3.6	1.2	1.1	100.0	589
45-49	78.0	13.0	6.9	1.8	0.3	100.0	379
Marital status							
Never married	10.6	21.1	11.7	0.9	55.6	100.0	3,221
Married or living together	88.7	9.5	0.7	1.0	0.1	100.0	3,584
Divorced/separated/widowed	29.2	44.2	23.9	2.7	0.0	100.0	304
Marital duration[3]							
0-4 years	87.2	11.6	0.3	0.5	0.3	100.0	903
5-9 years	90.7	7.6	0.4	1.3	0.0	100.0	654
10-14 years	90.3	8.1	0.5	1.1	0.0	100.0	535
15-19 years	87.6	9.3	1.1	2.1	0.0	100.0	332
20-24 years	88.7	9.9	0.9	0.4	0.0	100.0	161
25+ years	84.6	10.1	3.7	1.7	0.0	100.0	57
Married more than once	88.6	9.5	1.0	1.0	0.0	100.0	941
Residence							
Urban	50.0	17.0	7.4	1.7	24.0	100.0	2,621
Rural	51.3	15.8	6.3	0.7	26.0	100.0	4,488
Province							
Manicaland	51.5	14.8	6.4	0.6	26.8	100.0	972
Mashonaland Central	55.3	15.6	6.7	0.3	22.0	100.0	738
Mashonaland East	48.9	17.8	5.8	0.7	26.9	100.0	667
Mashonaland West	53.6	13.6	5.5	0.9	26.4	100.0	872
Matabeleland North	50.1	17.6	5.1	1.9	25.4	100.0	349
Matabeleland South	44.1	24.7	7.3	1.2	22.7	100.0	352
Midlands	51.1	15.7	6.7	1.0	25.6	100.0	885
Masvingo	53.5	11.5	6.2	1.3	27.5	100.0	585
Harare	51.2	15.5	8.5	0.7	24.1	100.0	1,307
Bulawayo	37.6	27.0	6.9	4.8	23.7	100.0	382
Education							
No education	49.3	18.2	3.9	0.4	28.3	100.0	56
Primary	52.4	16.9	6.9	0.8	23.0	100.0	1,508
Secondary	49.3	15.8	6.5	1.1	27.3	100.0	5,027
More than secondary	61.0	18.3	7.7	2.1	11.0	100.0	519
Wealth quintile							
Lowest	60.1	13.4	5.6	0.7	20.2	100.0	1,074
Second	50.7	15.1	5.6	0.5	28.1	100.0	1,216
Middle	47.8	17.1	6.9	0.6	27.6	100.0	1,371
Fourth	50.7	16.1	7.4	1.7	24.1	100.0	1,664
Highest	47.6	18.1	7.3	1.5	25.5	100.0	1,786
Total 15-49	50.8	16.2	6.7	1.1	25.2	100.0	7,110
50-54	78.8	11.7	6.7	2.5	0.2	100.0	370
Total 15-54	52.2	16.0	6.7	1.1	24.0	100.0	7,480

[1] Excludes men who had sexual intercourse within the past 4 weeks
[2] Excludes men who had sexual intercourse within the past 4 weeks or within 1 year
[3] Excludes men who are not currently married

Five in ten men age 15-49 report having had sexual intercourse within the four weeks preceding the interview. Sixteen percent of men had been sexually active within the 12-month period prior to the survey, but not in the month prior to the interview, and 7 percent had not been sexually active for one or more years. Twenty-five percent of men age 15-49 have never had sexual intercourse. Two-thirds of men age 25-29 are currently sexually active, similar to levels observed among women. However, among younger ages (15-24) a higher percentage of women are sexually active, as compared with men; among older ages (30-49) a higher percentage of men are sexually active, as compared with women. Never married, and divorced, separated, or widowed men are also more likely than women to report being sexually active.

FERTILITY 5

Key Findings

- The total fertility rate for Zimbabwe is 4.1 children per woman. This represents a small increase since the 2005-06 ZDHS (3.8 children per woman).
- Fertility among urban women is markedly lower (3.1 children per woman) than among rural women (4.8 children per woman).
- Among women who had a live birth in the three years preceding the survey, the median duration of insusceptibility to pregnancy is 12.7 months.
- Twelve percent of women age 30-49 are menopausal.
- The median age at first birth among women age 25-49 is 20.2.

In the 2010-2011 ZDHS, data were collected on current and completed fertility. The birth histories of women interviewed in the survey contribute to a description of level and differentials in current fertility. Attention is next focused on trends in fertility, including examination of age-specific fertility rates in periods going back 15 to 20 years. Measures of several proximate determinants of fertility that influence exposure to the risk of pregnancy are also presented: duration of postpartum amenorrhoea, postpartum abstinence, and menopause. The chapter concludes with a presentation of information on age of women at their first birth and patterns of teenage childbearing.

The fertility indicators presented in this chapter are based on reports of reproductive histories provided by women age 15-49. 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 and who were living with her, the number living elsewhere, and the number who had died, in order to obtain the total number of live births. In the birth history, women reported the details of each live birth separately, including such information as name, month, year of birth, sex, and survival status. For children who had died, information on age at death was collected.

5.1 CURRENT FERTILITY

Measures of current fertility presented in this chapter include age-specific fertility rates (ASFRs), the total fertility rate (TFR), the general fertility rate (GFR), and the crude birth rate (CBR). These rates are presented for the three-year period preceding the survey, a period covering a portion of the calendar years 2007 through 2011. The three-year period was chosen to calculate rates (rather than a longer or a shorter period) as a balance among providing the most current information, reducing sampling error, and avoiding problems of the displacement of births.

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

The TFR is a common measure of current fertility and is defined as the number of children a woman would have by the end of her childbearing years if she were to pass through those years bearing children at the current age-specific fertility rates. The GFR represents the number of live births per 1,000 women of reproductive age. The CBR is the number of live births per 1,000 population. The latter two measures are based on birth history data for the three-year period before the survey and the age-sex distribution of the household population.

Table 5.1 shows the age-specific and aggregate fertility measures calculated from the 2010-11 ZDHS. The total fertility rate for Zimbabwe is 4.1 children per woman. Peak childbearing occurs during ages 20-24 and 25-29, then drops sharply after age 39. Fertility among urban women is markedly lower (3.1 children per woman) than among rural women (4.8 children per woman). This pattern of lower fertility in urban areas is evident in every age group.

Table 5.1 Current fertility

Age-specific and total fertility rate, the general fertility rate, and the crude birth rate for the three years preceding the survey, by residence, Zimbabwe 2010-11

	Residence		
Age group	Urban	Rural	Total
15-19	71	144	115
20-24	167	245	212
25-29	160	217	194
30-34	120	167	149
35-39	79	117	104
40-44	14	46	35
45-49	5	15	12
TFR(15-49)	3.1	4.8	4.1
GFR	115	172	150
CBR	34	34	34

Notes: Age-specific fertility rates are per 1,000 women. Rates for age group 45-49 may be slightly biased due to truncation. Rates are for the period 1-36 months prior to interview.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women age 15-44
CBR: Crude birth rate, expressed per 1,000 population

5.2 FERTILITY BY BACKGROUND CHARACTERISTICS

Table 5.2 show differentials in fertility by urban-rural residence, province, level of education, and wealth quintile. The TFR ranges from about three births per woman in the urban provinces of Harare (3.1) and Bulawayo (2.8) to a high of 4.8 births per woman in Manicaland.

Educational attainment is closely linked to a woman's fertility: the TFRs for women with no formal education and women with a primary education are 4.5 and 4.9 children per woman, respectively, while that for women with at least some secondary education is 3.9 children or fewer per woman.

Table 5.2 also allows for a general assessment of differential trends in fertility over time among population subgroups. The mean number of children ever born to women age 40-49 years is a measure of past fertility. The mean number of children ever born to older women who are nearing the end of their reproductive period is an indicator of average completed fertility of women who began childbearing during the three decades preceding the survey. If fertility remained constant over time and the reported data on both children ever born and births during the three years preceding the survey are reasonably accurate, the TFR and the mean number of children ever born for women 40-49

Table 5.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women age 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Zimbabwe 2010-11

Background characteristic	Total fertility rate	Percentage of women age 15-49 currently pregnant	Mean number of children ever born to women age 40-49
Residence			
Urban	3.1	7.3	3.5
Rural	4.8	8.9	5.0
Province			
Manicaland	4.8	8.8	4.9
Mashonaland Central	4.5	9.1	5.0
Mashonaland East	4.5	7.3	4.2
Mashonaland West	4.5	8.5	5.0
Matabeleland North	4.1	7.7	5.2
Matabeleland South	4.2	6.6	4.6
Midlands	4.2	7.6	4.8
Masvingo	4.7	11.1	4.6
Harare	3.1	8.4	3.5
Bulawayo	2.8	4.8	3.2
Education			
No education	4.5	6.1	5.4
Primary	4.9	9.5	5.2
Secondary	3.9	8.1	3.7
More than secondary	2.5	4.3	2.8
Wealth quintile			
Lowest	5.3	9.9	5.4
Second	5.1	10.2	5.0
Middle	4.4	9.8	4.9
Fourth	3.8	7.7	3.9
Highest	2.6	5.2	3.5
Total	4.1	8.3	4.5

Note: Total fertility rates are for the period 1-36 months preceding the interview.

years would be similar. When fertility levels have been falling, the TFR will be substantially lower than the mean number of children ever born among women age 40-49. Overall, a comparison of past (completed) and current (TFR) fertility indicators suggests a decline from 4.5 to 4.1 children per woman. There have been substantial and varied declines in both urban and rural areas, and across province and education categories. The largest declines have occurred among women in urban areas, in Matabeleland North, women with no education, and women in the highest wealth quintile.

At the time of the survey, 8 percent of interviewed women reported that they were pregnant. This percentage is an underestimate of the true percentage 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.

5.3 FERTILITY TRENDS

The data in Table 5.3.1 provide evidence of fluctuations in fertility in Zimbabwe over the past 20 years. The table uses information from the retrospective birth histories obtained from ZDHS respondents to examine trends in age-specific fertility rates for successive five-year periods before the survey. To calculate these rates, births were classified according to the period of time in which the birth occurred and the mother's age at the time of birth. Because women age 50 and above were not interviewed in the survey, the rates are successively truncated for periods more distant from the survey date. For example, rates cannot be calculated for women age 35-39 for the period 15 to 19 years before the survey because these women would have been over the age of 50 at the time of the survey and were not interviewed.

Table 5.3.1 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 2010-11

	Number of years preceding survey			
Mother's age at birth	0-4	5-9	10-14	15-19
15-19	112	103	110	108
20-24	201	199	212	216
25-29	179	184	207	197
30-34	144	136	174	[195]
35-39	95	98	[123]	
40-44	31	[57]		
45-49	[13]			

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates exclude the month of interview.

Fertility has fallen among women over age 20 over the past two decades but has increased slightly for those in the 15 to 19 age group. Among women above age 20, substantial declines in age-specific fertility rates were observed from 15 to 19 years before the survey to 0 to 4 years before the survey. Fertility decline is steepest among women age 30-34. It is noteworthy, however, that age-specific fertility rates are higher in the 0 to 4 years before the survey than in the 5 to 9 years before the survey for women who gave birth at ages 15-19, 20-24, and 30-34.

Table 5.3.2 and Figure 5.1 show trends in current fertility rates based on successive ZDHS surveys. Overall, fertility declined by 1.4 births between the 1988 and 2010-11 surveys. However, the decline has not been entirely steady; fertility declined between 1988 and 2005-06, from 5.4 children per woman to 3.8 children per woman, but increased in 2010-11 to 4.1 children per woman.

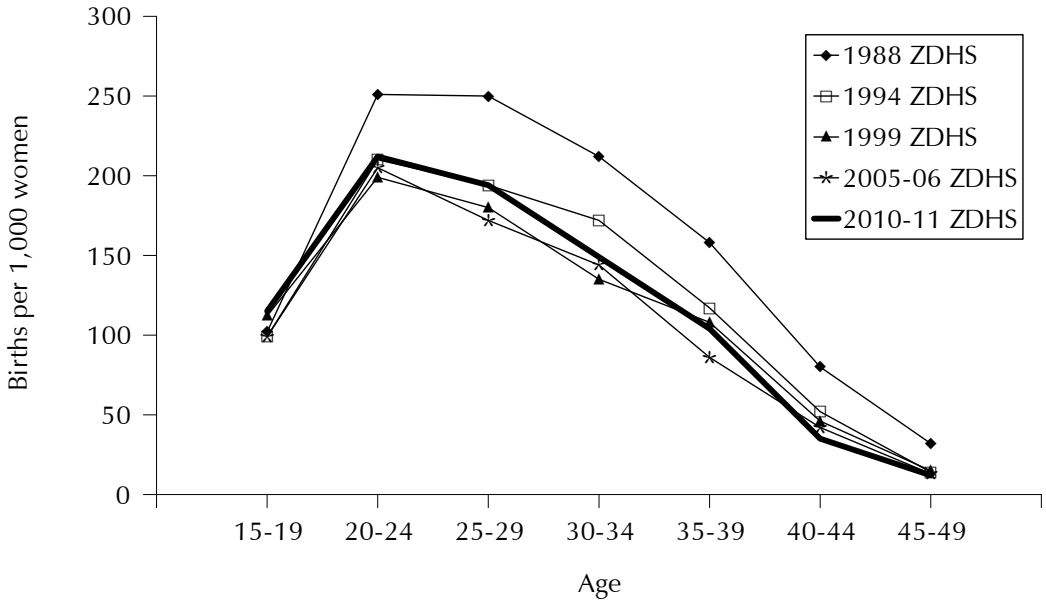
Table 5.3.2 Trends in age-specific and total fertility rates

Age-specific and total fertility rates (TFR) for the three-year period preceding several surveys, Zimbabwe 1985-2011

Mother's age at birth	1988 ZDHS[1] (1985-1988)	1994 ZDHS (1991-1994)	1999 ZDHS (1996-1999)	2005-06 ZDHS (2002-03 - 2005-06)	2010-11 ZDHS (2007-08-2010-11)
15-19	102	99	112	99	115
20-24	251	210	199	205	212
25-29	250	194	180	172	194
30-34	212	172	135	144	149
35-39	158	117	108	86	104
40-44	80	52	46	42	35
45-49	32	14	15	13	12
TFR 15-49	5.4	4.3	4.0	3.8	4.1

Note: Age-specific fertility rates are per 1,000 women.
[1] Fertility rates presented here differ slightly from those published in the 1988 ZDHS report (CSO and IRD, 1989), which were based on the five-year period preceding the survey.

Figure 5.1 Trends in Age-specific Fertility Rates



ZDHS 2010-11

5.4 CHILDREN EVER BORN AND LIVING

The distribution of women by the number of children ever born is presented in Table 5.4 for all women and for currently married women. The table also shows the mean number of children ever born to women in each five-year age group. These distributions reflect the accumulation of births among ZDHS respondents over the past 30 years and, therefore, their relevance to the current situation is limited. However, the information on children ever born is useful for observing how average family size varies across age groups and for observing the level of primary infertility. On average, women in their early twenties have given birth to about one child, women in their early thirties have had close to three children, and women currently at the end of their childbearing years have had almost five children. Of the 4.9 children ever born to women age 45-49, 4.5 survived to the time of the survey.

Table 5.4 Children ever born and living

Percent distribution of all women and currently married women age 15-49 by number of children ever born, mean number of children ever born, and mean number of living children, according to age group, Zimbabwe 2010-11

Age	Number of children ever born											Total	Number of women	Mean number of children ever born	Mean number of living children
	0	1	2	3	4	5	6	7	8	9	10+				
ALL WOMEN															
15-19	81.4	16.6	1.9	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,945	0.21	0.20
20-24	28.8	38.6	26.2	5.6	0.7	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,841	1.11	1.03
25-29	10.3	23.3	37.0	19.3	7.3	2.2	0.6	0.1	0.0	0.0	0.0	100.0	1,686	2.00	1.86
30-34	5.6	11.5	26.5	28.8	15.8	7.4	3.4	0.8	0.3	0.0	0.0	100.0	1,296	2.79	2.58
35-39	2.9	7.2	16.2	22.6	23.9	14.5	7.0	3.3	1.6	0.4	0.3	100.0	1,051	3.60	3.31
40-44	3.0	5.9	12.6	20.0	21.0	14.3	10.9	6.1	3.2	1.3	1.6	100.0	732	4.09	3.74
45-49	2.2	5.3	7.7	13.3	15.9	16.8	13.6	12.3	6.2	3.6	3.1	100.0	620	4.91	4.46
Total	26.4	18.8	19.6	13.9	9.2	5.4	3.2	1.8	0.9	0.4	0.4	100.0	9,171	2.10	1.93
CURRENTLY MARRIED WOMEN															
15-19	40.5	52.0	7.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	452	0.67	0.64
20-24	10.7	46.7	34.0	7.7	0.9	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,210	1.41	1.32
25-29	4.4	21.5	40.3	22.0	8.2	2.6	0.8	0.1	0.0	0.0	0.0	100.0	1,329	2.20	2.05
30-34	1.4	8.5	27.1	31.0	18.2	8.5	4.1	1.0	0.4	0.0	0.0	100.0	1,012	3.05	2.84
35-39	1.5	4.0	14.9	22.7	25.4	16.3	8.5	4.0	1.8	0.5	0.4	100.0	815	3.87	3.57
40-44	2.1	3.8	9.7	17.6	22.5	17.6	11.2	7.7	3.8	1.7	2.3	100.0	488	4.46	4.08
45-49	1.8	4.1	5.8	12.3	15.4	16.9	14.3	12.5	7.7	4.7	4.5	100.0	397	5.25	4.78
Total	7.3	21.7	25.3	17.9	12.0	7.1	4.1	2.3	1.2	0.6	0.6	100.0	5,703	2.71	2.50

Results at younger ages for currently married women differ from those for all women because of the large number of unmarried women with minimal fertility. Differences at older ages generally reflect the impact of marital dissolution (either divorce or widowhood). Less than 2 percent of currently married women age 45-49 have never had a child. If the desire for children is universal in Zimbabwe, this percentage represents a rough measure of primary infertility or the inability to bear children.

5.5 BIRTH INTERVALS

Information on the length of birth intervals provides insight into birth spacing patterns, which affect fertility as well as infant and child mortality. Research has shown that children born too soon after a previous birth are at increased risk of poor health, particularly when the interval is less than 24 months. Table 5.5 shows the distribution of births in the five years before the survey by the interval since the preceding birth, according to various background and demographic characteristics.

The median birth interval in Zimbabwe is 47.1 months. About 9 percent of all children are born after too short an interval (less than 24 months). The median interval is shorter among births to women under age 30 than among births to older mothers. The median birth interval is much lower for births in which a preceding sibling did not survive. This is largely due to replacement fertility, whereby a mother will get pregnant again soon after the death of a child. When the sibling from the preceding birth dies, the median birth interval is more than 20 months shorter than when the sibling from the preceding birth is living (27.5 months and 48.5 months, respectively).

The median birth interval in urban areas (52.1 months) is somewhat higher than in rural areas (45.5 months). Of all the provinces, the longest birth interval is observed in Harare (56.6 months) and the shortest in Manicaland (40.7 months). Women with no education and women with more than secondary education have the longest birth interval (59.5 months each).

Table 5.5 Birth intervals

Percent distribution of non-first births in the five years preceding the survey by number of months since preceding birth, and median number of months since preceding birth, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Months since preceding birth						Total	Number of non-first births	Median number of months since preceding birth
	7-17	18-23	24-35	36-47	48-59	60+			
Age									
15-19	(16.5)	(18.5)	(55.8)	(9.2)	(0.0)	(0.0)	100.0	41	(27.8)
20-29	4.6	6.6	26.4	26.3	18.0	18.2	100.0	1,933	40.7
30-39	2.3	2.8	14.4	18.3	16.6	45.5	100.0	1,552	56.5
40-49	2.4	6.2	12.7	12.2	8.2	58.3	100.0	256	65.3
Sex of preceding birth									
Male	4.7	4.9	21.0	21.6	16.1	31.7	100.0	1,909	46.7
Female	2.6	5.4	20.7	22.1	17.0	32.2	100.0	1,873	47.6
Survival of preceding birth									
Living	1.7	4.4	20.4	22.5	17.4	33.6	100.0	3,455	48.5
Dead	24.2	12.7	25.3	15.6	7.5	14.8	100.0	327	27.5
Birth order									
2-3	3.4	5.1	20.7	22.2	17.5	31.1	100.0	2,475	47.0
4-6	3.7	4.8	20.8	21.2	15.4	34.1	100.0	1,121	47.8
7+	6.5	7.4	22.7	21.6	11.5	30.3	100.0	187	44.2
Residence									
Urban	2.9	5.1	16.4	19.0	15.3	41.4	100.0	1,017	52.1
Rural	3.9	5.2	22.5	22.9	17.0	28.5	100.0	2,765	45.5
Province									
Manicaland	5.6	5.8	28.1	21.9	15.0	23.5	100.0	582	40.7
Mashonaland Central	2.5	3.0	17.9	27.2	19.5	29.9	100.0	453	47.8
Mashonaland East	2.4	3.0	22.5	16.8	18.4	36.9	100.0	356	51.4
Mashonaland West	6.2	6.8	15.0	22.4	15.0	34.6	100.0	510	47.8
Matabeleland North	3.5	4.4	22.7	21.5	16.7	31.2	100.0	190	47.2
Matabeleland South	2.2	8.2	24.4	21.5	16.1	27.6	100.0	177	42.7
Midlands	2.0	4.6	25.3	25.7	14.5	27.8	100.0	461	44.0
Masvingo	4.9	5.3	20.9	20.6	20.4	27.8	100.0	417	46.8
Harare	2.2	5.8	13.8	18.2	14.3	45.8	100.0	505	56.6
Bulawayo	2.0	5.2	20.4	20.3	18.1	33.9	100.0	132	49.1
Education									
No education	1.9	2.1	17.2	21.2	9.1	48.5	100.0	88	59.5
Primary	3.9	4.9	23.4	22.5	15.4	29.9	100.0	1,395	45.3
Secondary	3.5	5.5	19.7	21.8	17.8	31.8	100.0	2,197	47.7
More than secondary	5.4	4.5	12.4	16.0	12.6	49.2	100.0	102	59.5
Wealth quintile									
Lowest	4.1	5.3	24.7	26.6	16.9	22.3	100.0	944	42.1
Second	4.5	5.2	21.8	21.8	14.8	31.8	100.0	852	45.9
Middle	2.6	5.2	22.9	23.5	17.3	28.5	100.0	719	45.9
Fourth	2.8	5.2	18.5	16.9	18.0	38.7	100.0	748	51.1
Highest	4.1	4.6	12.7	18.2	15.7	44.6	100.0	519	54.8
Total	3.7	5.1	20.8	21.9	16.6	31.9	100.0	3,782	47.1

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

5.6 POSTPARTUM AMENORRHOEA, ABSTINENCE, AND INSUSCEPTIBILITY

Postpartum amenorrhoea refers to the interval between childbirth and the return of menstruation. During this period, the risk of pregnancy is greatly reduced. The duration of this protection from conception until after childbirth depends on the duration and intensity of breastfeeding and the length of time before the resumption of sexual intercourse. Women who gave birth during the three years prior to the survey were asked about their breastfeeding practices, the duration of amenorrhoea, and sexual abstinence. Women are considered insusceptible if they are not exposed to the risk of pregnancy, either because they are amenorrhoeic or are still abstaining from sex after birth. The results are shown in Table 5.6.

Table 5.6 Postpartum amenorrhoea, abstinence, and insusceptibility

Percentage of births in the three years preceding the survey for which mothers are postpartum amenorrhoeic, abstaining, and insusceptible, by number of months since birth, and median and mean durations, Zimbabwe 2010-11

Months since birth	Percentage of births for which the mother is:			Number of births
	Amenorrhoeic	Abstaining	Insusceptible[1]	
< 2	85.5	91.3	98.2	175
2-3	61.4	39.8	71.9	243
4-5	67.5	19.9	71.9	285
6-7	60.2	18.2	66.9	244
8-9	62.9	12.7	66.0	209
10-11	53.7	12.7	56.8	237
12-13	45.3	10.7	49.9	227
14-15	41.2	7.5	44.1	208
16-17	31.2	6.0	34.9	187
18-19	20.2	8.2	26.6	159
20-21	10.2	7.5	17.1	160
22-23	9.9	8.3	17.6	162
24-25	3.9	4.2	8.1	174
26-27	2.6	8.0	9.1	190
28-29	2.5	5.4	7.2	172
30-31	0.0	4.7	4.7	178
32-33	2.3	7.6	9.6	186
34-35	2.0	5.6	6.8	179
Total	34.4	15.9	40.2	3,573
Median	11.6	2.3	12.7	na
Mean	11.6	5.9	13.6	na

Note: Estimates are based on status at the time of the survey.
na = Not applicable
[1] Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

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 in Zimbabwe. The median duration of amenorrhoea is 11.6 months, women abstain for a median of 2.3 months, and they are insusceptible to pregnancy for a median of 12.7 months. Almost all women are virtually insusceptible to pregnancy during the first two months after a birth, and both amenorrhoea and abstinence are important factors in their insusceptibility. However, starting from the second month after birth, the contribution of abstinence to the period of insusceptibility is greatly reduced as more women resume sexual relations. At 12 to 13 months after birth, less than half (45 percent) are still amenorrhoeic, while only about one in nine (11 percent) are still abstaining. The proportion of amenorrhoeic women continues to drop sharply, to 20 percent at age 18-19 months postpartum and to 4 percent at 24-25 months postpartum.

5.7 MEDIAN DURATION OF POSTPARTUM INSUSCEPTIBILITY BY BACKGROUND CHARACTERISTICS

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

Table 5.7 shows the median durations of postpartum amenorrhoea, abstinence, and insusceptibility by selected background characteristics. Although the median number of months of postpartum amenorrhoea for women age 30-49 is three months longer than that for women age 15-29 (13.6 months compared with 10.6 months, respectively), postpartum abstinence does not vary by age (2.3 months for both age groups). Postpartum insusceptibility is about three months longer for older women compared with younger women (14.3 and 11.6 months, respectively). Women in rural areas have a longer period of amenorrhoea than in urban areas (12.2 versus 9.3 months), but have a similar period of sexual abstinence to women in urban areas. By province, Bulawayo and Matabeleland South have the shortest duration of postpartum amenorrhoea (4.9 and 7.1 months, respectively), while

Mashonaland Central and Mashonaland East have the longest periods (15.8 and 14.7 months, respectively). Overall, women in Bulawayo have the shortest insusceptibility (7.2 months), while those in Mashonaland East have the longest (16.5 months).

Table 5.7 Median duration of amenorrhoea, postpartum abstinence, and postpartum insusceptibility

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility following births in the three years preceding the survey, by background characteristics, Zimbabwe 2010-11

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insusceptibility[1]
Mother's age			
15-29	10.6	2.3	11.6
30-49	13.6	2.3	14.3
Residence			
Urban	9.3	2.2	11.4
Rural	12.2	2.3	13.1
Province			
Manicaland	10.7	2.6	11.5
Mashonaland Central	15.8	(2.0)	16.1
Mashonaland East	14.7	(2.3)	16.5
Mashonaland West	12.6	(2.1)	13.3
Matabeleland North	13.1	(3.3)	14.3
Matabeleland South	7.1	(3.4)	8.9
Midlands	9.6	2.7	11.2
Masvingo	9.8	2.2	11.0
Harare	11.1	(2.1)	12.2
Bulawayo	4.9	(3.5)	7.2
Education			
No education	*	*	*
Primary	11.2	2.3	12.2
Secondary	11.9	2.2	12.9
More than secondary	*	*	*
Wealth quintile			
Lowest	13.4	2.5	13.8
Second	13.3	2.6	14.1
Middle	11.8	2.3	12.8
Fourth	10.3	2.1	11.7
Highest	6.9	2.2	8.3
Total	11.6	2.3	12.7

Note: Medians are based on the status at the time of the survey (current status). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes births for which mothers are either still amenorrhoeic or still abstaining (or both) following birth

Postpartum insusceptibility generally decreases with increasing wealth quintile; the median duration of postpartum insusceptibility is 13.8 months for women in the lowest wealth quintile compared with 8.3 months for women in the highest wealth quintile. This difference is due primarily to differences in postpartum amenorrhoea: women in the lowest quintile resume menstruation more than 6 months later than women in the highest quintile (13.4 months compared with 6.9 months). In contrast, only small differences are reported in median duration of postpartum abstinence.

5.8 MENOPAUSE

Fecundity refers to the ability to have children. 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 5.8 presents data on menopause, an indicator of decreasing exposure to the risk of pregnancy for women age 30 years and over.

Table 5.8 Menopause

Percentage of women age 30-49 who are menopausal, by age, Zimbabwe 2010-11

Age	Percentage menopausal[1]	Number of women
30-34	3.7	1,296
35-39	7.0	1,051
40-41	11.0	333
42-43	13.9	258
44-45	19.7	257
46-47	31.8	263
48-49	42.6	242
Total	11.6	3,699

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

The percentage of women who have reached menopause refers to the population of women who are neither pregnant nor postpartum amenorrhoeic and have not had a menstrual period in the six months preceding the survey, or women who report being menopausal. Table 5.8 shows that overall, 12 percent of women age 30-49 are menopausal. The proportion of menopausal women increases with age, from 4 percent among women age 30-34 to 43 percent among women age 48-49.

5.9 AGE AT FIRST BIRTH

The age at which childbearing begins has an impact on the health and welfare of a mother and her children. In many countries, the postponement of first births has contributed to an overall fertility decline. Table 5.9 shows the distribution of women by age at first birth, according to their current age. The median age at first birth in Zimbabwe is around 20 for most age groups. Although this broad measure has not changed since the 2005-06 ZDHS, more detailed analysis of trends in age at first birth does reveal a decline in early childbearing. For example, whereas about 24 percent of women age 35-39 had a birth at age 18, only 21 percent of women currently age 20-24 had their first birth at age 18. This slow but steady trend reflects positively on efforts to keep girls and women in school through more advanced levels to improve their social and economic status.

Table 5.9 Age at first birth

Percentage of women age 15-49 who gave birth by specific exact ages, percentage who have never given birth, and median age at first birth, according to current age, Zimbabwe 2010-11

	Percentage who gave birth by exact age					Percentage who have never given birth	Number of women	Median age at first birth
Current age	15	18	20	22	25			
15-19	0.9	na	na	na	na	81.4	1,945	a
20-24	1.2	20.5	48.0	na	na	28.8	1,841	a
25-29	1.8	20.8	44.2	65.6	83.2	10.3	1,686	20.5
30-34	1.7	20.1	46.6	66.1	84.0	5.6	1,296	20.3
35-39	4.4	23.5	47.9	67.6	85.1	2.9	1,051	20.2
40-44	3.4	25.0	49.7	68.1	82.9	3.0	732	20.0
45-49	3.1	26.4	58.6	76.2	88.5	2.2	620	19.5
20-49	2.3	21.9	47.9	na	na	11.7	7,226	a
25-49	2.6	22.4	47.9	67.7	84.3	5.8	5,385	20.2

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

5.10 MEDIAN AGE AT FIRST BIRTH BY BACKGROUND CHARACTERISTICS

Table 5.10 summarises the median age at first birth for different age cohorts across residential, educational, and wealth status subgroups. For women age 25-49 years, the median age at first birth is higher in urban areas than in rural areas (21.1 compared with 19.7 years). For this same cohort, age at first birth increases markedly with increasing level of education. For example, women with primary education have their first birth five years earlier than women with more than secondary education (18.8 compared with 24.3).

Table 5.10 Median age at first birth

Median age at first birth among women age 20-49 (25-49) years, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Women age 20-49	Women age 25-49
Residence		
Urban	a	21.1
Rural	19.7	19.7
Province		
Manicaland	a	20.2
Mashonaland Central	19.2	19.3
Mashonaland East	20.0	20.2
Mashonaland West	19.5	19.6
Matabeleland North	19.6	19.8
Matabeleland South	19.7	19.6
Midlands	19.9	20.1
Masvingo	a	20.6
Harare	a	21.3
Bulawayo	a	21.0
Education		
No education	18.6	18.6
Primary	18.8	18.8
Secondary	a	20.8
More than secondary	a	24.3
Wealth quintile		
Lowest	19.3	19.4
Second	19.5	19.7
Middle	19.8	19.8
Fourth	a	20.4
Highest	a	21.6
Total	a	20.2

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

5.11 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. Teenage mothers are more likely to experience adverse pregnancy outcomes and are also more constrained in their ability to pursue educational opportunities than young women who delay childbearing.

Table 5.11 shows the percent distribution of women age 15-19 years who have given birth or were pregnant with their first child at the time of the survey, according to selected background characteristics. Overall, 24 percent of women age 15-19 have begun childbearing. The proportion of teenagers who have had a live birth rises rapidly with age, from 3 percent at age 15 to 41 percent at age 19. Rural teenagers, those with less education, and those in the lowest wealth quintile tend to start childbearing earlier than other teenagers.

Table 5.11 Teenage pregnancy and motherhood

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	2.6	1.3	3.9	381
16	6.5	3.4	9.9	420
17	14.1	6.0	20.1	360
18	28.9	7.4	36.4	395
19	41.1	6.7	47.8	389
Residence				
Urban	12.3	4.1	16.4	745
Rural	22.6	5.4	28.0	1,200
Province				
Manicaland	22.9	4.0	27.0	263
Mashonaland Central	22.3	8.0	30.3	178
Mashonaland East	19.1	5.9	25.1	160
Mashonaland West	21.5	2.1	23.6	194
Matabeleland North	24.0	7.2	31.1	100
Matabeleland South	19.1	4.0	23.1	127
Midlands	17.7	5.3	23.0	257
Masvingo	17.6	5.7	23.3	188
Harare	14.7	5.6	20.3	338
Bulawayo	9.6	1.4	11.0	141
Education				
No education	*	*	*	2
Primary	34.2	7.7	41.9	426
Secondary	14.4	4.2	18.6	1,503
More than secondary	*	*	*	14
Wealth quintile				
Lowest	30.9	5.5	36.4	300
Second	20.1	7.4	27.5	348
Middle	23.0	6.1	29.1	371
Fourth	19.1	4.0	23.1	416
Highest	6.7	2.8	9.6	510
Total	18.6	4.9	23.5	1,945

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

FERTILITY PREFERENCES 6

Key Findings

- Slightly more than half of currently married women (53 percent) and men (63 percent) would like to have another child.
- Four in ten currently married women and almost three in ten currently married men want no more children.
- The mean ideal number of children for all women is 3.8 and for all men is 4.3.
- Overall, 68 percent of all births were wanted at the time of conception, 25 percent were reported as mistimed (wanted later), and 7 percent were unwanted.
- The total wanted fertility rate is 3.4 children, compared with the actual fertility rate of 4.1 children.

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

The 2010-11 ZDHS respondents were asked about whether they wanted more children and, if so, how long they would prefer to wait before the next child. They were also asked, if they could start afresh, how many children they would want.

6.1 FERTILITY PREFERENCES BY NUMBER OF LIVING CHILDREN

Table 6.1 presents fertility preferences among currently married women and men by number of living children. In classifying people according to their fertility preferences, the desired timing of the next birth is taken into account. Slightly more than half (53 percent) of married women in Zimbabwe would like to have another child. Among the women who do want another child, about one-third want a child within the coming two years, while most (two-thirds) would prefer to wait two or more years before having their next birth. Four in ten married women want no more children. Thus, the majority of women (73 percent) want either to delay their next birth (for two or more years into the future) or end childbearing altogether.

As expected, the desire for more children declines noticeably as the number of living children increases. Eight in ten married women with no children want to have a child soon (within two years), while fewer than 1 in 10 women with four or more children want to have another soon. Among women with three or more children, the desire to limit childbearing predominates, with the proportion reporting they do not want another child increasing from 50 percent among women with three children to 85 percent among women with six or more children. The proportion of currently married men who want no more children also increases with the increasing number of children, but is lower than the proportion of women who want no more children at every parity.

Table 6.1 Fertility preferences by number of living children

Percent distribution of currently married women and currently married men age 15-49 by desire for children, according to number of living children, Zimbabwe 2010-11

Desire for children	Number of living children							Total 15-49	Total 15-54
	0	1	2	3	4	5	6+		
				WOMEN[1]					
Have another soon[2]	82.0	23.5	15.9	12.1	9.4	4.2	3.8	17.9	na
Have another later[3]	4.5	60.1	42.2	27.7	15.1	7.7	3.9	33.4	na
Have another, undecided when	1.2	2.0	2.0	1.0	0.8	1.1	0.1	1.4	na
Undecided	1.1	4.5	7.0	7.2	6.0	5.3	2.6	5.6	na
Want no more	3.2	9.4	31.7	49.5	65.2	78.1	85.2	39.3	na
Sterilised[4]	0.0	0.3	0.3	1.9	2.4	2.6	2.2	1.1	na
Declared infecund	8.1	0.2	0.8	0.6	1.1	1.0	2.2	1.1	na
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	na
Number of women	288	1,309	1,548	1,093	714	376	375	5,703	na
				MEN[5]					
Have another[6]	81.4	88.8	67.1	55.1	39.0	39.7	38.0	62.6	58.9
Undecided	4.1	3.1	7.2	9.0	9.0	7.3	5.9	6.6	6.3
Want no more	9.1	5.8	23.0	32.6	49.2	50.8	54.8	28.0	32.1
Sterilised[4]	0.2	0.0	0.1	0.0	0.3	0.4	0.0	0.1	0.1
Declared infecund	5.2	2.3	2.6	3.3	2.5	1.9	1.3	2.7	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	218	780	910	687	453	255	281	3,584	3,913

na = Not applicable
[1] The number of living children includes the current pregnancy.
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilization
[5] The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).
[6] Includes men who want a/another child soon, later, or are undecided as to the timing of a/another child

6.2 DESIRE TO LIMIT CHILDBEARING BY BACKGROUND CHARACTERISTICS

Tables 6.2.1 and 6.2.2 present the percentages of currently married women and men who want no more children, by number of living children and selected background characteristics. Overall, four in ten married women want no more children; this is true among both urban and rural women. However, a larger proportion of urban women want no more children at each parity, with the exception of those with no children. For example, 68 percent of urban women with three children say they do not want another child, compared with 44 percent of rural women with three children. The results suggest that urban women are more likely to want to limit their family size at lower parities than rural women.

Five in ten married women in Matabeleland South and Bulawayo want no more children. Provinces in which the lowest percentages of married women report wanting no more children are Harare, Mashonaland Central, Masvingo, and Manicaland (36 to 38 percent).

The percentage of women wanting no more children generally increases with increasing education once women have two or more children. About half of women with secondary education want no more children by the time they have three children, while half of women with more than secondary education want no more children once they have two children. The percentage of women wanting no more children also increases with increasing wealth quintile among women with two or more children.

Table 6.2.1 Desire to limit childbearing: Women

Percentage of currently married women age 15-49 who want no more children, by number of living children, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	1.4	12.1	37.1	67.5	80.6	84.7	(100.0)	40.8
Rural	4.3	8.1	28.4	43.6	63.2	79.7	86.1	40.3
Province								
Manicaland	(5.5)	4.6	29.1	45.3	61.6	(79.3)	82.0	37.6
Mashonaland Central	(0.0)	9.1	22.6	33.9	66.4	(80.8)	(82.0)	36.8
Mashonaland East	(5.7)	8.0	37.6	56.2	75.1	(79.3)	(90.1)	44.6
Mashonaland West	(9.7)	8.8	32.5	49.3	70.1	(86.3)	(85.6)	42.8
Matabeleland North	*	10.3	32.1	49.1	71.3	(63.8)	(92.8)	43.6
Matabeleland South	*	22.2	36.5	69.8	70.4	(88.1)	(86.0)	52.2
Midlands	(3.7)	11.2	32.1	49.7	70.4	(77.0)	89.5	41.7
Masvingo	(0.0)	10.4	32.0	44.0	46.9	(84.0)	(89.1)	37.1
Harare	(1.7)	10.1	30.3	61.8	79.7	*	*	36.3
Bulawayo	*	11.3	52.1	80.0	(84.8)	*	*	50.4
Education								
No education	*	*	*	*	(71.9)	(67.4)	(86.8)	60.5
Primary	2.5	13.1	26.2	43.1	61.9	80.6	89.6	46.5
Secondary	2.5	8.3	32.5	53.1	72.4	82.8	82.8	35.8
More than secondary	*	13.5	52.3	(89.8)	*	*	*	49.4
Wealth quintile								
Lowest	(2.3)	6.8	22.0	36.6	56.8	67.4	85.9	38.6
Second	1.5	11.8	27.1	40.4	60.4	81.7	85.0	39.5
Middle	(5.0)	7.3	32.3	47.7	67.7	77.9	87.0	39.9
Fourth	0.0	11.1	27.2	59.8	79.4	98.4	(92.0)	39.0
Highest	6.9	10.7	47.0	70.1	78.4	(92.7)	(100.0)	45.4
Total	3.2	9.7	32.1	51.4	67.6	80.7	87.4	40.5

Notes: Women who have been sterilised are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] The number of living children includes the current pregnancy.

Table 6.2.2 Desire to limit childbearing: Men

Percentage of currently married men age 15-49 who want no more children, by number of living children, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Number of living children[1]							Total
	0	1	2	3	4	5	6+	
Residence								
Urban	12.5	7.8	28.8	39.5	56.7	57.8	(57.8)	29.9
Rural	7.7	4.2	18.6	28.9	46.4	48.6	54.2	27.1
Province								
Manicaland	*	5.0	17.9	26.2	55.2	*	(45.1)	26.9
Mashonaland Central	*	3.4	16.5	24.3	35.6	(41.2)	(50.8)	22.4
Mashonaland East	*	3.0	22.6	31.4	(48.8)	(55.7)	(52.7)	27.6
Mashonaland West	*	6.2	20.5	35.2	45.3	(55.6)	*	28.9
Matabeleland North	(12.9)	10.6	(38.9)	(35.6)	(36.7)	*	(41.1)	29.1
Matabeleland South	*	(22.2)	39.2	(40.3)	(52.4)	*	(69.7)	44.1
Midlands	*	1.2	23.2	30.1	(45.9)	(58.6)	(68.4)	28.9
Masvingo	(15.9)	3.9	13.6	(35.8)	(62.0)	*	(35.8)	25.1
Harare	*	6.2	27.9	36.7	(50.3)	(52.0)	*	27.2
Bulawayo	*	13.7	36.0	(49.7)	(85.2)	*	*	40.3
Education								
No education	*	*	*	*	*	*	*	(28.3)
Primary	2.8	3.7	17.3	25.2	35.0	46.8	58.7	26.1
Secondary	11.3	6.3	22.0	32.7	52.6	52.6	52.9	27.6
More than secondary	*	6.1	39.4	51.3	(67.0)	*	*	38.0
Wealth quintile								
Lowest	(5.9)	1.3	15.2	22.5	40.3	31.8	46.8	23.0
Second	(6.8)	5.0	14.8	27.6	35.7	(45.0)	53.0	24.8
Middle	(16.5)	6.2	18.7	26.4	51.3	(53.0)	59.9	27.1
Fourth	4.8	5.0	27.1	42.2	52.8	70.6	(67.2)	30.3
Highest	(14.3)	9.0	31.2	38.9	64.7	(63.5)	(57.2)	33.1
Total 15-49	9.4	5.8	23.1	32.6	49.5	51.2	54.8	28.1
50-54	*	*	*	(72.9)	85.9	73.7	76.2	77.0
Total 15-54	11.2	6.0	24.5	34.6	53.9	55.5	61.8	32.2

Notes: Men who have been sterilised or who state in response to the question about desire for children that their wife has been sterilised are considered to want no more children. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

Table 6.2.2 shows that urban men want no more children in somewhat higher proportions than rural men at each parity. By province, Matabeleland South has the highest proportion of men who want no more children (44 percent), while Mashonaland Central has the lowest percentage (22 percent).

For men, as for women, the desire to limit childbearing is positively associated with wealth quintile. About one-third of men in the highest wealth quintile want to limit childbearing after having two children (31 percent) compared with one in seven men (15 percent) in the lowest two quintiles.

6.3 IDEAL NUMBER OF CHILDREN

Women and men, regardless of marital status, were asked what number of children they would choose to have if they could start afresh. Respondents who had no children were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" For respondents who had children, the question was rephrased as follows: "If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?" Responses to these questions are summarised in Table 6.3 for both women and men age 15-49.

The data in the top portion of each panel in Table 6.3 indicate that the vast majority of women and men were able to give a numeric answer to this hypothetical question. Only 1 percent gave a non-numeric answer such as "it is up to God," "any number," or "I do not know." The mean ideal number of children among women is 3.8 and among men is 4.3. In general, men want slightly larger families than women, and the mean ideal number is slightly higher among the currently married population. Overall, 56 percent of women and 60 percent of men want four or more children.

When interpreting the findings in Table 6.3, remember that the actual and stated 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 will achieve large families. Second, because women with large families are, on average, older women, they may prefer a greater number of children because of the attitudes towards childbearing to which they were exposed during the early stages of their reproductive lives. Finally, some women may have difficulty admitting that they would prefer fewer children than they currently have if they could begin childbearing again. Such women are likely to report their actual number as their preferred number. Indeed, women who have fewer children do report a smaller ideal number of children than women with more children. The mean ideal number of children among all women with one child is 3.3, compared with 6.2 among all women with six or more children.

The relationship between the actual and ideal number of children is also presented for men in Table 6.3. Men who have fewer children report a smaller ideal number of children than men with more children. For example, the average ideal number of children is 3.6 among all men with one child, compared with 7.8 among men with six or more children.

Table 6.3 Ideal number of children by number of living children

Percent distribution of women and men age 15-49 by ideal number of children, and mean ideal number of children for all respondents and for currently married respondents, according to the number of living children, Zimbabwe 2010-11

Ideal number of children	Number of living children							Total
	0	1	2	3	4	5	6+	
				WOMEN[1]				
0	3.1	1.3	1.3	2.0	1.1	0.7	0.7	1.8
1	3.6	4.0	1.7	1.1	0.6	0.3	0.7	2.3
2	34.1	23.4	20.3	11.6	6.1	6.6	2.2	20.2
3	23.8	27.4	18.1	14.8	8.1	5.5	2.2	18.6
4	23.6	28.6	39.9	38.0	33.8	21.3	22.2	30.9
5	6.7	8.7	11.0	19.5	17.2	24.2	13.1	12.0
6+	4.2	5.9	7.2	12.2	32.3	39.5	55.8	13.3
Non-numeric responses	0.8	0.8	0.4	0.8	0.9	1.7	3.1	0.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,305	1,836	1,925	1,337	848	468	453	9,171
Mean ideal number of children for:[2]								
All women	3.0	3.3	3.6	4.1	4.8	5.2	6.2	3.8
Number of women	2,285	1,821	1,917	1,326	840	460	439	9,089
Currently married women	3.6	3.4	3.6	4.1	4.8	5.2	6.1	4.1
Number of currently married women	287	1,301	1,544	1,085	707	370	361	5,656
				MEN[3]				
0	1.1	0.1	0.2	0.1	0.7	0.8	0.1	0.7
1	2.3	1.7	1.8	1.0	0.1	0.0	1.6	1.8
2	17.3	14.6	14.3	3.1	3.2	2.3	1.5	13.0
3	26.8	34.9	21.0	17.2	7.6	4.9	3.4	23.0
4	25.2	28.7	33.8	33.0	33.8	13.7	11.6	27.2
5	14.2	12.9	19.3	27.7	22.1	27.1	11.6	17.0
6+	11.7	6.5	8.8	17.2	32.2	49.0	68.4	16.2
Non-numeric responses	1.3	0.6	0.8	0.7	0.3	2.2	1.9	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	3,458	928	986	720	473	260	284	7,110
Mean ideal number of children for men 15-49:[2]								
All men	3.8	3.6	4.0	4.6	5.2	6.2	7.8	4.3
Number of men	3,412	923	978	715	472	255	278	7,033
Currently married men	4.1	3.6	3.9	4.6	5.2	6.2	7.8	4.6
Number of currently married men	217	777	902	682	451	249	276	3,555
Mean ideal number of children for men 15-54:[2]								
All men	3.8	3.6	4.0	4.6	5.2	6.1	8.2	4.4
Number of men	3,427	932	1,007	758	539	319	413	7,395
Currently married men	4.2	3.6	3.9	4.6	5.2	6.1	8.2	4.8
Number of currently married men	225	782	922	719	513	311	405	3,876

[1] The number of living children includes current pregnancy for women.
[2] Means are calculated excluding respondents who gave non-numeric responses.
[3] The number of living children includes one additional child if respondent's wife is pregnant (or if any wife is pregnant for men with more than one current wife).

6.4 MEAN IDEAL NUMBER OF CHILDREN BY BACKGROUND CHARACTERISTICS

Table 6.4 shows the mean ideal number of children among all women age 15-49, by background characteristics. The mean ideal number of children increases steadily with age, from 3.1 among women age 15-19 to 5.4 among women age 45-49. Women in rural areas have higher family size norms than those in urban areas (4.1 and 3.3 children, respectively). This is further reflected in the fact that women in Harare and Bulawayo have the smallest ideal family size norms (3.3 and 3.1 children, respectively). The ideal number of children among women in the remaining provinces ranges from 3.5 to 4.3 children.

Table 6.4 Mean ideal number of children by background characteristics

Mean ideal number of children for all women age 15-49 by background characteristics, Zimbabwe 2010-11

Background characteristic	Mean	Number of women[1]
Age		
15-19	3.1	1,925
20-24	3.4	1,833
25-29	3.6	1,678
30-34	3.9	1,280
35-39	4.4	1,043
40-44	4.8	721
45-49	5.4	609
Residence		
Urban	3.3	3,528
Rural	4.1	5,561
Province		
Manicaland	4.3	1,217
Mashonaland Central	4.3	855
Mashonaland East	3.9	821
Mashonaland West	3.8	1,016
Matabeleland North	3.7	423
Matabeleland South	3.5	465
Midlands	3.7	1,121
Masvingo	4.1	907
Harare	3.3	1,715
Bulawayo	3.1	550
Education		
No education	5.6	205
Primary	4.5	2,531
Secondary	3.5	5,930
More than secondary	3.2	423
Wealth quintile		
Lowest	4.4	1,513
Second	4.2	1,581
Middle	4.0	1,669
Fourth	3.4	2,057
Highest	3.3	2,267
Total	3.8	9,089

[1] Number of women who gave a numeric response

The mean ideal number of children declines steadily with increasing education, by more than two children, and also declines with increasing wealth quintile, by about one child.

6.5 FERTILITY PLANNING STATUS

The issue of unplanned and unwanted fertility was investigated in the 2010-11 ZDHS by asking women who had births during the five years before the survey whether the births were wanted at the time (planned), wanted at a later time (mistimed), or not wanted at all (unwanted). The responses to those questions provide a measure of the degree to which Zimbabwean couples have been successful in controlling childbearing. In addition, the information can be used to estimate the effect on 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 subject to recall and accuracy bias in remembering how she felt about a particular pregnancy. She also may not be willing to admit that she had not wanted a child at its conception. Conversely, if the child has become an economic or health burden, she may now claim that it was unwanted. Despite these potential problems of comprehension, recall, and truthfulness, results from previous surveys have yielded plausible responses, with the most probable effect of biases in the answers being net underestimation of the level of unwanted fertility.

Table 6.5 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, 68 percent of all births were wanted at the time of conception, 25 percent were reported as mistimed (wanted later), and 7 percent were unwanted. The proportion of unwanted births is greater for births that are fourth order or more (18 percent) than for first births (1 percent). Similarly, a much larger proportion of births to older women are unwanted than are those to younger women. Whereas about 2 percent of births to women age 20-24 are unwanted, 34 percent of births to women age 40-44 are unwanted.

Table 6.5 Fertility planning status

Percent distribution of births to women age 15-49 in the five years preceding the survey (including current pregnancies), by planning status of the birth, according to birth order and mother's age at birth, Zimbabwe 2010-11

Birth order and mother's age at birth	Planning status of birth			Total	Number of births
	Wanted then	Wanted later	Wanted no more		
Birth order					
1	73.0	26.0	0.9	100.0	1,995
2	70.3	26.6	3.1	100.0	1,706
3	66.8	25.0	8.3	100.0	1,149
4+	59.1	22.3	18.4	100.0	1,503
Mother's age at birth					
<20	66.3	32.6	1.1	100.0	1,199
20-24	69.8	27.7	2.4	100.0	2,003
25-29	71.5	23.4	5.0	100.0	1,543
30-34	68.7	18.9	12.1	100.0	976
35-39	56.1	18.3	25.7	100.0	486
40-44	55.3	10.8	34.0	100.0	121
45-49	*	*	*	100.0	25
Total	67.9	25.1	7.0	100.0	6,353

Note: Total includes women with missing information on planning status of birth. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.6 WANTED FERTILITY RATES

Responses to the question on the ideal number of children are used to calculate a total "wanted" fertility rate. 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 wanted if the number of living children at the time of conception is less than the ideal number of children currently reported by the respondent. Wanted fertility rates express the level of fertility that theoretically would result if all unwanted births were prevented. Comparison of the actual fertility rate with the wanted rate indicates the potential demographic impact of eliminating unwanted births.

Table 6.6 shows that the wanted fertility rate is 3.4 children, compared with the actual fertility rate of 4.1 children (rates calculated over the three years prior to the survey). In other words, Zimbabwean women are currently having an average of 0.7 children more than they actually want. The table also shows that regardless of place of residence, level of education, and wealth quintile, the wanted fertility rate is lower than the actual total fertility rate.

Women in Matabeleland North and Matabeleland South have the largest gap between their actual and wanted fertility, which is slightly more than one child. Women in these provinces would have an average of three rather than four children if unwanted births were prevented. Women with higher levels of education as well as those in the highest wealth quintile seem to be the most successful in achieving their fertility goals; that is, the gap between wanted and actual fertility narrows as education and wealth quintile increase.

Table 6.6 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by background characteristics, Zimbabwe 2010-11

Background characteristic	Total wanted fertility rate	Total fertility rate
Residence		
Urban	2.7	3.1
Rural	4.0	4.8
Province		
Manicaland	4.2	4.8
Mashonaland Central	4.1	4.5
Mashonaland East	3.8	4.5
Mashonaland West	3.6	4.5
Matabeleland North	2.9	4.1
Matabeleland South	3.1	4.2
Midlands	3.4	4.2
Masvingo	4.0	4.7
Harare	2.7	3.1
Bulawayo	2.2	2.8
Education		
No education	3.7	4.5
Primary	4.0	4.9
Secondary	3.4	3.9
More than secondary	2.0	2.5
Wealth quintile		
Lowest	4.3	5.3
Second	4.3	5.1
Middle	3.8	4.4
Fourth	3.3	3.8
Highest	2.3	2.6
Total	3.4	4.1

Note: Rates are calculated based on births to women age 15-49 in the period 1-36 months preceding the survey. The total fertility rates are the same as those presented in Table 5.2.

FAMILY PLANNING 7

Key Findings

- Knowledge of contraception is nearly universal in Zimbabwe; 98 percent of women and 99 percent of men report knowing about a contraceptive method.
- Fifty-nine percent of currently married women use a contraceptive method, and 57 percent report using a modern method. This represents a small decline relative to the 2005-06 ZDHS in which corresponding values were 60 percent and 58 percent, respectively.
- The most popular contraceptive method is the pill, currently in use by 41 percent of currently married women.
- Government-sponsored facilities remain the chief providers of contraceptive methods in Zimbabwe; 73 percent of users of modern contraceptive methods obtain them from the public sector.
- The unmet need for family planning, currently 13 percent among married women, has remained unchanged since 2005-06. If all married women with an unmet need for family planning were to use a contraceptive method, the prevalence rate in Zimbabwe would increase from 59 to 74 percent.
- Reducing discontinuation of a contraceptive is important to addressing unmet need. Discontinuations occur most often because of method failure (12 percent) or method-related side effects or health concerns (17 percent).

Family planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods. This chapter presents results from the 2010-11 ZDHS on a number of aspects of contraception: knowledge of specific contraceptive methods, attitudes and behaviour towards contraceptive use, current use, and source of current contraceptive methods. This chapter focuses on women who are sexually active because these women have the greatest risk of exposure to pregnancy and need for regulating their fertility. The results of interviews with men are presented alongside those with women because men play an equally important role in the realisation of reproductive health and family planning decision behaviour.

7.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Information on the knowledge of contraceptive methods was collected by asking respondents if they had heard of various methods that a couple can use to delay or avoid a pregnancy. Specifically, the interviewer named a method, described it, and asked whether the respondent had heard of it. In all, the interviewer asked about twelve different contraceptive methods. Provision was also made in the questionnaire to record any other methods the respondent had heard of but was not asked about by the interviewer.

Contraceptive methods are classified into two broad categories, namely modern methods and traditional methods. Modern methods include female sterilisation, male sterilisation, the pill, the intrauterine device (IUD), injectables, implants, the male condom, the female condom, lactational amenorrhoea method (LAM), and emergency contraception. Traditional methods include rhythm (periodic abstinence), withdrawal, and various folk methods such as strings and herbs.

Table 7.1 shows that knowledge of contraceptive methods is almost universal in Zimbabwe, with 98 percent of all women and 99 percent of all men knowing at least one method of contraception.

Modern methods are more widely known than traditional methods; 98 percent of all women know of a modern method while 60 percent know of a traditional method. Similarly, 99 percent of all men know of a modern method while 72 percent know of a traditional method.

Table 7.1 Knowledge of contraceptive methods

Percentage of all respondents, currently married respondents, and sexually active unmarried respondents age 15-49 who have heard of any contraceptive method, by specific method, Zimbabwe 2010-11

	Women			Men		
Method	All women	Currently married women	Sexually active unmarried women[1]	All men	Currently married men	Sexually active unmarried men[1]
Any method	97.8	99.1	99.8	98.9	99.9	99.2
Any modern method	97.8	99.1	99.8	98.9	99.9	99.2
Female sterilisation	43.6	45.9	46.9	50.8	58.0	49.5
Male sterilisation	26.7	28.4	32.0	41.2	45.4	40.4
Pill	94.7	98.1	98.5	91.6	97.5	94.0
IUD	61.0	66.9	73.5	44.1	55.6	39.3
Injectables	90.2	95.9	96.2	81.0	94.2	80.7
Implants	67.0	73.7	83.4	36.1	46.9	37.5
Male condom	93.9	95.8	98.7	97.9	99.3	98.9
Female condom	83.9	86.9	95.0	87.3	93.1	90.8
Lactational amenorrhoea (LAM)	12.0	13.9	13.9	10.0	13.4	8.3
Emergency contraception	19.6	20.1	30.9	29.3	33.3	39.3
Any traditional method	60.1	68.2	72.6	71.7	81.8	75.4
Rhythm	28.7	30.4	37.8	48.5	57.9	49.5
Withdrawal	55.2	64.1	67.6	65.5	75.5	69.7
Other	2.5	2.9	4.4	2.4	2.8	2.6
Mean number of methods known by respondents 15-49	6.8	7.2	7.8	6.9	7.7	7.0
Number of respondents	9,171	5,703	266	7,110	3,584	437
Mean number of methods known by respondents 15-54	na	na	na	6.9	7.7	7.0
Number of respondents	na	na	na	7,480	3,913	442

na = Not applicable
[1] Had last sexual intercourse within 30 days preceding the survey

Women in Zimbabwe have heard of an average of seven contraceptive methods, a figure identical to that reported in the 2005-06 ZDHS. The pill, injectables, and male condoms are the contraceptive methods most widely known by women in Zimbabwe. Among all women age 15-49, 95 percent have heard of the pill, 94 percent have heard of the male condom, and 90 percent have heard of injectables. These figures also are identical to those reported in the 2005-06 ZDHS. However, knowledge of the female condom and implants has increased markedly since 2005-06: 69 percent of all women knew of the female condom in 2005-06 compared with 84 percent in 2010-11; 44 percent of all women knew of implants in 2005-06 compared with 67 percent in 2010-11.

The most well-known methods of contraception among all men age 15-49 are the male condom (98 percent) and the pill (92 percent). Knowledge of other modern methods of contraception is high among men, particularly among men who are currently married. For example, 94 and 93 percent of currently married men have heard of injectables and the female condom, respectively. The lactational amenorrhoea method (LAM) is the least-known modern contraceptive method among currently married men (13 percent) and currently married women (14 percent).

Knowledge of at least one contraceptive method among currently married women and men does not significantly vary across subgroups (data not shown). For all age groups of currently married women and men, the percentage who know at least one modern family planning method is or is nearly 100 percent (data not shown).

7.2 CURRENT USE OF CONTRACEPTION

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

Contraceptive use among all women, currently married women, and sexually active unmarried women is presented in Table 7.2. The contraceptive prevalence rate (CPR), or the percentage of currently married women who are using a contraceptive method in Zimbabwe, is 59 percent, while the CPR for modern contraceptive methods in the country is 57 percent. Among currently married women, the contraceptive method most commonly used is the pill (41 percent). The other modern methods that are used by currently married women are injectables (8 percent), male condoms (3 percent), implants (3 percent), female sterilisation (1 percent), female condom (less than 1 percent), IUD (less than 1 percent), and LAM (less than 1 percent).

The use of modern contraceptive methods among currently married women increases with age, from 35 percent of women age 15-19 to 63 percent of women age 30-34, after which it falls to 41 percent of women age 45-49. An increase in the use of the pill is also evident in the younger age groups, from 30 percent of married women age 15-19 to 49 percent in the age group 20-24.

The pattern of distribution of current use of modern contraceptives is similar to that observed in 2005-06, except that, in the 2010-11 ZDHS, contraceptive use rates among currently married women are slightly lower. A comparison between use rates in 2005-06 and 2010-11 shows increases in current use of any modern contraceptive method among currently married women age 40-49 but decreases in all other age groups. The only modern methods for which use increased were implants and male condoms, both of which increased from 1 percent in 2005-06 to 3 percent in the 2010-11 ZDHS.

The overall level of use of modern family planning methods is higher for sexually active unmarried women (62 percent) than for currently married women (57 percent). The most striking differences are that, while 30 percent of sexually active unmarried women use male condoms, only 3 percent of currently married women use them, and 18 percent of sexually active unmarried women use the pill versus 41 percent of currently married women. Similar differences in modern contraceptive use between currently married women and sexually active unmarried women were observed in the 2005-06 ZDHS.

Table 7.2 Current use of contraception by age

Percent distribution of all women, currently married women, and sexually active unmarried women age 15-49, by contraceptive method currently used, according to age, Zimbabwe 2010-11

Age	Any method	Any modern method	Modern method								Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	LAM		Rhythm	Withdrawal	Other			
ALL WOMEN																	
15-19	10.3	10.1	0.0	7.4	0.0	1.2	0.2	1.0	0.0	0.2	0.2	0.0	0.2	0.0	89.7	100.0	1,945
20-24	45.0	44.2	0.0	33.5	0.0	6.1	1.5	2.7	0.1	0.2	0.7	0.0	0.7	0.0	55.0	100.0	1,841
25-29	55.9	54.8	0.1	39.3	0.0	7.7	3.6	3.5	0.4	0.1	1.1	0.1	0.8	0.2	44.1	100.0	1,686
30-34	55.6	54.9	0.3	36.0	0.4	9.0	4.0	4.8	0.2	0.1	0.7	0.1	0.5	0.1	44.4	100.0	1,296
35-39	52.8	52.0	1.1	33.3	0.4	8.2	2.4	5.8	0.6	0.1	0.8	0.0	0.7	0.1	47.2	100.0	1,051
40-44	46.3	45.2	3.6	23.9	0.0	8.7	3.3	4.9	0.8	0.0	1.2	0.2	0.6	0.4	53.7	100.0	732
45-49	33.0	31.1	6.0	14.7	0.4	4.0	1.2	4.5	0.3	0.0	1.9	0.1	1.6	0.2	67.0	100.0	620
Total	41.3	40.5	0.9	27.3	0.2	6.1	2.2	3.5	0.3	0.1	0.8	0.1	0.6	0.1	58.7	100.0	9,171
CURRENTLY MARRIED WOMEN																	
15-19	36.2	35.4	0.0	29.9	0.0	3.5	0.3	0.9	0.0	0.8	0.8	0.0	0.8	0.0	63.8	100.0	452
20-24	60.2	59.0	0.0	48.6	0.1	7.4	1.3	1.2	0.1	0.3	1.1	0.0	1.1	0.0	39.8	100.0	1,210
25-29	63.4	62.0	0.1	46.8	0.0	8.8	3.8	2.2	0.2	0.1	1.4	0.1	1.0	0.3	36.6	100.0	1,329
30-34	63.9	63.0	0.4	43.1	0.6	10.1	4.6	3.9	0.2	0.1	0.9	0.1	0.7	0.1	36.1	100.0	1,012
35-39	60.3	59.3	1.1	40.8	0.3	8.9	2.2	5.5	0.5	0.1	1.0	0.0	0.9	0.1	39.7	100.0	815
40-44	59.5	57.9	3.9	32.4	0.0	11.4	3.8	5.3	1.1	0.0	1.5	0.2	0.9	0.4	40.5	100.0	488
45-49	44.2	41.2	7.9	21.3	0.1	5.4	1.6	4.4	0.5	0.0	3.0	0.2	2.4	0.4	55.8	100.0	397
Total	58.5	57.3	1.1	41.3	0.2	8.3	2.7	3.1	0.3	0.2	1.3	0.1	1.0	0.2	41.5	100.0	5,703
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																	
15-19	(35.1)	(35.1)	(0.0)	(2.0)	(0.0)	(1.9)	(0.0)	(31.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(64.9)	100.0	29
20-24	57.7	57.7	0.0	13.6	0.0	10.2	4.4	29.4	0.0	0.0	0.0	0.0	0.0	0.0	42.3	100.0	61
25+	67.4	67.1	0.6	22.0	0.0	10.3	2.5	30.6	1.2	0.0	0.3	0.0	0.3	0.0	32.6	100.0	177
Total	61.7	61.5	0.4	18.0	0.0	9.4	2.7	30.4	0.8	0.0	0.2	0.0	0.2	0.0	38.3	100.0	266

Note: If more than one method is used, only the most effective method is considered in this tabulation. Users of diaphragm are included in any modern and in any method, but are too few in number to be shown separately. Figures in parentheses are based on 25-49 unweighted cases.
LAM = Lactational amenorrhoea method
[1] Women who have had sexual intercourse within 30 days preceding the survey

7. 3 CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

Table 7.3.1 presents information on current use of contraceptives among currently married women age 15-49 by background characteristics. Current use of contraception varies by number of living children, residence, province, education, and wealth quintile. Few married women without children use any contraceptive method (6 percent), but well over half with one or more children use contraception. Contraceptive use rises with an increase in the number of living children up to three or four and declines thereafter.

Women in rural areas are less likely to use contraceptive methods than their counterparts in urban areas (57 percent compared with 62 percent). This trend is observed across all modern methods of contraception except injectables. Use of contraceptive methods is highest in the provinces of Mashonaland Central (64 percent) and Mashonaland East (63 percent). Matabeleland South has the lowest contraceptive prevalence rate among currently married women (46 percent).

Contraceptive use is positively associated with women's level of education. Although 43 percent of currently married women with no education use contraceptives, 67 percent of those with more than secondary education use contraceptives. Similarly, women in the two lowest wealth quintile (54 percent) are less likely to use contraceptives compared with women in the highest wealth quintile (65 percent).

Table 7.3.1 Current use of contraception by background characteristics

Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Any method	Any modern method	Modern method								Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	Female condom	LAM		Rhythm	Withdrawal	Other			
Number of living children																	
0	5.6	5.3	0.0	2.4	0.0	0.2	0.2	2.1	0.4	0.0	0.4	0.0	0.4	0.0	94.4	100.0	468
1-2	62.6	61.8	0.3	47.9	0.2	7.9	2.5	2.6	0.2	0.2	0.8	0.1	0.7	0.0	37.4	100.0	2,840
3-4	67.7	65.8	2.2	45.0	0.3	10.3	3.6	3.9	0.3	0.2	1.9	0.0	1.6	0.3	32.3	100.0	1,686
5+	55.3	53.1	2.6	31.8	0.1	10.9	3.2	3.7	0.6	0.1	2.2	0.3	1.4	0.6	44.7	100.0	708
Residence																	
Urban	61.5	60.4	1.5	42.9	0.3	6.8	4.0	4.2	0.4	0.2	1.1	0.2	0.9	0.1	38.5	100.0	1,937
Rural	57.0	55.7	0.9	40.5	0.1	9.1	2.1	2.5	0.2	0.2	1.3	0.1	1.1	0.2	43.0	100.0	3,766
Province																	
Manicaland	56.2	54.5	1.3	35.8	0.1	10.8	1.4	3.9	0.5	0.6	1.6	0.1	1.3	0.2	43.8	100.0	798
Mashonaland Central	63.8	61.6	1.3	49.9	0.1	5.9	1.1	2.9	0.4	0.0	2.2	0.0	1.8	0.4	36.2	100.0	626
Mashonaland East	62.5	60.8	1.0	43.4	0.3	9.4	3.1	2.9	0.5	0.3	1.7	0.0	1.7	0.0	37.5	100.0	541
Mashonaland West	62.1	61.2	0.3	46.0	0.1	9.0	2.2	3.3	0.3	0.0	0.9	0.3	0.7	0.0	37.9	100.0	718
Matabeleland North	50.8	49.3	0.7	27.6	0.8	12.2	6.5	1.6	0.0	0.0	1.4	0.0	1.0	0.5	49.2	100.0	257
Matabeleland South	46.2	45.2	1.2	19.8	0.2	15.7	3.9	4.3	0.0	0.0	1.0	0.0	0.3	0.7	53.8	100.0	230
Midlands	58.5	57.7	0.8	41.7	0.0	10.2	2.9	1.9	0.0	0.2	0.9	0.0	0.6	0.3	41.5	100.0	695
Masvingo	54.2	54.0	1.2	41.4	0.0	7.6	1.8	1.7	0.2	0.0	0.2	0.0	0.2	0.0	45.8	100.0	626
Harare	59.4	58.2	1.1	45.8	0.3	3.5	3.5	3.2	0.4	0.4	1.2	0.2	1.0	0.0	40.6	100.0	972
Bulawayo	61.0	59.2	4.6	33.9	0.0	6.5	6.0	7.8	0.4	0.0	1.8	0.3	1.6	0.0	39.0	100.0	239
Education																	
No education	43.0	42.0	1.3	31.9	0.0	5.3	0.8	1.8	0.9	0.0	1.0	0.0	1.0	0.0	57.0	100.0	154
Primary	54.5	52.9	1.5	38.1	0.2	7.7	1.7	3.1	0.4	0.2	1.6	0.1	1.3	0.3	45.5	100.0	1,827
Secondary	60.7	59.6	0.8	43.3	0.2	8.8	2.9	3.0	0.3	0.2	1.1	0.1	0.9	0.1	39.3	100.0	3,485
More than secondary	67.4	66.6	3.2	42.0	0.0	7.1	9.6	4.6	0.0	0.0	0.8	0.6	0.2	0.0	32.6	100.0	237
Wealth quintile																	
Lowest	54.3	52.4	0.6	38.5	0.0	8.4	1.7	2.4	0.5	0.1	1.9	0.0	1.6	0.4	45.7	100.0	1,109
Second	54.3	53.1	0.9	39.5	0.0	7.7	2.2	2.5	0.1	0.3	1.2	0.1	0.9	0.1	45.7	100.0	1,085
Middle	57.6	56.4	0.9	42.3	0.1	8.9	1.8	1.9	0.1	0.4	1.1	0.0	1.0	0.1	42.4	100.0	1,077
Fourth	61.2	60.0	0.6	42.2	0.3	9.4	2.7	4.4	0.4	0.2	1.2	0.1	1.0	0.1	38.8	100.0	1,291
Highest	64.6	63.6	2.8	43.8	0.4	7.0	5.2	4.0	0.5	0.0	1.0	0.2	0.6	0.2	35.4	100.0	1,141
Total	58.5	57.3	1.1	41.3	0.2	8.3	2.7	3.1	0.3	0.2	1.3	0.1	1.0	0.2	41.5	100.0	5,703

Note: If more than one method is used, only the most effective method is considered in this tabulation. Users of a diaphragm are included in any modern and any method categories but are too few in number to be shown separately.
LAM = Lactational amenorrhoea method

Table 7.3.2 and Figure 7.1 indicate that current use of contraceptive methods among currently married women rose steadily from 1984 to 2005-06 and then declined slightly in 2010-11. Overall, the contraceptive prevalence rate increased from 38 percent in 1984 to 59 percent in 2010-11. The use of modern contraceptive methods among currently married women has more than doubled, increasing from 27 percent in 1984 to 57 percent in 2010-11. Most notably, use of the pill increased from 23 percent in 1984 to 41 percent in 2010-11. The use of traditional methods of contraception declined from 12 percent in 1984 to 1 percent in 2010-11.

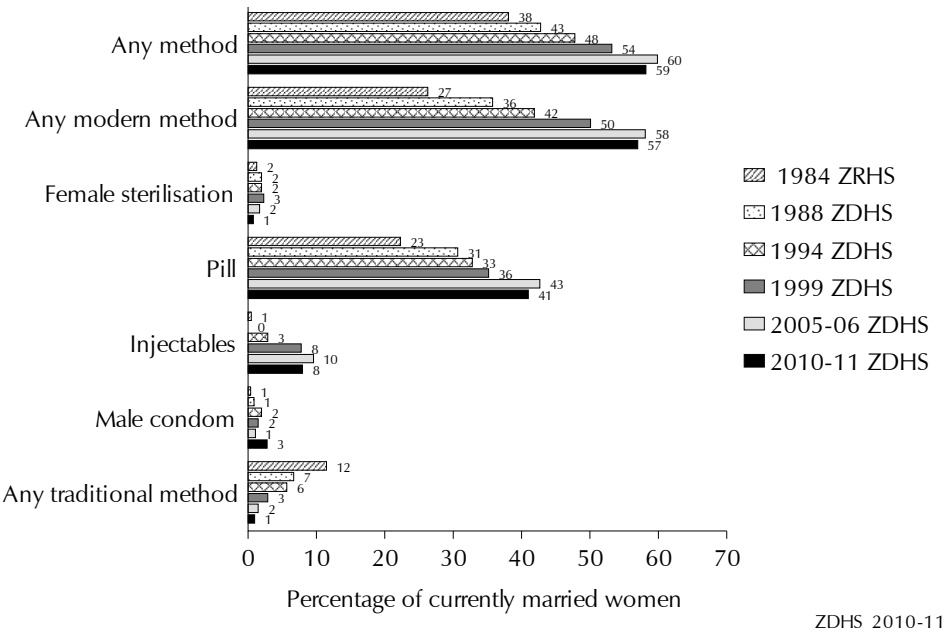
Table 7.3.2 Trends in the current use of contraception

Percent distribution of currently married women age 15-49 by contraceptive method currently used, Zimbabwe 1984-2011

Method	1984 ZRHS	1988 ZDHS	1994 ZDHS	1999 ZDHS	2005-06 ZDHS	2010-11 ZDHS
Any method	38.4	43.1	48.1	53.5	60.2	58.5
Any modern method	26.6	36.1	42.2	50.4	58.4	57.3
Female sterilisation	1.6	2.3	2.3	2.6	2.0	1.1
Male sterilisation	0.1	0.2	0.2	0.1	0.1	0.0
Pill	22.6	31.0	33.1	35.5	43.0	41.3
IUD	0.7	1.1	1.0	0.9	0.3	0.2
Injectables	0.8	0.3	3.2	8.1	9.9	8.3
Implants	na	na	0.2	0.5	1.2	2.7
Male condom	0.7	1.2	2.3	1.8	1.4	3.1
LAM	na	na	na	0.9	0.5	0.2
Other modern method	0.1	0.0	0.0	0.0	0.0	0.3
Any traditional method[1]	11.8	7.0	6.0	3.2	1.8	1.3
Rhythm/periodic abstinence	0.6	0.3	0.1	0.2	0.2	0.1
Withdrawal	6.5	5.1	4.2	2.6	1.2	1.0
Folk method/other	4.7	1.5	1.7	0.4	0.4	0.2
Not currently using	61.6	56.9	51.9	46.5	39.8	41.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,123	2,643	3,788	3,609	5143	5703

na = Not applicable
[1]Includes "other" traditional methods such as folk methods. The estimate for 1994 is different from the 4.3 percent published in the 1994 ZDHS report, because "folk method" was not included in the "Any traditional method" category in this report.

Figure 7.1 **Trends in Contraceptive Use among Currently Married Women**



ZDHS 2010-11

7.4 SOURCE OF MODERN CONTRACEPTIVE METHODS

The information on where women obtain their contraceptive methods is useful for family planning programme managers and implementers of logistic planning. In the 2010-11 ZDHS, all women who reported that they were currently using any modern contraceptive method at the time of the survey were asked where they obtained the method the last time they acquired it. Since women may not know exactly in which category the source falls (e.g., government or private, health centre, or clinic), the interviewers were instructed to note the full name of the source or facility. Furthermore, supervisors were trained to verify that the name and type of source to maintain the consistency and improve the accuracy of the source.

Table 7.4 shows that the majority of contraceptive users obtained them from the public sector (73 percent). Fourteen percent obtained contraceptives from the private medical sector, 4 percent from a mission facility, 4 percent from a retail outlet, and 2 percent from another private source.

Table 7.4 Source of modern contraceptive methods

Percent distribution of users of modern contraceptive methods age 15-49 by most recent source of method, according to method, Zimbabwe 2010-11

Source	Female sterilisation	Pill	Injectables	Implants[1]	Male condom	Total[2]
Public sector	66.4	73.8	88.4	73.5	45.9	73.4
Government hospital/clinic	66.4	20.6	24.5	25.8	20.9	22.5
Rural/municipal clinic	0.0	22.9	28.0	15.8	13.2	21.9
Rural health centre	0.0	23.7	29.6	15.9	7.9	22.3
ZNFPC clinic	0.0	2.4	4.0	9.3	2.5	3.0
MOH mobile clinic	0.0	2.6	2.0	2.7	0.8	2.3
ZNFPC CBD/depot holder	0.0	1.4	0.0	3.1	0.1	1.1
Other public source	0.0	0.3	0.3	0.9	0.5	0.4
Mission facility	9.8	3.8	4.2	3.7	4.8	4.1
Private medical sector	23.8	15.5	6.7	12.0	14.8	14.1
Private hospital/clinic	21.4	1.8	4.4	6.5	1.8	3.0
Private doctor	2.4	0.6	1.4	5.2	0.0	1.0
Pharmacy	0.0	12.4	0.8	0.2	12.3	9.6
CBD	0.0	0.7	0.0	0.0	0.5	0.5
Other private	0.0	0.1	0.0	0.2	0.2	0.1
Retail outlet	0.0	2.7	0.0	0.0	26.5	4.1
General dealer	0.0	1.3	0.0	0.0	7.4	1.5
Supermarket	0.0	0.5	0.0	0.0	15.8	1.7
Tuck shop	0.0	0.5	0.0	0.0	3.1	0.6
Service station	0.0	0.0	0.0	0.0	0.2	0.0
Other retail	0.0	0.4	0.0	0.0	0.0	0.3
Other private source	0.0	2.7	0.2	0.0	3.7	2.2
Church	0.0	0.0	0.2	0.0	0.4	0.1
Friend/relative	0.0	2.7	0.0	0.0	3.2	2.1
Other	0.0	1.4	0.5	0.8	4.4	1.4
Missing	0.0	0.0	0.0	10.0	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	81	2,505	559	202	317	3,704

CBD = Community-based distribution
[1] For users of implants, the source is where the respondent obtained the method when she started the current episode of use. Source of method is missing for implant users if they began using the method more than 5 years before the survey.
[2] Total includes users of IUD, female condom, diaphragm, and other modern methods who are too few in number to be shown separately but excludes users of lactational amenorrhoea method (LAM).

The public sector supplies the majority of injectables (88 percent), female sterilisation (66 percent), and implants and oral contraceptives (74 percent each). The main source of supply for male condoms is also the public sector (46 percent), although the retail outlets (27 percent) and private medical sector (15 percent) are also important sources.

Within the public sector, government hospitals/clinics are reported as the main source of female sterilisation (66 percent). Also within the public sector, government hospitals/clinics, rural/municipal clinics, and rural health centres were the most important sources for the pill, injectables, implants, and the male condom.

7.5 USE OF SOCIAL MARKETING BRAND PILLS

Women who were currently using oral contraceptives were asked for the brand name of the pills they last used. This information is useful in monitoring the success of social marketing programmes that promote a specific brand. Table 7.5.1 presents information on the percentages of pill users using social marketing brands, by background characteristics. The public sector distributes Ovrette and Lo-Femenal, while Duofem, Micronor, Marvellon, and Excluton are marketed by the private sector.

Table 7.5.1 Use of social marketing brand pills

Among pill users age 15-49, the percent distribution of pill brands, by background characteristics, Zimbabwe 2010-11

Background characteristic	Pill brands					Total	Number of women using the pill
	Ovrette secure	Lo-Femenal control	Duofem	Other	Don't know		
Age							
15-19	69.3	30.1	0.0	0.6	0.0	100.0	144
20-24	51.9	46.8	0.3	0.1	0.9	100.0	617
25-29	40.0	56.2	2.5	0.8	0.6	100.0	662
30-34	32.7	66.0	0.9	0.2	0.1	100.0	467
35-39	28.7	70.6	0.3	0.1	0.3	100.0	350
40-44	16.8	81.3	0.7	1.1	0.0	100.0	175
45-49	21.1	77.4	1.5	0.0	0.0	100.0	91
Residence							
Urban	32.7	63.4	2.8	0.4	0.7	100.0	885
Rural	43.0	56.2	0.1	0.4	0.3	100.0	1,620
Province							
Manicaland	40.3	58.6	1.1	0.0	0.0	100.0	305
Mashonaland Central	41.8	58.1	0.0	0.1	0.0	100.0	332
Mashonaland East	42.2	56.6	0.0	1.2	0.0	100.0	249
Mashonaland West	40.7	57.6	0.0	0.4	1.3	100.0	340
Matabeleland North	32.1	64.4	1.0	0.0	2.5	100.0	83
Matabeleland South	27.0	71.8	1.2	0.0	0.0	100.0	66
Midlands	43.3	56.2	0.0	0.5	0.0	100.0	299
Masvingo	44.8	54.4	0.5	0.3	0.0	100.0	269
Harare	32.6	62.6	4.0	0.0	0.8	100.0	464
Bulawayo	36.3	58.1	1.9	3.0	0.7	100.0	99
Education							
No education	27.5	72.5	0.0	0.0	0.0	100.0	53
Primary	40.1	59.0	0.4	0.2	0.3	100.0	747
Secondary	40.2	57.5	1.3	0.5	0.5	100.0	1,603
More than secondary	27.6	69.5	2.9	0.0	0.0	100.0	102
Wealth quintile							
Lowest	46.6	53.1	0.0	0.2	0.1	100.0	449
Second	43.3	56.0	0.0	0.2	0.5	100.0	452
Middle	43.4	54.9	0.7	0.7	0.3	100.0	495
Fourth	34.7	63.1	1.2	0.2	0.7	100.0	588
Highest	31.1	64.8	3.0	0.7	0.4	100.0	521
Total	39.4	58.7	1.1	0.4	0.4	100.0	2,505

Note: Number of users of Micronor, Micronovum, Marvellon, and Trinodial are too few to be shown separately and are included in the column for Other brands.

The majority of women using oral contraceptives used pills distributed by the public sector (98 percent). Among these women, 59 percent used Lo-Femenal and the remaining 39 percent used Ovrette. One percent of pill users used the private sector brand Duofem.

7.6 USE OF SOCIAL MARKETING BRAND CONDOMS

Women who were currently using male condoms as contraceptives were asked for the brand name of the condoms they last used. As shown in Table 7.5.2, among women using the male condom, the majority (75 percent) were using Protector Plus, followed by an unbranded condom distributed by the public sector (6 percent), Choice Assorted (5 percent), Durex (4 percent), and Ecstasy (less than 1 percent). However, these figures should be interpreted with caution as nearly 10 percent of respondents did not know the brand of condom they were using.

Table 7.5.2 Use of social marketing brand condoms

Among male condom users age 15-49, the percent distribution of condom brands, by background characteristics, Zimbabwe 2010-11

Background characteristic	Condom brands						Total	Number of women using the condom
	Choice Assorted	Durex	Ecstasy	Protector Plus	Public sector	Don't know		
Age								
15-19	(9.0)	(0.0)	(4.5)	(72.1)	(3.3)	(11.1)	100.0	20
20-24	13.0	3.4	0.0	73.7	5.6	4.3	100.0	49
25-29	1.8	4.8	0.0	81.4	6.2	5.9	100.0	60
30-34	5.7	0.0	0.0	83.8	1.8	8.7	100.0	62
35-39	1.5	8.5	0.0	66.4	9.1	14.5	100.0	61
40-44	(3.8)	(0.0)	(0.0)	(75.7)	(6.2)	(14.3)	100.0	36
45-49	(3.3)	(14.7)	(0.0)	(58.6)	(13.2)	(10.1)	100.0	28
Residence								
Urban	8.9	5.8	0.5	64.7	9.9	10.1	100.0	174
Rural	0.4	2.7	0.0	86.3	1.8	8.8	100.0	143
Province								
Manicaland	(0.0)	(0.0)	(0.0)	(93.2)	(6.8)	(0.0)	100.0	41
Mashonaland Central	(0.0)	(0.0)	(0.0)	(69.7)	(0.0)	(30.3)	100.0	26
Mashonaland East	*	*	*	*	*	*	100.0	23
Mashonaland West	(0.0)	(12.8)	(0.0)	(83.7)	(0.0)	(3.6)	100.0	30
Matabeleland North	(3.6)	(2.1)	(0.0)	(69.4)	(0.0)	(24.8)	100.0	15
Matabeleland South	(0.0)	(0.0)	(0.0)	(93.9)	(6.1)	(0.0)	100.0	25
Midlands	(3.4)	(3.8)	(2.9)	(87.1)	(0.0)	(2.9)	100.0	31
Masvingo	*	*	*	*	*	*	100.0	13
Harare	(10.2)	(13.9)	(0.0)	(55.9)	(5.3)	(14.7)	100.0	62
Bulawayo	16.1	0.0	0.0	57.0	22.2	4.8	100.0	50
Education								
No education	*	*	*	*	*	*	100.0	4
Primary	1.0	7.8	0.0	71.2	5.2	14.7	100.0	88
Secondary	6.5	1.2	0.5	77.4	5.4	9.0	100.0	192
More than secondary	(7.9)	(14.9)	(0.0)	(64.6)	(12.6)	(0.0)	100.0	32
Wealth quintile								
Lowest	(1.5)	(4.8)	(0.0)	(82.6)	(0.0)	(11.1)	100.0	36
Second	(0.0)	(0.0)	(0.0)	(94.0)	(0.0)	(6.0)	100.0	37
Middle	0.0	3.9	0.0	82.9	5.8	7.3	100.0	50
Fourth	1.0	2.3	1.0	76.6	7.6	11.5	100.0	91
Highest	14.1	7.9	0.0	58.8	9.6	9.6	100.0	103
Total	5.1	4.4	0.3	74.5	6.2	9.5	100.0	317

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

7.7 INFORMED CHOICE

Women who are currently using a modern contraceptive method and who started the last episode of use within five years of the survey were asked whether they were informed about the side effects or problems with use of the method, what to do if they experienced side effects, and other methods that they could use. This is a measure of the quality of family planning service provision. Table 7.6 shows the results from the 2010-11 ZDHS, by method and by source of the current episode of use.

Table 7.6 Informed choice

Among current users of modern methods age 15-49 who started the last episode of use within the five years preceding the survey, the percentage who were informed about possible side effects or problems of that method, the percentage who were informed about what to do if they experienced side effects, and the percentage who were informed about other methods they could use, by method and initial source, Zimbabwe 2010-11

	Among women who started last episode of modern contraceptive method within five years preceding the survey:			
Method/source	Percentage who were informed about side effects or problems of method used	Percentage who were informed about what to do if experienced side effects	Percentage who were informed by a health or family planning worker of other methods that could be used	Number of women
Method				
Female sterilisation	*	*	*	21
Pill	49.6	44.9	58.9	2,128
IUD	*	*	*	11
Injectables	59.7	50.2	65.0	483
Implants	78.8	76.0	82.4	175
Initial source of method[1]				
Public sector	55.1	49.0	63.8	2,315
Government hospital/clinic	56.6	49.1	67.4	708
Rural/municipal clinic	53.8	46.1	61.2	746
Rural health centre	53.7	50.1	62.4	701
ZNFPC clinic	64.4	59.1	73.1	80
MOH mobile clinic	56.8	55.5	64.9	50
ZNFPC CBD/depot holder	(63.6)	(57.4)	(57.8)	23
Other	*	*	*	7
Mission facility	56.9	52.5	65.2	136
Private medical sector	41.6	40.7	49.3	299
Private hospital/clinic	54.0	51.7	67.3	75
Private doctor	(77.1)	(53.9)	(77.3)	30
Pharmacy	30.0	33.3	38.0	180
CBD	*	*	*	11
Other	*	*	*	3
Retail outlet	(13.6)	(10.3)	(16.3)	33
Other	(51.1)	(46.5)	(34.8)	34
Total	53.2	47.8	61.4	2,817

Note: Table includes users of only the methods listed individually. Users who got their method from friends/relatives are excluded from this table. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
CBD = Community-based distribution
[1] Source at start of current episode of use

About half of all current users of modern contraceptive methods were informed about side effects of the method used (53 percent) and what to do if they experienced them (48 percent). Six in 10 women were informed of other methods they could use. Women who used implants were the most likely to be informed of side effects, what to do if they experienced side effects, and other methods that they could use. Women who got their contraceptive from the public sector or a mission facility were more likely than those who got their modern contraceptive from another source to be informed of side effects, what to do if they experienced side effects, and other methods that they could use.

7.8 RATES OF DISCONTINUING CONTRACEPTIVE METHODS

Couples can realise their reproductive goals only when they consistently use reliable methods of contraception. Of particular concern to family planning programmes is the rate at which users discontinue contraceptive methods and the reasons for such discontinuation. Armed with this information, family planning providers will be able to better advise potential users of the advantages and disadvantages of each contraceptive method, allowing women to make a more informed decision about the method that best suits their needs.

Women who started an episode of contraceptive use within the five years preceding the survey and discontinued it within 12 months were asked the reason for the discontinuation. Table 7.7

presents discontinuation rates, by contraceptive type and by reason for discontinuation. Among all methods, 24 percent of episodes were discontinued within 12 months. The male condom was most often discontinued (37 percent), followed by injectables (33 percent), the pill (21 percent), and implants (8 percent). The reason for discontinuation varied greatly by method. For example, whereas 15 percent of episodes of injectable use were discontinued because of side effects/health concerns, only 1 percent of episodes of male condom use were discontinued for this reason.

Table 7.7 12-month contraceptive discontinuation rates

Among women age 15-49 who started an episode of contraceptive use within the five years preceding the survey, the percentage of episodes discontinued within 12 months, by reason for discontinuation and specific method, Zimbabwe 2010-11

	Reason for discontinuation								
Method	Method failure	Desire to become pregnant	Other fertility-related reasons[2]	Side effects/ health concerns	Wanted more effective method	Other method-related reasons[3]	Other reason	Any reason	Switched to another method[4]
Pill	2.6	5.2	2.6	4.7	1.3	2.0	2.3	20.7	3.7
Injectables	1.4	7.5	1.3	15.3	2.2	3.3	1.7	32.8	10.3
Implants	0.3	0.5	0.8	5.3	0.0	0.0	0.8	7.7	4.5
Male condom	1.8	6.4	9.1	1.4	7.9	3.4	6.9	37.0	12.5
All methods[1]	2.4	5.5	2.9	5.9	2.2	2.2	2.7	23.8	5.9

Note: Figures are based on life table calculations using information on episodes of use that began 3-62 months preceding the survey.
[1] Lactational amenorrhoea method (LAM), IUD, female condom, foam/jelly, rhythm, withdrawal, and other methods are included in the discontinuation rate for all methods, but are not listed separately.
[2] Includes infrequent sex/husband away, difficult to get pregnant/menopausal, and marital dissolution/separation
[3] Includes lack of access/too far, costs too much, and inconvenient to use
[4] Used a different method in the month following discontinuation or said they wanted a more effective method and started another method within two months of discontinuation.

7.9 REASONS FOR DISCONTINUING CONTRACEPTIVE METHODS

Table 7.8 shows the percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method. In total, 4,228 discontinuations occurred within this time period. Across all contraceptive methods, the most common reason for discontinuation was the desire to become pregnant (40 percent), followed by concern over side effects/health concerns (17 percent), and method failure (12 percent).

Across specific contraceptive methods, the reasons for discontinuation vary widely. For example, among pill users, 47 percent of discontinuations were because users wanted to become pregnant, 15 percent because of side effects/health concerns, and 13 percent because the user became pregnant while using. In contrast, among users of injectables, side effects/health concerns were a much more common reason for discontinuation: 35 percent of discontinuations of injectables were because of side effects/health concerns, 32 percent were because the user wanted to become pregnant, and only 5 percent were because the user became pregnant. A similar pattern of reasons for discontinuation was observed for users of implants.

Table 7.8 Reasons for discontinuation

Percent distribution of discontinuations of contraceptive methods in the five years preceding the survey by main reason stated for discontinuation, according to specific method, Zimbabwe 2010-11

Reason	Pill	Injectables	Implants	Male condom	Withdrawal	Other	All methods[1]
Became pregnant while using	13.0	5.4	6.0	8.9	31.6	*	11.7
Wanted to become pregnant	46.6	32.2	24.6	17.4	26.5	*	40.3
Husband/partner disapproved	1.8	0.7	0.0	8.5	2.0	*	2.3
Wanted a more effective method	4.1	5.0	1.9	17.4	20.7	*	5.9
Side effects/health concerns	14.5	34.9	46.0	3.5	1.4	*	16.9
Lack of access/too far	2.3	4.8	2.6	2.4	0.0	*	2.7
Cost too much	1.0	3.4	4.5	0.3	0.0	*	1.4
Inconvenient to use	2.9	3.5	0.0	5.8	1.0	*	3.3
Up to God/fatalistic	0.1	0.1	0.0	0.2	0.0	*	0.1
Difficult to get pregnant/menopausal	0.4	0.4	0.0	0.6	1.4	*	0.4
Infrequent sex/husband away	6.0	3.7	2.0	22.2	8.1	*	7.1
Marital dissolution/separation	2.2	1.5	0.0	5.4	0.7	*	2.3
Other	2.0	2.4	8.4	4.5	3.5	*	2.7
Don't know	0.3	0.9	0.0	1.0	0.0	*	0.5
Missing	2.6	1.1	4.0	1.9	3.0	*	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of discontinuations	2,903	721	54	391	96	23	4,228

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Male sterilisation, IUD, female condom, lactational amenorrhoea method (LAM), and rhythm are included in the discontinuation rate for all methods, but are not listed separately.

Method failure as a reason for discontinuation was highest for withdrawal (32 percent) and lowest for injectables (5 percent) and implants (6 percent). Withdrawal was also discontinued, more than any other method, because the user wanted a more effective method (21 percent of discontinuations). In contrast, only 5 percent of episodes of injectable use and 2 percent of episodes of implant use were discontinued because users wanted a more effective method.

7.10 KNOWLEDGE OF THE FERTILE PERIOD

An elementary knowledge of reproductive physiology provides a useful background for successful practice of coitus-associated methods such as withdrawal and condom use. Such knowledge is particularly critical in the use of the rhythm method. The 2010-11 ZDHS included a question designed to obtain information on the respondent's understanding of when a woman is most likely to become pregnant during the menstrual cycle. Respondents were asked, "From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?" If the reply was yes, the respondent was further asked whether that time was just before a woman's period begins, during her period, right after her period has ended, or halfway between two periods.

Table 7.9 shows that knowledge of the fertile period is minimal among women and men in Zimbabwe. Only 16 percent of women and 15 percent of men correctly reported when the fertile period occurs, i.e., a woman is most likely to conceive halfway between two periods.

Table 7.9 Knowledge of fertile period

Percent distribution of women and men age 15-49 by knowledge of the fertile period during the ovulatory cycle, Zimbabwe 2010-11

Perceived fertile period	All women	All men
Just before her menstrual period begins	12.6	18.9
During her menstrual period	0.4	1.3
Right after her menstrual period has ended	32.4	24.5
Halfway between two menstrual periods	16.3	14.5
Other	0.3	0.1
No specific time	11.4	13.8
Don't know	26.5	26.9
Total	100.0	100.0
Number of respondents	9,171	7,480

7.11 NEED AND DEMAND FOR FAMILY PLANNING

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

Tables 7.10.1 and 7.10.2 presents data on unmet need, met need, and total demand for family planning for currently married women, all women, and women who are not currently married. These indicators help to evaluate the extent to which the family planning program in Zimbabwe is meeting the demand for services. The definitions of met need, unmet need, and total demand for family planning are further explained in Tables 7.10.1 and 7.10.2.

Table 7.10.1 Need and demand for family planning among currently married women

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Zimbabwe 2010-11

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	Percentage of demand satisfied by modern methods	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
Age												
15-19	16.9	0.3	17.1	32.5	3.7	36.2	50.3	4.0	54.3	68.5	65.2	452
20-24	10.2	1.4	11.6	52.9	7.3	60.2	65.7	8.7	74.5	84.4	79.3	1,210
25-29	8.2	2.8	11.0	45.2	18.2	63.4	55.1	21.3	76.4	85.6	81.1	1,329
30-34	5.5	4.6	10.0	32.0	31.9	63.9	39.4	37.4	76.8	87.0	82.0	1,012
35-39	4.7	10.7	15.4	17.3	43.0	60.3	23.0	55.1	78.0	80.2	76.0	815
40-44	3.0	13.1	16.0	5.1	54.4	59.5	8.1	69.4	77.5	79.3	74.8	488
45-49	0.1	15.0	15.1	1.6	42.6	44.2	1.8	57.9	59.7	74.6	69.0	397
Residence												
Urban	6.5	5.2	11.6	34.1	27.4	61.5	41.7	33.3	75.0	84.5	80.5	1,937
Rural	7.8	5.6	13.4	32.5	24.5	57.0	41.9	30.7	72.7	81.6	76.6	3,766
Province												
Manicaland	9.1	5.7	14.8	35.0	21.2	56.2	45.6	27.9	73.5	79.9	74.2	798
Mashonaland Central	5.4	3.8	9.1	39.0	24.7	63.8	46.4	29.8	76.2	88.0	80.8	626
Mashonaland East	6.1	4.7	10.8	32.1	30.3	62.5	40.0	35.1	75.1	85.6	80.9	541
Mashonaland West	5.9	4.2	10.0	33.5	28.7	62.1	41.6	33.2	74.8	86.6	81.9	718
Matabeleland North	6.2	7.0	13.2	27.2	23.6	50.8	33.9	30.6	64.5	79.5	76.5	257
Matabeleland South	13.7	12.5	26.2	17.8	28.4	46.2	31.7	41.5	73.2	64.3	61.7	230
Midlands	7.0	7.1	14.2	32.3	26.3	58.5	40.5	34.2	74.7	81.0	77.2	695
Masvingo	9.0	2.7	11.7	31.1	23.1	54.2	41.8	26.4	68.2	82.8	79.2	626
Harare	7.1	5.5	12.6	35.5	23.9	59.4	43.5	30.0	73.5	82.8	79.1	972
Bulawayo	6.1	8.2	14.3	30.0	31.0	61.0	38.5	40.2	78.7	81.8	75.2	239
Education												
No education	4.1	9.2	13.3	17.9	25.1	43.0	22.0	36.4	58.4	77.2	71.9	154
Primary	8.2	6.9	15.1	27.0	27.6	54.5	36.5	34.9	71.5	78.9	74.0	1,827
Secondary	7.4	4.4	11.8	36.9	23.8	60.7	46.0	28.9	74.9	84.2	79.6	3,485
More than secondary	1.6	7.2	8.8	32.5	34.9	67.4	35.6	42.5	78.1	88.7	85.3	237
Wealth quintile												
Lowest	9.4	5.9	15.3	32.7	21.6	54.3	43.8	28.1	71.8	78.8	72.9	1,109
Second	9.7	6.9	16.6	32.1	22.2	54.3	43.5	29.8	73.3	77.3	72.5	1,085
Middle	7.3	4.6	12.0	31.6	26.0	57.6	39.8	31.4	71.3	83.2	79.2	1,077
Fourth	6.2	5.4	11.6	35.3	25.9	61.2	43.3	31.6	75.0	84.6	80.1	1,291
Highest	4.3	4.6	8.9	33.1	31.4	64.6	38.7	37.0	75.6	88.2	84.1	1,141
Total	7.3	5.5	12.8	33.0	25.5	58.5	41.9	31.6	73.5	82.6	77.9	5,703

[1] *Unmet need for spacing*: Includes women who are fecund and not using family planning and who say they want to wait two or more years for their next birth, or who say they are unsure whether they want another child, or who want another child but are unsure when to have the child. In addition, unmet need for spacing includes pregnant women whose current pregnancy was mistimed, or whose last pregnancy was unwanted, but who now say they want more children. *Unmet need for spacing* also includes amenorrhoeic women whose last birth was mistimed, or whose last birth was unwanted, but who now say they want more children. *Unmet need for limiting*: Includes women who are fecund and not using family planning and who say they do not want another child. In addition, unmet need for limiting includes pregnant women whose current pregnancy was unwanted but who now say they do not want more children or who are undecided whether they want another child. Unmet need for limiting also includes amenorrhoeic women whose last birth was unwanted but who now say they do not want more children or who are undecided whether they want another child.

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

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

Table 7.10.2 Need and demand for family planning for all women and for women who are not currently married

Percentage of all women and women not currently married age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning and the percentage of the demand for contraception that is satisfied, by background characteristics, Zimbabwe 2010-11

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	Percentage of demand satisfied by modern methods	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total			
ALL WOMEN												
Age												
15-19	4.6	0.1	4.8	9.1	1.2	10.3	13.9	1.3	15.2	68.8	66.1	1,945
20-24	7.2	1.1	8.3	38.8	6.2	45.0	47.9	7.3	55.2	85.0	80.1	1,841
25-29	7.0	2.4	9.4	38.9	17.0	55.9	47.5	19.9	67.4	86.0	81.3	1,686
30-34	4.4	4.2	8.5	27.1	28.5	55.6	33.2	33.5	66.7	87.2	82.3	1,296
35-39	3.7	8.6	12.2	14.4	38.4	52.8	18.8	48.1	66.8	81.7	77.8	1,051
40-44	2.1	9.0	11.1	3.6	42.7	46.3	5.7	53.2	59.0	81.1	76.6	732
45-49	0.1	10.3	10.4	1.0	32.0	33.0	1.1	42.7	43.8	76.3	71.0	620
Residence												
Urban	4.1	3.2	7.3	21.6	18.1	39.7	26.6	21.7	48.3	84.8	80.9	3,548
Rural	5.5	4.0	9.4	23.4	19.0	42.3	30.0	23.5	53.4	82.4	77.5	5,623
Province												
Manicaland	6.1	3.9	10.0	24.3	15.8	40.1	31.4	20.6	52.0	80.8	75.0	1,227
Mashonaland Central	4.0	2.9	7.0	30.0	19.4	49.4	35.6	23.3	58.9	88.2	81.1	871
Mashonaland East	4.1	3.2	7.3	22.9	22.7	45.6	28.2	25.9	54.1	86.5	82.3	824
Mashonaland West	4.5	3.2	7.7	24.4	22.3	46.6	30.5	25.7	56.2	86.3	81.8	1,026
Matabeleland North	4.3	4.5	8.8	19.9	18.7	38.7	24.6	23.2	47.8	81.5	79.2	443
Matabeleland South	7.6	7.1	14.7	13.5	21.1	34.6	21.2	28.7	49.8	70.5	68.4	467
Midlands	4.5	4.4	8.9	21.6	19.1	40.7	26.8	24.1	51.0	82.6	78.9	1,123
Masvingo	6.2	2.0	8.2	22.3	17.9	40.1	29.9	20.4	50.3	83.7	79.3	909
Harare	4.7	3.4	8.1	22.1	15.4	37.6	27.6	19.2	46.8	82.6	78.7	1,722
Bulawayo	3.5	4.5	8.0	19.0	18.8	37.8	23.9	23.7	47.5	83.2	77.6	558
Education												
No education	3.6	6.9	10.5	13.2	20.2	33.4	16.8	28.7	45.5	76.9	71.9	212
Primary	6.2	5.3	11.5	20.7	23.2	43.9	28.0	29.0	57.0	79.8	75.0	2,568
Secondary	4.6	2.8	7.5	23.9	16.4	40.2	29.6	19.7	49.2	84.8	80.4	5,966
More than secondary	2.0	4.0	6.0	23.2	21.7	44.9	26.6	26.0	52.6	88.5	84.4	424
Wealth quintile												
Lowest	7.1	4.3	11.4	24.9	17.7	42.6	33.1	22.5	55.7	79.5	74.0	1,546
Second	6.9	4.9	11.8	23.5	17.2	40.7	31.7	22.7	54.4	78.3	73.3	1,594
Middle	4.8	3.5	8.3	22.3	20.0	42.3	28.1	24.1	52.2	84.1	79.6	1,681
Fourth	4.2	3.6	7.8	24.5	19.8	44.2	29.9	23.5	53.4	85.4	81.4	2,073
Highest	2.8	2.6	5.5	19.4	18.2	37.6	23.0	21.3	44.3	87.7	83.8	2,278
Total	4.9	3.7	8.6	22.7	18.6	41.3	28.7	22.8	51.5	83.3	78.7	9,171
WOMEN NOT CURRENTLY MARRIED												
Age												
15-19	0.9	0.1	1.0	2.0	0.4	2.4	2.9	0.5	3.4	70.2	70.2	1,493
20-24	1.4	0.6	2.0	11.7	4.1	15.8	13.7	4.7	18.3	89.1	86.2	631
25-29	2.3	1.2	3.5	15.3	12.9	28.2	19.4	14.6	33.9	89.6	82.8	357
30-34	0.6	2.8	3.3	9.7	16.4	26.1	11.3	19.5	30.8	89.1	85.0	284
35-39	0.0	1.2	1.2	4.3	22.4	26.7	4.3	23.9	28.2	95.6	94.8	236
40-44	0.5	0.8	1.3	0.6	19.5	20.1	1.1	20.8	22.0	94.0	89.2	244
45-49	0.0	1.9	1.9	0.0	13.2	13.2	0.0	15.5	15.5	88.0	84.6	223
Residence												
Urban	1.2	0.9	2.2	6.7	6.9	13.5	8.4	7.8	16.2	86.5	83.3	1,611
Rural	0.7	0.6	1.3	4.8	7.8	12.6	5.8	8.7	14.5	90.7	86.6	1,857
Province												
Manicaland	0.5	0.6	1.1	4.4	5.8	10.2	5.1	6.9	12.1	90.9	84.6	428
Mashonaland Central	0.6	0.8	1.4	7.0	5.5	12.5	8.0	6.7	14.7	90.5	85.1	245
Mashonaland East	0.2	0.3	0.5	5.3	8.2	13.5	5.5	8.4	14.0	96.4	96.4	283
Mashonaland West	1.4	0.9	2.3	3.2	7.3	10.5	4.8	8.3	13.1	82.3	80.4	308
Matabeleland North	1.7	1.0	2.7	10.0	12.0	21.9	11.7	13.0	24.7	88.9	88.9	186
Matabeleland South	1.7	1.9	3.5	9.3	14.1	23.4	11.0	16.2	27.2	86.9	86.1	237
Midlands	0.3	0.0	0.3	4.3	7.5	11.8	4.6	7.8	12.4	97.6	95.5	428
Masvingo	0.0	0.3	0.3	2.7	6.3	9.0	3.5	7.1	10.6	96.8	81.3	283
Harare	1.6	0.7	2.3	4.8	4.5	9.3	7.0	5.2	12.2	81.1	76.0	750
Bulawayo	1.6	1.7	3.2	10.7	9.6	20.3	12.9	11.3	24.1	86.6	83.4	319
Education												
No education	2.2	0.9	3.1	0.8	7.4	8.1	3.0	8.3	11.3	72.3	72.3	58
Primary	1.2	1.6	2.8	5.3	12.5	17.8	6.9	14.4	21.3	86.9	82.7	741
Secondary	0.8	0.6	1.3	5.5	6.0	11.5	6.5	6.7	13.2	89.9	86.9	2,481
More than secondary	2.5	0.0	2.5	11.4	5.1	16.5	15.2	5.1	20.3	87.7	79.9	187
Wealth quintile												
Lowest	1.1	0.4	1.6	5.1	7.8	12.8	6.2	8.5	14.7	89.2	87.1	437
Second	0.8	0.7	1.5	5.1	6.6	11.8	6.3	7.7	14.0	89.2	82.3	509
Middle	0.3	1.4	1.7	5.6	9.4	15.0	7.1	11.0	18.1	90.5	82.6	603
Fourth	0.9	0.7	1.6	6.6	9.5	16.1	7.6	10.2	17.8	91.2	90.4	781
Highest	1.4	0.6	2.0	5.6	4.9	10.5	7.2	5.6	12.8	84.3	82.0	1,137
Total	1.0	0.8	1.7	5.7	7.3	13.0	7.0	8.3	15.3	88.7	85.0	3,468

[1] *Unmet need for spacing*: Includes women who are fecund and not using family planning and who say they want to wait two or more years for their next birth, or who say they are unsure whether they want another child, or who want another child but are unsure when to have the child. In addition, unmet need for spacing includes pregnant women whose current pregnancy was mistimed, or whose last pregnancy was unwanted but who now say they want more children. Unmet need for spacing also includes amenorrhoeic women whose last birth was mistimed, or whose last birth was unwanted but who now say they want more children. *Unmet need for limiting:* Includes women who are fecund and not using family planning and who say they do not want another child. In addition, unmet need for limiting includes pregnant women whose current pregnancy was unwanted but who now say they do not want more children or who are undecided whether they want another child. Unmet need for limiting also includes amenorrhoeic women whose last birth was unwanted but who now say they do not want more children or who are undecided whether they want another child.

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

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

Table 7.10.1 shows that 13 percent of currently married women have an unmet need for family planning services (7 percent for spacing and 6 percent for limiting births). Six in ten married women are currently using a contraceptive method Three in four currently married women have a demand for family planning. At present, about four-fifths of the potential demand for family planning is being met. Thus, if all married women who said they want to space or limit their children were to use family planning methods, the contraceptive prevalence rate would increase from 59 percent to 74 percent.

As shown in Table 7.10.1, as expected, unmet need for spacing is high among younger women, while unmet need for limiting childbearing is high among older women. There is essentially no difference in unmet need between rural and urban areas, with urban areas at 12 percent and rural areas at 13 percent. Matabeleland South has the highest unmet need (26 percent) with Mashonaland Central having the lowest (9 percent). Unmet need in other provinces ranges between 10 percent and 15 percent. Unmet need is negatively associated with a woman's education; it is lower among women with more than secondary education (9 percent) than among those with primary education (15 percent). Unmet need is also inversely associated with a woman's wealth status. Among women in the lowest two wealth quintiles, unmet need is 15 to 17 percent, while it is 9 percent among their counterparts in the highest wealth quintile.

Wealth is positively associated with the use of family planning services. Married women in the highest wealth quintile have a higher met need for family planning than those in the lowest wealth quintile (65 and 54 percent, respectively).

The need for family planning services for all women and women not currently married is presented in Table 7.10.2. The panel on all women follows the trends of currently married women. The total family planning demand for all women is high, between 55 and 67 percent for each age group between 20 and 39 years. These age groups constitute women of childbearing age. The low level of unmet need among unmarried women (2 percent) is due to the fact that many are younger women who have not yet started their families.

7.12 FUTURE USE OF CONTRACEPTION

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

Currently married women age 15-49 who were not using contraceptives at the time of the survey were asked about their intention to use family planning in the future. Table 7.11 shows that 69 percent of the currently married nonusers indicated that they intend to use family planning methods in the future, while 27 percent said that they do not intend to use a method. The proportion of women who intend to use a method is highest among women with one to two children and lowest among those with at least four children.

Table 7.11 Future use of contraception

Percent distribution of currently married women age 15-49 who are not using a contraceptive method by intention to use in the future, according to number of living children, Zimbabwe 2010-11

Intention to use in the future	Number of living children[1]					Total
	0	1	2	3	4+	
Intends to use	69.5	79.6	78.7	73.3	49.4	69.1
Unsure	6.0	3.3	3.1	3.7	3.1	3.6
Does not intend to use	24.5	17.1	18.2	23.0	47.5	27.3
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	262	554	524	389	636	2,365

[1] Includes current pregnancy.

7.13 EXPOSURE TO FAMILY PLANNING MESSAGES IN THE MEDIA

Radio, television, newspapers and/or magazines, and pamphlets and/or posters are the major sources of information about family planning in the media in Zimbabwe. Information on the level of public exposure to a particular type of media allows policymakers to ensure the use of the most effective media for the various target groups. To assess the effectiveness of such media on the dissemination of family planning information, women and men in the 2010-11 ZDHS were asked whether they had heard messages about family planning on the radio or seen them on television or in newspapers/magazines or pamphlets/posters during the few months preceding the survey (Table 7.12).

Overall, 21 percent of women reported that they had recently heard a family planning message on the radio, 19 percent had seen a message on television, 18 percent saw messages in newspapers and magazines, and 21 percent saw messages in pamphlets and posters. These proportions do not vary significantly by the woman's age. However, contrasts in access to media messages are observed between women in urban areas and those in rural areas. Women in urban areas are more likely than those in rural areas to have access to family planning messages on the radio (26 percent and 18 percent, respectively). They are three times more likely than those in rural areas to have access to family planning messages broadcast on television, and more than two times as likely to have access to family planning messages through newspapers and magazines. Similarly, women in urban areas more often access messages on family planning through pamphlets and posters than their rural counterparts

Table 7.12 Exposure to family planning messages

Percentage of women and men age 15-49 who heard or saw a family planning message on the radio, on television, in a newspaper or in a pamphlet or posters in the past few months, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Women						Men					
	Radio	Television	News-paper/ magazine	None of these three media sources[1]	Pamphlets or posters	Number of women	Radio	Television	News-paper/ magazine	None of these three media sources[1]	Pamphlets or posters	Number of men
Age												
15-19	12.8	12.3	13.1	75.0	14.4	1,945	14.0	12.8	13.0	73.5	11.2	1,735
20-24	21.8	18.7	18.0	64.4	21.0	1,841	23.7	22.1	26.6	56.5	19.4	1,372
25-29	22.5	21.8	20.1	61.7	22.5	1,686	31.5	27.1	34.3	49.0	29.0	1,236
30-34	23.9	21.6	20.7	61.8	23.4	1,296	34.9	29.4	33.8	45.6	29.1	970
35-39	23.5	19.9	19.8	63.3	23.9	1,051	35.8	30.4	38.3	44.8	31.9	828
40-44	25.0	21.2	17.3	62.4	23.4	732	37.3	30.2	40.7	42.4	36.4	589
45-49	23.0	19.4	15.7	66.0	19.8	620	42.9	31.1	37.4	42.1	34.5	379
Residence												
Urban	25.5	33.0	27.9	52.2	24.5	3,548	30.3	38.8	43.7	40.3	32.8	2,621
Rural	17.9	9.7	11.3	74.0	18.2	5,623	26.3	15.1	19.9	62.9	18.9	4,488
Province												
Manicaland	22.8	15.8	17.7	65.6	13.0	1,227	33.8	22.3	29.0	52.6	20.7	972
Mashonaland Central	19.9	11.8	12.2	70.4	15.3	871	26.1	16.0	22.3	59.2	23.4	738
Mashonaland East	32.2	18.1	21.2	55.1	30.5	824	30.0	17.4	27.0	54.8	21.8	667
Mashonaland West	19.4	15.2	14.0	72.1	24.0	1,026	37.6	29.7	32.4	46.6	29.9	872
Matabeleland North	3.7	4.0	7.5	88.6	13.2	443	10.0	9.2	13.2	79.8	13.5	349
Matabeleland South	21.6	14.7	18.1	66.7	50.1	467	20.2	14.5	18.8	66.9	20.0	352
Midlands	11.9	11.5	11.2	76.7	18.1	1,123	24.5	17.6	25.0	60.3	24.5	885
Masvingo	12.6	6.3	7.7	81.3	6.0	909	12.5	10.4	11.1	77.8	7.6	585
Harare	28.7	36.7	28.1	48.4	24.2	1,722	33.2	41.6	45.1	37.5	35.8	1,307
Bulawayo	24.0	37.4	33.4	47.6	24.3	558	25.3	36.4	37.5	42.8	22.0	382
Education												
No education	8.5	4.8	1.2	88.3	5.1	212	3.5	5.1	1.5	93.1	0.7	56
Primary	14.4	7.9	6.1	79.4	14.4	2,568	19.6	9.2	9.3	72.8	11.2	1,508
Secondary	23.1	21.6	20.8	61.2	22.4	5,966	29.6	26.2	31.5	51.7	26.0	5,027
More than secondary	34.1	49.6	52.8	32.3	41.4	424	36.3	45.0	61.0	25.4	44.8	519
Wealth quintile												
Lowest	8.3	2.9	4.1	88.3	13.3	1,546	16.6	4.8	8.4	78.1	11.8	1,074
Second	16.1	5.3	8.7	77.6	16.5	1,594	25.7	11.3	17.5	65.3	18.6	1,216
Middle	23.5	10.2	12.3	69.2	20.1	1,681	27.5	15.1	19.9	61.5	19.7	1,371
Fourth	25.4	24.7	22.1	57.8	22.8	2,073	31.6	31.8	34.9	46.7	28.0	1,664
Highest	26.6	39.5	33.3	46.2	27.0	2,278	32.5	43.0	49.5	35.0	34.8	1,786
Total 15-49	20.9	18.7	17.7	65.6	20.6	9,171	27.8	23.8	28.7	54.5	24.0	7,110
50-54	na	na	na	na	na	na	37.3	30.4	33.5	44.8	29.1	370
Total 15-54	na	na	na	na	na	na	28.2	24.1	28.9	54.1	24.3	7,480

na = Not applicable
[1] Percentage of women and men who have neither seen nor heard a message on radio, television, or newspaper/magazine

The proportion of women who were exposed to family planning messages on the radio varies among provinces from 4 percent in Matabeleland North to 32 percent in Mashonaland East. Similarly, the proportion exposed to family planning information through television ranges from 4 percent in Matabeleland North to 37 percent for Harare and Bulawayo, and through newspapers and magazines, from 8 percent in Masvingo and Matabeleland North to 33 percent in Bulawayo, and through pamphlets or posters, from 6 percent in Masvingo to 50 percent in Matabeleland South. Exposure to family planning messages increases as the respondent's education level and wealth status increases.

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

7.14 CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

In the 2010-11 ZDHS, women who were not using any contraceptive method were asked whether they had been visited by a fieldworker who talked with them about family planning in the 12 months preceding the survey. This information is especially useful for determining whether family planning outreach programmes reach nonusers. Nonusers were also asked if they had visited a health facility in the preceding 12 months for any reason, and if so, whether any staff member at the facility had spoken to them about family planning. These questions help to assess the level of missed opportunities to inform women about contraception.

The results shown in Table 7.13 indicate that 4 percent of nonusers reported discussing family planning when a fieldworker visited them. Nine percent of nonusers reported that they had visited a health facility and discussed family planning, while 16 percent of the nonusers had visited a health facility but did not discuss family planning.

Table 7.13 Contact of nonusers with family planning providers

Among women age 15-49 who are not using contraception, the percentage who during the last 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of women who were visited by fieldworker who discussed family planning	Percentage of women who visited a health facility in the past 12 months and who:		Percentage of women who did not discuss family planning with a fieldworker or at a health facility	Number of women
		Discussed family planning	Did not discuss family planning		
Age					
15-19	2.7	3.4	11.1	94.2	1,745
20-24	5.4	11.0	19.3	85.6	1,013
25-29	4.4	14.1	20.0	83.6	743
30-34	6.3	14.9	17.7	81.6	575
35-39	3.3	12.0	17.3	85.7	496
40-44	3.1	11.5	19.2	86.7	393
45-49	5.3	9.1	16.6	88.2	415
Residence					
Urban	3.2	7.0	15.6	90.7	2,138
Rural	4.7	10.9	16.5	86.2	3,243
Province					
Manicaland	6.4	13.2	24.2	82.6	735
Mashonaland Central	7.2	12.3	29.5	83.3	441
Mashonaland East	4.7	8.1	9.1	89.0	448
Mashonaland West	1.8	6.1	7.8	93.2	548
Matabeleland North	1.9	8.1	14.0	90.6	272
Matabeleland South	3.3	13.6	25.9	83.8	306
Midlands	3.0	8.3	16.6	89.9	666
Masvingo	6.8	14.0	7.4	83.0	544
Harare	2.3	4.1	12.6	93.9	1,075
Bulawayo	4.2	13.2	21.4	83.5	347
Education					
No education	4.5	4.4	16.3	91.9	141
Primary	4.8	10.2	15.4	86.7	1,440
Secondary	3.7	9.0	15.9	88.7	3,566
More than secondary	5.8	13.0	24.5	83.7	234
Wealth quintile					
Lowest	3.9	11.6	14.9	86.5	888
Second	3.8	10.6	14.7	87.6	945
Middle	5.3	10.3	15.9	85.8	971
Fourth	3.7	8.4	17.6	88.8	1,156
Highest	3.9	7.4	17.0	90.1	1,421
Total	4.1	9.4	16.2	88.0	5,381

Staff at health facilities are more likely to discuss family planning with women age 20-44 than with younger women age 15-19 or older women age 45-49. Urban women are somewhat less likely than rural women to visit a health facility and discuss family planning (7 percent versus 11 percent), and they are equally likely to visit a health facility but not discuss family planning (16 percent versus 17 percent). The proportion of nonusers who visited a health facility and discussed family planning is highest in Masvingo and Matabeleland South (14 percent), and is lowest in Harare (4 percent). Women with no education are less likely than those with any level of education to visit a health facility and discuss family planning with a provider. Women in lower wealth quintiles are more likely to visit a health facility and discuss family planning with a provider than women in higher wealth quintiles.

Overall, 88 percent of nonusers did not discuss family planning with a fieldworker or a staff member at a health facility. This represents a large pool of potential users of family planning who could be targeted for family planning counselling. A more vigorous outreach programme will be needed to reach these women.

INFANT AND CHILD MORTALITY 8

Key Findings

- The under-5 mortality rate in Zimbabwe is 84 deaths per 1,000 live births. The infant mortality rate is 57 deaths per 1,000 live births, and the neonatal mortality rate is 31 deaths per 1,000 live births.
- Approximately two-thirds of childhood deaths occur during infancy, with more than one-third taking place during the first month of life.

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

8.1 BACKGROUND AND ASSESSMENT OF DATA QUALITY

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

- **Neonatal mortality:** the probability of dying within the first month of life
- **Postneonatal mortality:** the arithmetic difference between infant and neonatal mortality
- **Infant mortality:** the probability of dying between birth and the first birthday
- **Child mortality:** the probability of dying between exact age 1 and the fifth birthday
- **Under-5 mortality:** the probability of dying between birth and the fifth birthday

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

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

The quality of mortality estimates calculated from retrospective birth histories depends on the mother's ability to recall all of the children she has given birth to, as well as their birth dates and ages at death. Potentially the most serious data quality problem is the selective omission from the birth histories of those births that did not survive. If the problem of omission is serious, it can result in underestimation of childhood mortality. If selective omission of childhood deaths occurs, it is usually most severe for deaths early in infancy. Generally, if deaths are substantially underreported, the result

is a low ratio of early neonatal deaths (deaths within the first week of life) to all neonatal deaths and a low ratio of neonatal deaths to infant deaths.

Appendix Table C.5 shows that the proportion of all neonatal deaths that took place within the first seven days of birth was 81 percent for the five-year period prior to the 2010-11 ZDHS.[1] Consistent with this finding, the proportion of early neonatal deaths in the 2010-11 ZDHS is also modestly higher than the proportions recorded 5 to19 years before the survey, which ranged between 79 percent and 73 percent. This proportion is higher than the proportions recorded for the five-year periods prior to the 1994 ZDHS (71 percent), 1999 ZDHS (76 percent), and 2005-06 ZDHS (74 percent) but is within the expected range.

Looking at the ratio of neonatal deaths to all deaths under 12 months, Appendix Table C.6 shows that the proportion was 56 percent for the five-year period prior to the 2010-11 survey. This is somewhat higher than the proportions recorded for the five-year periods prior to the 1994 ZDHS (48 percent), the 1999 ZDHS (47 percent), and the 2005-06 ZDHS (41 percent). It is also higher than the proportions reported in the 2010-11 ZDHS for the periods 5-19 years before the survey, which ranged between 39 percent and 55 percent.

Another potential data quality problem involves the displacement of birth dates, which may distort mortality trends. This can occur if an interviewer knowingly records a birth as occurring in a different year, which could happen if an interviewer were trying to cut down on his or her overall work load, because live births occurring during the five years preceding the interview are the subject of a lengthy set of additional questions. In the 2010-11 ZDHS questionnaire, the cut-off year for these questions was 2005. Appendix Table C.4 shows little evidence of severe transference of deceased children from 2005 to earlier years.

A third factor that affects childhood mortality estimates is the quality of reporting of age at death. Misreporting of the child's age at death may distort the age pattern of mortality, especially if the net effect of the age misreporting is to transfer deaths from one age bracket to another. For example, a net transfer of deaths from under 1 month to a higher age will affect the estimates of neonatal and postneonatal mortality. To minimise errors in reporting age at death, ZDHS interviewers were instructed to record age at death in days if the death took place in the month following the birth, in months if the child died before age 2, and in years if the child was at least age 2. They also were asked to probe for deaths reported at age 1 to determine a more precise age at death in terms of months.

Appendix Table C.6 shows that, for the five years preceding the survey, the number of reported deaths at age 12 months, or 1 year, is fewer than the number of deaths reported at 11 months and comparable with the number reported at 13 months, indicating no apparent distortion of the infant mortality rate. Note, however, that the number of deaths at 9 months is more than double the number at 8 months and four times the number at 10 months. The cause of the spike is unclear and is similar to that observed in the 2005-06 ZDHS.

Finally, any method of measuring childhood mortality that relies on the mothers' reports (e.g., birth histories) assumes that female adult mortality is not high, or if it is high, that there is little or no correlation between the mortality risks of the mothers and those of their children. In countries like

[1] There are no models for mortality patterns during the neonatal period. However, one review of data from several developing countries concluded that, at neonatal mortality levels of 20 per 1,000 or higher, approximately 70 percent of neonatal deaths occur within the first six days of life (Boerma, 1988).

Zimbabwe that have high rates of female adult mortality, primarily due to the AIDS epidemic (see Chapter 14), these assumptions may not hold, and the resulting childhood mortality rates will be understated to some degree.

8.2 INFANT AND CHILD MORTALITY LEVELS AND TRENDS

Table 8.1 presents childhood mortality rates for the three five-year periods before the 2010-11 ZDHS. The data show that, for the five-year period immediately prior to the survey, the under-5 mortality was 84 per 1,000 live births; that is, around 1 of every 12 Zimbabwean children died before reaching their fifth birthday during the five-year period. The infant mortality rate was 57 deaths per 1,000 live births, and the neonatal mortality rate was 31 per 1,000 births. Thus, two-thirds of the childhood deaths occurred during infancy, with slightly more than one third taking place during the first month of life.

An examination of the mortality levels across the three successive five-year periods shown in Table 8.1 suggests that under-5 mortality rose from a level of 62 deaths per 1,000 births during the late 1990s (circa 1996 to 2000) to 84 deaths per 1,000 births during the second half of the last decade and the beginning of the current decade (circa 2006 to 2010). Most of the rise in mortality occurred outside of the neonatal period.

Table 8.1 Early childhood mortality rates

Neonatal, post-neonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Zimbabwe 2010-11

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0-4	31	26	57	29	84
5-9	25	27	51	19	70
10-14	25	21	46	17	62

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

Trends in mortality in early childhood can also be explored by examining the mortality results from successive rounds of DHS surveys in Zimbabwe. Table 8.2 shows the infant and under-5 mortality rates for the five-year periods preceding the 1988, 1994, 1999, 2005-06, and 2010-11 ZDHS surveys. The overall pattern suggests that mortality levels increased slightly in the 1980s and early 1990s, surged in the mid to late1990s, and then declined in the early 2000s.

Table 8.2 Mortality rates for the five years preceding the survey

Survey	Approximate time period of estimated rates	Neonatal mortality	Postneonatal mortality	Infant mortality	Child mortality	Under-5 mortality
2010-11 ZDHS	2006-2010	31	26	57	29	84
2005-06 ZDHS	2001-2005	24	36	60	24	82
1999 ZDHS	1994-1999	29	36	65	40	102
1994 ZDHS	1989-1994	24	28	53	26	77
1988 ZDHS[1]	1983-1988	27	22	49	23	71

[1]Estimates published in the 1988 ZDHS report (CSO and IRD, 1989) were based on calendar years prior to the survey; estimates presented here are calculated on years of exposure prior to the survey to be comparable with other survey estimates.

The direction of the trend in mortality during the second half of the last decade is, however, less certain. A comparison of the under-5 mortality for the five-year period prior to the 2010-11 ZDHS with the rate for the five-year period prior to the 2005-06 ZDHS suggests that mortality has barely changed. It rose from a level of 82 deaths per 1,000 births at the time of the 2005-06 survey to 84 deaths at the time of 2010-11 ZDHS. Most of the difference in under-5 mortality between the two most recent ZDHS surveys would appear to result from increases in both neonatal mortality and child mortality.

Further examination of the rates from the two most recent ZDHS surveys, however, raises questions about the comparability of the mortality results from the two surveys. For example, the 5-9 year rates from the 2010-11 ZDHS (an infant mortality rate of 51 and under-5 mortality rate of 70) and the 0-4 year rates from the 2005-06 survey (an infant mortality rate of 60 and an under-5 mortality rate of 82) are not comparable, although they refer to approximately the same time frame (i.e., circa 2001-2005). Additional analysis is, therefore, needed to investigate the recent pattern of early childhood mortality in Zimbabwe before one may conclude that mortality has increased over the period between the 2005-06 and 2010-11 ZDHS surveys. As discussed above, possible factors that may be affecting the mortality estimates include reporting errors during the surveys and excess mortality among mothers. Sampling variability also should be considered.

8.3 SOCIOECONOMIC DIFFERENTIALS IN EARLY CHILDHOOD MORTALITY

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

Table 8.3 Early childhood mortality rates by socioeconomic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristics, Zimbabwe 2010-11

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Residence					
Urban	28	25	53	26	77
Rural	28	27	55	24	78
Province					
Manicaland	38	23	61	38	97
Mashonaland Central	37	33	70	27	95
Mashonaland East	22	19	41	17	57
Mashonaland West	38	32	70	26	93
Matabeleland North	10	13	23	13	36
Matabeleland South	9	20	29	11	40
Midlands	17	33	49	29	77
Masvingo	24	31	55	20	74
Harare	35	22	57	22	78
Bulawayo	15	26	41	(21)	(61)
Mother's education					
No education	(32)	(16)	(48)	(43)	(89)
Primary	30	32	62	28	89
Secondary	26	24	51	22	71
More than secondary	(36)	(12)	(47)	*	*
Wealth quintile					
Lowest	30	25	55	32	85
Second	31	30	61	28	88
Middle	30	27	57	25	81
Fourth	24	25	49	23	71
Highest	23	25	48	11	58

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. An asterisk indicates that a rate based on fewer than 250 unweighted person-years of exposure to the risk of death and has been suppressed.
[1] Computed as the difference between the infant and neonatal mortality rates

Child mortality rates barely differ between urban and rural areas. The under-5 mortality rate is 77 deaths per 1,000 births in areas, compared with 78 deaths per 1,000 births in rural areas. In marked contrast, there is substantial variation in child mortality across provinces. Under-5 mortality is highest in Manicaland (97 deaths per 1,000 births) and lowest in Matabeleland North (36 deaths per 1,000 births).

The wealth quintile into which a child is born also relates to survival. The under-5 mortality rate is substantially lower in the highest wealth quintile (58 deaths per 1,000 births) than in the lowest, second lowest, or middle quintiles (81-88 deaths per 1,000 births).

8.4 BIODEMOGRAPHIC DIFFERENTIALS IN EARLY CHILDHOOD MORTALITY

The relationship between early childhood mortality and various demographic variables is examined in Table 8.4. Although the pattern is not uniform at all ages, male children experience higher mortality than their female counterparts. Infant mortality for males and females is 64 and 44 deaths per 1,000 births, respectively, and under-5 mortality rates for males and females are 87 and 68 deaths per 1,000 births, respectively.

Table 8.4 Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by demographic characteristics, Zimbabwe 2010-11

Demographic characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
Child's sex					
Male	34	31	64	24	87
Female	22	22	44	25	68
Mother's age at birth					
<20	28	27	55	26	79
20-29	27	24	50	24	73
30-39	32	33	65	24	88
40-49	*	*	*	*	*
Birth order					
1	24	21	45	21	65
2-3	25	27	53	28	79
4-6	36	31	67	22	87
7+	(56)	(33)	(89)	(30)	(116)
Previous birth interval[2]					
<2 years	52	57	110	43	148
2 years	28	24	52	20	71
3 years	18	27	45	26	70
4+ years	31	25	56	25	80
Birth size[3]					
Small/very small	73	(30)	(104)	na	na
Average or larger	22	26	48	na	na

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. An asterisk indicates that a rate based on fewer than 250 unweighted person-years of exposure to the risk of death and has been suppressed.
na = Not applicable.
[1] Computed as the difference between the infant and neonatal mortality rates
[2] Excludes first-order births
[3] Rates for the five-year period before the survey

The relationship between childhood mortality and mother's age at birth shows the expected U-shape pattern for both the neonatal and postneonatal periods. The childhood mortality rates generally rise with the child's birth order, although not uniformly.

Studies have shown that a longer birth interval seems to increase a child's chance of survival. Data from the 2010-11 ZDHS support this observation. For example, children born fewer 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 (110 compared with 45-52 per 1,000). This link between the pace of childbearing and child survival rates is observed in all age groups. These findings point out the potential for mortality reduction that could result from successful efforts to promote birth spacing in Zimbabwe.

A child's size at birth is an indicator of the risk of dying during infancy, particularly during the first months of life. In the 2010-11 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. Survey results indicate that newborns perceived by their mothers to be very small or small were more likely to die in their first year than those perceived as average or larger in size; the differential is especially large during the neonatal period. However, because the numbers of small babies born in the last five years among survey respondents are small, these data should be interpreted with caution.

8.5 PERINATAL MORTALITY

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

Table 8.5 indicates that the perinatal mortality for the country as a whole is 39 deaths per 1,000 pregnancies. Differentials in perinatal mortality across selected background characteristics of the mothers vary widely.

Table 8.5 Perinatal mortality

Number of stillbirths and early neonatal deaths, and the perinatal mortality rate for the five-year period preceding the survey, by background characteristics, Zimbabwe 2010-11

Background characteristic	Number of stillbirths[1]	Number of early neonatal deaths[2]	Perinatal mortality rate[3]	Number of pregnancies of 7+ months duration
Mother's age at birth				
<20	14	28	38	1,104
20-29	47	69	37	3,159
30-39	22	37	46	1,289
40-49	3	3	51	125
Previous pregnancy interval in months[4]				
First pregnancy	27	37	36	1,755
<15	5	17	102	209
15-26	14	14	51	541
27-38	8	11	23	855
39+	32	59	39	2,317
Residence				
Urban	42	50	54	1,707
Rural	43	87	33	3,969
Province				
Manicaland	16	27	50	857
Mashonaland Central	4	16	33	606
Mashonaland East	3	11	26	533
Mashonaland West	2	29	45	702
Matabeleland North	4	3	24	268
Matabeleland South	6	2	29	279
Midlands	7	8	21	707
Masvingo	8	6	22	635
Harare	31	35	77	856
Bulawayo	5	1	26	232
Mother's education				
No education	2	1	24	95
Primary	31	47	43	1,843
Secondary	50	83	37	3,570
More than secondary	3	6	52	169
Wealth quintile				
Lowest	13	29	33	1,288
Second	13	33	39	1,191
Middle	18	22	37	1,087
Fourth	16	38	44	1,205
Highest	25	16	45	905
Total	85	137	39	5,676

[1] Stillbirths are fetal deaths in pregnancies lasting seven or more months.
[2] Early neonatal deaths are deaths at age 0-6 days among live-born children.
[3] The sum of the number of stillbirths and early neonatal deaths divided by the number of pregnancies of seven or more months' duration, expressed per 1000.
[4] Categories correspond to birth intervals of <24 months, 24-35 months, 36-47 months, and 48+ months.

8.6 HIGH-RISK FERTILITY BEHAVIOUR

Typically, infants and young children have a higher risk of dying if they are born to very young mothers or older mothers, if they are born after a short interval, or if their mothers have already had many children. In the following analysis, mothers are classified as too young if they are less than 18 years old at the time of birth of the child and too old if they are age 35 years or more at the time of the birth. A short birth interval is defined as less than 24 months, and a high-order birth is defined as occurring after three or more previous births (i.e., birth order 4 or higher). A birth may be at an elevated risk of dying owing to a combination of characteristics.

The first column of Table 8.6 shows the percentage of births in the five years before the survey classified by various risk categories. Overall, 36 percent of births are in at least one high-risk category; 26 percent are in a single high-risk category, and 10 percent have multiple high-risk characteristics.

The second column in Table 8.6 presents risk ratios, which represent the increased risk of mortality among births in various high-risk categories relative to births not having any high-risk characteristics. The primary factor leading to heightened mortality risk in Zimbabwe is mother's age greater than 34 (1.30). The largest percentage of high-risk births in Zimbabwe are of high birth order (birth order >3) and have a comparably modest increased risk of mortality (1.19). This acts to reduce the risk ratios in the overall single high-risk category (1.17) and in the overall multiple high-risk category (1.55).

Table 8.6 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of mortality and the risk ratio, and percent distribution of currently married women by category of risk if they were to conceive a child at the time of the survey, Zimbabwe 2010-11

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	38.9	1.00	28.2[a]
Unavoidable risk category			
First-order births between ages 18 and 34 years	25.1	0.88	5.8
Single high-risk category			
Mother's age <18	7.1	1.08	1.1
Mother's age >34	1.7	1.30	5.5
Birth interval <24 months	3.5	1.20	14.1
Birth order >3	14.1	1.19	10.8
Subtotal	26.4	1.17	31.4
Multiple high-risk category			
Age <18 and birth interval <24 months[2]	0.2	*	0.4
Age >34 and birth interval <24 months	0.0	*	0.3
Age >34 and birth order >3	7.2	1.14	22.0
Age >34 and birth interval <24 months and birth order >3	0.6	(4.26)	3.4
Birth interval <24 months and birth order >3	1.6	2.19	8.5
Subtotal	9.6	1.55	34.6
In any avoidable high-risk category	36.0	1.27	66.0
Total	100.0	na	100.0
Number of births/women	5,596	na	5,703

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. Ratios in parentheses are based on 25-49 unweighted births. An asterisk indicates that a ratio based on fewer than 25 unweighted births that has been suppressed.
na = Not applicable
[1] Women are assigned to risk categories according to the status they would have at the birth of a child if they were to conceive at the time of the survey: current age less than 17 years and 3 months or older than 34 years and 2 months, latest birth less than 15 months ago, or latest birth being of order 3 or higher.
[2] Includes the category age <18 and birth order >3
[a] Includes sterilized women

The third column of Table 8.6 shows the distribution of currently married women by the risk category into which a birth conceived at the time of the survey would fall. The data in the table show that 28 percent of women are not in any elevated mortality risk category, and 6 percent are only at risk of having their first birth between ages 18 and 34, which is considered to be an unavoidable risk. Among those who are in an elevated mortality risk category (66 percent of women), 31 percent have a single high risk, and 35 percent have multiple risks.

MATERNAL HEALTH CARE 9

Key Findings

- Ninety percent of women age 15-49 who gave birth in the five years preceding the survey received antenatal care from a skilled provider during pregnancy for their most recent birth. However, only 19 percent of the women received any antenatal care during their first trimester.
- Fifty-four percent of the women who gave birth in the five years preceding the survey had sufficient tetanus toxoid injections to ensure that their most recent birth was protected against neonatal tetanus.
- Sixty-five percent of live births in the five years preceding the survey took place in a health facility; 66 percent of live births were delivered by a skilled provider.
- Among women who gave birth in the two years preceding the survey, 27 percent received a postnatal checkup in the first two days after birth.
- Among women's last births in the two years preceding the survey, 12 percent of newborns received a postnatal checkup in the first two days after birth.

The health care services that a mother receives during pregnancy, childbirth, and the immediate postnatal period are important for the survival and wellbeing of both the mother and the infant. The 2010-11 ZDHS obtained information on the extent to which women in Zimbabwe receive care during each of these stages. These findings are important to those who design policy and implement programmes to improve maternal and child health care services.

9.1 ANTENATAL CARE

Antenatal care (ANC) from a skilled provider is important to monitor the pregnancy and reduce the risks for mother and child during pregnancy and at delivery. Antenatal care enables (1) early detection of complications and prompt treatment (e.g., of sexually transmitted infections); (2) prevention of diseases through immunisation and micronutrient supplementation; (3) birth preparedness and complication readiness; and (4) health promotion and disease prevention through health messages and counselling of pregnant women.

Collecting information on antenatal care is of great value in identifying subgroups of women who do not use ANC services and in planning improvements in service delivery. In the 2010-11 ZDHS, women who had given birth in the five years preceding the survey were asked whether they had received antenatal care for their last live birth. If the respondent had received ANC for her last birth, she was then asked as series of questions about the care she received, such as the type of provider, number of visits made, stage of pregnancy at the time of the first visit, and services and information provided during the visit. For women with two or more live births during the five-year period preceding the survey, data refer to the most recent birth.

Table 9.1 presents information about the type of provider from whom antenatal care services were received for the most recent birth, according to background characteristics. For women who reported more than one source of antenatal services, only the provider with the highest qualifications is presented in the table. Ninety percent of women age 15-49 received ANC from a skilled provider (doctor, nurse-midwife, or nurse) during their last pregnancy. This figure is slightly lower than that recorded in the 2005-06 ZDHS (94 percent) and the 1999 ZDHS (93 percent). Eighty percent of

women received care from a nurse-midwife or nurse, and 10 percent received care from a doctor. Less than 1 percent of women received care from a village health worker or other unskilled provider. Ten percent of the women received no antenatal care.

Table 9.1 Antenatal care

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Antenatal care provider					No ANC	Total	Percentage receiving antenatal care from a skilled provider[1]	Number of women
	Doctor	Nurse-midwife	Nurse	Village health worker	Other				
Mother's age at birth									
<20	8.4	19.6	58.3	0.3	0.0	13.3	100.0	86.4	758
20-34	9.7	21.5	59.5	0.0	0.2	9.0	100.0	90.7	3,207
35-49	14.2	15.5	59.5	0.0	0.0	10.7	100.0	89.3	462
Birth order									
1	12.1	20.4	58.1	0.1	0.2	9.0	100.0	90.6	1,305
2-3	9.9	22.3	58.7	0.0	0.1	9.0	100.0	90.9	2,058
4-5	7.9	18.7	62.2	0.1	0.4	10.4	100.0	88.9	765
6+	6.2	13.5	60.9	0.0	0.0	19.4	100.0	80.6	298
Residence									
Urban	18.4	23.9	47.6	0.0	0.3	9.9	100.0	89.9	1,382
Rural	6.1	19.0	64.6	0.1	0.1	10.0	100.0	89.8	3,044
Province									
Manicaland	10.8	23.7	52.2	0.1	0.5	12.4	100.0	86.7	628
Mashonaland Central	11.4	40.7	39.7	0.4	0.0	7.8	100.0	91.8	471
Mashonaland East	5.7	23.5	57.6	0.0	0.0	13.2	100.0	86.8	426
Mashonaland West	7.1	7.2	73.1	0.0	0.0	12.6	100.0	87.4	552
Matabeleland North	2.5	7.3	83.1	0.0	0.0	7.1	100.0	92.9	215
Matabeleland South	8.1	3.3	84.5	0.0	0.0	3.9	100.0	95.9	213
Midlands	10.3	22.3	59.0	0.0	0.0	8.5	100.0	91.5	548
Masvingo	3.7	10.6	79.8	0.0	0.0	5.9	100.0	94.1	496
Harare	16.4	27.8	42.8	0.0	0.5	12.5	100.0	87.0	689
Bulawayo	24.4	21.0	46.7	0.0	0.4	7.6	100.0	92.1	189
Education									
No education	1.0	14.6	74.8	0.9	0.0	8.7	100.0	90.4	77
Primary	5.1	17.8	62.2	0.2	0.2	14.5	100.0	85.1	1,375
Secondary	10.8	22.4	58.7	0.0	0.2	8.0	100.0	91.8	2,835
More than secondary	46.3	13.9	34.5	0.0	0.0	5.4	100.0	94.6	139
Wealth quintile									
Lowest	4.5	15.7	67.6	0.2	0.2	11.6	100.0	87.9	957
Second	4.4	19.0	65.0	0.1	0.2	11.3	100.0	88.5	908
Middle	7.5	20.5	60.8	0.0	0.1	11.1	100.0	88.7	847
Fourth	11.8	23.7	55.1	0.0	0.0	9.4	100.0	90.6	971
Highest	24.4	24.5	45.3	0.0	0.4	5.4	100.0	94.2	743
Total	10.0	20.5	59.3	0.1	0.2	9.9	100.0	89.8	4,426

Notes: If more than one source of ANC was mentioned, only the provider with the highest qualifications is considered in this tabulation. Total includes women for whom information on antenatal care is missing.
[1] Skilled provider includes doctor, nurse-midwife, and nurse

Usage of antenatal care services by a skilled provider does not vary much by the mother's age at birth: 86 percent of mothers younger than age 20 and 89 to 91 percent of mothers age 20 and older receive care from a skilled provider. Birth order is inversely related to the use of antenatal care: women with higher-order births are less likely to receive antenatal care from a skilled provider. Ninety-one percent of women pregnant with their first through third child received antenatal care from a skilled provider compared with 81 percent of women with births of order six or higher.

Although there are no differences by urban-rural residence in the percentage of women who receive antenatal care from a skilled provider (90 percent each), urban women are three times more likely than rural women (18 percent versus 6 percent) to receive antenatal care from a doctor. Nurses are more likely to provide antenatal care in the rural areas (65 percent) than in the urban areas (48 percent). Antenatal care coverage by a skilled provider is highest in Matabeleland South

(96 percent) and lowest in Manicaland, Mashonaland East, Mashonaland West, and Harare (87 percent each).

There are only small differences in education and wealth of the percentages of women who received antenatal care from a skilled provider. However, women with more than secondary education are much more likely to receive ANC services from a doctor (46 percent) compared with women with less education (1 to 11 percent). Women's economic status also correlates with ANC provider type. Women in the highest wealth quintile (24 percent) are most likely to receive ANC from a doctor compared with those in the lowest wealth quintile (5 percent).

9.2 NUMBER AND TIMING OF ANTENATAL VISITS

Antenatal care is more effective in preventing adverse pregnancy outcomes when sought early in the pregnancy and continued through to delivery. Health professionals recommend that the first antenatal visit should occur within 12 to 16 weeks of pregnancy. The second visit should occur at 28 weeks, the third visit at 32 weeks, and the fourth visit at 36 weeks. Under normal circumstances, WHO recommends that a woman without complications should have at least four visits. Women with complications, special needs, or conditions beyond the scope of basic care may require additional visits.

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

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey by number of antenatal care (ANC) visits for the most recent live birth, and by the timing of the first visit, and among women with ANC, median months pregnant at first visit, according to residence, Zimbabwe 2010-11

	Residence		
Number and timing of ANC visits	Urban	Rural	Total
Number of ANC visits			
None	9.9	10.0	10.0
1	3.0	2.4	2.6
2-3	19.5	22.0	21.2
4+	66.0	64.3	64.8
Don't know/missing	1.7	1.3	1.4
Total	100.0	100.0	100.0
Number of months pregnant at time of first ANC visit			
No antenatal care	9.9	10.0	10.0
<4	19.0	19.6	19.4
4-5	35.5	41.3	39.5
6-7	28.9	24.8	26.1
8+	6.2	4.0	4.7
Don't know/missing	0.4	0.3	0.3
Total	100.0	100.0	100.0
Number of women	1,382	3,044	4,426
Median months pregnant at first visit (for those with ANC)	5.5	5.3	5.3
Number of women with ANC	1,246	2,738	3,984

In the 2010-11 ZDHS, respondents were asked how many ANC visits they made during the pregnancy preceding their last live birth in the five years before the survey and how many months pregnant they were at the time of the first visit. Table 9.2 shows that 89 percent of women who had a live birth in the five years preceding the survey had at least one ANC visit. Sixty-five percent had four or more visits, and 21 percent had two to three visits. Ten percent of the women received no antenatal care, up from 5 percent in the 2005–06 ZDHS. There are no major differences by place of residence on the number of visits made by women.

Table 9.2 also shows that 19 percent of the women had their first ANC visit within the first trimester of their pregnancy, and 5 percent had visits from the eighth month onwards. The largest segment of women (40 percent) had their first visit in the fourth to the fifth month of pregnancy. The median duration of pregnancy at the first visit was 5.3 months, up from 5.0 months in the 2005-06 ZDHS. This is later than the recommended period for the first ANC visit.

9.3 COMPONENTS OF ANTENATAL CARE

The content of antenatal care is an essential component of the quality of services. Apart from receiving basic care, every pregnant woman should be monitored for complications. Ensuring that pregnant women receive information on and undergo screening for complications should be a routine part of all antenatal care visits. To assess ANC services, respondents were asked whether they had

been advised of complications or received certain screening tests during at least one of the antenatal care visits.

Table 9.3 presents information on the content of ANC services, including the percentages of women who took iron supplements, took drugs for intestinal parasites, were informed of the signs of pregnancy complications, and received routine selected services during antenatal care visits for their most recent birth in the past five years. Overall, 50 percent of women took iron tablets or syrup during the pregnancy of their last birth. The likelihood that a woman took iron supplements increases with age (48 percent for those under age 20 compared with 54 percent for those age 35-49) but correlates inversely with birth order. For instance, 53 percent of women received iron supplements for first order births compared with 45 percent of women for sixth or higher birth order. There is slight variation by urban-rural residence in the proportion of women who took iron supplements (51 percent in urban areas compared with 49 percent in rural areas). More extreme differences are observed by province: women in Midlands are the least likely to take iron supplements (42 percent), and women in Matabeleland South are the most likely (61 percent). The percentage of women who took iron supplements generally increases with the level of education (44 percent of women with a primary education only compared with 62 percent of women with more than a secondary education). Fifty-seven percent of women in the highest wealth quintile took iron supplements compared with 42 to 53 percent of women in the other wealth quintiles.

As a component of antenatal care, the administration of drugs to treat intestinal parasites is much less common than the administration of iron supplements. Overall, only 2 percent of women took drugs to treat intestinal parasites during their last pregnancy. Little variation was observed by background characteristic.

Sixty-three percent of the women who received antenatal care for their most recent birth were informed of the signs of pregnancy complications. Women over the age of 20 are more likely to receive information on pregnancy complications than younger women. Birth order does not strongly correlate with receiving information on signs of pregnancy complications. Women in urban areas were more likely to receive information than those in rural areas (70 percent versus 59 percent). Differences are also reported by province; four in five women in Mashonaland East and Matabeleland South were informed of pregnancy complications compared with one in two women in Mashonaland Central.

Education and wealth quintile have a strong positive association with being informed of the signs of pregnancy complications. Seventy-eight percent of women with more than secondary education and 73 percent in the highest wealth quintile were informed of the signs of pregnancy complications compared with only 44 percent of women with no education and 54 percent in the lowest quintile.

Among the various other ANC services, overall, 88 percent of women who receive ANC had their blood pressure measured, 60 percent had a urine sample taken, and 84 percent had a blood sample taken. By background characteristics, the likelihood of women receiving each of the ANC services increases with increasing age, education level, and wealth. In addition, women in urban areas were more likely than those in rural areas to receive each ANC service. For example, urban women are more likely than their rural counterparts to have their blood pressure measured (95 percent and 85 percent, respectively), urine sample taken (71 percent and 55 percent, respectively), and blood sample taken (90 percent and 81 percent, respectively).

Table 9.3 Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Among women with a live birth in the past five years, the percentage who during the pregnancy for their last birth		Number of women with a live birth in the past five years	Among women who received antenatal care for their most recent birth in the past five years, the percentage with the selected services				Number of women with ANC for their most recent birth
	Took iron tablets or syrup	Took intestinal parasite drugs		Informed of signs of pregnancy complications	Blood pressure measured	Urine sample taken	Blood sample taken	
Mother's age at birth								
<20	48.2	2.6	758	56.8	83.6	53.1	82.9	657
20-34	49.3	2.2	3,207	63.5	88.5	60.4	83.9	2,915
35-49	53.6	2.2	462	66.1	91.4	68.7	84.2	412
Birth order								
1	52.8	2.6	1,305	60.8	86.1	56.7	84.3	1,187
2-3	48.0	2.0	2,058	64.0	88.4	60.8	85.5	1,873
4-5	49.7	2.6	765	61.0	89.4	65.6	79.8	684
6+	44.9	2.0	298	65.4	90.0	54.8	79.0	240
Residence								
Urban	51.4	0.9	1,382	69.7	94.6	71.1	89.8	1,246
Rural	48.7	2.9	3,044	59.4	85.0	55.0	81.0	2,738
Province								
Manicaland	56.6	2.9	628	54.7	86.6	55.3	85.9	549
Mashonaland Central	46.1	1.4	471	51.1	84.1	52.1	82.2	434
Mashonaland East	51.7	2.1	426	81.0	92.6	67.4	81.3	369
Mashonaland West	48.1	3.2	552	55.1	80.7	56.1	80.3	483
Matabeleland North	56.4	3.8	215	71.1	92.8	50.3	89.9	200
Matabeleland South	61.3	4.3	213	78.7	92.7	57.0	92.6	204
Midlands	41.8	1.7	548	61.6	83.1	55.0	73.6	501
Masvingo	50.4	3.3	496	53.1	86.8	59.5	81.0	467
Harare	42.9	1.0	689	72.4	95.1	73.3	90.3	603
Bulawayo	57.1	0.0	189	64.7	94.8	74.4	92.9	175
Education								
No education	48.9	4.5	77	44.3	76.0	48.1	68.9	71
Primary	43.5	2.6	1,375	53.6	83.5	49.1	77.4	1,175
Secondary	51.8	2.2	2,835	66.5	89.8	64.1	86.5	2,607
More than secondary	62.2	1.5	139	77.9	99.2	83.5	95.5	132
Wealth quintile								
Lowest	42.2	3.1	957	53.7	81.7	47.2	75.9	845
Second	52.5	2.0	908	57.3	84.6	52.0	79.2	805
Middle	47.7	3.1	847	65.4	86.6	61.3	85.0	752
Fourth	50.1	2.1	971	65.7	93.3	65.1	88.1	880
Highest	56.7	1.0	743	72.8	94.3	76.8	91.8	703
Total	49.5	2.3	4,426	62.6	88.0	60.0	83.8	3,984

9.4 TETANUS TOXOID

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a leading cause of early infant death in many developing countries that is often due to poor hygiene during delivery. For full protection of her newborn baby, a pregnant woman should receive at least two injections during the pregnancy. If a woman has been vaccinated during a previous pregnancy, however, she may only require one or no doses for the current pregnancy. Five doses are considered to provide lifetime protection. Table 9.4 presents the percent distribution of women who had a live birth in the five years preceding the survey by whether their last birth was protected against neonatal tetanus.

Forty-five percent of women received two or more tetanus toxoid injections during the pregnancy of their last live birth. Women age 35-49 were less likely to have received two or more injections (37 percent) than their counterparts less than 34 years of age (45-46 percent). The likelihood of receiving two tetanus toxoid injections during the last pregnancy decreases with birth order. Women in urban areas are slightly less likely to have received two or more tetanus toxoid injections during the last pregnancy than women in rural areas (42 and 46 percent, respectively). Matabeleland South has the highest proportion of women who received two or more tetanus toxoid injections during their last pregnancy (69 percent), and Harare has the lowest proportion (38 percent).

The proportion of women who received two or more tetanus toxoid injections during pregnancy varies by level of education and wealth. Forty-five percent or more of women with secondary education or more than secondary education received two or more tetanus toxoid injections during the last pregnancy compared with 37 percent of women with no education. Women in the fourth wealth quintile were more likely than women in other wealth quintiles to receive two or more tetanus toxoid injections (47 percent).

Table 9.4 Tetanus toxoid injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections (TTI) during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage receiving two or more injections during last pregnancy	Percentage whose last live birth was protected against neonatal tetanus[1]	Number of mothers
Age at birth			
<20	46.0	50.0	758
20-34	45.2	55.3	3,207
35-49	37.0	48.6	462
Birth order			
1	48.2	55.1	1,305
2-3	44.5	54.5	2,058
4-5	40.6	51.3	765
6+	38.0	48.1	298
Residence			
Urban	42.1	52.9	1,382
Rural	45.6	54.1	3,044
Province			
Manicaland	41.3	48.9	628
Mashonaland Central	44.9	50.9	471
Mashonaland East	61.7	71.4	426
Mashonaland West	44.1	57.0	552
Matabeleland North	43.7	50.3	215
Matabeleland South	69.1	82.8	213
Midlands	39.7	48.1	548
Masvingo	38.7	45.7	496
Harare	38.2	49.0	689
Bulawayo	41.4	52.4	189
Education			
No education	36.5	42.1	77
Primary	40.8	48.5	1,375
Secondary	46.5	56.5	2,835
More than secondary	44.7	54.6	139
Wealth quintile			
Lowest	39.9	47.4	957
Second	45.1	55.3	908
Middle	45.1	54.3	847
Fourth	47.3	56.1	971
Highest	45.1	56.1	743
Total	44.5	53.7	4,426

[1]Includes mothers with two injections during the pregnancy of her last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth

Overall, 54 percent of women's last births were protected against neonatal tetanus. Births to women age 20-34 were more likely than younger or older women to be protected against neonatal tetanus. Births of order one through three are more likely than births of order four or more to be protected against neonatal tetanus. Matabeleland South has the highest proportion of mothers whose last births were protected against neonatal tetanus (83 percent); Masvingo has the lowest proportion (46 percent). The proportion of mothers whose last births were protected against neonatal tetanus generally increases with increasing education level and wealth quintile.

9.5 PLACE OF DELIVERY

Increasing the number of women who deliver in health facilities is an important factor in reducing health risks to the mother and the newborn child. 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 infant. Table 9.5 presents the percent distribution of live births in the five years preceding the survey by place of delivery, according to background characteristics.

Table 9.5 Place of delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Health facility			Home	Other	Missing	Total	Percentage delivered in a health facility	Number of births
	Public sector	Private sector	Mission hospital						
Mother's age at birth									
<20	55.5	1.5	6.6	35.3	1.1	0.1	100.0	63.6	1,091
20-34	56.1	3.0	7.1	32.4	1.4	0.1	100.0	66.1	3,976
35-49	51.8	3.4	5.4	37.9	1.5	0.0	100.0	60.7	528
Birth order									
1	62.9	3.2	7.9	25.2	0.7	0.1	100.0	74.0	1,798
2-3	56.4	3.2	6.6	32.1	1.7	0.0	100.0	66.2	2,490
4-5	47.8	1.7	6.2	42.7	1.3	0.3	100.0	55.7	944
6+	33.6	0.0	5.0	59.5	1.9	0.0	100.0	38.5	364
Antenatal care visits[1]									
None	26.4	0.5	1.1	69.6	2.0	0.5	100.0	28.0	442
1-3	55.7	1.4	4.6	37.0	1.3	0.0	100.0	61.7	1,054
4+	61.0	4.0	8.6	25.3	1.1	0.0	100.0	73.6	2,868
Residence									
Urban	75.7	7.0	2.4	14.2	0.6	0.1	100.0	85.1	1,666
Rural	47.0	0.9	8.7	41.6	1.6	0.1	100.0	56.7	3,930
Province									
Manicaland	49.5	0.9	10.5	35.7	3.2	0.2	100.0	60.9	843
Mashonaland Central	38.2	0.8	11.4	48.4	1.1	0.2	100.0	50.3	603
Mashonaland East	52.3	0.5	6.2	39.6	1.3	0.0	100.0	59.0	530
Mashonaland West	49.0	0.5	3.1	46.0	1.1	0.2	100.0	52.6	701
Matabeleland North	55.1	1.0	7.4	36.1	0.4	0.0	100.0	63.5	265
Matabeleland South	66.3	1.4	1.6	29.2	1.1	0.3	100.0	69.3	273
Midlands	51.4	2.4	9.6	35.5	1.1	0.0	100.0	63.4	701
Masvingo	59.5	4.0	9.9	25.5	1.1	0.0	100.0	73.4	627
Harare	72.3	8.7	1.7	16.9	0.5	0.0	100.0	82.7	826
Bulawayo	80.9	6.2	1.2	10.9	0.9	0.0	100.0	88.3	227
Mother's education									
No education	30.0	0.0	5.6	60.8	2.1	1.5	100.0	35.6	95
Primary	41.6	0.6	6.4	49.9	1.5	0.1	100.0	48.5	1,814
Secondary	63.4	2.9	6.8	25.6	1.3	0.0	100.0	73.1	3,521
More than secondary	58.1	25.1	11.8	5.0	0.0	0.0	100.0	95.0	166
Wealth quintile									
Lowest	38.5	0.2	7.4	51.8	1.8	0.2	100.0	46.2	1,277
Second	46.0	0.7	7.9	43.8	1.7	0.0	100.0	54.6	1,178
Middle	52.1	0.8	9.9	35.7	1.4	0.1	100.0	62.8	1,070
Fourth	73.2	2.4	4.0	19.3	1.0	0.1	100.0	79.6	1,190
Highest	73.5	11.8	4.6	9.5	0.6	0.0	100.0	89.9	880
Total	55.6	2.7	6.8	33.5	1.3	0.1	100.0	65.1	5,596

Note: total includes 63 cases for which the number of antenatal care visits is missing.
[1] Includes only the most recent birth in the five years preceding the survey

Table 9.5 shows that 65 percent of births occurred in health facilities. This figure is slightly lower than that recorded in the 2005-06 ZDHS (68 percent) and 1999 ZDHS (72 percent). Fifty-six percent of births took place in public health facilities, 3 percent happened in private health facilities, and 7 percent occurred in mission hospitals. Thirty-four percent of live births in the five years preceding the survey occurred at home compared with 31 percent in the 2005-06 ZDHS and 23 percent in the 1999 ZDHS.

Women age 20-34 are somewhat more likely to deliver in a health facility (66 percent) compared with younger (64 percent) and older women (61 percent). Higher-order births have a greater likelihood of being delivered at home: 60 percent of sixth or higher-order births occurred at home compared with 25 percent of first births. Furthermore, there is a strong relationship between uptake of antenatal care and place of delivery. Only 28 percent of live births to women who received no antenatal care services took place in a health facility compared with 74 percent of live births to women who received four or more ANC visits.

Place of delivery varies greatly by urban-rural residence; 85 percent of births in urban areas were delivered in a health facility compared with 57 percent of births in rural areas. A child in a rural area is nearly three times more likely to have been born at home than a child in an urban area (42 percent compared with 14 percent). More than eight in ten births in Harare (83 percent) and Bulawayo (88 percent) were delivered in a health facility. In other provinces, the percentage of births delivered in a health facility ranges from a low of 50 percent in Mashonaland Central to a high of 73 percent in Masvingo. Home deliveries are most common in Mashonaland Central (48 percent) and least common in Bulawayo (11 percent).

There is a marked correlation between a mother's education and place of delivery. Births to mothers with more than secondary education are much more likely to take place in a health facility than births to mothers with no education (95 percent compared with 36 percent). Notably, however, the percentage of births to women with more than secondary education that took place at home has increased in the 2010-11 ZDHS (5 percent) compared with the 2005-06 ZDHS (1 percent) or the 1999 ZDHS (1 percent).

There is a strong correlation between household wealth and place of delivery. Mothers in the highest wealth quintile are nearly twice as likely to give birth in a health facility as mothers in the lowest wealth quintile (90 percent and 46 percent, respectively).

9.6 ASSISTANCE DURING DELIVERY

Obstetric care from a skilled provider (doctor, nurse-midwife, or nurse) during delivery is recognized as a critical element in the reduction of maternal and neonatal mortality. Births delivered at home are usually more likely to be delivered without assistance from a skilled provider, whereas births delivered at a health facility are more likely to be delivered by a trained health professional. Table 9.6 shows the percent distribution of live births in the five years preceding the survey by person providing assistance at delivery and the percentage of births delivered by Caesarean section (C-section), according to background characteristics.

Table 9.6 Assistance during delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider, and the percentage delivered by Caesarean-section, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Person providing assistance during delivery								Total	Percentage delivered by a skilled provider[1]	Percentage delivered by C-section	Number of births
	Doctor	Nurse-midwife	Nurse	Village health worker	Traditional birth attendant	Relative/ other	No one	Don't know/ missing				
Mother's age at birth												
<20	7.9	26.6	30.3	4.9	14.2	15.1	1.0	0.1	100.0	64.8	3.5	1,091
20-34	8.0	28.2	30.9	5.2	12.4	12.9	2.3	0.1	100.0	67.1	4.6	3,976
35-49	11.2	22.4	29.2	5.1	13.1	11.1	7.9	0.0	100.0	62.7	6.1	528
Birth order												
1	10.7	31.5	32.7	3.7	10.9	10.0	0.4	0.1	100.0	74.9	5.1	1,798
2-3	8.1	28.2	31.1	5.3	12.4	12.9	1.9	0.0	100.0	67.4	4.7	2,490
4-5	6.1	22.2	28.4	7.0	15.9	14.6	5.5	0.3	100.0	56.8	3.9	944
6+	3.6	14.4	21.8	6.3	17.6	26.3	9.9	0.0	100.0	39.9	2.2	364
Place of delivery												
Health facility	12.5	41.4	45.3	0.1	0.1	0.5	0.1	0.0	100.0	99.2	6.9	3,644
Elsewhere	0.4	1.2	3.0	14.6	36.7	36.8	7.2	0.0	100.0	4.7	0.0	1,947
Residence												
Urban	15.8	42.3	27.9	1.7	5.0	6.1	1.2	0.1	100.0	86.0	7.8	1,666
Rural	5.1	21.0	31.7	6.6	16.1	16.2	3.1	0.1	100.0	57.9	3.1	3,930
Province												
Manicaland	7.3	27.9	25.4	6.5	15.4	16.0	1.4	0.2	100.0	60.5	3.5	843
Mashonaland Central	7.8	32.4	11.2	5.5	24.6	13.8	4.5	0.2	100.0	51.4	3.7	603
Mashonaland East	5.7	21.7	32.5	4.4	21.5	10.9	3.3	0.0	100.0	59.9	2.5	530
Mashonaland West	4.0	24.3	26.7	14.0	13.9	12.5	4.4	0.2	100.0	55.0	2.5	701
Matabeleland North	6.9	11.5	47.3	1.6	16.6	12.9	3.2	0.0	100.0	65.7	4.0	265
Matabeleland South	8.7	10.2	52.8	2.0	6.0	19.1	1.0	0.3	100.0	71.6	6.1	273
Midlands	8.9	22.1	33.6	2.8	9.1	20.7	2.8	0.0	100.0	64.6	4.4	701
Masvingo	3.7	20.3	51.2	3.9	6.5	12.2	2.1	0.0	100.0	75.2	4.7	627
Harare	14.5	45.0	24.0	2.8	7.0	5.9	0.8	0.0	100.0	83.5	7.0	826
Bulawayo	22.2	45.6	20.5	0.6	1.9	6.6	2.5	0.0	100.0	88.4	10.5	227
Mother's education												
No education	0.0	19.1	19.8	8.7	18.2	19.1	13.6	1.5	100.0	38.9	0.3	95
Primary	4.0	18.0	27.9	7.8	18.4	20.4	3.5	0.1	100.0	49.8	3.0	1,814
Secondary	9.4	32.2	32.5	3.9	10.3	9.8	1.9	0.0	100.0	74.1	5.0	3,521
More than secondary	36.3	32.9	25.8	0.9	2.1	2.0	0.0	0.0	100.0	95.0	13.8	166
Wealth quintile												
Lowest	4.1	13.6	29.8	6.6	18.8	21.9	5.0	0.2	100.0	47.5	2.5	1,277
Second	4.4	20.5	31.0	7.1	17.4	17.0	2.6	0.0	100.0	55.9	2.6	1,178
Middle	5.1	25.2	33.3	7.9	14.1	12.1	2.1	0.1	100.0	63.6	3.3	1,070
Fourth	11.1	38.6	31.2	2.4	7.9	7.3	1.4	0.1	100.0	80.9	6.2	1,190
Highest	19.7	43.9	27.0	0.8	3.1	4.5	1.0	0.0	100.0	90.6	9.2	880
Total	8.3	27.4	30.6	5.1	12.8	13.2	2.6	0.1	100.0	66.2	4.5	5,596

Note: If the respondent mentioned more than one person attending during delivery, only the most qualified person is considered in this tabulation. Total includes 5 cases for which place of delivery is missing.
[1] Skilled provider includes doctor, nurse-midwife and nurse

Sixty-six percent of live births in the five years preceding the survey were delivered by a skilled provider, with 8 percent of the deliveries assisted by a doctor, 27 percent by a nurse-midwife, and 31 percent by a nurse. Five percent of births were assisted by a village health worker, 13 percent by a traditional birth attendant, and 13 percent by relatives or others. Three percent of births were delivered without any assistance at all. Overall, the percentage of live births delivered by a skilled provider observed in the 2010-11 ZDHS (66 percent) represents a slight reduction from the figures reported in the 2005-06 ZDHS (69 percent) and the 1999 ZDHS (73 percent).

The percentage of live births delivered by a skilled provider does not differ markedly by mother's age at birth. In contrast, large variations occur by birth order, place of delivery, urban-rural residence, education, and wealth quintile. First-order births are more likely to receive assistance from a skilled provider (75 percent) compared with higher-order births (40 to 67 percent). Almost all births where delivery took place in a health facility were delivered by a skilled provider (99 percent) compared with just 5 percent of births that occurred elsewhere. Among births that occurred outside a health facility, 15 percent were assisted by a village health worker, 37 percent by a traditional birth attendant, and 37 percent by a relative or other.

In urban areas, 86 percent of births were assisted by a skilled provider compared with 58 percent in rural areas. Doctors assisted 16 percent of births in urban areas compared with 5 percent in rural areas.

More than eight in ten deliveries in Harare (84 percent) and Bulawayo (88 percent) were assisted by a skilled provider. In other provinces, the delivery assistance from a skilled provider ranged from 51 percent in Mashonaland Central to 75 percent in Masvingo. Mashonaland Central has the highest percentage of deliveries by traditional birth attendants (25 percent), and Bulawayo has the lowest percentage (2 percent). Assistance at delivery came from a relative or other in about one fifth of births in Matabeleland South and Midlands.

Mother's education is strongly related to the type of assistance at delivery. Births to women with secondary and higher education were much more likely to receive assistance from a skilled provider during delivery compared with births to women with no education (95 percent and 39 percent, respectively). Nineteen percent of births to women with no education and 20 percent of birth to women with primary education only were assisted by relatives or others compared with 2 percent of births to women with more than secondary education. Fourteen percent of births to women with no education were assisted by no one at all.

As with education, wealth quintile is strongly associated with type of assistance at delivery. Births to women in the highest wealth quintile were more likely to get assistance at delivery from a skilled provider (91 percent) compared with births to women in the lowest wealth quintile (48 percent). Furthermore, births to women in the highest wealth quintile were five times more likely than births to women in the lowest wealth quintile to be assisted by a doctor (20 percent and 4 percent, respectively).

Respondents were also asked whether each of their live births in the five years preceding the survey were delivered by Caesarean (C-section). Five percent of births were delivered by C-section; this figure is unchanged from the one reported in the 2005-06 ZDHS (5 percent) but is slightly lower than the one reported in the 1999 ZDHS (7 percent). C-sections are most common among first through third births (5 percent), urban births (8 percent), births to women in urban provinces (11 percent for Bulawayo and 7 percent for Harare), births to women with more than secondary education (14 percent), and births to women in the highest wealth quintile (9 percent).

9.7 POSTNATAL CARE FOR THE MOTHER

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) is important for both the mother and the child to treat complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. Safe motherhood programmes recommend that all women receive a check on their health within two days after delivery. Women who deliver at home should go to a health facility for postnatal care services within 24 hours, and subsequent visits (including those by women who deliver in a health facility) should be made at three days, seven days, and six weeks after delivery. It is also recommended that women who deliver in a health facility should be kept for at least 48 hours (up to 72 hours depending on the capacity of the institution) for the mothers and infants to be monitored by skilled personnel.

To assess the extent of postnatal care utilization, respondents were asked, for the last birth in the two years preceding the survey, whether they had received a checkup after delivery, the timing of the first checkup, and the type of health provider performing the postnatal checkup. This information is presented according to background characteristics in Tables 9.7 and 9.8.

Table 9.7 Timing of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution of the mother's first postnatal checkup for the last live birth by time after delivery, and the percentage of women with a live birth in the two years preceding the survey who received a postnatal checkup in the first two days after giving birth, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Time after delivery of mother's first postnatal checkup						No neonatal checkup[1]	Total	Percentage of women with a postnatal checkup in the first two days after birth	Number of women
	Less than 4 hours	4-23 hours	1-2 days	3-6 days	7-41 days	Don't know				
Age at birth										
<20	15.5	4.2	4.3	1.7	9.3	2.2	62.8	100.0	23.3	437
20-34	17.9	5.7	5.1	1.9	12.3	1.7	55.5	100.0	28.0	1,760
35-49	17.7	7.3	2.7	2.6	12.2	2.4	55.2	100.0	27.0	251
Birth order										
1	18.5	6.4	5.3	1.7	11.5	1.6	55.0	100.0	29.6	711
2-3	18.6	5.9	4.8	1.9	11.6	1.8	55.4	100.0	28.6	1,161
4-5	15.5	3.5	4.6	2.3	11.8	2.2	60.0	100.0	23.4	407
6+	10.1	4.8	1.3	2.5	13.0	2.4	65.9	100.0	14.8	170
Place of delivery										
Health facility	24.9	7.4	4.6	1.6	11.6	2.7	47.0	100.0	36.9	1,562
Elsewhere	4.4	2.3	4.8	2.4	11.9	0.3	73.9	100.0	9.7	886
Residence										
Urban	27.6	7.6	5.6	2.2	11.0	2.6	43.3	100.0	40.6	718
Rural	13.2	4.7	4.3	1.8	12.0	1.5	62.3	100.0	21.5	1,730
Province										
Manicaland	10.9	4.3	4.2	0.6	12.7	0.6	66.6	100.0	19.4	366
Mashonaland Central	13.8	4.0	6.3	3.4	11.1	0.4	61.0	100.0	24.1	254
Mashonaland East	7.0	3.9	4.7	1.2	10.7	0.0	72.6	100.0	15.5	257
Mashonaland West	24.4	3.7	3.1	2.4	14.6	0.7	51.2	100.0	27.0	296
Matabeleland North	18.5	2.8	5.3	2.6	14.4	4.0	52.3	100.0	25.9	115
Matabeleland South	27.4	7.5	3.0	2.1	13.8	0.7	45.6	100.0	36.9	124
Midlands	14.8	8.0	4.1	1.3	5.8	2.9	63.1	100.0	26.9	298
Masvingo	10.5	3.7	4.2	1.9	20.1	2.7	57.0	100.0	18.4	277
Harare	30.1	8.6	3.9	2.5	5.6	4.7	44.6	100.0	42.2	352
Bulawayo	25.7	11.6	13.5	2.7	14.1	1.8	30.7	100.0	50.8	111
Education										
No education	(8.3)	(0.0)	(3.7)	(4.1)	(6.5)	(0.0)	(77.4)	100.0	(12.0)	28
Primary	12.7	3.1	3.5	1.5	11.3	1.4	66.6	100.0	18.6	767
Secondary	19.1	6.5	5.0	2.2	11.9	2.1	53.3	100.0	29.9	1,573
More than secondary	35.1	12.3	10.0	1.0	14.5	2.9	24.3	100.0	57.3	80
Wealth quintile										
Lowest	11.2	2.3	2.9	1.5	12.2	1.8	68.0	100.0	15.7	543
Second	14.5	5.1	4.2	1.7	11.7	1.8	61.1	100.0	22.9	515
Middle	13.1	4.6	4.3	2.8	13.5	1.0	60.7	100.0	21.2	478
Fourth	21.8	8.1	4.4	1.1	10.0	2.6	52.0	100.0	33.8	519
Highest	29.6	8.6	8.7	2.8	11.3	2.0	37.0	100.0	46.6	393
Total	17.5	5.6	4.7	1.9	11.7	1.8	56.8	100.0	27.1	2,448

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes women who received a checkup after 41 days

Table 9.8 Type of provider of first postnatal checkup for the mother

Among women age 15-49 giving birth in the two years preceding the survey, the percent distribution by type of provider of the mother's first postnatal checkup in the two days after the last live birth, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Type of health provider of mother's first postnatal checkup					No postnatal checkup in the first two days after the birth	Total	Number of women
	Doctor	Nurse-midwife	Nurse	Village health worker	Traditional birth attendant			
Age at birth								
<20	3.6	3.3	16.5	0.7	0.0	76.0	100.0	437
20-34	6.5	5.9	15.5	0.5	0.2	71.3	100.0	1,760
35-49	9.6	5.3	12.1	0.3	0.3	72.4	100.0	251
Birth order								
1	6.6	6.3	16.7	0.6	0.0	69.8	100.0	711
2-3	6.9	5.6	16.2	0.4	0.3	70.7	100.0	1,161
4-5	5.5	4.4	13.5	0.0	0.2	76.4	100.0	407
6+	3.4	2.5	8.9	1.4	0.0	83.8	100.0	170
Place of delivery								
Health facility	9.4	8.0	19.4	0.0	0.0	63.1	100.0	1,562
Elsewhere	0.8	0.8	8.2	1.3	0.5	88.5	100.0	886
Residence								
Urban	11.7	10.0	19.0	0.2	0.1	59.2	100.0	718
Rural	4.1	3.5	13.8	0.6	0.2	77.7	100.0	1,730
Province								
Manicaland	4.9	5.1	9.5	0.0	0.0	80.6	100.0	366
Mashonaland Central	6.5	5.6	11.9	0.0	0.0	75.9	100.0	254
Mashonaland East	2.0	1.8	11.8	0.0	0.0	84.5	100.0	257
Mashonaland West	4.8	6.4	15.8	3.5	0.7	68.8	100.0	296
Matabeleland North	1.7	4.3	19.8	0.0	0.8	73.4	100.0	115
Matabeleland South	7.2	1.2	28.4	0.0	1.0	62.1	100.0	124
Midlands	9.0	4.5	13.4	0.0	0.0	73.1	100.0	298
Masvingo	2.6	0.6	15.2	0.0	0.0	81.6	100.0	277
Harare	11.0	9.9	21.3	0.3	0.0	57.4	100.0	352
Bulawayo	15.6	17.7	17.4	0.0	0.0	49.2	100.0	111
Education								
No education	(0.0)	(6.3)	(5.7)	(0.0)	(0.0)	(88.0)	100.0	28
Primary	2.7	3.4	12.5	0.6	0.1	80.7	100.0	767
Secondary	6.8	6.3	16.9	0.5	0.2	69.4	100.0	1,573
More than secondary	34.3	6.1	16.9	0.0	0.0	42.7	100.0	80
Wealth quintile								
Lowest	2.9	1.6	11.2	0.6	0.2	83.6	100.0	543
Second	3.2	4.4	15.3	0.7	0.1	76.3	100.0	515
Middle	4.5	4.0	12.6	0.4	0.5	78.0	100.0	478
Fourth	7.0	8.4	18.5	0.3	0.1	65.8	100.0	519
Highest	16.4	9.8	20.3	0.3	0.0	53.1	100.0	393
Total	6.3	5.4	15.4	0.5	0.2	72.3	100.0	2,448

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

Overall, 43 percent of mothers received a postnatal checkup for the most recent birth in the two years preceding the survey. Eighteen percent of the mothers received a postnatal checkup in fewer than 4 hours after delivery, 6 percent within 4 to 23 hours, 5 percent within 1 to 2 days, 2 percent within 3 to 6 days, and 12 percent within 7 to 41 days after delivery. Fifty-seven percent of the mothers had no postnatal check-up. In total, only 27 percent of women received a postnatal check-up within the first two days after delivery, the recommended time period.

Women less than 20 years old were slightly less likely to have had a postnatal check-up within two days of delivery than older women. Women with six or more births were also less likely to have a postnatal check-up within two days after delivery compared with women with fewer births (15 percent compared with 23 to 30 percent).

Women who delivered in a health facility, who resided in urban areas, who had higher levels of education, and who were in the highest wealth quintiles were much more likely to receive a postnatal check-up within two days of delivery compared with other women. For instance, 37 percent of women who delivered at a health facility received a postnatal check-up within two days after birth compared with 10 percent who delivered elsewhere. Similarly, 41 percent of women living in urban

areas had a postnatal check-up within two days compared with 22 percent of women living in rural areas. Likewise, mothers living in the urban provinces of Bulawayo (51 percent) and Harare (42 percent) were most likely to have a postnatal check-up within two days of delivery. Women living in Mashonaland East and Masvingo were least likely to have had a postnatal check-up within the same period of time (16 and 18 percent, respectively). The postnatal care coverage for women who received a checkup within two days of delivery in the remaining provinces ranges from 19 percent in Manicaland to 37 percent in Matabeleland South.

Mothers with more than secondary education are three times as likely as mothers with primary education only to have had a postnatal checkup within two days of delivery (57 percent and 19 percent, respectively). Mothers in the highest wealth quintile are also three times as likely as mothers in the lowest quintile to have had a checkup within two days of delivery (47 percent and 16 percent, respectively).

Table 9.8 shows the type of provider of the mother's first postnatal checkup that took place within two days after the last live birth: 6 percent of women received a postnatal checkup from a doctor, 5 percent from a nurse-midwife, and 15 percent from a nurse. Less than 1 percent received a check-up from either a traditional birth attendant or a village health worker. Differentials by background characteristics are similar to those observed for women who received a postnatal check-up within two days after delivery (Table 9.7).

9.8 POSTNATAL CARE FOR THE NEWBORN

As discussed, a significant proportion of neonatal deaths occur during the first few hours of life (48 hours) after delivery. The provision of postnatal care services for newborns should therefore start as soon as possible after the child is born. The timing of the postnatal check-up for the newborn is similar to that of the mother in that it should occur within two days after birth.

Table 9.9 shows that 14 percent of last births in the two years preceding the survey received a postnatal check-up. Three percent of the newborns received a postnatal check-up less than 1 hour after birth, 5 percent within 1 to 3 hours, 2 percent within 4 to 23 hours, 2 percent within 1 to 2 days, and 1 percent within 3 to 6 days. The vast majority of newborns (86 percent) did not receive a postnatal check-up. Overall, only 12 percent of births received a checkup in the first two days after birth.

Table 9.9 Timing of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by time after birth of first postnatal checkup, and the percentage of births with a postnatal checkup in the first two days after birth, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Time after birth of newborn's first postnatal checkup						No postnatal checkup[1]	Total	Percentage of births with a postnatal checkup in the first two days after birth	Number of births
	Less than 1 hour	1-3 hours	4-23 hours	1-2 days	3-6 days	Don't know				
Mother's age at birth										
<20	2.7	6.5	1.0	2.2	0.6	1.1	85.8	100.0	12.4	437
20-34	2.2	5.2	1.6	2.2	1.4	0.5	86.9	100.0	11.2	1,760
35-49	5.1	4.9	1.5	2.2	3.4	1.3	81.6	100.0	13.7	251
Birth order										
1	2.8	6.7	1.9	1.2	0.9	0.9	85.6	100.0	12.7	711
2-3	2.5	5.8	1.5	2.8	1.5	0.2	85.8	100.0	12.5	1,161
4-5	2.8	3.5	0.6	2.3	2.3	1.4	87.1	100.0	9.2	407
6+	1.9	2.2	2.3	1.8	1.2	1.9	88.7	100.0	8.2	170
Place of delivery										
Health facility	3.9	7.2	1.9	1.3	0.6	0.9	84.1	100.0	14.3	1,562
Elsewhere	0.3	2.2	0.8	3.7	2.9	0.4	89.7	100.0	7.0	886
Residence										
Urban	4.2	8.8	2.3	2.5	1.3	1.6	79.3	100.0	17.9	718
Rural	1.9	4.0	1.2	2.0	1.5	0.4	89.0	100.0	9.2	1,730
Province										
Manicaland	2.9	5.3	2.2	1.5	0.7	0.0	87.4	100.0	11.9	366
Mashonaland Central	1.0	3.7	0.2	2.5	2.8	0.0	89.7	100.0	7.5	254
Mashonaland East	2.3	3.3	0.0	2.5	0.5	0.0	91.4	100.0	8.1	257
Mashonaland West	5.3	3.8	1.6	2.3	0.3	0.5	86.2	100.0	13.0	296
Matabeleland North	4.3	3.7	0.7	1.2	1.0	1.7	87.4	100.0	9.9	115
Matabeleland South	7.6	6.0	0.4	3.0	0.9	0.0	82.1	100.0	17.0	124
Midlands	0.0	6.5	2.0	2.8	2.6	1.0	85.1	100.0	11.3	298
Masvingo	0.0	2.3	1.1	1.3	1.4	0.5	93.4	100.0	4.7	277
Harare	1.9	12.3	3.0	1.1	2.2	2.5	76.9	100.0	18.3	352
Bulawayo	7.2	2.8	2.4	6.9	1.2	0.6	79.0	100.0	19.3	111
Mother's education										
No education	(0.0)	(3.5)	(0.0)	(8.5)	(6.9)	(0.0)	(81.0)	100.0	(12.1)	28
Primary	2.0	2.6	0.5	2.0	1.1	0.2	91.5	100.0	7.1	767
Secondary	2.8	6.7	1.8	2.1	1.5	0.9	84.1	100.0	13.4	1,573
More than secondary	5.8	7.9	5.6	2.5	0.8	1.0	76.3	100.0	21.8	80
Wealth quintile										
Lowest	1.5	3.4	1.0	1.6	1.8	0.0	90.6	100.0	7.6	543
Second	1.1	2.3	1.4	2.2	1.7	0.6	90.8	100.0	7.0	515
Middle	2.9	5.4	0.5	1.6	1.3	1.1	87.3	100.0	10.3	478
Fourth	3.1	8.8	2.5	2.6	1.0	0.8	81.2	100.0	17.1	519
Highest	5.1	7.7	2.3	3.1	1.4	1.3	79.1	100.0	18.2	393
Total	2.6	5.4	1.5	2.2	1.4	0.7	86.2	100.0	11.7	2,448

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Includes newborns who received a checkup after the first week

Place of delivery, urban-rural residence, mother's education level, and mother's wealth status are closely linked to the timing of the first postnatal check-up for the newborn. Newborns whose mothers deliver in a health facility, live in urban areas, have more than secondary education, and who are in the highest wealth quintile have a higher likelihood of receiving a postnatal check-up within two days after birth when compared with those newborns whose mothers delivered elsewhere, reside in rural areas, are less educated, and are members of households in the lower wealth quintiles. For instance, 14 percent of newborns whose mothers delivered in a health facility received a check-up within 2 days compared with 7 percent whose mothers delivered elsewhere. Eighteen percent of newborns with mothers living in urban areas had a postnatal check-up within two days after birth compared with 9 percent of newborns with mothers living in rural areas. Newborns with mothers living in Bulawayo (19 percent) and Harare (18 percent) were most likely to have a postnatal check-up within two days after birth. Those whose mothers were living in Masvingo were least likely to have had a postnatal check-up within the same two day time period (5 percent).

Newborns whose mothers have more than secondary education are more likely to have a postnatal check-up within two days after birth when compared with their counterparts whose mothers have primary education only (22 percent and 7 percent, respectively). Newborns of mothers in the highest wealth quintile are more than two times as likely as newborns of mothers in the lowest quintile to have had a check-up within two days after birth (18 percent and 8 percent, respectively).

Table 9.10 shows the type of provider of the newborn's first postnatal check-up that took place within two days after birth: 2 percent of newborns received a postnatal check-up from a doctor, 2 percent from a nurse-midwife, and 8 percent from a nurse. Less than 1 percent of newborns received a postnatal checkup from a traditional birth attendant. For 88 percent of newborns, there was no postnatal checkup within the first two days after birth. Differentials by background characteristics are similar to those observed for last births in the two years preceding the survey by time of newborn's first postnatal checkup (Table 9.9).

Table 9.10 Type of provider of first postnatal checkup for the newborn

Percent distribution of last births in the two years preceding the survey by type of provider of the newborn's first postnatal checkup during the two days after the last live birth, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Type of health provider of newborn's first postnatal checkup				No postnatal checkup during the first two days after the birth	Total	Number of births
	Doctor	Nurse-midwife	Nurse	Traditional birth attendant			
Mother's age at birth							
<20	1.5	2.0	8.6	0.4	87.6	100.0	437
20-34	2.0	2.0	7.1	0.2	88.8	100.0	1,760
35-49	3.8	0.8	9.1	0.0	86.3	100.0	251
Birth order							
1	2.1	2.1	8.3	0.2	87.3	100.0	711
2-3	2.3	2.3	7.7	0.3	87.5	100.0	1,161
4-5	1.7	0.9	6.6	0.0	90.8	100.0	407
6+	1.3	0.8	6.1	0.0	91.8	100.0	170
Place of delivery							
Health facility	3.0	2.6	8.7	0.0	85.7	100.0	1,562
Elsewhere	0.4	0.6	5.5	0.5	93.0	100.0	886
Residence							
Urban	4.0	3.3	10.3	0.3	82.1	100.0	718
Rural	1.3	1.3	6.4	0.1	90.8	100.0	1,730
Province							
Manicaland	2.6	3.5	5.8	0.0	88.1	100.0	366
Mashonaland Central	1.5	1.3	4.7	0.0	92.5	100.0	254
Mashonaland East	0.0	1.2	6.8	0.0	91.9	100.0	257
Mashonaland West	1.0	2.1	9.6	0.3	87.0	100.0	296
Matabeleland North	2.4	1.3	5.1	1.0	90.1	100.0	115
Matabeleland South	3.4	0.4	12.8	0.5	83.0	100.0	124
Midlands	3.1	1.0	7.3	0.0	88.7	100.0	298
Masvingo	0.4	0.0	4.3	0.0	95.3	100.0	277
Harare	3.6	3.3	11.1	0.4	81.7	100.0	352
Bulawayo	4.1	4.5	10.0	0.6	80.7	100.0	111
Mother's education							
No education	(0.0)	(0.0)	(12.1)	(0.0)	(87.9)	100.0	28
Primary	0.8	1.0	5.1	0.2	92.9	100.0	767
Secondary	2.1	2.3	8.8	0.2	86.6	100.0	1,573
More than secondary	13.6	3.6	4.7	0.0	78.2	100.0	80
Wealth quintile							
Lowest	1.2	0.6	5.4	0.3	92.4	100.0	543
Second	1.0	1.1	4.9	0.0	93.0	100.0	515
Middle	0.7	1.6	7.8	0.1	89.7	100.0	478
Fourth	2.7	4.4	9.7	0.3	82.9	100.0	519
Highest	5.3	1.9	10.7	0.2	81.8	100.0	393
Total	2.1	1.9	7.6	0.2	88.3	100.0	2,448

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

9.9 PROBLEMS IN ACCESSING HEALTH CARE

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

In the 2010-11 ZDHS, women were asked whether each of the following factors would be a big problem (or not) in seeking medical care: getting permission to go for treatment, getting money for treatment, distance to a health facility, and not wanting to go alone. Table 9.11 shows that 60 percent of women reported at least one of these concerns as a big problem when it came to accessing health care.

Table 9.11 Problems in accessing health care

Percentage of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick, by type of problem, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Problems in accessing health care					Number of women
	Getting permission to go for treatment	Getting money for treatment	Distance to health facility	Not wanting to go alone	At least one problem accessing health care	
Age						
15-19	8.6	45.6	32.7	16.6	57.5	1,945
20-34	7.6	47.8	33.4	13.1	58.4	4,824
35-49	7.4	58.6	37.0	13.7	66.8	2,403
Number of living children						
0	7.3	41.1	27.3	14.1	52.4	2,510
1-2	7.1	49.0	32.0	12.3	58.5	3,731
3-4	8.3	55.8	39.7	14.8	66.8	2,052
5+	10.6	67.5	50.1	19.2	76.9	878
Marital status						
Never married	7.0	41.7	25.9	13.6	51.7	2,197
Married or living together	8.3	50.2	37.2	14.4	61.7	5,703
Divorced/separated/widowed	6.8	64.4	34.9	12.8	69.9	1,271
Employed past 12 months						
Not employed	9.0	52.7	36.9	14.6	63.1	5,212
Employed for cash	6.2	46.5	29.8	12.5	56.2	3,730
Employed not for cash	5.6	52.4	44.8	24.9	69.5	229
Residence						
Urban	5.0	36.8	10.5	7.4	41.9	3,548
Rural	9.6	58.6	49.1	18.2	72.1	5,623
Province						
Manicaland	7.8	52.7	39.9	25.7	66.5	1,227
Mashonaland Central	5.6	52.1	45.7	15.3	68.9	871
Mashonaland East	5.0	53.1	39.2	13.9	65.1	824
Mashonaland West	6.4	48.0	31.5	11.2	57.8	1,026
Matabeleland North	24.4	60.4	48.2	19.2	70.3	443
Matabeleland South	7.7	65.0	61.1	14.0	74.5	467
Midlands	2.4	51.5	35.9	4.1	60.7	1,123
Masvingo	18.2	61.6	47.4	24.9	73.8	909
Harare	5.5	37.3	13.6	8.4	43.3	1,722
Bulawayo	5.6	38.7	5.9	6.6	42.9	558
Education						
No education	11.6	75.1	58.8	24.4	85.0	212
Primary	10.8	63.9	47.9	18.5	74.7	2,568
Secondary	6.7	45.9	29.0	12.4	56.1	5,966
More than secondary	2.9	14.0	11.4	4.7	22.5	424
Wealth quintile						
Lowest	13.4	69.7	60.6	22.3	81.0	1,546
Second	9.4	65.7	51.7	18.9	77.5	1,594
Middle	7.8	56.9	44.1	17.0	71.5	1,681
Fourth	5.7	42.4	20.7	10.1	51.7	2,073
Highest	4.6	28.0	8.9	6.3	34.3	2,278
Total	7.8	50.1	34.2	14.0	60.4	9,171

The most important factor impeding women from accessing health care for themselves is getting money to pay for treatment; 50 percent of the women highlighted this concern. This problem was most often reported by women who had five or more living children (68 percent); were divorced, separated, or widowed (64 percent); resided in the rural areas (59 percent); lived in Matabeleland South (65 percent); had no education (75 percent); or were in the lowest wealth quintile (70 percent).

Distance to a health facility was cited by one-third of women as a big problem in accessing health care (34 percent). Not unexpectedly, women residing in rural areas were more likely than those in urban areas to report distance as a big problem (49 percent compared with 11 percent). Eight percent of women reported getting permission to go and 14 percent reported not wanting to go alone as big problems in accessing health care.

CHILD HEALTH 10

Key Findings

- By mothers' estimates, 12 percent of all infants born alive in the five years preceding the survey, were very small or smaller than average at birth. Among those with a reported birth weight, 10 percent weighed less than 2.5 kg.
- Sixty-five percent of children age 12-23 months were fully vaccinated at the time of the survey; 56 percent had received all basic vaccinations by age 12 months.
- Four percent of children under age 5 experienced symptoms of an acute respiratory infection (ARI) in the two weeks preceding the survey. Among those with symptoms, advice or treatment from a health facility or provider was sought for about half (48 percent), and 31 percent received antibiotics.
- Ten percent of children under age 5 had a fever within the two weeks preceding the survey. Among those with a fever, 37 percent were taken to a health facility or provider for advice or treatment. Two percent received antimalarial drugs, but over ten-fold more (23 percent) received antibiotics.
- Thirteen percent of children under age 5 had diarrhoea in the two weeks preceding the survey. More than one-third of the children with diarrhoea (36 percent) were taken to a health facility or provider. Seventy-four percent of the children with diarrhoea were treated with oral rehydration therapy (ORT) or increased fluids. One in five children with diarrhoea did not receive any type of treatment.

This chapter presents findings about child health and survival, including characteristics of the neonate (birth weight and size), the vaccination status of young children, and treatment practices—particularly contact with health services—among children suffering from three childhood illnesses: acute respiratory infection (ARI), fever, and diarrhoea. Because appropriate sanitary practices can help prevent and reduce the severity of diarrhoeal disease, information is also provided on how children's faecal matter is disposed of. These results from the 2010-11 ZDHS are expected to assist policymakers and program managers as they formulate appropriate strategies and interventions to improve the health of children in Zimbabwe. In particular, the results will be used to assess coverage of current strategies such as Integrated Management of Childhood Illness (IMCI), which seeks to prevent deaths from pneumonia, malaria, and diarrhoea, and to plan for improvements in these initiatives.

10.1 CHILD'S WEIGHT AND SIZE AT BIRTH

Birth weight is an important indicator when assessing a child's health in terms of early exposure to childhood morbidity and mortality. Children who weigh less than 2.5 kilograms, or are reported to be "very small" or "smaller than average," are considered to have a higher-than-average risk of early childhood death. In the 2010-11 ZDHS, for births in the five years preceding the survey, birth weight was recorded in the Woman's Questionnaire based on either a written record or the mother's report. The mother's estimate of the infant's size at birth was also obtained because birth weight may be unknown for many infants. Although the mother's estimate of size is subjective, it can be a useful proxy for the child's weight.

Table 10.1 shows that birth weight is reported for 69 percent of the live births that occurred in the five years preceding the survey; 10 percent of these infants had low birth weights (less than 2.5 kg). Older mothers, age 35-49, are more likely to have infants with low birth weight than mothers age 20-34. By birth order, first births (10 percent) are slightly more likely than subsequent births to result in low birth weight. Birth weights in urban areas are more likely than those in rural areas to be less than 2.5 kg (11 and 8 percent, respectively).

Table 10.1 Child's weight and size at birth

Percentage of live births in the five years preceding the survey that have a reported birth weight; among live births in the five years preceding the survey with a reported birth weight, and percent distribution by birth weight; percent distribution of all live births in the five years preceding the survey by estimate of baby's size at birth, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of all births that have a reported birth weight[1]	Percent distribution of births with a reported birth weight[1]				Percent distribution of all live births by size of child at birth					
		Less than 2.5 kg	2.5 kg or more	Total	Number of births	Very small	Smaller than average	Average or larger	Don't know/ missing	Total	Number of births
Mother's age at birth											
<20	67.8	10.0	90.0	100.0	739	3.9	10.9	82.4	2.8	100.0	1,091
20-34	70.0	9.0	91.0	100.0	2,784	3.0	8.7	86.0	2.4	100.0	3,976
35-49	64.1	12.6	87.4	100.0	339	4.0	7.7	84.6	3.7	100.0	528
Birth order											
1	76.3	10.1	89.9	100.0	1,373	3.4	10.7	84.0	1.9	100.0	1,798
2-3	70.8	9.2	90.8	100.0	1,764	3.3	8.4	86.0	2.2	100.0	2,490
4-5	60.6	9.1	90.9	100.0	572	2.7	7.0	86.6	3.8	100.0	944
6+	42.1	8.5	91.5	100.0	153	3.8	9.9	81.4	4.9	100.0	364
Residence											
Urban	88.8	11.2	88.8	100.0	1,479	3.1	11.1	84.9	1.0	100.0	1,666
Rural	60.6	8.4	91.6	100.0	2,383	3.4	8.1	85.3	3.2	100.0	3,930
Province											
Manicaland	61.8	9.7	90.3	100.0	521	3.9	8.3	85.4	2.4	100.0	843
Mashonaland Central	55.8	8.2	91.8	100.0	337	5.0	4.9	89.2	0.9	100.0	603
Mashonaland East	61.1	7.1	92.9	100.0	324	2.4	8.4	88.8	0.4	100.0	530
Mashonaland West	59.6	9.2	90.8	100.0	418	2.1	6.3	80.4	11.2	100.0	701
Matabeleland North	68.0	10.9	89.1	100.0	180	2.8	14.0	79.5	3.7	100.0	265
Matabeleland South	77.1	10.3	89.7	100.0	211	1.3	7.6	90.7	0.3	100.0	273
Midlands	68.3	7.8	92.2	100.0	478	4.7	11.0	82.6	1.7	100.0	701
Masvingo	74.6	6.7	93.3	100.0	467	2.5	6.7	89.6	1.2	100.0	627
Harare	86.2	14.0	86.0	100.0	712	2.9	13.9	82.4	0.8	100.0	826
Bulawayo	93.9	7.7	92.3	100.0	213	3.7	10.7	85.4	0.3	100.0	227
Mother's education											
No education	(31.7)	(8.9)	(91.1)	100.0	30	0.6	11.1	80.8	7.5	100.0	95
Primary	53.3	9.1	90.9	100.0	967	3.4	7.8	84.7	4.2	100.0	1,814
Secondary	76.9	9.6	90.4	100.0	2,709	3.4	9.5	85.4	1.7	100.0	3,521
More than secondary	93.9	9.2	90.8	100.0	156	1.1	10.5	88.4	0.0	100.0	166
Wealth quintile											
Lowest	50.8	9.9	90.1	100.0	649	4.3	9.2	82.8	3.7	100.0	1,277
Second	57.7	7.6	92.4	100.0	680	2.5	6.7	87.4	3.5	100.0	1,178
Middle	67.8	10.2	89.8	100.0	725	2.7	10.1	83.9	3.3	100.0	1,070
Fourth	83.5	9.9	90.1	100.0	993	3.4	9.4	85.8	1.5	100.0	1,190
Highest	92.6	9.5	90.5	100.0	815	3.4	10.0	86.3	0.3	100.0	880
Total	69.0	9.5	90.5	100.0	3,862	3.3	9.0	85.2	2.6	100.0	5,596

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] Based on either a written record or the mother's recall

Among the provinces, Masvingo and Mashonaland East have the lowest proportion of low birth weight infants (7 percent each), and Harare has the highest proportion (14 percent). There is no clear relationship between low birth weight and mother's education or wealth quintile.

Table 10.1 also includes information on the mother's estimate of the infant's size at birth. Three percent of births are reported as very small, and 9 percent are reported as smaller than average. Patterns by background characteristics are similar to those for births reported to be less than 2.5 kg.

10.2 VACCINATION OF CHILDREN

The induction of an immune response through vaccination is a widely accepted public health strategy for the prevention of vaccine-preventable infectious diseases. To enable evaluation of the Zimbabwe Expanded Programme of Immunisation (ZEPI), the 2010-11 ZDHS collected information on vaccine coverage for all children born since January 2005. To be fully vaccinated, a child should have received one dose of BCG vaccine, three doses each of DPT and polio vaccines, and one dose of measles vaccine. BCG protects against tuberculosis, and DPT protects against diphtheria, pertussis (whooping cough), and tetanus. Since 2008, DPT has not been given to infants in Zimbabwe as a stand-alone vaccine. Instead, it has been combined with other antigens that protect against hepatitis B and *Haemophilus influenza* type b (DPT-HB-Hib vaccine, also known as pentavalent vaccine). Thus, the 2010-11 ZDHS report on DPT coverage includes coverage by DPT or pentavalent vaccines.

Zimbabwe has defined a schedule for the administration of all basic childhood vaccines. BCG should be given shortly after birth. DPT/pentavalent and polio vaccines require three vaccinations to be given at approximately age 3, 4, and 5 months, and measles vaccine should be given at or soon after reaching age 9 months.

Sources of Information

Information on vaccination coverage was obtained in two ways – from child health cards and from mothers' verbal reports. All mothers were asked to show the interviewer the child health cards in which immunisation dates were recorded for all children born since January 2005. If a card was available, the interviewer recorded onto the questionnaire the dates of each vaccination received by the child. If a child never received a health card, if the mother was unable to show the card to the interviewer, or if a particular vaccination was not recorded on the child's health card, the vaccination information for the child was based on the mother's report.

Questions were asked for each vaccine type. Mothers were asked to recall whether the child had received BCG, polio, DPT or pentavalent (DPT-HepB-Hib), and measles vaccinations. If the mother indicated that the child had received the polio or DPT/pentavalent vaccines, she was asked about the number of doses that the child received. The mother was then asked whether the child had received other vaccinations that were not recorded on the card, and they too were noted on the questionnaire. The results presented here are based on both health card information and, for children without a card, information provided by the mother.

Vaccination Coverage

Table 10.2 shows vaccination coverage by source of information for children age 12-23 months, the age by which they should have received all vaccinations. Overall, 65 percent of children age 12-23 months were fully vaccinated at the time of the survey: 87 percent had received the BCG vaccination, 73 percent had received DPT 1-3 or pentavalent 1-3, 73 percent had received polio 1-3, and 79 percent had received the measles vaccine. The coverage of the first dose of DPT/pentavalent and polio vaccines is very high (86 percent and 87 percent, respectively). However, only 73 percent of children received the third dose of each. This represents a dropout rate between the first and third dose of 15 percent for DPT/pentavalent and 16 percent for polio vaccine. Twelve percent of children age 12-23 months did not receive any vaccinations. Table 10.2 also shows vaccination coverage for children who have reached age 12 months. The rates for each vaccination by the time the child reaches age 12 months is a measure of children receiving vaccines on time. Overall, 56 percent of children are fully immunised by 12 months of age.

Table 10.2 Vaccinations by source of information

Percentage of children age 12-23 months who received specific vaccines at any time before the survey, by source of information (vaccination card or mother's report), and percentage vaccinated by age 12 months, Zimbabwe 2010-11

Source of information	BCG	DPT/pentavalent 1	DPT/pentavalent 2	DPT/pentavalent 3	Polio 1	Polio 2	Polio 3	Measles	All basic vaccinations[1]	No vaccinations	Number of children
Vaccinated at any time before survey											
Vaccination card	66.9	66.6	64.9	60.9	67.1	64.8	59.3	61.3	53.7	0.2	701
Mother's report	20.0	19.0	16.1	12.0	19.6	17.7	13.6	17.9	10.8	12.0	332
Either source	86.9	85.6	81.0	72.9	86.7	82.5	72.9	79.1	64.5	12.2	1,034
Vaccinated by 12 months of age[2]	86.6	85.1	80.0	70.0	86.6	80.3	69.3	69.3	55.6	12.5	1,034

[1] BCG, measles, and three doses each of DPT or pentavalent vaccine and polio vaccine
[2] For children whose information is based on the mother's report, the proportion of vaccinations given during the first year of life is assumed to be the same as for children with a written record of vaccination.

Table 10.3 presents information on vaccine coverage among children age 12-23 months from vaccination cards and mothers' reports, by background characteristics. Vaccination cards were seen for 68 percent of children. Female children were somewhat more likely to be fully immunized than male children (66 percent and 63 percent, respectively). Equal proportions of male and female children (12 percent) had not received any vaccine by the time of the survey. Higher birth order is negatively associated with vaccination coverage; whereas 68 percent of first-order births had received all vaccinations, only 46 percent of sixth- or higher-order births were fully vaccinated. Higher-order births were also more likely not to have received any vaccinations (26 percent) than other births.

Table 10.3 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card, by background characteristics, Zimbabwe 2010-11

Background characteristic	BCG	DPT/pentavalent 1	DPT/pentavalent 2	DPT/pentavalent 3	Polio 1	Polio 2	Polio 3	Measles	All basic vaccinations[1]	No vaccinations	Percentage with a vaccination card seen	Number of children
Sex												
Male	87.3	85.3	80.3	71.4	86.3	81.8	70.8	78.1	62.7	12.0	66.4	519
Female	86.5	85.8	81.7	74.4	87.2	83.1	75.1	80.2	66.3	12.4	69.3	515
Birth order												
1	84.6	84.9	82.0	76.7	85.2	82.2	75.4	79.6	68.0	14.1	69.1	331
2-3	91.0	88.8	85.5	75.7	90.9	86.4	76.4	81.8	67.4	8.3	70.0	458
4-5	86.9	84.4	73.5	66.5	84.6	79.1	67.7	75.1	57.8	13.1	64.9	174
6+	71.4	70.8	65.8	53.2	72.0	66.7	51.9	69.5	45.6	25.8	55.9	71
Residence												
Urban	87.3	87.4	84.6	75.1	87.6	85.9	77.3	83.1	69.9	12.0	63.6	298
Rural	86.7	84.9	79.6	72.1	86.4	81.1	71.1	77.5	62.3	12.3	69.6	736
Province												
Manicaland	71.1	67.7	61.6	52.9	70.1	64.2	52.1	65.0	46.5	26.7	54.9	175
Mashonaland Central	90.3	90.0	86.7	78.4	91.0	86.7	78.6	81.0	67.3	9.0	82.6	91
Mashonaland East	88.5	87.8	86.5	85.9	88.4	87.1	84.9	82.0	79.6	10.9	68.6	120
Mashonaland West	93.9	92.3	90.7	83.9	92.0	88.3	81.8	80.8	73.1	6.1	77.6	107
Matabeleland North	98.0	92.6	91.0	80.2	98.0	95.1	81.4	91.0	65.7	2.0	74.2	54
Matabeleland South	95.6	95.6	90.3	82.8	97.3	91.0	77.5	85.4	72.4	2.7	61.8	62
Midlands	86.8	87.0	76.4	67.1	87.2	79.1	69.9	80.6	57.8	10.7	71.8	123
Masvingo	88.4	87.0	79.8	69.3	88.4	82.7	69.2	77.9	55.9	11.6	71.1	110
Harare	85.7	85.7	82.7	70.1	85.7	85.1	72.9	81.1	67.7	14.3	57.3	143
Bulawayo	95.0	94.0	92.0	89.3	95.0	91.7	89.3	88.0	83.3	5.0	77.6	49
Mother's education												
No education	*	*	*	*	*	*	*	*	*	*	*	11
Primary	84.4	82.8	75.2	63.2	83.8	76.8	63.4	72.7	52.4	15.2	65.3	302
Secondary	87.8	86.6	83.3	76.6	87.8	84.6	76.8	81.5	69.1	11.0	69.4	686
More than secondary	(88.0)	(88.0)	(88.0)	(84.2)	(88.0)	(88.0)	(84.2)	(88.0)	(84.2)	(12.0)	(56.1)	35
Wealth quintile												
Lowest	85.0	82.6	78.6	66.7	85.4	79.9	65.3	77.7	54.6	13.3	67.0	227
Second	86.0	84.0	75.8	71.2	85.1	79.8	69.4	74.6	62.3	13.2	68.0	209
Middle	87.0	86.2	81.1	70.1	86.9	80.3	69.4	73.5	60.8	12.2	70.7	212
Fourth	89.1	88.1	85.0	78.8	88.6	87.0	82.3	86.9	74.1	10.7	63.4	214
Highest	87.7	87.6	85.3	79.4	87.9	86.3	79.9	83.7	72.8	11.5	70.7	172
Total	86.9	85.6	81.0	72.9	86.7	82.5	72.9	79.1	64.5	12.2	67.8	1,034

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] BCG, measles, and three doses each of DPT or pentavalent vaccine and polio vaccine

Children in urban areas are more likely than rural children to have received all basic vaccinations (70 percent compared with 62 percent, respectively). At the provincial level, full vaccination coverage ranges from a high of 83 percent in Bulawayo to a low of 47 percent in the Manicaland. Children in Manicaland were also most likely to have received no vaccinations (27 percent). A mother's level of education relates to immunisation coverage; 69 percent of children whose mothers have at least some secondary education are fully immunised compared with 52 percent of children whose mothers have only primary education. Children in the fourth and fifth wealth quintiles are more likely to be fully vaccinated (74 percent and 73 percent, respectively) than their counterparts in other wealth quintiles (55 to 62 percent).

Trends in Vaccination Coverage

Table 10.4 and Figure 10.1 present data from the 1994, 1999, 2005-06, and 2010-11 ZDHS surveys showing trends in vaccination coverage for children age 12-23 months who received specific vaccines at any time before the survey. Although vaccination coverage in Zimbabwe steadily decreased between 1994 and 2005-06, data from 2010-11 indicate that vaccination coverage has begun to rebound; whereas only 53 percent of children age 12-23 months were fully vaccinated in 2005-06, 65 percent were fully vaccinated in 2010-11. Likewise, over the 5-year period between the 2005-06 and 2010-11 ZDHS surveys, the percentage of children with no vaccinations has decreased from 21 to 12 percent.

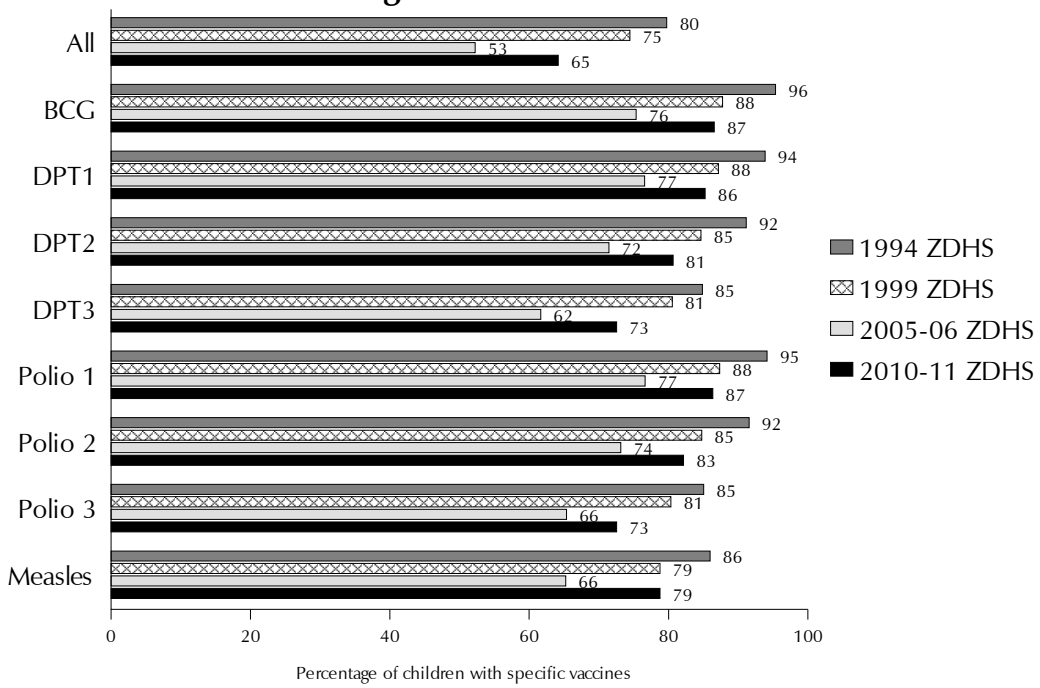
Table 10.4 Trends in vaccination coverage

Percentage of children age 12-23 months who received specific vaccines at any time prior to the survey, and percentage with a vaccination card, Zimbabwe 1994-2011

		DPT			Polio						Percentage with a vaccination card seen	Number of children
Source	BCG	1	2	3	1	2	3	Measles	All basic vaccinations[1]	No vaccinations		
1994 ZDHS	95.7	94.2	91.5	85.2	94.5	91.9	85.4	86.3	80.1	4.1	79.1	691
1999 ZDHS	88.1	87.5	85.0	80.9	87.7	85.1	80.7	79.1	74.8	11.6	68.6	699
2005-2006 ZDHS	75.7	76.9	71.8	62.0	77.0	73.5	65.7	65.6	52.6	21.0	72.3	1,019
2010-11 ZDHS[2]	86.9	85.6	81.0	72.9	86.7	82.5	72.9	79.1	64.5	12.2	67.8	1,034

[1] BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)
[2] 2010-11 ZDHS data include DPT received as either DPT1-3 or pentavalent 1-3.

Figure 10.1 **Trends in Vaccination Coverage among Children 12-23 Months**



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10.3 PREVALENCE AND TREATMENT OF ACUTE RESPIRATORY INFECTION

Acute respiratory infection (ARI) is among the leading causes of childhood morbidity and mortality throughout the world. Among acute respiratory diseases, pneumonia is the most serious for young children. Early diagnosis and treatment with antibiotics can prevent a large number of deaths caused by ARI. In the 2010-11 ZDHS, ARI prevalence was estimated by asking mothers whether their children under age 5 had been ill with a cough accompanied by short, rapid breathing, which was chest-related, and/or by difficult breathing, which was chest-related in the two weeks preceding the survey. It should be noted that these data collected are subjective in the sense that they are based on the mother's perception of illness without validation by medical personnel.

Table 10.5 shows the prevalence of ARI symptoms among children under age 5 during the two-week period preceding the interview and the actions that mothers took in response to their children's illness. Overall, 4 percent of children are reported to have had ARI symptoms in the two weeks preceding the survey. Differentials by background characteristics were generally very small. Children in urban areas are less likely than those in rural areas to have symptoms of ARI (3 and 5 percent, respectively). Children in the Midlands are most likely to have ARI symptoms (7 percent); children in Mashonaland East are the least likely to have ARI symptoms (2 percent). ARI symptoms among children generally decrease as the level of the mother's education or wealth increases.

Mothers who reported that their children had had ARI symptoms were asked about the actions they had taken to treat the illness. Among children with ARI symptoms, advice or treatment was sought from a health facility or a health provider for 48 percent, and 31 percent received antibiotics. This represents an increase from the 2005-06 ZDHS where advice or treatment was sought from a health facility or health provider for 25 percent of children with ARI symptoms, and only 8 percent were given antibiotics.

Table 10.5 Prevalence and treatment of symptoms of ARI

Among children under age five, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey and among children with symptoms of ARI, the percentage for whom advice or treatment was sought from a health facility or provider and the percentage who received antibiotics as treatment, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Among children under age five:		Among children under age five with symptoms of ARI:		
	Percentage with symptoms of ARI[1]	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[2]	Percentage who received antibiotics	Number of children
Age in months					
<6	3.2	687	(39.7)	(32.8)	22
6-11	5.3	660	(57.0)	(45.8)	35
12-23	5.0	1,034	57.6	31.0	52
24-35	4.1	999	(36.6)	(23.1)	41
36-47	3.4	986	(41.9)	(35.1)	33
48-59	4.0	841	(49.4)	(20.2)	34
Sex					
Male	4.3	2,592	41.0	23.4	110
Female	4.1	2,616	55.2	38.8	107
Cooking fuel					
Electricity or gas	2.6	1,200	(40.1)	(35.3)	31
Kerosene/paraffin	1.9	111	*	*	2
Charcoal	*	5	*	*	2
Wood/straw[3]	4.7	3,867	50.4	30.7	182
Other fuel including jelly	*	24	*	*	0
Residence					
Urban	2.5	1,548	(43.7)	(27.7)	38
Rural	4.9	3,660	48.9	31.7	179
Province					
Manicaland	5.1	766	(35.8)	(29.1)	39
Mashonaland Central	2.9	563	*	*	16
Mashonaland East	1.8	505	*	*	9
Mashonaland West	4.2	628	(37.1)	(15.6)	26
Matabeleland North	4.7	256	*	*	12
Matabeleland South	5.7	263	(42.9)	(33.1)	15
Midlands	7.0	660	(48.2)	(44.0)	46
Masvingo	4.6	588	(64.5)	(40.4)	27
Harare	2.5	761	*	*	19
Bulawayo	3.4	219	*	*	7
Mother's education					
No education	4.4	89	*	*	4
Primary	6.1	1,672	43.0	22.3	102
Secondary	3.4	3,291	53.0	39.5	111
More than secondary	0.5	156	*	*	1
Wealth quintile					
Lowest	6.3	1,189	52.1	30.4	75
Second	4.3	1,087	(43.7)	(29.3)	47
Middle	3.8	997	(53.6)	(36.0)	38
Fourth	3.4	1,101	(48.0)	(20.8)	38
Highest	2.4	833	*	*	20
Total	4.2	5,208	48.0	31.0	217

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Symptoms of ARI (cough accompanied by short, rapid breathing, which was chest-related, and/or by difficult breathing, which was chest-related) is considered a proxy for pneumonia.
[2] Excludes pharmacy, shop, and traditional practitioner
[3] Includes grass, shrubs, crop residues

10.4 PREVALENCE AND TREATMENT OF FEVER

Fever is a symptom of malaria, but it may also accompany other illnesses including pneumonia, common colds, and influenza. Because malaria is a major cause of death in infancy and childhood in many developing countries, the presumptive treatment of fever with antimalarial medication has been advocated in many countries where malaria is endemic. Information relating to the prevention and treatment of malaria is discussed in detail in Chapter 12.

In the 2010-11 ZDHS, fever prevalence was estimated by asking mothers whether their children under age 5 had been ill with fever in the two weeks preceding the survey. For children with fever, mothers were also asked about the actions they took to treat fever, including whether or not the child had been given any drug to treat the fever, and, if so, what drug the child was given.

Table 10.6 shows that the percentage of children under age 5 with fever during the two weeks preceding the survey was 10 percent. The prevalence of fever varies with children's age. Children age 6-11 months are more likely to be sick with fever (14 percent) than children in other age groups. Children in urban areas are nearly as likely as those in rural areas (9 and 10 percent, respectively) to have had fever. Among provinces, 16 percent of children in Manicaland had fever in the two weeks preceding the survey compared with only 5 percent of children in Midlands. Children of mothers with no education and children in the lowest wealth quintile have a higher prevalence of fever than those whose mothers are educated or who are in higher wealth quintiles.

Table 10.6 Prevalence and treatment of fever

Among children under age five, the percentage who had a fever in the two weeks preceding the survey and among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who received antibiotics as treatment, by background characteristics, Zimbabwe 2010-11

Background characteristic	Among children under age five:		Among children under age five with fever:			
	Percentage with fever	Number of children	Percentage for whom advice or treatment was sought from a health facility or provider[1]	Percentage who took antimalarial drugs	Percentage who took antibiotic drugs	Number of children
Age in months						
<6	7.1	687	32.7	0.0	18.4	49
6-11	13.9	660	43.7	2.0	26.7	92
12-23	10.2	1,034	33.9	2.0	19.4	105
24-35	11.2	999	31.1	1.4	23.9	112
36-47	7.6	986	46.0	6.4	15.8	75
48-59	8.6	841	33.8	1.8	29.3	73
Sex						
Male	9.5	2,592	36.3	2.1	21.1	246
Female	10.0	2,616	37.1	2.5	23.9	261
Residence						
Urban	8.7	1,548	29.8	3.6	22.4	134
Rural	10.2	3,660	39.2	1.8	22.6	372
Province						
Manicaland	16.2	766	35.7	2.4	27.4	124
Mashonaland Central	15.2	563	42.2	2.0	26.6	85
Mashonaland East	7.5	505	(34.6)	(2.1)	(11.2)	38
Mashonaland West	8.3	628	(24.9)	(0.0)	(20.2)	52
Matabeleland North	13.8	256	49.9	14.4	10.2	35
Matabeleland South	10.4	263	56.2	0.0	42.6	27
Midlands	5.1	660	(39.3)	(0.0)	(20.1)	34
Masvingo	6.7	588	(31.9)	(0.0)	(17.0)	40
Harare	7.0	761	(31.7)	(1.9)	(22.1)	54
Bulawayo	7.9	219	(20.9)	(0.0)	(11.1)	17
Mother's education						
No education	16.1	89	*	*	*	14
Primary	10.5	1,672	38.6	2.7	18.6	176
Secondary	9.2	3,291	36.1	1.9	23.7	304
More than secondary	8.0	156	*	*	*	12
Wealth quintile						
Lowest	11.4	1,189	38.1	0.5	18.7	136
Second	8.9	1,087	44.2	4.1	24.0	97
Middle	9.6	997	37.6	1.6	24.3	96
Fourth	9.1	1,101	29.3	1.6	31.8	100
Highest	9.3	833	33.4	4.9	13.0	78
Total	9.7	5,208	36.7	2.3	22.5	506

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]Excludes pharmacy, shop, and traditional practitioner

Advice or treatment was sought from a health facility or provider for 37 percent of the children with fever. Children with fever were more likely to have received an antibiotic than an antimalarial drug during the episode of the fever (23 percent versus 2 percent, respectively). Advice or treatment for fever was just as commonly sought for female children as male children (37 and 36 percent, respectively), but was more common for children in rural areas (39 percent) than for those

children in urban areas (30 percent). The percentage of children who took antimalarial and antibiotic drugs also varies by background characteristics.

10.5 DIARRHOEAL DISEASE

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children. Exposure to diarrhoea-causing agents is frequently related to the use of contaminated water and to unhygienic practices in food preparation and disposal of excreta.

The 2010-11 ZDHS obtained information on the prevalence of diarrhoea among young children by asking mothers whether their children under age 5 had had diarrhoea during the two weeks preceding the survey. When a child was identified as having had diarrhoea, information was collected on treatment and feeding practices during the diarrhoeal episode. The mother was also asked whether there was blood in the child's stools. Diarrhoea with blood in the stools indicates cholera or other diseases that need to be treated differently from diarrhoea in which there is no blood in the stools.

Table 10.7 Prevalence of diarrhoea

Percentage of children under age five who had diarrhoea in the two weeks preceding the survey, by background characteristics, Zimbabwe 2010-11

Background characteristic	Diarrhoea in the two weeks preceding the survey: All diarrhoea	Diarrhoea with blood	Number of children
Age in months			
<6	6.0	0.4	687
6-11	20.6	1.6	660
12-23	23.6	1.7	1,034
24-35	13.6	1.5	999
36-47	9.1	1.1	986
48-59	4.8	0.3	841
Sex			
Male	14.3	1.4	2,592
Female	12.1	0.9	2,616
Source of drinking water[1]			
Improved	12.4	0.9	3,907
Not improved	15.6	2.0	1,301
Toilet facility[2]			
Improved, not shared	11.3	0.6	1,556
Non-improved	14.1	1.4	3,652
Residence			
Urban	14.9	0.8	1,548
Rural	12.5	1.2	3,660
Province			
Manicaland	15.8	2.1	766
Mashonaland Central	14.2	0.6	563
Mashonaland East	12.3	0.3	505
Mashonaland West	14.6	0.7	628
Matabeleland North	14.2	1.0	256
Matabeleland South	7.5	1.0	263
Midlands	13.2	2.5	660
Masvingo	8.5	0.9	588
Harare	15.6	0.6	761
Bulawayo	9.7	0.7	219
Mother's Education			
No education	9.6	1.6	89
Primary	13.9	1.6	1,672
Secondary	13.2	0.9	3,291
More than secondary	7.7	0.0	156
Wealth quintile			
Lowest	13.2	1.7	1,189
Second	14.3	1.4	1,087
Middle	12.0	0.8	997
Fourth	14.3	1.0	1,101
Highest	12.0	0.4	833
Total	13.2	1.1	5,208

[1] See Table 2.1 for definition of categories.
[2] See Table 2.2 for definition of categories.

10.5.1 Prevalence of Diarrhoea

Table 10.7 shows that 13 percent of children under age 5 had a diarrhoeal episode in the two weeks preceding the survey and 1 percent had blood in the stool. The prevalence of diarrhoea jumped from 6 percent among children less than age 6 months to 21 percent among children age 6-11 months, and peaked at 24 percent among children age 12-23 months. This observation is expected because children age 6 months and older are typically introduced to complementary foods. Diarrhoea is somewhat more prevalent among children whose households do not have an improved source of drinking water (16 percent) compared with children from households that do (12 percent). Similarly, the prevalence of diarrhoea is higher among children whose households do not have an improved toilet facility or who share a facility with other households (14 percent) compared with households that have an improved, unshared toilet facility (11 percent). Urban children were slightly more likely to have had diarrhoea than rural children (15 versus 13 percent, respectively.) The prevalence of diarrhoea varies regionally: it was highest in Manicaland and Harare (16 percent each) and lowest in Matabeleland South (8 percent).

10.5.2 Treatment of Diarrhoea

A simple and effective response to dehydration caused by diarrhoea is oral rehydration therapy (ORT). Since 1982, the use of a home-based salt sugar solution (SSS) to combat dehydration from diarrhoea has been a method of ORT promoted by the Control of Diarrhoeal Disease Programme in the Ministry of Health and Child Welfare (Nathoo et al., 1987). Oral rehydration salt (ORS) sachets are also available in Zimbabwe.

Table 10.8 shows that advice or treatment was sought from a health facility/provider for 36 percent of the children suffering from diarrhoea. Advice and treatment were sought more often for children with bloody diarrhoea than for those with non-bloody diarrhoea (52 and 34 percent, respectively). Some form of ORT, either fluid from ORS sachets or recommended home fluids (RHF), was used to treat the diarrhoea in the majority of children (63 percent). Fifty-five percent of these children suffering from diarrhoea in the two weeks preceding the survey were given RHF, and 21 percent were given fluid from ORS sachets. Thirty-eight percent of the children were given increased amounts of other fluids. The majority of children (74 percent) were given either ORT or increased fluids. The other treatments given to children with diarrhoea were antibiotics (17 percent) and anti-motility drugs (3 percent) while a negligible proportion of children received zinc supplements or intravenous solutions. Home remedies were used to treat 9 percent of children. One in five children with diarrhoea did not receive any treatment.

Table 10.8 Diarrhoea treatment

Among children under age five who had diarrhoea in the two weeks preceding the survey, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage given oral rehydration therapy (ORT), the percentage given increased fluids, the percentage given ORT or increased fluids, and the percentage who were given other treatments, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of children with diarrhoea for whom advice or treatment was sought from a health facility or provider[1]	Oral rehydration therapy (ORT)					Other treatments						
		Fluid from ORS sachets	Recommended home fluids (RHF)	Either ORS or RHF	Increased fluids	ORT or increased fluids	Antibiotic drugs	Anti-motility drugs	Zinc supplements	Intravenous solution	Home remedy/ other	No treatment	Number of children with diarrhoea
Age in months													
<6	(16.6)	(12.4)	(25.7)	(28.0)	(24.3)	(47.9)	(11.8)	(3.0)	(0.0)	(0.0)	(15.9)	(39.7)	41
6-11	34.5	15.7	48.3	54.2	34.0	65.4	10.3	3.0	0.0	0.0	6.2	30.4	136
12-23	40.2	23.3	56.6	66.3	37.7	76.1	18.0	3.6	0.0	0.0	8.2	17.6	244
24-35	36.6	21.2	62.0	70.0	42.6	82.2	19.8	2.2	0.5	1.0	8.8	10.7	136
36-47	37.3	32.8	64.2	76.2	42.8	80.9	18.4	0.0	0.0	0.0	14.9	13.4	90
48-59	(26.6)	(4.9)	(56.6)	(59.9)	(33.6)	(68.6)	(18.2)	(0.0)	(0.0)	(0.0)	(8.3)	(19.1)	41
Sex													
Male	34.4	21.2	55.4	62.6	38.4	72.8	16.7	3.0	0.2	0.0	8.5	20.5	371
Female	37.4	20.6	54.9	64.0	36.6	74.7	16.4	1.9	0.0	0.4	10.1	18.6	317
Type of diarrhoea													
Non-bloody	34.1	20.4	54.4	62.4	37.9	72.9	16.1	1.9	0.1	0.2	8.8	20.3	628
Bloody	52.4	24.0	65.1	72.2	32.5	81.5	21.7	9.0	0.0	0.0	14.5	13.0	59
Residence													
Urban	37.2	25.9	61.4	68.0	47.7	79.6	22.6	2.1	0.0	0.6	6.5	14.5	230
Rural	35.1	18.4	52.0	60.9	32.5	70.8	13.5	2.7	0.2	0.0	10.7	22.2	458
Province													
Manicaland	38.4	19.5	57.0	62.1	42.0	78.2	15.7	7.3	0.0	1.2	11.7	14.6	121
Mashonaland Central	30.6	25.1	42.7	60.9	42.7	67.1	11.2	1.0	0.0	0.0	7.9	28.6	80
Mashonaland East	49.6	22.7	63.8	78.1	28.6	81.5	20.8	1.1	0.0	0.0	7.1	11.5	62
Mashonaland West	21.3	9.6	43.4	44.4	28.4	61.3	6.7	0.0	0.0	0.0	8.4	36.1	92
Matabeleland North	60.0	21.7	50.3	59.2	25.1	63.4	24.9	4.0	1.9	0.0	17.1	20.1	36
Matabeleland South	(34.9)	(12.3)	(71.2)	(77.6)	(48.0)	(85.9)	(8.2)	(0.0)	(0.0)	(0.0)	(10.8)	(10.1)	20
Midlands	30.7	28.4	50.5	61.7	35.8	71.3	14.2	1.2	0.0	0.0	9.5	22.3	87
Masvingo	(46.1)	(14.1)	(66.1)	(68.1)	(17.0)	(69.1)	(14.3)	(3.1)	(0.0)	(0.0)	(10.3)	(18.8)	50
Harare	32.9	27.7	59.9	68.3	55.0	82.3	29.3	1.6	0.0	0.0	6.6	10.9	119
Bulawayo	(34.0)	(10.4)	(77.7)	(77.7)	(28.9)	(82.2)	(8.9)	(4.5)	(0.0)	(0.0)	(7.6)	(15.4)	21
Mother's education													
No education	*	*	*	*	*	*	*	*	*	*	*	*	9
Primary	31.6	15.4	54.1	60.9	28.3	69.2	14.4	1.7	0.0	0.0	12.6	23.1	233
Secondary	38.4	24.0	56.0	64.9	42.2	76.3	18.5	3.0	0.2	0.3	7.2	17.9	434
More than secondary	*	*	*	*	*	*	*	*	*	*	*	*	12
Wealth quintile													
Lowest	37.4	17.8	47.6	58.0	31.3	63.9	8.6	2.7	0.4	0.0	12.6	25.3	157
Second	34.6	20.2	60.3	68.4	28.7	76.9	13.6	2.1	0.0	0.0	11.7	19.1	155
Middle	30.2	17.5	45.9	52.0	42.2	69.2	12.2	3.3	0.0	0.0	8.7	27.5	120
Fourth	36.7	23.1	59.7	67.1	46.3	81.3	18.6	0.6	0.0	0.0	5.2	13.5	157
Highest	40.3	27.6	63.1	71.0	41.8	77.5	35.6	4.9	0.0	1.4	7.4	11.8	100
Total	35.8	20.9	55.2	63.3	37.6	73.7	16.5	2.5	0.1	0.2	9.3	19.6	688

Notes: ORT includes fluid prepared from oral rehydration salt (ORS) sachets and recommended home fluids (RHF). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Excludes pharmacy, shop, and traditional practitioner

10.5.3 Feeding Practices during Diarrhoea

When a child has diarrhoea, mothers are encouraged to continue feeding their child the same amount of food as they would if the child did not have diarrhoea, and they are also encouraged to increase the child's fluid intake. These practices help to reduce dehydration and minimise the adverse consequences of diarrhoea on the child's nutritional status. In the 2010-11 ZDHS, mothers were asked whether they gave their child with diarrhoea less, the same amount, or more fluids and food than usual. Table 10.9 shows, by feeding practices, the percent distribution of children under age 5 who had diarrhoea in the two weeks preceding the survey, according to background characteristics.

Table 10.9 Feeding practices during diarrhoea

Percent distribution of children under age five who had diarrhoea in the two weeks preceding the survey by amount of liquids and food offered compared with normal practice, the percentage of children given increased fluids and continued feeding during the diarrhoea episode, and the percentage of children who continued feeding and were given ORT and/or increased fluids during the episode of diarrhoea, by background characteristics, Zimbabwe 2010-11

	Amount of liquids given							Amount of food given										
Background characteristic	More	Same as usual	Somewhat less	Much less	None	Don't know	Total	More	Same as usual	Somewhat less	Much less	None	Never gave food	Don't know	Total	Percentage given increased fluids and continued feeding[1]	Percentage who continued feeding and were given ORT and/or increased fluids[1]	Number of children with diarrhoea
Age in months																		
<6	(24.3)	(51.4)	(10.0)	(10.2)	(4.1)	(0.0)	100.0	(0.0)	(46.8)	(4.9)	(3.2)	(2.7)	(42.4)	(0.0)	100.0	(19.7)	(26.8)	41
6-11	34.0	41.6	14.4	7.6	2.4	0.0	100.0	5.0	34.2	22.6	19.1	9.6	9.5	0.0	100.0	19.4	35.8	136
12-23	37.7	32.2	17.5	12.1	0.1	0.4	100.0	9.7	28.5	25.7	24.3	10.1	1.3	0.4	100.0	24.1	45.9	244
24-35	42.6	35.6	12.9	8.0	0.9	0.0	100.0	8.9	34.1	27.9	21.4	7.1	0.5	0.0	100.0	33.2	57.6	136
36-47	42.8	32.4	14.6	8.7	1.5	0.0	100.0	3.9	32.5	35.2	25.9	2.5	0.0	0.0	100.0	30.3	54.4	90
48-59	(33.6)	(33.3)	(21.4)	(11.7)	(0.0)	(0.0)	100.0	(5.8)	(33.6)	(24.7)	(35.9)	(0.0)	(0.0)	(0.0)	100.0	(11.8)	(37.5)	41
Sex																		
Male	38.4	35.3	15.2	10.5	0.6	0.1	100.0	7.7	31.2	24.9	24.1	7.1	4.8	0.1	100.0	25.5	44.8	371
Female	36.6	36.8	15.6	9.1	1.8	0.2	100.0	6.2	34.4	26.1	20.2	7.7	5.1	0.2	100.0	24.0	46.8	317
Type of diarrhoea																		
Non-bloody	37.9	36.6	14.7	9.4	1.3	0.2	100.0	7.0	33.7	25.5	21.3	7.2	5.2	0.2	100.0	25.1	45.9	628
Bloody	32.5	30.0	23.0	14.5	0.0	0.0	100.0	7.6	22.8	23.5	34.1	8.9	3.0	0.0	100.0	20.1	42.0	59
Residence																		
Urban	47.7	29.2	11.2	9.4	2.0	0.5	100.0	10.7	30.6	25.8	25.0	6.1	1.3	0.5	100.0	35.0	51.2	230
Rural	32.5	39.3	17.5	10.0	0.7	0.0	100.0	5.2	33.7	25.4	21.0	8.0	6.8	0.0	100.0	19.7	42.9	458
Province																		
Manicaland	42.0	23.3	23.7	9.7	1.3	0.0	100.0	8.1	25.9	28.3	22.8	9.5	5.4	0.0	100.0	29.7	47.5	121
Mashonaland Central	42.7	38.6	11.8	7.0	0.0	0.0	100.0	1.7	36.5	27.0	22.5	12.3	0.0	0.0	100.0	22.2	39.2	80
Mashonaland East	28.6	48.0	20.5	1.4	1.5	0.0	100.0	4.7	37.9	22.8	9.2	17.0	8.5	0.0	100.0	14.4	49.8	62
Mashonaland West	28.4	47.2	13.2	9.2	1.6	0.4	100.0	6.8	40.7	28.1	10.3	6.8	6.9	0.4	100.0	25.0	45.6	92
Matabeleland North	25.1	48.3	19.7	6.9	0.0	0.0	100.0	1.9	36.2	39.3	11.1	3.4	8.1	0.0	100.0	15.6	51.0	36
Matabeleland South	(48.0)	(42.8)	(9.2)	(0.0)	(0.0)	(0.0)	100.0	(13.0)	(56.1)	(12.0)	(18.9)	(0.0)	(0.0)	(0.0)	100.0	(31.6)	(67.0)	20
Midlands	35.8	36.7	17.4	10.1	0.0	0.0	100.0	6.6	31.0	23.9	26.8	4.8	7.0	0.0	100.0	18.3	38.1	87
Masvingo	(17.0)	(44.6)	(13.4)	(25.0)	(0.0)	(0.0)	100.0	(1.9)	(29.6)	(11.2)	(44.8)	(3.9)	(8.5)	(0.0)	100.0	(7.3)	(26.3)	50
Harare	55.0	23.1	9.1	11.9	0.9	0.0	100.0	14.7	28.2	28.9	25.8	1.1	1.1	0.0	100.0	43.2	58.4	119
Bulawayo	(28.9)	(35.1)	(5.4)	(14.0)	(13.5)	(3.1)	100.0	(3.2)	(18.0)	(10.0)	(40.2)	(18.8)	(6.6)	(3.1)	100.0	(11.4)	(25.3)	21
Mother's education																		
No education	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	*	*	9
Primary	28.3	40.6	20.6	10.1	0.4	0.0	100.0	6.2	30.3	26.2	21.2	8.5	7.6	0.0	100.0	18.7	41.8	233
Secondary	42.2	33.5	12.9	9.5	1.6	0.2	100.0	7.8	33.5	25.7	22.3	7.0	3.4	0.2	100.0	27.9	48.2	434
More than secondary	*	*	*	*	*	*	100.0	*	*	*	*	*	*	*	100.0	*	*	12
Wealth quintile																		
Lowest	31.3	45.0	14.9	8.8	0.0	0.0	100.0	6.3	32.5	23.3	20.8	6.4	10.7	0.0	100.0	16.1	34.9	157
Second	28.7	41.2	17.3	12.4	0.4	0.0	100.0	5.2	35.5	23.1	23.2	9.0	3.9	0.0	100.0	16.3	45.7	155
Middle	42.2	31.9	14.9	8.6	2.5	0.0	100.0	4.9	37.3	30.3	19.0	6.5	2.1	0.0	100.0	33.3	48.8	120
Fourth	46.3	28.5	14.7	7.5	2.3	0.7	100.0	10.8	28.2	27.3	22.4	6.9	3.8	0.7	100.0	33.3	53.9	157
Highest	41.8	30.2	14.7	12.6	0.7	0.0	100.0	7.7	30.0	24.0	27.1	8.4	2.8	0.0	100.0	28.1	46.1	100
Total	37.6	36.0	15.4	9.8	1.1	0.2	100.0	7.0	32.7	25.5	22.3	7.4	5.0	0.2	100.0	24.8	45.7	688

Notes: It is recommended that children should be given more liquids to drink during diarrhoea and food should not be reduced. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Continued feeding practices include children who were given more, the same as usual, or somewhat less food during the diarrhoea episode.

Thirty-six percent of children with diarrhoea were given the same amount of liquids as usual, and 38 percent were given more. It is of concern that 15 percent of the children were given somewhat less to drink than usual, and that 10 percent were given much less to drink during the diarrhoea episode. Thirty-three percent of children were given the same amount of food as usual, 7 percent were given more food, 26 percent were given somewhat less food, and 22 percent were given much less food. Seven percent of children were not given any food during the diarrhoea episode. Overall, only 25 percent of children had increased fluid intake and continued feeding. Forty-six percent of children were given ORT and/or increased fluids, and continued feeding.

10.6 Knowledge of ORS Sachets

To ascertain respondents' knowledge of ORS in Zimbabwe, women were asked whether they had heard of a special product called an ORS sachet that can be used to treat diarrhoea. Table 10.10 presents information on the percentage of mothers with a birth in the five years preceding the survey who had heard of ORS sachets. Forty-nine percent of women are aware of ORS sachets. Knowledge of ORS sachets generally increases with age, from a low of 40 percent among women age 15-19 to a high of 51 percent among women age 25-34. Knowledge of ORS sachets is more common among women who reside in urban areas (57 percent) than among those in rural areas (45 percent). Women in Matabeleland South are least likely to have heard of ORS sachets (25 percent); women in Harare and Mashonaland West are the most likely to know of ORS sachets (60 percent each). Knowledge of ORS sachets rises with education level and wealth quintile.

Table 10.10 Knowledge of ORS sachets

Percentage of women age 15-49 with a live birth in the five years preceding the survey who know about ORS sachets for treatment of diarrhoea by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of women who know about ORS sachets	Number of women
Age		
15-19	40.2	361
20-24	48.6	1,259
25-34	50.9	2,059
35-49	47.3	748
Residence		
Urban	57.4	1,382
Rural	44.8	3,044
Province		
Manicaland	56.3	628
Mashonaland Central	56.1	471
Mashonaland East	47.4	426
Mashonaland West	60.4	552
Matabeleland North	27.4	215
Matabeleland South	24.6	213
Midlands	40.7	548
Masvingo	33.2	496
Harare	60.4	689
Bulawayo	47.9	189
Education		
No education	24.3	77
Primary	39.5	1,375
Secondary	52.8	2,835
More than secondary	72.1	139
Wealth quintile		
Lowest	38.7	957
Second	44.4	908
Middle	48.6	847
Fourth	52.0	971
Highest	63.0	743
Total	48.8	4,426

ORS = Oral rehydration salts

10.6 Disposal of Children's Stools

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

Table 10.11 presents information on the disposal of faecal matter of children under age 5, according to background characteristics. Eighty-three percent of children had their last stool disposed of safely. Access to an improved toilet or latrine is clearly a factor in determining whether or not faecal matter was safely disposed of. For example, 95 percent of children who had access to an improved, non-shared toilet facility had their last stool disposed of safely compared with 78 percent of children who did not. Children in urban areas were more likely than those in rural areas to have had their last stool safely disposed of (95 and 77 percent, respectively). The proportion of children whose last stool was disposed of safely also rose with the mother's education and the wealth quintile.

Table 10.11 Disposal of children's stools

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last stool, and percentage of children whose stools are disposed of safely, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Manner of disposal of children's stools:							Total	Percentage of children whose stools are disposed of safely[1]	Number of children
	Child used toilet or latrine	Put/rinsed into toilet or latrine	Buried	Put/rinsed into drain or ditch	Thrown into garbage	Left in the open	Other			
Age of child in months										
<6	4.7	60.6	11.4	13.3	4.0	6.0	0.1	100.0	76.7	678
6-11	4.5	57.5	15.5	15.3	3.6	3.5	0.2	100.0	77.5	647
12-23	8.8	53.2	20.3	7.5	4.4	5.4	0.2	100.0	82.4	963
24-35	32.7	31.6	22.6	3.0	2.2	7.8	0.2	100.0	86.8	787
36-47	51.5	15.3	22.4	1.1	0.7	9.0	0.2	100.0	89.1	571
48-59	59.4	10.2	16.0	0.4	0.8	12.6	0.2	100.0	85.6	385
Toilet facility										
Improved, not shared[2]	31.0	57.8	5.5	2.9	1.4	1.4	0.0	100.0	94.3	1,208
Non-improved or shared	19.6	34.4	23.9	9.1	3.5	9.2	0.3	100.0	77.8	2,823
Residence										
Urban	35.0	58.1	1.9	3.4	1.1	0.2	0.2	100.0	95.1	1,221
Rural	17.7	34.2	25.5	8.9	3.6	9.8	0.2	100.0	77.4	2,810
Province										
Manicaland	18.9	51.2	15.3	8.7	2.4	3.2	0.0	100.0	85.4	572
Mashonaland Central	17.9	42.6	16.0	5.1	3.5	15.0	0.0	100.0	76.4	428
Mashonaland East	24.7	44.3	20.4	7.7	1.3	1.3	0.3	100.0	89.5	403
Mashonaland West	28.8	34.1	20.6	6.7	2.2	7.0	0.7	100.0	83.5	504
Matabeleland North	6.3	23.8	41.2	9.1	6.0	13.3	0.3	100.0	71.3	201
Matabeleland South	15.4	38.2	11.0	8.2	7.8	18.8	0.6	100.0	64.6	196
Midlands	17.4	31.6	32.4	7.7	1.0	9.9	0.0	100.0	81.4	505
Masvingo	22.3	24.2	26.4	11.8	6.4	8.8	0.0	100.0	72.9	455
Harare	33.8	59.2	1.5	4.7	0.6	0.0	0.1	100.0	94.6	600
Bulawayo	37.0	58.3	0.3	0.4	3.7	0.3	0.0	100.0	95.6	167
Mother's education										
No education	17.9	21.0	35.5	6.4	4.0	13.8	1.3	100.0	74.5	70
Primary	17.4	30.9	26.0	10.0	4.2	11.3	0.2	100.0	74.3	1,252
Secondary	25.6	45.9	15.0	6.2	2.3	4.9	0.1	100.0	86.5	2,593
More than secondary	28.4	68.5	0.0	2.2	1.0	0.0	0.0	100.0	96.8	115
Wealth quintile										
Lowest	11.1	15.3	38.0	12.1	5.4	17.7	0.3	100.0	64.3	892
Second	16.9	31.7	29.1	9.6	4.0	8.7	0.1	100.0	77.7	842
Middle	22.4	48.8	14.3	7.3	2.2	4.9	0.2	100.0	85.5	780
Fourth	32.7	57.2	4.3	4.0	0.9	0.8	0.2	100.0	94.2	877
Highest	34.9	60.2	1.2	2.0	1.5	0.1	0.1	100.0	96.3	641
Total	23.0	41.4	18.4	7.3	2.9	6.9	0.2	100.0	82.8	4,031

Note: Total includes 1 case for which manner of disposal of stools was missing.
[1]Children's stools are considered to be disposed of safely if the child used a toilet or latrine, if the faecal matter was put/rinsed into a toilet or latrine or if it was buried.
[2]Non-shared facilities that are of the types: flush or pour flush into a piped sewer system/septic tank/pit latrine; ventilated, improved pit (VIP) latrine; and a pit latrine with a slab

NUTRITION OF CHILDREN AND ADULTS 11

Key Findings

- Among children under age 5 at the time of the survey, 32 percent were stunted (short for their age), 3 percent were wasted (thin for their height), and 10 percent were underweight (thin for their age). Six percent of children were overweight (heavy for their height).
- Among last-born children under age 2, 97 percent were breastfed at some point in their life. Only 31 percent of children were exclusively breastfed throughout the first six months of life.
- Among children born in the three years preceding the survey, the median breastfeeding duration is 17.8 months. Exclusive breastfeeding, in contrast, is relatively short, with a median duration of 1.1 months.
- Feeding practices of only 11 percent of children age 6-23 months meet the minimum standards with respect to all three of the infant and young child feeding (IYCF) practices.
- More than half of Zimbabwean children (56 percent) age 6-59 months are anaemic, 27 percent are mildly anaemic, 29 percent are moderately anaemic, and 1 percent are severely anaemic.
- Sixty-six percent of children age 6-59 months received vitamin A supplements in the past 6 months, and 94 percent live in households with iodized salt.
- Overall, 62 percent of women and 75 percent of men have a body mass index (BMI) in the normal range. Nearly one in three women are overweight, and 11 percent are obese.
- Twenty-eight percent of women and 14 percent of men are anaemic.

This chapter focuses on the nutritional status of children and adults and complements other recent surveys on nutrition that have been conducted in Zimbabwe (MOHCW and FNC, 2011). The chapter describes the nutritional status of children under age 5; infant and young child feeding practices, including breastfeeding and feeding with solid/semisolid foods; diversity of foods fed and frequency of feeding; and micronutrient status, supplementation, and fortification. The discussion also covers the nutritional status of women and men age 15-49.

11.1 NUTRITIONAL STATUS OF CHILDREN

The anthropometric data on height and weight collected in the 2010-11 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. Marked differences, especially with regard to height-for-age, weight-for-height, and weight-for-age, are often seen among different subgroups of children within the country.

11.1.1 Measurement of Nutritional Status among Young Children

The 2010-11 ZDHS collected data on the nutritional status of children by measuring the height and weight of children under age 5 in all sampled households, regardless of whether their mother was interviewed in the survey. Data were collected with the aim of calculating three indices: height-for-age, weight-for-height, and weight-for-age. Weight measurements were obtained using lightweight SECA mother-infant scales with a digital screen, designed and manufactured under the guidance of UNICEF. Height measurements were carried out using a Shorr Productions measuring board. Children younger than 24 months were measured lying down on the board (recumbent length), and standing height was measured for older children.

For the 2010-11 ZDHS, the nutritional status of children was calculated using new growth standards published by WHO in 2006. These standards were generated through data collected in the WHO Multicentre Growth Reference Study (WHO, 2006). That study, which involved a sample of 8,440 children drawn from six countries across the world, was designed to describe how children should grow under optimal conditions. The WHO child growth standards can therefore be used to assess children all over the world, regardless of ethnicity, social and economic influences, and feeding practices. Each of the three nutritional status indicators described below is expressed in standard deviation units from the median of the Multicentre Growth Reference Study sample. The nutritional status of children in the 2010-11 ZDHS according to the NCHS/CDC/WHO reference population, which was used in previous ZDHS reports, is shown in Appendix Table C.7.

Each of these indices—height-for-age, weight-for-height, and weight-for-age—provides different information about growth and body composition that can be used to assess nutritional status. The height-for-age index is an indicator of linear growth retardation and cumulative growth deficits. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the reference population are considered short for their age (stunted), or chronically malnourished. Children who are below minus three standard deviations (-3 SD) are considered severely stunted. Stunting reflects failure to receive adequate nutrition over a long period and is also affected by recurrent and chronic illness. Height-for age, therefore, represents the long-term effects of malnutrition (specifically, undernutrition) in a population and is not sensitive to recent, short-term changes in dietary intake.

The weight-for-height index measures body mass in relation to body height or length and describes current nutritional status. Children whose Z-scores are below minus two standard deviations (-2 SD) from the median of the reference population are considered thin (wasted), or acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey. It may result from inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children whose weight-for-height is below minus three standard deviations (-3 SD) are considered severely wasted.

Overweight and obesity are other forms of malnutrition that are increasingly becoming concerns for some children in developing countries. Children whose Z-scores are plus 2 standard deviations (+2 SD) above the median for weight-for-height are considered overweight.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviations (-2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) from the median are considered severely underweight.

Z-score means are also calculated as summary statistics representing the nutritional status of children in a population. These mean scores describe the nutritional status of the entire population without the use of a cutoff. A mean Z-score of less than 0 (i.e., a negative value for stunting, wasting, or underweight) suggests that the distribution of an index has shifted downward and that most if not all children in the population suffer from undernutrition relative to the reference population.

11.1.2 Data Collection

Height and weight measurements were obtained for 5,976 children under age 5 who were present in the ZDHS sample households at the time of the survey. The following analysis focuses on

the 5,260 children (88 percent) for whom complete and credible anthropometric and age data were collected.

11.1.3 Levels of Child Malnutrition

Table 11.1 and Figure 11.1 show the percentage of children under age 5 classified as malnourished according to the three anthropometric indices of nutritional status (height-for-age, weight-for-height, and weight-for-age). Overall, at the time of the 2010-11 ZDHS, 32 percent of children were stunted, 3 percent were wasted, 10 percent were underweight, and 6 percent were overweight.

The percentage of stunting initially increases with a child's age, with prevalence peaking in the age range of 24-35 months (49 percent), before declining somewhat as children approach their fifth birthday (26 percent of children age 48-59 months are stunted). Twenty percent of Zimbabwean children age 18-23 months are severely stunted. The prevalence of wasting is highest among children age 9-11 months (8 percent), and children age 18-23 months are most likely to be underweight (16 percent).

As can be seen in Table 11.1, boys are more likely to be malnourished than girls across all indices. Rates of stunting, wasting, and underweight are higher among children reported as very small and small at birth than among children reported as average or larger at birth. In addition, the prevalence of stunting, wasting, and underweight is higher among children born to underweight mothers than among those born to normal-weight or overweight mothers. Undernutrition levels vary by residence; rates of stunting, wasting, and underweight are higher among rural children than urban children. By province, Mashonaland East has the highest prevalence of stunting (35 percent), while Matabeleland North has the highest prevalence of wasting and underweight (6 percent and 14 percent, respectively).

The prevalence of stunting is correlated with the education level of the mother. Stunting is highest among children whose mothers have no education (41 percent) and lowest among children whose mothers have more than a secondary education (19 percent). Wasting and underweight are also less prevalent among children of mothers with more than a secondary education than among children of mothers with less education, although the relationship is not linear. Similarly, children in the highest wealth quintile are less likely to suffer from undernutrition than those in lower wealth quintiles, but, with the exception of underweight, the relationship is nonlinear.

By age, the prevalence of overweight is highest among children under 6 months (13 percent). The prevalence of overweight children differs only slightly by sex or size at birth, but children whose mothers are overweight or obese are more likely than other children to be overweight (7 percent compared with 3-5 percent). The prevalence of overweight children is nearly identical in urban and rural areas but varies by province: Manicaland has the highest prevalence of overweight children (9 percent) and Mashonaland Central the lowest (3 percent). The prevalence of overweight children increases with the education level of the mother and, to a lesser extent, with wealth quintile. Fifteen percent of children whose mothers have more than a secondary education are overweight, compared with 4 percent of those whose mothers have no education or only a primary education.

Table 11.1 Nutritional status of children

Percentage of children under age five classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Zimbabwe 2010-11

Background characteristic	Height-for-age[1]			Weight-for-height				Weight-for-age				Number of children
	Percent-age below -3 SD	Percent-age below -2 SD[2]	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD[2]	Percent-age above +2 SD	Mean Z-score (SD)	Percent-age below -3 SD	Percent-age below -2 SD[2]	Percent-age above +2 SD	Mean Z-score (SD)	
Age in months												
<6	3.6	9.8	-0.3	1.4	5.3	13.1	0.3	1.4	5.3	2.9	0.0	580
6-8	3.1	13.6	-0.6	1.6	3.7	4.9	0.1	0.7	5.1	1.4	-0.3	320
9-11	8.8	17.3	-0.9	1.6	8.1	6.9	0.0	2.8	10.7	2.5	-0.5	312
12-17	10.0	30.3	-1.3	0.8	3.4	5.5	0.0	1.7	10.2	1.4	-0.6	595
18-23	20.3	47.4	-1.8	1.0	5.4	5.7	0.0	3.4	15.8	1.2	-0.9	434
24-35	17.9	48.5	-1.9	0.4	1.7	5.7	0.4	2.4	11.0	1.1	-0.8	1,065
36-47	11.4	37.2	-1.7	0.1	1.2	3.5	0.2	1.8	10.0	0.1	-0.8	1,039
48-59	5.5	25.9	-1.4	0.1	1.7	2.3	0.0	1.0	8.7	0.2	-0.8	915
Sex												
Male	12.5	35.7	-1.5	0.8	3.6	6.3	0.2	1.8	11.1	1.4	-0.7	2,604
Female	9.0	28.3	-1.3	0.5	2.4	4.7	0.1	1.9	8.4	0.8	-0.6	2,656
Birth interval in months[3]												
First birth[4]	9.8	30.7	-1.4	1.0	2.7	5.3	0.2	1.3	7.7	0.5	-0.7	1,308
<24	12.8	35.6	-1.5	0.0	2.5	4.8	0.3	1.9	12.4	0.9	-0.7	232
24-47	11.6	34.2	-1.4	0.8	4.0	6.0	0.2	2.6	10.1	1.2	-0.7	1,309
48+	9.9	27.9	-1.2	0.5	2.9	4.6	0.1	1.1	9.9	1.3	-0.6	1,459
Size at birth[3]												
Very small	24.0	49.8	-2.0	0.9	3.8	4.7	-0.1	6.3	24.6	0.0	-1.3	117
Small	14.0	37.8	-1.7	1.8	4.8	4.4	-0.2	4.1	19.8	0.2	-1.1	365
Average or larger	9.7	29.8	-1.3	0.6	3.0	5.4	0.2	1.3	8.0	1.2	-0.6	3,729
Mother's interview status												
Interviewed	10.5	31.1	-1.3	0.7	3.1	5.3	0.2	1.6	9.4	1.0	-0.6	4,309
Not interviewed but in household	11.7	29.3	-1.3	0.6	3.4	9.4	0.2	3.6	10.5	3.0	-0.5	185
Not interviewed and not in household[5]	11.8	37.6	-1.6	0.2	1.9	5.8	0.2	2.6	10.9	0.8	-0.8	766
Mother's nutritional status[6]												
Thin (BMI < 18.5)	17.5	40.3	-1.6	0.4	8.2	3.2	-0.5	6.1	22.5	0.6	-1.2	276
Normal (BMI 18.5-24.9)	11.0	32.1	-1.4	0.9	3.4	4.8	0.1	1.6	9.8	0.7	-0.7	2,835
Overweight/ obese (BMI ≤ 25)	8.4	26.5	-1.2	0.4	1.6	6.8	0.4	1.0	6.3	2.0	-0.4	1,256
Residence												
Urban	8.0	27.5	-1.3	0.6	2.1	5.4	0.2	1.3	8.1	1.6	-0.5	1,304
Rural	11.7	33.4	-1.4	0.7	3.2	5.5	0.1	2.0	10.2	0.9	-0.7	3,956
Province												
Manicaland	9.1	33.7	-1.5	0.1	2.1	8.8	0.4	1.7	8.1	1.5	-0.6	786
Mashonaland Central	10.5	32.9	-1.4	0.3	3.8	2.9	0.0	2.2	12.0	0.6	-0.8	576
Mashonaland East	13.5	34.9	-1.4	1.1	3.8	5.0	0.1	2.5	9.5	1.0	-0.7	569
Mashonaland West	12.0	31.2	-1.3	1.1	2.4	6.4	0.2	1.6	10.2	1.7	-0.6	642
Matabeleland North	10.8	33.8	-1.4	1.9	5.8	4.8	-0.1	2.2	14.4	0.4	-0.9	258
Matabeleland South	12.7	30.7	-1.4	1.4	4.1	5.3	0.1	2.1	12.0	1.2	-0.7	304
Midlands	11.9	32.7	-1.4	0.2	2.7	4.2	0.1	1.8	10.5	0.3	-0.8	715
Masvingo	9.9	30.7	-1.3	0.6	2.1	5.5	0.3	1.5	6.5	1.3	-0.5	618
Harare	9.3	29.0	-1.4	0.8	2.8	4.6	0.2	2.0	8.9	1.1	-0.6	601
Bulawayo	5.1	26.2	-1.2	0.0	2.3	6.8	0.3	0.8	7.9	1.8	-0.4	191
Mother's education[7]												
No education	11.9	40.5	-1.6	1.2	2.8	4.4	0.1	2.6	10.8	2.2	-0.9	95
Primary	11.9	33.6	-1.4	0.9	3.6	4.3	0.1	2.0	11.3	0.8	-0.7	1,493
Secondary	10.0	29.8	-1.3	0.7	3.0	5.7	0.2	1.6	8.8	1.2	-0.6	2,793
More than secondary	5.8	18.5	-0.8	0.0	1.0	15.2	0.6	1.0	2.1	4.2	0.0	113
Wealth quintile												
Lowest	12.8	36.8	-1.5	0.9	3.2	4.4	0.1	2.2	12.0	0.8	-0.8	1,249
Second	11.3	32.0	-1.4	0.8	3.3	4.2	0.1	2.4	11.1	1.0	-0.7	1,173
Middle	12.9	35.0	-1.5	0.3	2.9	5.8	0.2	2.3	9.0	0.5	-0.7	1,087
Fourth	8.6	28.6	-1.3	0.8	3.7	6.8	0.2	1.2	8.8	1.5	-0.5	1,028
Highest	6.1	23.8	-1.1	0.3	1.1	7.1	0.3	0.6	5.7	2.0	-0.4	723
Total	10.7	32.0	-1.4	0.7	3.0	5.5	0.2	1.9	9.7	1.1	-0.7	5,260

Note: Table is based on children who stayed in the household on the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the WHO child growth standards adopted in 2006. The indices in this table are NOT comparable to those based on the previously used 1977 NCHS/CDC/WHO reference. The table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes 98 cases with information missing on size at birth that are not shown separately.

[1] Recumbent length is measured for children under age 2 and in the few cases when the age of the child is unknown and the child is less than 85 cm; standing height is measured for all other children.

[2] Includes children who are below -3 standard deviations from the WHO growth standards population median

[3] Excludes children whose mothers were not interviewed

[4] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

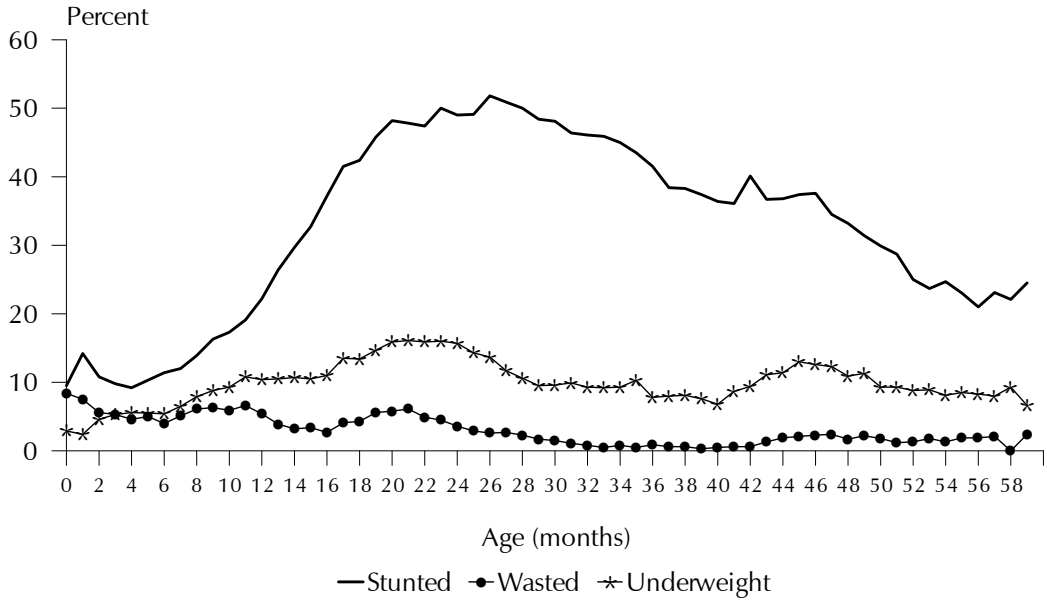
[5] Includes children whose mothers are deceased

[6] Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (body mass index) is presented in Table 11.10.

[7] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

The mean stunting, wasting, and underweight Z-scores for children under age 5 are -1.4, 0.2, and -0.7, respectively. Scores of less than zero on these indices suggest that nutritional status is poorer on average than that of the reference population.

Figure 11.1 Nutritional Status of Children by Age



Note: *Stunting* reflects chronic malnutrition; *wasting* reflects acute malnutrition; *underweight* reflects chronic or acute malnutrition or a combination of both.
Plotted values are smoothed by a 5-month moving average.
Classifications of nutritional status are based on the WHO child growth standards.

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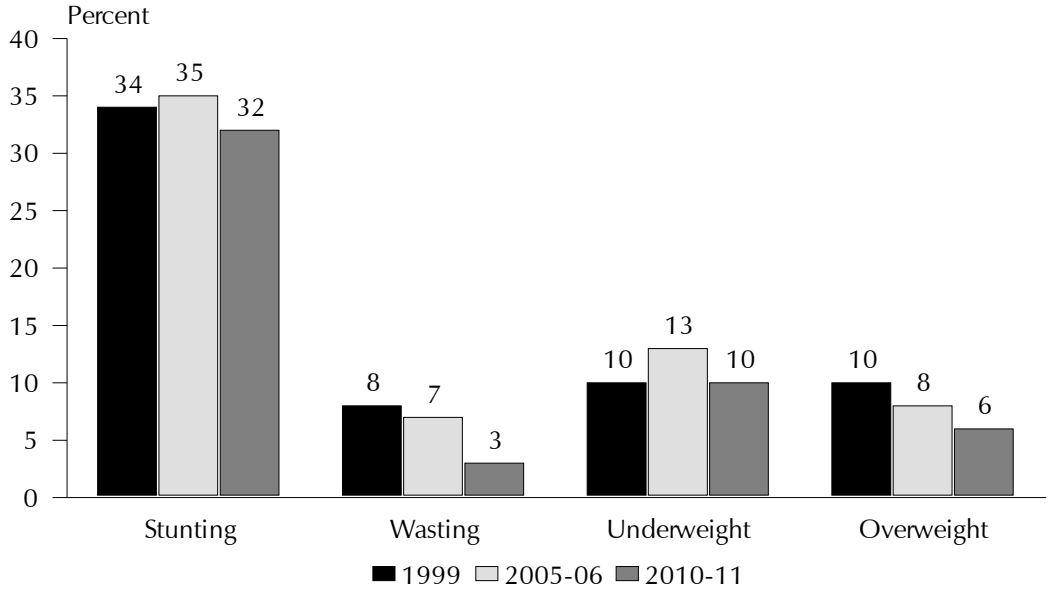
11.1.4 Trends in Child Malnutrition

Figure 11.2 shows trends in the nutritional status of children in Zimbabwe using anthropometric measurements from the 1999 ZDHS, 2005-06 ZDHS, and 2010-11 ZDHS. To assess trends, the anthropometric measures from the 1999 and 2005-06 surveys were recalculated using the new WHO growth standards. The results show that the prevalence of stunting and underweight increased slightly between 1999 and 2005-06 and decreased between 2005-06 and 2010-11. In contrast, the prevalence of wasting and overweight shows a continuous decline since 1999.

Figure 11.2 Trends in Nutritional Status of Children under Age 5



Note: Classifications of nutritional status are based on the WHO child growth standards. ZDHS 2010-11

11.2 BREASTFEEDING

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

11.2.1 Initiation of Breastfeeding

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

The Ministry of Health and Child Welfare promotes rooming-in of all new infants in maternity hospitals and breastfeeding within the first hour of birth to foster bonding and protect children from harsh external environments. Table 11.2 shows that 97 percent of last-born children who were born in the two years preceding the survey were breastfed at some point in their life. Differences by background characteristics generally were not large, although infants whose mothers had no assistance at delivery were least likely to ever have been breastfed (89 percent).

Table 11.2 Initial breastfeeding

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth; and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics, Zimbabwe 2010-11

	Among last-born children born in the past two years:				Among last-born children born in the past two years who were ever breastfed:	
Background characteristic	Percentage ever breastfed	Percentage who started breastfeeding within one hour of birth	Percentage who started breastfeeding within one day of birth[1]	Number of last-born children	Percentage who received a prelacteal feed[2]	Number of last-born children ever breastfed
Sex						
Male	95.9	65.3	91.7	1,225	11.5	1,174
Female	97.2	65.1	91.8	1,224	14.8	1,190
Assistance at delivery						
Health professional[3]	96.4	70.4	92.8	1,588	9.4	1,531
Traditional birth attendant	96.4	55.4	90.4	342	18.3	329
Village health worker	100.0	68.2	96.3	109	29.9	109
Other	97.7	54.3	88.7	340	20.8	332
No one	89.1	44.7	80.7	69	8.7	62
Place of delivery						
Health facility	96.4	69.8	92.6	1,562	9.4	1,506
At home	96.9	57.5	90.2	850	20.1	823
Other	(96.0)	(47.9)	(88.3)	36	(9.9)	34
Residence						
Urban	94.8	64.5	90.5	718	12.8	681
Rural	97.3	65.5	92.2	1,730	13.3	1,683
Province						
Manicaland	96.6	61.3	92.3	366	11.5	353
Mashonaland Central	97.8	49.5	87.4	254	24.4	248
Mashonaland East	98.5	75.1	94.3	257	8.5	253
Mashonaland West	96.0	59.5	91.2	296	19.5	284
Matabeleland North	97.8	82.5	95.7	115	10.9	112
Matabeleland South	94.4	74.0	90.1	124	10.9	117
Midlands	98.9	71.0	94.3	298	12.2	295
Masvingo	98.2	70.8	95.4	277	4.7	272
Harare	92.2	61.9	87.4	352	16.3	324
Bulawayo	95.0	59.4	90.5	111	5.5	105
Mother's education						
No education	(100.0)	(61.9)	(94.1)	28	(5.9)	28
Primary	96.4	68.7	91.7	767	15.5	740
Secondary	96.8	63.5	91.8	1,573	12.2	1,523
More than secondary	91.7	66.7	88.8	80	11.1	73
Wealth quintile						
Lowest	96.3	66.2	92.0	543	13.7	523
Second	97.5	65.3	92.4	515	14.6	503
Middle	97.8	64.2	93.2	478	12.9	467
Fourth	96.2	67.3	90.5	519	13.7	499
Highest	94.7	62.2	90.1	393	9.9	372
Total	96.6	65.2	91.7	2,448	13.1	2,364

Notes: Table is based on last-born children born in the two years preceding the survey regardless of whether the children were living or dead at the time of the interview. Figures in parentheses are based on 25-49 unweighted cases.

[1] Includes children who started breastfeeding within one hour of birth

[2] Children given something other than breast milk during the first three days of life

[3] Doctor, nurse-midwife, or nurse

Sixty-five percent of infants were breastfed within one hour of birth, and 9 of 10 began breastfeeding within one day of birth (92 percent). The proportion of children breastfed within one hour of birth was higher among those delivered in a health facility (70 percent) than among those born at home (58 percent). The likelihood of an infant breastfeeding within one hour of birth varied markedly by province, ranging from a low of 50 percent in Mashonaland Central to a high of 83 percent in Matabeleland North.

The practice of giving prelacteal feeds limits the frequency of suckling by the infant and exposes the baby to the risk of infection. Table 11.2 shows that most infants were not given prelacteal feeds. Overall, only 13 percent of newborns received prelacteal feeds, with the practice being most common among infants delivered at home (20 percent), those delivered by a village health worker

(30 percent), those whose families resided in Mashonaland Central (24 percent), and those whose mothers had only a primary education (16 percent). Infants in the highest wealth quintile were less likely to receive a prelacteal feed than infants in the other wealth quintiles.

11.2.2 Breastfeeding Status by Age

Breast milk contains all of the nutrients needed by children in the first six months of life and is an uncontaminated nutritional source. Complementing breast milk before age 6 months is unnecessary and is indeed discouraged because the likelihood of contamination and resulting risk of diarrhoeal disease are high. Early initiation of complementary feeding also reduces breast milk output because the production and release of breast milk is modulated by the frequency and intensity of suckling.

Table 11.3 shows breastfeeding practices by child age.[1] Although only 31 percent of infants under age 6 months are exclusively breastfed, this is a 9 percentage point increase from the figure reported in the 2005-06 ZDHS (22 percent). Contrary to the recommendation that children under 6 months be exclusively breastfed, 26 percent of infants consume plain water, 2 percent consume non-milk liquids, 1 percent consume other milk, and 36 percent consume complementary foods in addition to breast milk. More than 8 in 10 children age 6-9 months receive timely complementary foods, and 70 percent of children age 18-23 months have been weaned.

Table 11.3 Breastfeeding status by age

Percent distribution of youngest children under age two who are living with their mother by breastfeeding status and the percentage currently breastfeeding; and the percentage of all children under age twp using a bottle with a nipple, according to age in months, Zimbabwe 2010-11

	Breastfeeding status										
Age in months	Not breast-feeding	Exclusively breastfed	Breast-feeding and consuming plain water only	Breast-feeding and consuming non-milk liquids[1]	Breast-feeding and consuming other milk	Breast-feeding and consuming comple-mentary foods	Total	Percentage currently breast-feeding	Number of youngest children under two years living with their mother	Percentage using a bottle with a nipple	Number of all children under two years
0-1	2.7	60.6	24.3	0.5	1.9	10.0	100.0	97.3	167	1.5	169
2-3	4.1	30.2	25.2	3.5	1.5	35.5	100.0	95.9	236	6.6	238
4-5	2.9	14.8	28.0	2.0	0.6	51.6	100.0	97.1	275	8.8	280
6-8	3.5	4.5	9.4	0.0	0.3	82.2	100.0	96.5	326	8.7	333
9-11	6.5	0.2	3.4	1.3	0.3	88.5	100.0	93.5	321	9.1	327
12-17	17.4	1.8	2.1	0.2	0.1	78.4	100.0	82.6	586	9.1	600
18-23	70.3	0.4	0.8	0.4	0.2	27.9	100.0	29.7	377	6.7	434
0-3	3.5	42.8	24.8	2.3	1.7	24.9	100.0	96.5	403	4.4	407
0-5	3.3	31.4	26.1	2.2	1.2	35.8	100.0	96.7	678	6.2	687
6-9	4.3	3.6	8.6	0.5	0.2	82.7	100.0	95.7	423	8.6	430
12-15	12.7	1.7	2.7	0.2	0.0	82.7	100.0	87.3	411	9.6	418
12-23	38.1	1.3	1.6	0.2	0.2	58.6	100.0	61.9	963	8.1	1,034
20-23	80.5	0.6	0.9	0.0	0.0	17.9	100.0	19.5	252	5.7	296

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children who are classified as breastfeeding and consuming plain water only consumed no liquid or solid supplements. The categories of not breastfeeding, exclusively breastfed, and breastfeeding and consuming plain water, non-milk liquids, other milk, and complementary foods (solids and semisolids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus, children who receive breast milk and non-milk liquids and who do not receive complementary foods are classified in the non-milk liquid category even though they may also be given plain water. Any children who receive complementary food are classified in that category as long as they are breastfeeding as well.
[1] Non-milk liquids include juice, juice drinks, clear broth, and/or soup or other liquids.

[1] When comparing the results of the 2010-11 ZDHS with previous ZDHS surveys, note that the 2010-11 table on breastfeeding status by age is restricted to the youngest children and all children under age 2 living with their mothers, instead of the youngest children and all children under age 3 living with their mothers (as in the 1999 ZDHS and 2005-06 ZDHS).

Feeding children using a bottle with a nipple is discouraged and is not a common practice in Zimbabwe; only 6 percent of children below age 6 months are fed using a bottle with a nipple. The prevalence of bottle-feeding is highest among children age 12-15 months (10 percent).

Figure 11.3 depicts the transition of feeding practices among children up to age 2. The rapid drop in exclusive breastfeeding from 61 percent among infants under age 2 months to 15 percent among children age 4 to 5 months demands attention. The early introduction of complementary foods to 10 percent of children under age 2 months is also a cause for concern.

Figure 11.3 **Infant Feeding Practices by Age**

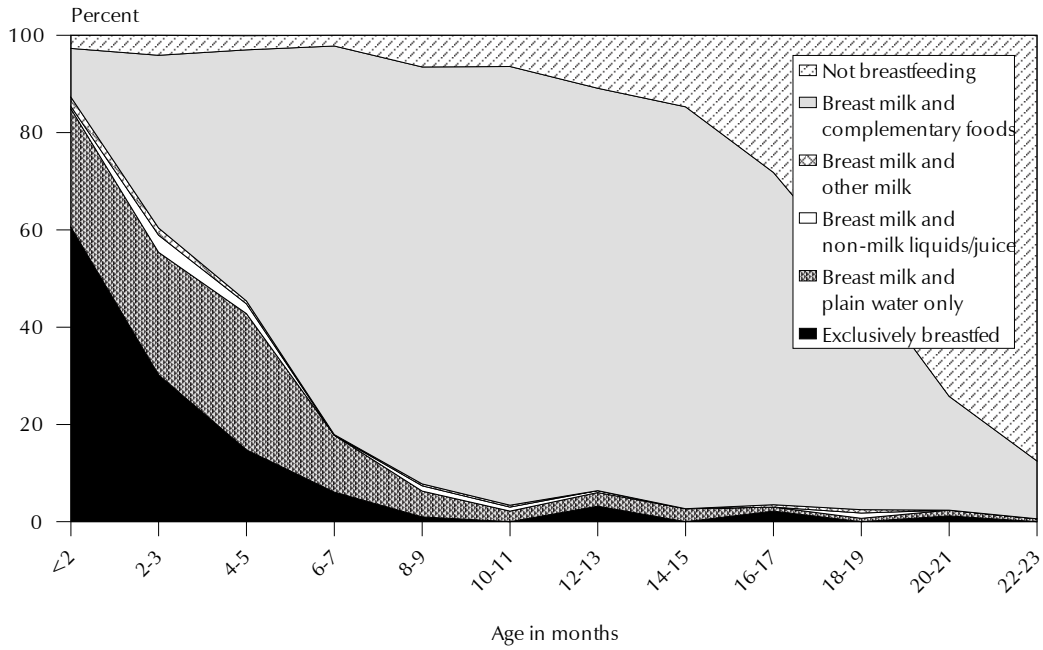


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Figure 11.4 presents 2010-11 ZDHS results on infant and young child feeding (IYCF) indicators related to breastfeeding status. Detailed descriptions of these indicators can be found in recent WHO publications (WHO, 2008, and WHO, 2010).

Figure 11.4 IYCF Indicators on Breastfeeding Status

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11.2.3 Median Duration of Breastfeeding

Table 11.4 shows that the median duration of any breastfeeding (i.e., the length of time in months for which half of children are breastfed) is 17.8 months. Children are breastfed almost two months longer on average in rural areas than in urban areas. Median durations of any breastfeeding are shorter for children in the highest wealth quintile (15.9 months) than for children in the other quintiles. Comparisons by province or mother's education level are not possible because, in several categories, there are too few children.

Overall, the median duration of exclusive breastfeeding for Zimbabwean children is just over one month, whereas the median duration of predominant breastfeeding (i.e., the period in which an infant receives only water or other non-milk liquids in addition to breast milk) is just over three months. Infants in urban areas (1.8 months) and those in the highest wealth quintile (2.4 months) are exclusively breastfed for longer periods than infants in rural areas (0.8 months) and those in lower wealth quintiles. Differences in median duration of predominant breastfeeding are small. Median durations of exclusive and predominant breastfeeding have increased modestly from those reported in 2005-06, when the median duration of exclusive breastfeeding was 0.6 months and the median duration of predominant breastfeeding was 1.6 months.

Table 11.4 Median duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children born in the three years preceding the survey, by background characteristics, Zimbabwe 2010-11

Background characteristic	Median duration (months) of breastfeeding among children born in the past three years[1]		
	Any breast-feeding	Exclusive breast-feeding	Predominant breast-feeding[2]
Sex			
Male	17.4	1.1	3.1
Female	18.2	1.1	3.3
Residence			
Urban	16.6	1.8	3.0
Rural	18.4	0.8	3.3
Province			
Manicaland	17.6	(1.7)	3.4
Mashonaland Central	(18.8)	(0.7)	2.1
Mashonaland East	18.6	*	3.1
Mashonaland West	17.7	0.6	3.9
Matabeleland North	(19.5)	(1.3)	(3.5)
Matabeleland South	18.2	*	3.6
Midlands	18.4	1.2	3.2
Masvingo	18.1	*	2.4
Harare	16.8	(2.1)	3.1
Bulawayo	(14.7)	(0.7)	(4.0)
Mother's education			
No education	*	*	*
Primary	18.2	1.2	3.5
Secondary	17.8	1.0	3.0
More than secondary	*	*	*
Wealth quintile			
Lowest	18.6	(0.6)	3.6
Second	18.4	0.7	3.4
Middle	18.7	1.3	3.1
Fourth	17.1	1.1	2.6
Highest	15.9	2.4	3.3
Total	17.8	1.1	3.2
Mean for all children	17.3	2.8	4.8

Note: Median and mean durations are based on the distributions at the time of the survey of the proportion of births by months since birth. Includes children living and deceased at the time of the survey. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] It is assumed that non-last-born children and last-born children not currently living with their mother are not currently breastfeeding.
[2] Either exclusively breastfed or received breast milk and plain water and/or non-milk liquids only

11.3 DIETARY DIVERSITY AMONG YOUNG CHILDREN

In the 2010-11 ZDHS, women who had at least one child living with them who was born in 2008 or later were asked questions about the types of liquids and foods the child had consumed during the day or night preceding the interview. Mothers who had more than one child born in 2008 or later were asked questions about the youngest child living with them. Mothers were also asked about the number of times the child had eaten solid or semisolid food during the period.

The results from these data are subject to a number of limitations. For example, they do not apply to the full universe of young children. Unlike previous ZDHS surveys, the information in Table 11.5 is restricted to the youngest children under age 2[2] living with their mother at the time of the survey. The dietary data on children are subject to recall errors on the mother's part. In addition, the

[2] In earlier surveys, the comparable table to Table 11.5 was restricted to the youngest children under age 3 who were living with their mothers at the time of the survey.

mother may not be able to report fully on the child's intake of food and liquids if the child was fed by other individuals during the period. Despite these problems, the information collected in the 2010-11 ZDHS on the types of foods and liquids consumed by young children is useful in assessing the diversity of children's diets.

11.3.1 Foods and Liquids Consumed by Infants and Young Children

Appropriate nutrition includes feeding children a variety of foods to ensure that nutrient requirements are met. Fruits and vegetables rich in vitamin A should be consumed daily. Although eating a range of fruits and vegetables, especially those rich in vitamin A, is important, studies have shown that plant-based complementary foods by themselves are insufficient to meet the needs for certain micronutrients. Therefore, it has been recommended that meat, poultry, fish, or eggs be eaten daily or as often as possible (WHO, 1998).

Table 11.5 is based on information from mothers about the foods and liquids consumed by their youngest child during the day or night preceding the interview. As expected, the proportions of children consuming foods or liquids included in the various food groups generally increase with age. Children who are still breastfed are less likely than children who are not being breastfed to consume other types of liquids and solid/semisolid foods with the exception of fortified baby foods. For example, 92 percent of nonbreastfeeding children age 6-23 months consumed foods made from grains the day or night preceding the interview, compared with 85 percent of breastfeeding children in that age group. Similarly, 67 percent of nonbreastfeeding children age 6-23 months consumed foods rich in vitamin A, as compared with 50 percent of breastfeeding children in the same age group. Half of nonbreastfeeding children and 29 percent of breastfeeding children age 6-23 months consumed meat, fish, and poultry. Fewer than 1 in 4 nonbreastfeeding children age 6-23 months consumed eggs, foods made from legumes and nuts, or cheese, yogurt, and other milk products; among breastfeeding children in the same age group, the proportions were closer to 1 in 10.

Table 11.5 Foods and liquids consumed by children in the day or night preceding the interview

Percentage of youngest children under age two who are living with their mother by type of foods consumed in the day or night preceding the interview, according to breastfeeding status and age, Zimbabwe 2010-11

	Liquids			Solid or semisolid foods										
Age in months	Infant formula	Other milk[1]	Other liquids[2]	Fortified baby foods	Food made from grains[3]	Fruits and vege-tables rich in vitamin A[4]	Other fruits and vege-tables	Food made from roots and tubers	Food made from legumes and nuts	Meat, fish, poultry[5]	Eggs	Cheese, yogurt, other milk products	Any solid or semi-solid food	Number of children
BREASTFEEDING CHILDREN														
0-1	0.0	1.9	2.2	1.8	6.7	0.6	0.0	0.6	0.7	0.0	0.0	0.0	10.3	163
2-3	1.7	3.5	8.6	10.7	25.8	3.0	0.0	0.7	1.4	0.7	0.7	1.5	37.0	226
4-5	2.1	1.8	10.7	12.1	40.6	5.0	1.7	0.4	2.0	1.4	1.5	2.5	53.2	267
6-8	2.1	3.4	39.6	17.9	74.0	21.9	10.8	8.0	6.2	8.8	4.9	9.4	85.3	314
9-11	1.8	5.7	58.8	14.5	88.7	49.1	22.4	15.1	15.7	29.3	12.8	9.4	94.6	300
12-17	0.8	8.9	61.2	6.5	89.0	63.5	24.1	14.6	13.3	40.7	13.1	13.8	94.8	484
18-23	0.0	13.0	59.9	7.6	89.0	72.5	23.6	9.0	14.3	39.0	15.2	14.5	93.7	112
6-23	1.3	7.1	54.9	11.5	85.0	50.0	20.2	12.5	12.1	29.4	11.1	11.7	92.2	1,211
Total	1.3	5.4	38.3	10.7	64.7	33.5	13.3	8.3	8.4	19.4	7.5	8.1	72.8	1,867
NONBREASTFEEDING CHILDREN														
0-11	23.8	26.6	36.4	20.5	57.2	20.8	10.8	7.0	6.7	16.2	11.1	13.5	72.5	55
12-17	7.8	15.5	75.6	14.5	90.2	67.4	33.9	26.4	17.8	55.6	21.4	30.3	97.0	102
18-23	1.6	11.2	70.9	5.7	94.5	70.3	35.3	23.0	15.4	51.8	22.1	18.2	96.9	265
6-23	5.0	14.4	71.0	9.1	92.3	66.7	33.6	23.0	15.7	50.8	21.6	21.7	96.7	399
Total	6.0	14.2	67.5	9.7	88.6	63.1	31.8	21.8	14.9	48.1	20.5	20.5	93.8	421

Note: Breastfeeding status and food consumed refer to a "24-hour" period (yesterday and last night).
[1] Other milk includes fresh, tinned, and powdered animal milk.
[2] Does not include plain water. Includes juice, juice drinks, clear broth, and other non-milk liquids.
[3] Includes fortified baby food
[4] Includes pumpkin, carrots, squash, sweet potatoes, butternuts, yellow and orange yams, dark green leafy vegetables, mangoes, papayas, and other fruits and vegetables that are rich in vitamin A
[5] Includes insects such as locusts, mopane worms, ishwa, and harurwa

11.3.2 Infant and Young Child Feeding (IYCF) Practices

Appropriate IYCF practices include breastfeeding through age 2, introduction of solid and semisolid foods at age 6 months, and gradual increases in the amount of food given and frequency of feeding as the child gets older. The minimum frequencies for feeding children in developing countries are based on the energy output of complementary foods. The energy needs of children are based on age-specific total daily energy requirements plus 2 standard deviations (to cover almost all children), minus the average energy intake from breast milk. Infants with low breast milk intake need to be fed more frequently than those with high breast milk intake. However, care should be taken that feeding frequencies do not exceed the recommended input from complementary foods because excessive feeding can result in displacement of breast milk (PAHO/WHO, 2003).

According to recommendations, breastfed children age 6-23 months should receive animal-source foods and vitamin A-rich fruits and vegetables daily (PAHO/WHO, 2003). Because first foods almost always include a grain- or tuber-based staple, it is unlikely that young children who eat food from less than three groups will receive both an animal-source food and a vitamin A-rich fruit or vegetable. Therefore, three food groups are considered the minimum number appropriate for breastfed children (Arimond and Ruel, 2004). Breastfed infants age 6-8 months should receive complementary foods two to three times per day, with one or two snacks; breastfed children age 9-23 months should receive meals three to four times per day with one or two snacks (PAHO/WHO, 2003; WHO, 2008, and WHO, 2010).

Nonbreastfed children age 6-23 months should receive milk or milk products two or more times a day to ensure that their calcium needs are met. In addition, they need animal-source foods and vitamin A-rich fruits and vegetables. Four food groups are considered the minimum number appropriate for nonbreastfed young children. Nonbreastfed children age 12-23 months should be fed meals four to five times per day, with one or two snacks (WHO, 2005; WHO, 2008, and WHO, 2010).

The results presented in Table 11.6 indicate that 79 percent of Zimbabwean children age 6-23 months living with their mother received breast milk or breast milk substitutes during the day or night preceding the interview. Twenty-four percent of children had an adequately diverse diet—that is, they had been given foods from the appropriate number of food groups—and 45 percent had been fed the minimum number of times appropriate for their age. The feeding practices of only 11 percent of Zimbabwean children age 6-23 months meet the minimum standards with respect to all three IYCF feeding practices. The IYCF indicators for minimum acceptable diet by breastfeeding status among Zimbabwean children age 6-23 months are summarized in Figure 11.5.

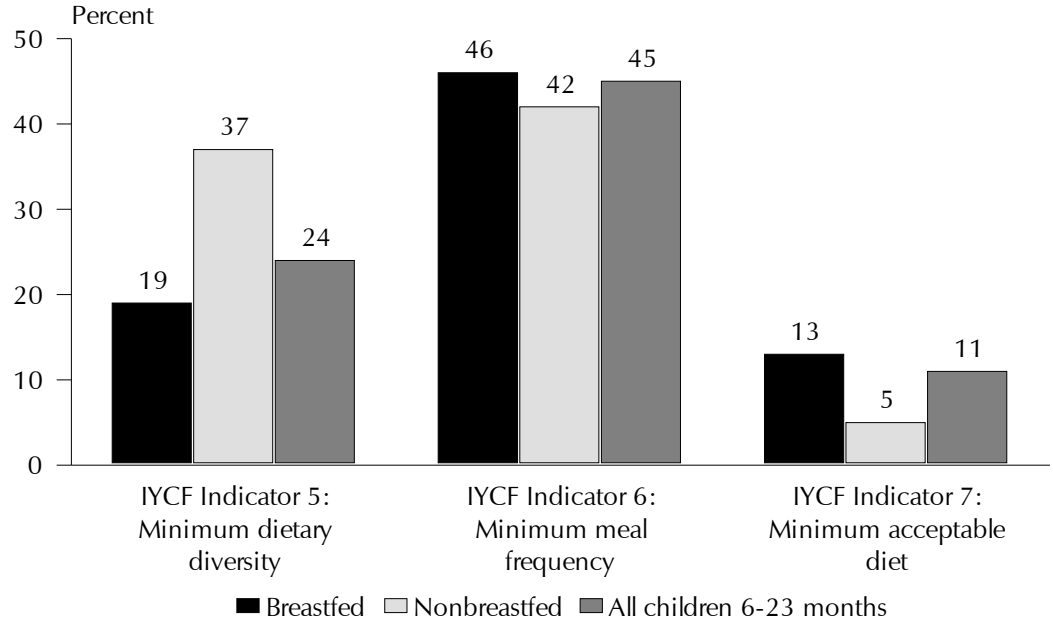
Table 11.6 Infant and young child feeding (IYCF) practices

Percentage of youngest children age 6-23 months living with their mother who are fed according to three IYCF feeding practices based on breastfeeding status, number of food groups, and times they are fed during the day or night preceding the survey, by background characteristics, Zimbabwe 2010-11

	Among breastfed children 6-23 months, percentage fed:				Among nonbreastfed children 6-23 months, percentage fed:					Among all children 6-23 months, percentage fed:				
Background characteristic	4+ food groups[1]	Minimum meal frequency[2]	Both 4+ food groups and minimum meal frequency	Number of breastfed children 6-23 months	Milk or milk products[3]	4+ food groups[1]	Minimum meal frequency[4]	With 3 IYCF practices[5]	Number of non-breastfed children 6-23 months	Breast milk, milk, or milk products[6]	4+ food groups[1]	Minimum meal frequency[7]	With 3 IYCF practices	Number of all children 6-23 months
Age in months														
6-8	5.1	53.9	3.5	314	*	*	*	*	12	98.8	6.3	54.6	4.1	326
9-11	20.0	38.5	13.4	300	*	*	*	*	21	95.1	20.0	38.9	12.8	321
12-17	25.1	44.7	16.6	484	19.6	42.1	51.5	5.8	102	86.0	28.0	45.9	14.7	586
18-23	28.4	51.3	22.2	112	11.6	36.9	36.8	4.3	265	37.9	34.3	41.1	9.6	377
Sex														
Male	19.0	46.8	12.4	586	18.6	37.7	44.8	5.8	211	78.5	24.0	46.3	10.6	797
Female	18.9	45.6	13.4	625	13.0	36.9	39.1	4.5	188	79.8	23.0	44.1	11.3	813
Residence														
Urban	29.6	54.2	21.3	318	19.6	44.6	48.7	9.7	142	75.2	34.2	52.5	17.7	459
Rural	15.2	43.3	9.9	893	14.0	33.3	38.5	2.7	257	80.8	19.2	42.2	8.3	1,150
Province														
Manicaland	20.7	64.4	17.1	196	(8.1)	(43.5)	(37.6)	(2.3)	55	79.7	25.7	58.5	13.8	252
Mashonaland Central	13.8	42.8	5.9	139	(14.6)	(45.0)	(47.4)	(8.0)	27	86.1	18.8	43.6	6.2	167
Mashonaland East	20.0	48.3	14.4	151	(4.3)	(24.9)	(34.5)	(0.0)	38	80.6	21.0	45.5	11.5	189
Mashonaland West	10.8	25.3	5.3	136	(18.1)	(33.3)	(30.5)	(7.3)	46	79.4	16.5	26.6	5.8	182
Matabeleland North	3.0	30.3	2.5	67	(0.0)	(4.9)	(22.3)	(0.0)	23	74.4	3.5	28.2	1.9	90
Matabeleland South	29.0	44.0	18.1	64	33.1	30.1	48.4	2.6	28	79.4	29.4	45.4	13.4	92
Midlands	14.6	40.0	7.8	154	(11.0)	(37.6)	(29.7)	(2.1)	46	79.5	19.9	37.6	6.5	200
Masvingo	21.8	40.9	14.1	117	(28.9)	(35.2)	(46.5)	(6.5)	41	81.6	25.3	42.3	12.1	158
Harare	28.8	51.5	21.7	145	(21.0)	(51.2)	(53.8)	(14.2)	61	76.6	35.5	52.2	19.5	207
Bulawayo	34.8	80.2	30.0	41	18.7	45.6	68.9	2.6	33	63.7	39.6	75.2	17.8	73
Mother's education														
No education	*	*	*	16	*	*	*	*	4	*	*	*	*	20
Primary	12.7	41.8	7.2	386	11.6	24.1	33.8	1.5	108	80.7	15.2	40.1	5.9	494
Secondary	21.4	48.2	15.1	771	17.4	41.3	44.2	6.6	276	78.2	26.7	47.1	12.9	1,048
More than secondary	(39.6)	(55.2)	(29.8)	37	*	*	*	*	11	(83.4)	(43.1)	(60.1)	(24.6)	48
Wealth quintile														
Lowest	10.8	43.9	7.1	301	12.4	18.1	35.5	3.9	69	83.7	12.2	42.3	6.5	369
Second	13.4	41.7	8.6	264	10.9	35.7	36.1	0.0	83	78.6	18.7	40.4	6.5	347
Middle	21.7	45.7	14.2	246	9.3	40.3	39.0	1.9	70	79.9	25.8	44.2	11.5	316
Fourth	22.7	46.8	16.6	232	19.9	39.6	39.7	8.4	99	76.0	27.7	44.7	14.2	332
Highest	33.2	57.0	23.0	168	25.4	50.4	60.3	10.7	78	76.4	38.6	58.0	19.1	246
Total	18.9	46.2	12.9	1,211	15.9	37.3	42.1	5.2	399	79.2	23.5	45.2	11.0	1,610

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Food groups: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables; d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts.
[2] For breastfed children, minimum meal frequency is receiving solid or semisolid food at least twice a day for infants 6-8 months and at least three times a day for children 9-23 months.
[3] Includes two or more feedings of commercial infant formula; fresh, tinned, and powdered animal milk; and yogurt
[4] For nonbreastfed children age 6-23 months, minimum meal frequency is receiving solid or semisolid food or milk feeds at least four times a day.
[5] Nonbreastfed children age 6-23 months are considered to be fed with a minimum standard of three IYCF practices if they receive other milk or milk products at least twice a day, receive minimum meal frequency, and receive solid or semisolid foods from at least four food groups not including the milk/milk product group.
[6] Breastfeeding or not breastfeeding and receiving two or more feedings of commercial infant formula; fresh, tinned, and powdered animal milk; and yogurt
[7] Children are fed the minimum recommended number of times per day according to their age and breastfeeding status as described in footnotes 2 and 4.

Figure 11.5 IYCF Indicators on Minimum Acceptable Diet



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Breastfed children (46 percent) are slightly more likely than nonbreastfed children (42 percent) to be fed the minimum number of times per day but are much less likely to receive the minimum number of food groups (19 percent and 37 percent, respectively). Children age 12-17 months are more likely to meet the minimum feeding standards than older or younger children. Children in urban areas (18 percent) are more than twice as likely to be fed according to the recommended IYCF guidelines as children in rural areas (8 percent). There are marked differences in children's feeding practices by province; 20 percent of children in Harare are fed according to the three IYCF practices, compared to only 2 percent of children in Matabeleland North. However, these results should be interpreted with caution because of the small number of children reported on in the different regions. As expected, children in the highest wealth quintile (19 percent) are more likely to be fed according to the recommended three IYCF practices than children in lower wealth quintiles (7-14 percent).

In the period between the 2005-06 ZDHS and the 2010-11 ZDHS, the definition of standard IYCF indicators changed to reflect more restrictive requirements. In order to compare the IYCF results presented here with results from the 2005-06 ZDHS, the 2010-11 data were recalculated according to the definitions used in 2005-06. This comparison indicates that the percentage of children age 6-23 months fed with an adequate diet (i.e., with all three IYCF practices) has declined from 31 percent in 2005-06 to 20 percent in 2010-11 (data not shown). However, this result should be interpreted with caution because the difference could be mostly due to methodological differences in data collection between the two surveys. The 2005-06 ZDHS included questions on an expanded list of complementary food items (e.g., foods made with oil, fat, or butter); the 2010-11 ZDHS did not include questions about these items. Thus, changes in the questions between the 2005-06 ZDHS and 2010-11 ZDHS make trend analysis both difficult and of limited value.

11.4 ANAEMIA PREVALENCE IN CHILDREN

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

The 2010-11 ZDHS included direct measurement of haemoglobin levels using the HemoCue system. This system consists of a battery-operated photometer and a disposable microcuvette[3] coated with a dried reagent that serves as the blood collection device. For the test, a drop of capillary blood taken from a child's fingertip or heel is drawn into the microcuvette. The blood in the microcuvette is analyzed using the photometer, which displayed the haemoglobin concentration.

Haemoglobin testing was carried out among children age 6-59 months. Haemoglobin levels were successfully measured for 80 percent of the children eligible for testing. During the fieldwork, parents/caretakers were given the results of their child's test immediately. In cases in which the haemoglobin reading was below 7.0 g/dl, the parent/caretaker was referred to MOHCW facilities for follow-up.

Table 11.7 presents anaemia levels for children 6-59 months at the time of the survey by selected background characteristics. Children with haemoglobin levels below 11.0 g/dl were defined as anaemic. Overall, 56 percent of children suffered from some degree of anaemia. Twenty-seven percent of children were classified as mildly anaemic, 29 percent were moderately anaemic, and 1 percent were severely anaemic. Anaemia is more prevalent among children under age 18 months than among older children, with a peak rate of 74 percent observed among children 9-17 months. Boys are slightly more likely to be anaemic than girls. Anaemia prevalence varies by province, from a low of 45 percent in Mashonaland West to a high of 63 percent in Mashonaland East.

[3] A microcuvette is a small, transparent laboratory vessel.

Table 11.7 Prevalence of anaemia in children

Percentage of children age 6-59 months classified as having anaemia, by background characteristics, Zimbabwe 2010-11

Background characteristic	Anaemia status by haemoglobin level				Number of children
	Any anaemia (<11.0 g/dl)	Mild anaemia (10.0-10.9 g/dl)	Moderate anaemia (7.0-9.9 g/dl)	Severe anaemia (<7.0 g/dl)	
Age in months					
6-8	71.3	25.3	43.3	2.6	235
9-11	74.3	28.6	44.1	1.6	295
12-17	74.3	28.7	43.9	1.7	534
18-23	68.9	31.3	36.5	1.1	386
24-35	56.1	30.6	24.8	0.7	984
36-47	46.1	22.7	22.9	0.4	926
48-59	40.5	24.1	16.2	0.1	860
Sex					
Male	58.1	25.9	31.2	1.0	2,093
Female	54.5	27.9	25.9	0.7	2,128
Mother's interview status					
Interviewed	58.2	27.0	30.1	1.0	3,333
Not interviewed, but in household	63.5	35.7	27.8	0.0	135
Not interviewed, and not in household[1]	46.8	25.1	21.5	0.2	753
Residence					
Urban	58.5	27.1	30.4	1.0	930
Rural	55.7	26.9	28.0	0.8	3,291
Province					
Manicaland	61.4	25.5	35.1	0.9	644
Mashonaland Central	55.4	29.9	25.2	0.2	476
Mashonaland East	62.8	25.5	36.7	0.5	492
Mashonaland West	45.0	24.5	20.1	0.4	473
Matabeleland North	56.1	24.6	29.7	1.8	237
Matabeleland South	60.4	31.8	26.0	2.6	279
Midlands	57.0	25.3	30.3	1.5	609
Masvingo	49.7	27.3	22.1	0.3	471
Harare	57.5	32.6	24.0	0.9	408
Bulawayo	59.7	20.0	39.7	0.0	132
Mother's education[2]					
No education	66.2	33.1	31.3	1.8	86
Primary	60.3	27.9	31.6	0.8	1,170
Secondary	57.3	26.6	29.6	1.1	2,142
More than secondary	49.3	33.7	15.7	0.0	71
Wealth quintile					
Lowest	56.6	25.2	30.3	1.1	1,061
Second	57.1	27.7	28.6	0.8	973
Middle	53.5	26.0	26.8	0.7	902
Fourth	59.1	28.4	29.7	1.0	779
Highest	54.7	28.3	25.8	0.7	506
Total	56.3	26.9	28.5	0.9	4,221

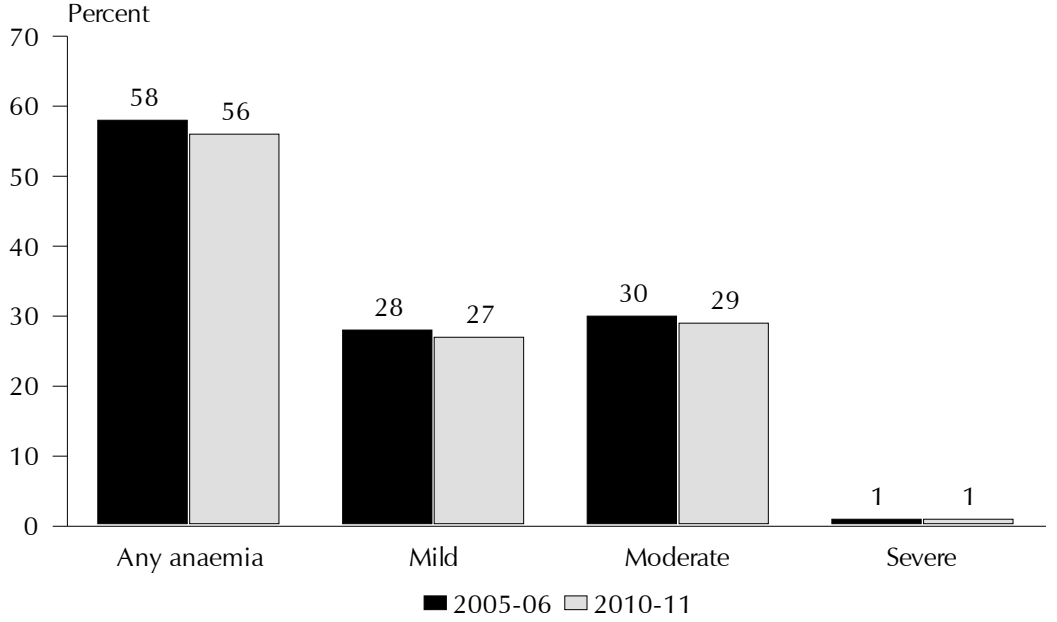
Note: Table is based on children who stayed in the household on the night before the interview and who were tested for anaemia. Prevalence of anaemia, based on haemoglobin levels, is adjusted for altitude using formulas in CDC, 1998. Haemoglobin is in grams per decilitre (g/dl).

[1] Includes children whose mothers are deceased

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

Figure 11.6 depicts trends in anaemia prevalence by degree of anaemia among children 6-59 months. There has not been a marked change in the anaemia status of children in the last five years. There has been only a 1 percent decline in the prevalence of mild and moderate anaemia and no change in the prevalence of severe anaemia.

Figure 11.6 **Trends in Anaemia Status among Children Age 6-59 Months**



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11.5 MICRONUTRIENT INTAKE AND SUPPLEMENTATION AMONG CHILDREN

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

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

Information was collected on food consumption during the day and night preceding the interview among the youngest children under age 2 living with their mothers; these data are useful in assessing the extent to which children are consuming food groups rich in two key micronutrients—vitamin A and iron—in their daily diet. In addition, the ZDHS included questions designed to

ascertain whether young children had received vitamin A supplements or deworming medication in the six months preceding the survey.

Table 11.8 shows the intake of foods rich in vitamin A and iron by the youngest children age 6-23 months living with their mother and recent vitamin A supplementation among all children age 6-59 months. Sixty-six percent of children consumed vitamin A-rich foods in the 24 hours preceding the interview, and 40 percent consumed iron-rich foods. As expected, intake of both vitamin A-rich and iron-rich foods increases as children are weaned. Nonbreastfeeding children are more likely to consume foods rich in vitamin A and iron than breastfeeding children. Intake of these two micronutrients varies considerably by province.

Table 11.8 Micronutrient intake among children

Among youngest children age 6-23 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey; among all children 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey and who were given deworming medication in the six months preceding the survey; and among all children age 6-59 months who live in households that were tested for iodized salt, the percentage who live in households with iodized salt, by background characteristics, Zimbabwe 2010-11

Background characteristic	Among youngest children age 6-23 months living with the mother:			Among all children age 6-59 months:			Among children age 6-59 months living in households tested for iodized salt:	
	Percentage who consumed foods rich in vitamin A in past 24 hours[1]	Percentage who consumed foods rich in iron in past 24 hours[2]	Number of children	Percentage given vitamin A supplements in past 6 months	Percentage given deworming medication in past 6 months[3]	Number of children	Percentage living in households with iodized salt[4]	Number of children
Age in months								
6-8	27.8	13.6	326	50.5	1.3	333	93.1	294
9-11	60.7	34.2	321	62.5	0.9	327	95.0	293
12-17	77.7	48.4	586	68.6	1.1	600	93.2	522
18-23	84.1	53.4	377	71.2	2.8	434	93.4	391
24-35	na	na	na	67.1	3.5	999	94.5	906
36-47	na	na	na	66.6	3.6	986	91.7	882
48-59	na	na	na	64.8	2.3	841	94.3	750
Sex								
Male	65.0	39.2	797	65.1	3.0	2,244	93.0	2,001
Female	66.4	40.2	813	66.1	2.1	2,277	94.0	2,036
Breastfeeding status								
Breastfeeding	60.2	33.7	1,211	62.6	1.3	1,248	93.4	1,095
Not breastfeeding	82.6	58.0	399	66.8	3.0	3,270	93.5	2,940
Mother's age								
15-19	64.4	40.4	184	52.2	1.0	278	93.2	236
20-29	65.5	41.4	963	65.7	2.8	2,709	93.0	2,406
30-39	65.5	34.7	400	67.7	2.5	1,315	94.4	1,191
40-49	74.6	43.5	63	68.1	2.3	219	94.1	205
Residence								
Urban	64.8	55.0	459	68.9	3.1	1,353	92.4	1,282
Rural	66.1	33.6	1,150	64.2	2.3	3,168	94.0	2,756
Province								
Manicaland	73.7	50.7	252	56.8	3.3	677	96.1	515
Mashonaland Central	71.0	36.2	167	69.6	1.8	491	94.6	445
Mashonaland East	64.3	28.7	189	63.6	1.7	451	91.1	357
Mashonaland West	64.2	35.2	182	70.9	4.0	537	88.6	512
Matabeleland North	50.8	19.7	90	52.5	2.2	233	97.9	203
Matabeleland South	68.4	47.6	92	68.4	1.6	234	94.5	214
Midlands	66.6	38.4	200	61.0	2.5	567	95.3	548
Masvingo	63.1	30.3	158	65.1	2.6	488	96.1	435
Harare	59.8	53.4	207	74.0	2.6	654	90.4	624
Bulawayo	68.6	49.1	73	75.1	1.2	190	94.7	185
Mother's education								
No education	*	*	20	56.7	1.0	82	93.0	73
Primary	61.1	31.4	494	60.2	2.4	1,447	94.5	1,284
Secondary	68.1	43.2	1,048	68.3	2.6	2,858	92.8	2,558
More than secondary	(61.2)	(52.2)	48	71.0	4.8	134	98.0	123
Wealth quintile								
Lowest	63.0	25.6	369	60.1	1.8	1,042	95.5	922
Second	62.0	31.1	347	62.4	2.7	939	93.1	814
Middle	70.0	40.7	316	66.9	2.7	864	91.3	738
Fourth	66.2	49.0	332	70.1	2.8	951	92.7	867
Highest	68.9	59.2	246	70.2	2.9	725	94.7	697
Total	65.7	39.7	1,610	65.6	2.6	4,520	93.5	4,038

Notes: Information on vitamin A is based on both mother's recall and the immunization card (where available). Information on iron supplements and deworming medication is based on the mother's recall. Total includes 2 cases with missing information on breastfeeding status that are not shown separately. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] Includes meat (and organ meat), fish, poultry, eggs, pumpkin, carrots, squash, sweet potatoes, butternuts, yellow and orange yams, dark green leafy vegetables, mangoes, papayas, and other fruits and vegetables that are rich in vitamin A
[2] Includes meat (and organ meat), fish, poultry, and eggs
[3] Deworming for intestinal parasites is commonly done for helminths and for schistosomiasis.
[4] Excludes children in households in which salt was not tested

Sixty-six percent of children age 6-59 months received a vitamin A supplement in the six months preceding the survey. The likelihood of a child being given a vitamin A dose rose with mother's education and with wealth quintile. Only 3 percent of children age 6-59 months received deworming medication in the six months preceding the survey. Ninety-four percent of children age 6-59 months live in households using iodized salt.

11.6 Presence of Iodized Salt in Households

Salt is used for several purposes in a household. It plays a role in cooking and food preservation. In line with food and drug regulations, household salt should be fortified with iodine to at least 15 parts per million (ppm). Iodine is an essential micronutrient, and iodized salt prevents goitre among children and adults. The 2010-11 ZDHS tested for the presence of iodine in household salt; overall, salt was tested in 88 percent of households (Table 11.9). Among households in which salt was tested, 94 percent had iodized salt. There were only modest variations in the percentages of households with iodized salt by urban-rural residence, province, and wealth quintile. It should be noted that household salt was tested for the presence or absence of iodine only; the iodine content in the salt was not measured.

Table 11.9 Presence of iodized salt in household

Among all households, the percentage with salt tested for iodine content, the percentage with salt not tested for iodine content, and the percentage with no salt in the household; and among households with salt tested, the percentage with iodized salt, according to background characteristics, Zimbabwe 2010-11

	Among all households, the percentage:				Among households with tested salt:	
Background characteristic	With salt tested	With salt not tested	With no salt in household	Number of households	Percentage with iodized salt	Number of households
Residence						
Urban	93.4	5.4	1.1	3,290	92.1	3,073
Rural	85.1	13.7	1.2	6,466	95.0	5,504
Province						
Manicaland	73.5	25.0	1.5	1,436	95.9	1,055
Mashonaland Central	90.0	9.0	1.0	890	95.5	801
Mashonaland East	80.4	18.7	1.0	1,042	92.3	838
Mashonaland West	92.8	6.1	1.1	1,077	91.2	999
Matabeleland North	88.0	11.2	0.8	495	96.7	436
Matabeleland South	90.8	6.3	2.9	511	93.1	464
Midlands	96.7	2.5	0.8	1,153	94.7	1,115
Masvingo	85.0	14.0	1.0	1,066	98.2	906
Harare	93.7	5.2	1.0	1,564	91.0	1,466
Bulawayo	95.5	2.8	1.7	522	93.4	499
Wealth quintile						
Lowest	87.9	10.2	1.9	1,835	96.0	1,613
Second	85.3	13.6	1.1	1,785	93.5	1,522
Middle	83.5	15.6	0.9	1,933	94.0	1,614
Fourth	89.5	9.4	1.1	2,144	92.5	1,919
Highest	92.7	6.2	1.0	2,059	94.0	1,909
Total	87.9	10.9	1.2	9,756	94.0	8,578

11.7 ADULTS' NUTRITIONAL STATUS

11.7.1 Nutritional Status of Women

The 2010-11 ZDHS collected anthropometric data on height and weight for 96 percent of the women age 15-49 interviewed in the survey. These data were used to calculate several measures of nutritional status, specifically maternal height and body mass index (BMI).

Maternal height is an outcome of nutrition during childhood and adolescence. It is useful in predicting risk of difficult delivery, because small stature is frequently associated with small pelvis size. The risk of low birth weight babies is also higher for short women. The cutoff point—that is, the height below which a woman is considered to be at nutritional risk—is defined as 145 centimetres. Table 11.10.1 shows that less than 1 percent of Zimbabwean women age 15-49 are shorter than this cutoff.

Table 11.10.1 Nutritional status of women

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics, Zimbabwe 2010-11

	Height		Body mass index[1]								
				Normal	Thin			Overweight/obese			
Background characteristic	Percent-age below 145 cm	Number of women	Mean BMI	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total over-weight or obese)	25.0-29.9 (over-weight)	≥30.0 (obese)	Number of women
Age											
15-19	1.2	1,863	21.6	74.0	13.5	9.9	3.6	12.6	10.8	1.7	1,716
20-29	0.6	3,391	23.4	66.7	6.5	5.2	1.3	26.8	20.2	6.6	2,896
30-39	0.6	2,248	24.9	53.5	5.0	4.3	0.8	41.5	25.8	15.6	2,018
40-49	0.6	1,304	26.2	46.4	3.1	2.5	0.6	50.5	26.7	23.8	1,274
Residence											
Urban	0.4	3,326	24.9	54.2	5.3	4.1	1.2	40.5	24.9	15.6	3,030
Rural	0.9	5,480	23.2	66.2	8.2	6.5	1.7	25.5	18.0	7.5	4,874
Province											
Manicaland	1.6	1,180	24.0	62.2	6.0	5.1	0.8	31.8	21.7	10.1	1,052
Mashonaland Central	0.2	850	22.8	69.1	8.5	6.3	2.3	22.4	17.0	5.3	761
Mashonaland East	1.2	807	23.8	65.2	6.2	5.1	1.1	28.6	18.1	10.4	734
Mashonaland West	0.9	1,004	23.4	63.8	7.5	5.9	1.6	28.7	20.7	7.9	897
Matabeleland North	0.4	425	22.4	62.1	14.9	10.5	4.4	23.0	16.7	6.3	384
Matabeleland South	0.6	454	23.2	63.8	11.0	7.5	3.4	25.2	14.7	10.5	420
Midlands	0.4	1,088	23.6	63.0	6.9	6.0	0.9	30.0	21.7	8.4	979
Masvingo	1.0	881	23.8	65.6	5.5	4.6	0.9	28.9	17.6	11.2	758
Harare	0.3	1,630	25.1	51.8	5.3	4.0	1.3	43.0	25.7	17.3	1,465
Bulawayo	0.6	486	24.3	57.2	6.5	5.0	1.5	36.2	23.8	12.5	454
Education											
No education	0.3	203	24.2	59.5	5.1	3.3	1.8	35.5	25.0	10.4	186
Primary	1.1	2,479	23.6	64.1	7.1	5.5	1.6	28.8	19.3	9.5	2,190
Secondary	0.6	5,714	23.8	61.5	7.6	6.0	1.6	31.0	20.8	10.2	5,142
More than secondary	0.3	409	26.1	50.4	1.9	1.8	0.1	47.7	24.8	23.0	385
Wealth quintile											
Lowest	1.2	1,507	22.2	71.2	11.2	9.3	1.9	17.6	13.6	4.0	1,320
Second	0.8	1,550	22.9	67.2	9.0	6.9	2.1	23.8	17.0	6.7	1,349
Middle	1.0	1,637	23.5	65.1	6.5	5.0	1.5	28.4	19.9	8.4	1,459
Fourth	0.5	1,955	24.4	56.6	5.9	4.6	1.3	37.4	23.9	13.6	1,766
Highest	0.3	2,157	25.2	53.4	4.5	3.5	1.0	42.0	25.4	16.6	2,010
Total	0.7	8,805	23.8	61.6	7.1	5.6	1.5	31.3	20.7	10.6	7,904

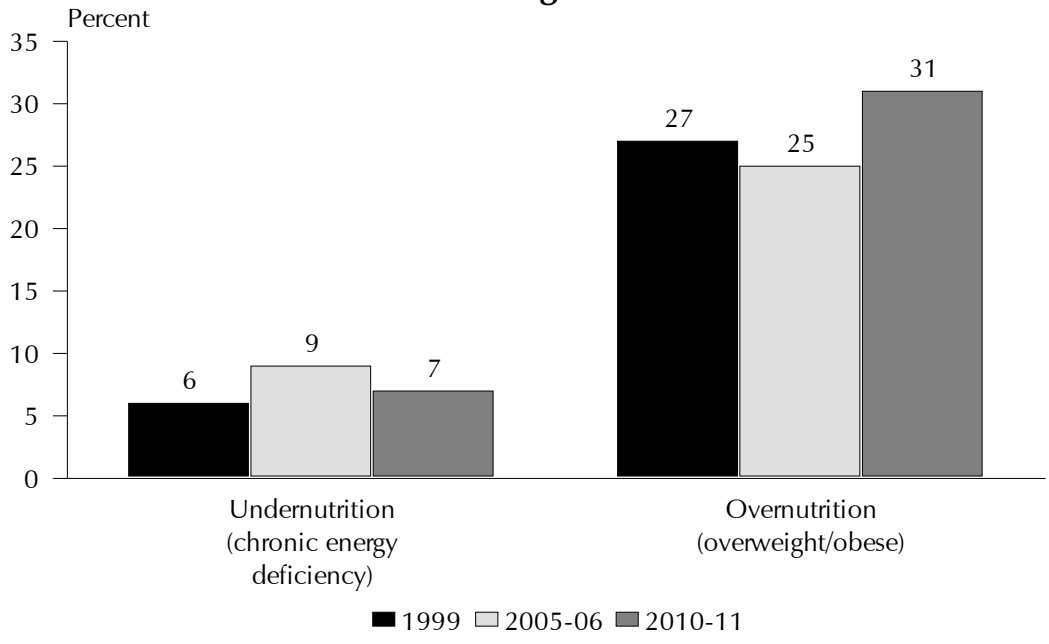
Note: The body mass index is expressed as the ratio of weight in kilograms to the square of height in metres (kg/m^2).
[1] Excludes pregnant women and women with a birth in the preceding two months

Information on BMI is also presented in Table 11.10.1. BMI is calculated by dividing weight in kilograms by height in metres squared (kg/m^2). Pregnant women and women who had a birth in the two months preceding the survey were excluded from the calculation of BMI. A BMI cutoff of 18.5 has been recommended for assessing chronic energy deficiency among nonpregnant women. At the other end of the BMI scale, women are considered overweight if their BMI falls between 25.0 and 29.9 and obese if their BMI exceeds 30.0.

Overall, 62 percent of women have a BMI in the normal range, 7 percent are thin, and 31 percent are overweight or obese. Six percent of women are classified as mildly thin and 2 percent are moderately or severely thin. Eleven percent of women in Zimbabwe are classified as obese. Hence, among women of reproductive age, overweight and obesity may be more of a concern than underweight in Zimbabwe. Women in the 15-19 age group (14 percent), those living in Matabeleland North (15 percent) and Matabeleland South (11 percent), and those in the lowest wealth quintile (11 percent) are more likely than other women to be thin (BMI below 18.5). The proportion of women who are overweight or obese increases linearly by age and wealth quintile. Forty-one percent of urban Zimbabwean women are overweight or obese, compared with 26 percent of rural women. Harare (43 percent) has the highest proportion of overweight or obese women and Mashonaland Central (22 percent) the lowest.

Figure 11.7 depicts trends in nutritional status among women age 15-49 since 1999. The percentage of women who are thin (indicative of undernutrition) has declined in the last five years by 2 percentage points. In contrast, the proportion of women who are overweight or obese (indicative of overnutrition) has increased by 6 percentage points since 2005-06.

Figure 11.7 **Trends in Nutritional Status among Women Age 15-49**



Note: Undernutrition BMI <18.5 and overnutrition BMI ≥ 25.0

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11.7.2 Nutritional Status of Men

For the first time in a ZDHS, anthropometric data on height and weight were collected for men. Overall, this information was collected for 95 percent of the men interviewed in the survey. These data are useful in the calculation of BMI, which can be used as a measure of chronic energy deficiency among men (BMI calculations and cutoff points were the same for men and women). In addition, BMI can be used to measure overweight and obesity, risk factors for nutrition-related chronic diseases such as diabetes mellitus and cardiovascular disease.

Table 11.10.2 shows BMI information for Zimbabwean men. Overall, 76 percent of men age 15-49 have a BMI in the normal range, 15 percent are thin, and 9 percent are overweight or obese. Men age 15-19 are about four times more likely to be thin than men in older age groups. Men from Matabeleland North (24 percent) and those in the lowest wealth quintile (19 percent) are more likely to have a BMI below 18.5 than men from other provinces or in higher wealth quintiles. Only 2 percent of men are classified as obese, with a peak prevalence of 4 percent in the 40-49 age group. Overweight and obesity increase with increasing age. The prevalence of overweight or obesity is higher among urban (15 percent) than rural (6 percent) men and higher among men in Harare (16 percent) than among men in the other provinces (6-15 percent). Men with more than a secondary education have the highest prevalence of overweight and obesity (29 percent). Overweight and obesity also increase with increasing wealth. Overall, however, the prevalence of overweight or obesity among men is strikingly lower than the prevalence among women (9 percent and 31 percent, respectively).

Table 11.10.2 Nutritional status of men

Among men age 15-49, mean body mass index (BMI) and the percentage with specific BMI levels, by background characteristics, Zimbabwe 2010-11

	Body mass index								
		Normal	Thin			Overweight/obese			
Background characteristic	Mean BMI	18.5-24.9 (total normal)	<18.5 (total thin)	17.0-18.4 (mildly thin)	<17 (moderately and severely thin)	≥25.0 (total overweight or obese)	25.0-29.9 (overweight)	≥30.0 (obese)	Number of men
Age									
15-19	19.4	64.3	34.7	21.5	13.2	1.0	0.8	0.2	1,647
20-29	21.4	85.1	8.8	7.9	0.9	6.1	5.1	1.0	2,488
30-39	22.0	75.8	9.1	8.0	1.1	15.1	12.2	3.0	1,711
40-49	22.3	71.2	9.8	7.5	2.3	19.0	14.7	4.4	919
Residence									
Urban	21.9	72.2	13.0	9.8	3.2	14.7	11.4	3.3	2,416
Rural	20.8	77.7	16.6	11.9	4.7	5.7	4.8	0.9	4,349
Province									
Manicaland	21.3	78.6	13.5	10.6	2.9	8.0	6.0	2.0	929
Mashonaland Central	20.6	74.5	19.0	14.2	4.8	6.5	5.2	1.3	708
Mashonaland East	20.9	80.2	13.8	10.4	3.4	6.0	4.3	1.7	651
Mashonaland West	20.9	79.0	14.9	10.1	4.7	6.2	5.1	1.0	859
Matabeleland North	20.6	69.3	23.5	17.1	6.4	7.1	6.6	0.5	322
Matabeleland South	20.4	70.7	23.1	15.2	7.9	6.1	6.0	0.1	337
Midlands	20.8	77.6	16.8	11.6	5.2	5.6	4.4	1.3	857
Masvingo	21.6	78.5	11.1	9.1	2.1	10.4	8.4	1.9	559
Harare	22.0	72.6	11.5	8.2	3.3	15.9	13.0	2.8	1,207
Bulawayo	21.5	67.7	17.7	13.7	4.0	14.6	10.4	4.2	335
Education									
No education	21.1	80.6	14.1	8.9	5.1	5.4	1.2	4.1	52
Primary	20.7	76.8	19.1	13.7	5.4	4.1	3.2	0.9	1,432
Secondary	21.1	76.6	15.1	11.0	4.1	8.3	6.9	1.4	4,789
More than secondary	23.5	63.9	6.7	5.7	1.0	29.4	21.8	7.7	492
Wealth quintile									
Lowest	20.5	79.3	18.5	13.5	5.0	2.1	1.7	0.4	1,030
Second	20.6	77.3	18.2	12.3	5.8	4.5	3.6	0.9	1,172
Middle	20.7	79.3	16.2	12.7	3.5	4.5	4.0	0.5	1,318
Fourth	21.4	77.0	12.6	8.9	3.7	10.3	8.7	1.7	1,582
Highest	22.2	68.5	13.2	9.9	3.3	18.3	14.0	4.3	1,662
Total 15-49	21.2	75.8	15.3	11.2	4.1	8.9	7.1	1.8	6,765
50-54	22.3	66.7	13.7	10.1	3.6	19.7	14.2	5.4	355
Total 15-54	21.2	75.3	15.2	11.1	4.1	9.4	7.5	1.9	7,120

Note: The body mass index is expressed as the ratio of weight in kilograms to the square of height in metres (kg/m^2).

11.8 ANAEMIA PREVALENCE IN ADULTS

11.8.1 Anaemia Prevalence among Women

Anaemia among women and men was measured using similar procedures as for children age 6-59 months except that capillary blood was collected exclusively from a finger prick. Table 11.11.1 shows anaemia prevalence among women age 15-49 adjusted for pregnancy status, altitude, and smoking status. Pregnant women with haemoglobin levels below 11.0 g/dl and nonpregnant women with haemoglobin levels below 12.0 g/dl were defined as having anaemia. Overall, 28 percent of women in Zimbabwe suffer from anaemia. The majority (20 percent) are classified as mildly anaemic, 7 percent are moderately anaemic, and 1 percent are severely anaemic. As expected, pregnant women are more likely to be anaemic than breastfeeding women and women who are neither breastfeeding nor pregnant (32 percent, 27 percent, and 28 percent, respectively). Anaemia levels also vary by province. The prevalence of anaemia among women residing in Matabeleland South (45 percent) is twice as high as the prevalence among women from Masvingo or Mashonaland West (22 percent each).

Table 11.11.1 Prevalence of anaemia in women

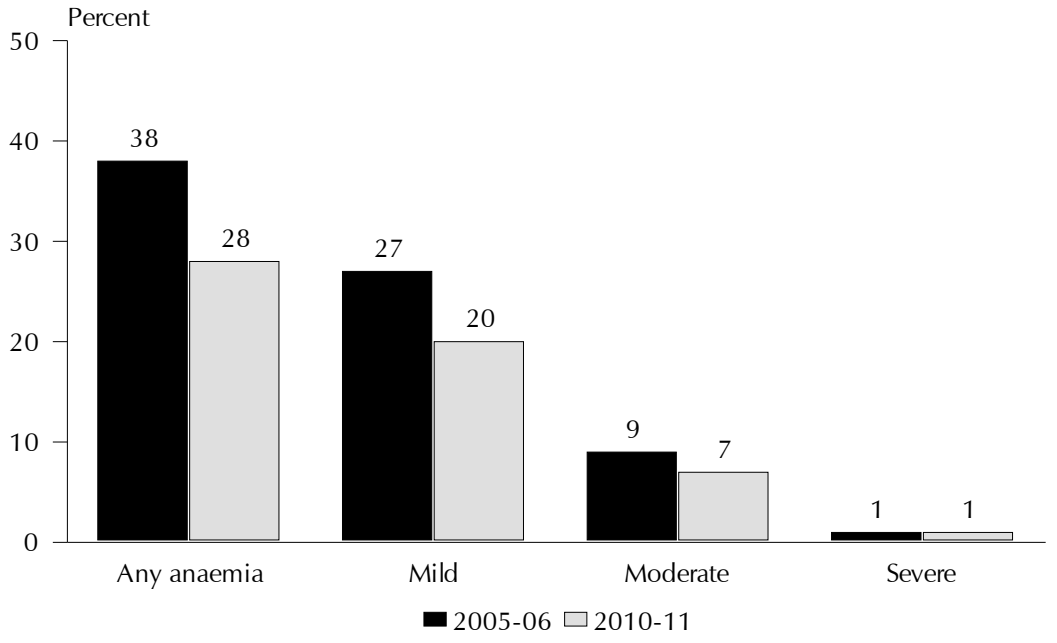
Percentage of women age 15-49 with anaemia, by background characteristics, Zimbabwe 2010-11

Background characteristic	Not pregnant / Pregnant	Anaemia status by haemoglobin level: Any (<12.0 g/dl / <11.0 g/dl/)	Mild (10.0-11.9 g/dl / 10.0-10.9 g/dl/)	Moderate (7.0-9.9 g/dl / 7.0-9.9 g/dl/)	Severe (< 7.0 g/dl / < 7.0 g/dl/)	Number of women
Age						
15-19		25.7	18.6	6.6	0.5	1,723
20-29		28.7	21.1	6.9	0.7	3,162
30-39		28.4	20.7	7.2	0.6	2,073
40-49		30.1	20.4	8.7	1.0	1,211
Number of children ever born						
0		29.0	20.1	7.9	1.0	2,127
1		30.0	20.6	8.5	0.8	1,533
2-3		26.5	19.8	6.2	0.5	2,757
4-5		29.5	22.3	6.7	0.6	1,216
6+		25.9	19.1	6.7	0.1	537
Maternity status						
Pregnant		32.4	17.2	14.5	0.6	674
Breastfeeding		26.6	21.4	4.9	0.2	1,708
Neither		28.2	20.4	7.0	0.8	5,788
Smoking status						
Smokes cigarettes/tobacco		28.5	20.2	8.3	0.0	43
Does not smoke		28.2	20.4	7.2	0.7	8,126
Residence						
Urban		30.6	21.4	8.2	1.0	2,996
Rural		26.9	19.7	6.6	0.5	5,173
Province						
Manicaland		30.7	22.9	7.6	0.2	1,092
Mashonaland Central		23.2	18.2	4.6	0.4	796
Mashonaland East		29.4	20.6	8.5	0.3	757
Mashonaland West		22.2	16.9	4.9	0.4	923
Matabeleland North		26.7	18.9	6.9	0.9	406
Matabeleland South		44.6	27.6	15.4	1.7	429
Midlands		29.9	22.2	7.4	0.3	1,033
Masvingo		22.4	17.1	4.7	0.7	824
Harare		27.2	18.7	7.4	1.1	1,482
Bulawayo		37.9	27.1	8.9	1.9	428
Education						
No education		29.8	21.2	6.7	1.9	182
Primary		27.8	20.1	6.5	1.2	2,306
Secondary		28.0	20.3	7.3	0.4	5,302
More than secondary		32.5	22.5	9.3	0.6	380
Wealth quintile						
Lowest		28.0	21.0	6.3	0.7	1,422
Second		27.2	20.2	6.4	0.6	1,448
Middle		26.7	19.0	7.4	0.3	1,540
Fourth		29.7	20.9	8.0	0.8	1,801
Highest		28.9	20.6	7.5	0.8	1,959
Total		28.2	20.4	7.2	0.7	8,169

Note: Prevalence is adjusted for altitude and for smoking status if known using formulas in CDC, 1998.

Figure 11.8 compares trends in anaemia prevalence between the 2005-06 ZDHS and the 2010-11 ZDHS. There has been a 10 percentage point reduction in the prevalence of any anaemia since the 2005-06 ZDHS. The majority of this decrease is due to a decline in mild anaemia from 27 percent in 2005-06 to 20 percent in 2010-11.

Figure 11.8 **Trends in Anaemia Status among Women Age 15-49**



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11.8.2 Anaemia Prevalence among Men

Table 11.11.2 presents anaemia prevalence among men age 15-49. Men with haemoglobin levels below 13.0 g/dl are defined as having anaemia. Fourteen percent of Zimbabwean men are anaemic. The prevalence of anaemia is higher among men age 15-19 (22 percent) than among older men (8-17 percent) and higher among rural (16 percent) than urban (10 percent) men. By province, the prevalence of anaemia in men is highest in Matabeleland South (33 percent) and lowest in Harare (8 percent). Anaemia levels in men decline as household wealth increases, and men with more than a secondary education are much less likely to be anaemic than those with less education. In comparison with young Zimbabwean children (56 percent) and women (28 percent), the anaemia rate among men is moderate (14 percent). From a public health perspective, the anaemia prevalence among men and women is serious and the prevalence among children is critical.

Table 11.11.2 Prevalence of anaemia in men

Percentage of men age 15-49 with anaemia, by background characteristics, Zimbabwe 2010-11

Background characteristic	Any anaemia <13.0 g/dl	Number of men
Age		
15-19	21.8	1,483
20-29	8.2	2,221
30-39	13.3	1,506
40-49	17.4	812
Smoking status		
Smokes cigarettes/tobacco	11.8	1,390
Does not smoke	14.7	4,631
Residence		
Urban	10.4	2,042
Rural	15.9	3,979
Province		
Manicaland	16.0	847
Mashonaland Central	12.4	651
Mashonaland East	18.1	574
Mashonaland West	10.0	768
Matabeleland North	16.7	297
Matabeleland South	32.6	305
Midlands	14.5	790
Masvingo	13.8	493
Harare	8.1	1,037
Bulawayo	12.8	260
Education		
No education	15.3	47
Primary	18.7	1,289
Secondary	13.4	4,273
More than secondary	6.4	413
Wealth quintile		
Lowest	18.3	951
Second	17.5	1,085
Middle	14.8	1,187
Fourth	12.6	1,382
Highest	9.4	1,416
Total 15-49	14.1	6,022
50-54	21.4	317
Total 15-54	14.4	6,339

Note: Prevalence is adjusted for altitude and for smoking status if known using formulas in CDC, 1998.

11.9 MICRONUTRIENT INTAKE AMONG MOTHERS

Adequate micronutrient intake by women has important benefits for both women and their children. Table 11.12 includes a number of measures that are useful in assessing women's intake of vitamin A and iron.

Table 11.12 Micronutrient intake among mothers

Among women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child; and among women age 15-49 with a child born in the past five years and who live in households that were tested for iodized salt, the percentage who live in households with iodized salt, by background characteristics, Zimbabwe 2010-11

	Among women with a child born in the past five years:									Among women with a child born in the last five years who live in households that were tested for iodized salt:	
		Number of days women took iron tablets or syrup during pregnancy of last birth									
Background characteristic	Percentage who received vitamin A dose post-partum[1]	None	<60	60-89	90+	Don't know/ missing	Total	Percentage of women who took deworming medication during pregnancy of last birth	Number of women	Percentage living in households with iodized salt[2]	Number of women
Age											
15-19	32.3	46.1	39.3	3.5	6.7	4.5	100.0	2.8	361	93.2	309
20-29	42.0	50.6	35.5	3.2	5.1	5.6	100.0	2.2	2,518	92.7	2,249
30-39	39.6	49.5	36.8	2.9	4.1	6.8	100.0	2.4	1,325	94.4	1,200
40-49	35.7	48.2	41.0	1.8	3.8	5.1	100.0	1.7	222	94.0	202
Residence											
Urban	43.1	47.7	35.4	3.9	4.9	8.0	100.0	0.9	1,382	92.3	1,307
Rural	38.8	50.7	36.9	2.6	4.8	4.9	100.0	2.9	3,044	93.9	2,653
Province											
Manicaland	32.7	43.2	38.2	5.2	10.0	3.4	100.0	2.9	628	96.1	485
Mashonaland Central	25.7	52.9	36.7	1.8	5.7	2.9	100.0	1.4	471	94.7	425
Mashonaland East	59.1	48.3	40.0	4.3	5.7	1.7	100.0	2.1	426	90.5	337
Mashonaland West	42.9	50.1	34.5	2.4	1.8	11.2	100.0	3.2	552	89.1	526
Matabeleland North	33.9	42.7	41.6	3.4	5.4	6.8	100.0	3.8	215	97.6	187
Matabeleland South	46.3	38.2	50.8	5.6	3.5	1.9	100.0	4.3	213	93.7	195
Midlands	39.4	57.5	28.7	2.8	1.8	9.3	100.0	1.7	548	94.8	530
Masvingo	42.5	49.6	40.7	1.1	4.0	4.7	100.0	3.3	496	96.8	439
Harare	42.2	56.4	32.1	2.0	3.5	5.9	100.0	1.0	689	90.2	654
Bulawayo	39.3	41.5	33.0	4.4	10.0	11.0	100.0	0.0	189	94.7	182
Education											
No education	29.3	49.9	41.2	1.5	1.5	5.9	100.0	4.5	77	92.5	68
Primary	32.2	55.9	34.0	2.1	3.7	4.3	100.0	2.6	1,375	94.6	1,223
Secondary	43.9	47.5	37.4	3.4	5.3	6.5	100.0	2.2	2,835	92.6	2,539
More than secondary	48.8	36.9	39.5	7.0	8.7	7.9	100.0	1.5	139	97.1	129
Wealth quintile											
Lowest	33.4	57.1	32.0	2.0	3.8	5.1	100.0	3.1	957	95.2	854
Second	36.6	47.3	39.9	3.8	4.0	5.0	100.0	2.0	908	92.6	785
Middle	40.6	50.9	35.7	2.1	6.3	5.0	100.0	3.1	847	91.3	722
Fourth	43.7	49.4	35.2	3.5	5.1	6.7	100.0	2.1	971	92.6	893
Highest	48.1	42.6	40.5	3.9	5.3	7.7	100.0	1.0	743	95.0	707
Total	40.2	49.8	36.5	3.1	4.9	5.8	100.0	2.3	4,426	93.4	3,960

[1] In the first two months after delivery of the last birth
[2] Excludes women in households where salt was not tested

Breastfeeding children benefit from the micronutrient supplementation that mothers receive, especially vitamin A. The ZDHS included questions to ascertain whether mothers had received iron supplements during pregnancy and vitamin A supplements within two months postpartum. Table 11.12 includes measures of vitamin A and iron supplementation among mothers of young children and also presents the proportion of women who took deworming medication while pregnant and who live in households with iodized salt.

A single dose of vitamin A given within two months of childbirth treats night blindness and increases the vitamin A content of breast milk, reducing the risk of VAD among breastfed children. Table 11.12 shows that 40 percent of women with a child born in the five years before the survey received a vitamin A dose in the first two months after the birth of their last child. Supplementation rates were highest among urban women (43 percent), women living in Mashonaland East (59 percent), women with more than a secondary education (49 percent), and women in the highest wealth quintile (48 percent)

As mentioned earlier, pregnant women are more likely to be anaemic than other women. Iron status among pregnant women can be improved by means of iron supplements as well as by increased consumption of iron-rich foods and control of parasites and malaria. Table 11.12 shows the percent distribution of women who gave birth during the five years prior to the survey by the number of days they took iron tablets during the pregnancy for their last-born child. The majority of women who took supplements took them for less than 60 days (37 percent), and 50 percent did not take iron supplements at all. Only 5 percent of women took iron supplements for the recommended period of time (more than 90 days). Women living in Midlands were least likely to have taken iron tablets or syrup during their last pregnancy (33 percent), and women in Matabeleland South were most likely to have done so (60 percent). Only 2 percent of women took deworming medication during their last pregnancy. Ninety-three percent of women with a child born in the past five years live in households using iodized salt.

MALARIA 12

Key Findings

- Forty-one percent of all households had at least one mosquito net; 29 percent had at least one insecticide-treated mosquito net (ITN), the majority of which were long-lasting insecticidal nets.
- Seventeen percent of households reported that they had received indoor residual spraying during the past 12 months.
- On the night before the survey, 14 percent of children under age 5 slept under a mosquito net. Among households with at least one ITN, 30 percent of children under 5 slept under an ITN.
- Overall, 15 percent of pregnant women slept under some type of mosquito net the night before the survey. Among pregnant women living in households that possess an ITN, 3 in 10 slept under an ITN the night before the survey.
- Seven percent of women who had their last birth in the two years preceding the survey received intermittent preventive treatment during their pregnancy, that is, they took two or more doses of SP/Fansidar and received at least one during an antenatal care visit.

Malaria is one of the leading causes of death in sub-Saharan Africa. While malaria is endemic in Zimbabwe and is a common cause of hospital admissions for all age groups, it is important to note that malaria is found only in specific areas of the country. This factor should be taken into account when reviewing the malaria prevalence and treatment data described in this chapter. The 2010-11 ZDHS obtained data on a number of topics related to the prevention and treatment of malaria, including ownership of mosquito nets, use of mosquito nets by children and pregnant women, prophylactic use of antimalarial drugs by pregnant women, and the prevalence and prompt treatment of fever among young children. The survey also obtained information on the use of indoor residual spraying.

12.1 OWNERSHIP OF MOSQUITO NETS

Insecticide-treated nets (ITNs) are a principal tool in efforts to reduce malaria transmission in Zimbabwe. All households in the 2010-11 ZDHS were asked whether they owned a mosquito net and, if so, how many of the various types of nets. Table 12.1 shows household ownership of nets by degree of protection offered and selected background characteristics.

Four in 10 households have at least one mosquito net, up from 2 in 10 households in 2005-06. Three in 10 households have at least one net meeting one of the ITN criteria, that is, a factory-treated net that does not require retreatment, a pretreated net obtained within the previous 12 months, or a net soaked in insecticide at some time within the 12 months prior to the survey. Most ITNs in Zimbabwe are long-lasting insecticidal nets (LLINs); overall, one-quarter of households have an LLIN. The government promotes universal coverage of or access to LLINs.

Table 12.1 Household possession of mosquito nets

Percentage of households with at least one and more than one mosquito net (treated or untreated), insecticide-treated net (ITN), and long-lasting insecticidal net (LLIN), and the average number of nets per household, by background characteristics, Zimbabwe 2010-11

Background characteristic	Any type of mosquito net			Insecticide-treated mosquito net (ITN)[1]			Long-lasting insecticidal net (LLIN)			Number of households
	Percentage with at least one	Percentage with more than one	Average number of nets per household	Percentage with at least one	Percentage with more than one	Average number of ITNs per household	Percentage with at least one	Percentage with more than one	Average number of LLINs per household	
Residence										
Urban	46.9	16.5	0.7	23.2	6.9	0.3	19.2	5.6	0.3	3,290
Rural	38.2	19.1	0.7	31.6	16.5	0.6	27.5	13.4	0.5	6,466
Province										
Manicaland	52.5	29.4	1.0	46.1	26.1	0.9	41.1	22.3	0.7	1,436
Mashonaland Central	44.6	22.8	0.8	32.9	17.4	0.6	29.5	15.5	0.6	890
Mashonaland East	37.8	15.2	0.6	25.9	11.3	0.4	19.7	7.7	0.3	1,042
Mashonaland West	33.5	13.9	0.5	22.0	10.8	0.4	18.0	8.3	0.3	1,077
Matabeleland North	49.0	23.6	0.9	41.4	19.0	0.7	36.0	15.3	0.6	495
Matabeleland South	14.4	3.3	0.2	7.4	1.3	0.1	6.8	1.3	0.1	511
Midlands	42.7	19.7	0.7	35.6	16.2	0.6	33.7	15.2	0.6	1,153
Masvingo	35.2	16.9	0.6	29.4	14.2	0.5	24.0	9.3	0.4	1,066
Harare	41.4	12.1	0.6	15.5	3.0	0.2	11.0	1.9	0.1	1,564
Bulawayo	52.6	21.2	0.8	26.1	8.1	0.4	24.3	6.9	0.3	522
Wealth quintile										
Lowest	39.2	21.1	0.7	35.1	19.2	0.6	29.7	15.1	0.5	1,835
Second	35.1	18.0	0.6	29.7	16.1	0.5	25.2	12.6	0.4	1,785
Middle	36.0	15.3	0.6	28.9	13.0	0.5	25.4	10.9	0.4	1,933
Fourth	40.4	12.6	0.6	24.4	8.2	0.4	21.2	7.1	0.3	2,144
Highest	53.7	24.3	0.9	26.8	10.8	0.4	22.7	9.0	0.4	2,059
Total	41.1	18.2	0.7	28.8	13.2	0.5	24.7	10.8	0.4	9,756

[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.

While urban households (47 percent) are more likely than rural households (38 percent) to have a mosquito net (treated or untreated), rural households are more likely to have an LLIN. Household ownership of at least one mosquito net varies from a low of 14 percent in Matabeleland South to a high of 53 percent in Manicaland and Bulawayo. Household ownership of at least one LLIN varies from a low of 7 percent of households in Matabeleland South to a high of 41 percent in Manicaland. There is no clear pattern of association between net ownership and household wealth.

12.2 INDOOR RESIDUAL SPRAYING

Indoor residual spraying (IRS) is another component of efforts to control malaria transmission in Zimbabwe. To obtain information on the prevalence of indoor residual spraying, all households interviewed in the 2010-11 ZDHS were asked whether the interior walls and outside eaves of their dwelling had been sprayed against mosquitoes during the 12-month period before the survey and, if so, who had sprayed the dwelling.

Nationally, 17 percent of households reported receiving IRS in the past 12 months (Table 12.2), compared with 15 percent in 2005-06. Eight in 10 households sprayed were sprayed by government workers or government-sponsored programmes (data not shown). IRS rates vary markedly by residence. Rural households were six times as likely as urban households to report receiving IRS (24 percent and 4 percent, respectively). Also, households in the lower wealth quintiles were more likely to have been sprayed than households in the higher wealth quintiles. By province, the prevalence of IRS varied from 2 percent in Harare to 40 percent in Matabeleland North. Sixty percent of households in Matabeleland North had either been sprayed in the past 12 months or had at least one ITN.

Table 12.2 Indoor residual spraying against mosquitoes

Percentage of households in which someone has come into the dwelling to spray the interior walls against mosquitoes (IRS) in the past 12 months, and the percentage of households with at least one ITN and/or IRS in the past 12 months, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of households with IRS[1] in the past 12 months	Percentage of households with at least one ITN[2] and/or IRS in the past 12 months	Number of households
Residence			
Urban	3.8	25.3	3,290
Rural	23.7	40.9	6,466
Province			
Manicaland	26.0	52.6	1,436
Mashonaland Central	36.9	51.2	890
Mashonaland East	19.9	32.5	1,042
Mashonaland West	8.5	24.3	1,077
Matabeleland North	40.1	60.0	495
Matabeleland South	16.5	22.7	511
Midlands	13.4	38.5	1,153
Masvingo	15.9	36.6	1,066
Harare	2.1	17.3	1,564
Bulawayo	2.7	27.7	522
Wealth quintile			
Lowest	28.0	45.3	1,835
Second	22.5	37.9	1,785
Middle	18.6	36.0	1,933
Fourth	9.1	28.6	2,144
Highest	8.9	31.9	2,059
Total	17.0	35.6	9,756

[1] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private or non-governmental organization.

[2] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.

12.3 USE OF MOSQUITO NETS BY PERSONS IN THE HOUSEHOLD

The 2010-11 ZDHS asked about use of mosquito nets by household members during the night before the survey. Use of nets on the night before the survey is taken as typical of net usage, but caution should be exercised in interpreting the results described here. Because the prevalence of mosquitoes varies within Zimbabwe according to season and other climatic conditions, net usage on the night before the survey may not be representative of the patterns of usage during periods of high malaria transmission.

Table 12.3 shows that 12 percent of the household population slept under a mosquito net the night before the survey. Overall, 9 percent of the household population slept under an ITN the night before the survey and 7 percent of the household population slept under an LLIN. Twenty-eight percent of the population living in households that own at least one ITN slept under an ITN the night before the survey.

Table 12.3 Use of mosquito nets by persons in the household

Percentage of the de facto household population who slept the night before the survey under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months; and among the de facto household population in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Zimbabwe 2010-11

	Household population					Household population in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ITN[1] last night	Percentage who slept under an LLIN last night	Percentage who slept under an ITN[1] last night or in a dwelling sprayed with IRS[2] in the past 12 months	Number	Percentage who slept under an ITN[1] last night	Number
Age (in years)							
<5	13.6	9.7	8.1	24.8	5,984	29.9	1,941
5-14	8.0	6.3	5.5	23.3	11,272	19.6	3,613
15-34	12.6	8.6	7.2	22.1	13,510	28.6	4,063
35-39	17.0	11.7	10.1	23.3	4,717	39.2	1,403
50+	13.9	10.2	8.8	25.7	4,859	35.1	1,408
Sex							
Male	11.3	8.1	6.9	23.0	19,094	26.6	5,827
Female	12.8	9.1	7.8	23.7	21,249	29.4	6,601
Residence							
Urban	14.7	7.4	6.1	10.6	12,303	31.4	2,916
Rural	11.0	9.2	8.0	29.0	28,040	27.1	9,511
Province							
Manicaland	17.4	15.7	14.2	36.0	5,572	31.6	2,766
Mashonaland Central	16.7	13.5	12.2	43.4	3,926	38.4	1,377
Mashonaland East	10.3	7.2	4.9	24.3	4,181	26.5	1,141
Mashonaland West	9.6	6.1	4.7	13.0	4,683	27.5	1,046
Matabeleland North	14.7	13.1	10.4	49.1	2,143	29.3	957
Matabeleland South	4.1	2.3	2.0	20.6	2,260	35.7	146
Midlands	10.3	8.3	7.9	19.4	5,222	21.8	1,994
Masvingo	8.4	6.3	5.4	21.2	4,404	18.4	1,511
Harare	11.0	4.1	2.7	6.2	5,927	26.2	928
Bulawayo	20.5	10.5	9.8	13.4	2,024	37.9	561
Wealth quintile							
Lowest	11.3	10.2	8.6	34.2	7,962	27.2	2,972
Second	9.8	8.3	7.0	27.2	8,063	26.2	2,555
Middle	10.7	8.6	7.6	24.0	8,090	27.7	2,498
Fourth	13.4	8.2	7.1	16.4	8,102	31.0	2,145
Highest	15.4	8.1	6.6	15.4	8,125	29.1	2,257
Total	12.1	8.7	7.4	23.4	40,343	28.1	12,428

[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.

[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or non-governmental organization.

12.3.1 Use of Mosquito Nets by Children Under Five Years

Given children's vulnerability to malaria, it is especially important for young children to sleep under mosquito nets. In areas of endemic malaria, antibodies acquired from the mother during pregnancy protect children for about six months following birth. This acquired immunity is gradually lost, and children start to develop their own immunity to malaria. The pace at which immunity is developed depends on children's exposure to malaria infection, and in high malaria-endemic areas children are thought to attain a high level of immunity by their fifth birthday. Such children may subsequently experience episodes of illness caused by malaria but usually do not suffer from severe, life-threatening malaria. Immunity in areas of low malaria transmission is acquired more slowly.

Table 12.4 presents data on the extent to which children under age 5 slept under various types of nets on the night before the interview. Overall, 14 percent of children slept under a mosquito net, 10 percent under an ITN, and 8 percent under an LLIN. The likelihood of sleeping under a net generally declined with increasing age of the child. Children in urban areas were more likely to sleep under a net than children in rural areas (19 and 12 percent, respectively). Among children who live in

households that possess an ITN, an even greater difference in mosquito net usage by urban-rural residence was observed: 39 percent of children in urban areas slept under an ITN, compared with 27 percent of children in rural areas. Net usage among children living in households with an ITN was lowest in Masvingo (14 percent) and highest in Bulawayo (54 percent). Net usage increased somewhat with increasing wealth quintile.

Table 12.4 Use of mosquito nets by children

Percentage of children under age five who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months; and among children under age five in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Zimbabwe 2010-11

	Children under age five in all households					Children under age five in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ITN[1] last night	Percentage who slept under an LLIN last night	Percentage who slept under an ITN[1] last night or in a dwelling sprayed with IRS[2] in the past 12 months	Number of children	Percentage who slept under an ITN[1] last night	Number of children
Age (in months)							
<12	15.7	10.9	9.2	25.6	1,420	33.4	464
12-23	15.8	11.3	9.2	24.4	1,155	33.9	385
24-35	13.1	9.9	8.1	23.4	1,180	30.4	383
36-47	12.3	8.7	7.8	25.1	1,184	27.0	380
48-59	10.1	7.3	5.9	25.1	1,045	23.2	330
Sex							
Male	12.9	9.2	7.7	24.2	2,982	28.2	974
Female	14.2	10.2	8.5	25.3	3,003	31.6	967
Residence							
Urban	18.8	10.3	8.3	13.8	1,623	39.3	427
Rural	11.6	9.5	8.1	28.8	4,362	27.3	1,514
Province							
Manicaland	18.8	16.4	14.8	35.5	881	32.3	449
Mashonaland Central	16.2	13.5	12.3	43.7	614	38.7	215
Mashonaland East	13.4	10.0	5.8	27.6	622	31.8	196
Mashonaland West	8.6	5.0	3.7	11.7	700	26.4	133
Matabeleland North	20.4	18.2	14.8	52.0	299	35.8	152
Matabeleland South	5.0	2.6	2.1	23.5	347	(50.0)	18
Midlands	10.8	8.7	8.2	19.7	789	22.2	309
Masvingo	7.8	4.9	4.1	19.9	703	13.7	249
Harare	14.3	6.0	4.2	8.2	778	32.9	143
Bulawayo	28.6	16.7	15.4	19.7	252	54.4	77
Wealth quintile							
Lowest	11.1	9.7	8.3	33.7	1,387	25.3	529
Second	11.1	9.2	7.2	27.1	1,290	29.6	399
Middle	12.3	9.5	8.2	23.6	1,200	30.1	378
Fourth	15.3	9.4	7.9	17.3	1,209	33.6	339
Highest	20.2	11.2	9.3	19.2	898	34.1	296
Total	13.6	9.7	8.1	24.8	5,984	29.9	1,941

Notes: Table is based on children who stayed in the household the night before the interview. Figures in parentheses are based on 25-49 unweighted cases.
[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private or non-governmental organization.

12.3.2 Use of Mosquito Nets by Pregnant Women

In malaria-endemic areas, adults usually have acquired some degree of immunity to severe, life-threatening malaria. However, pregnancy leads to a depression of the immune system so that pregnant women, especially those in their first pregnancy, have a higher risk to malaria. Moreover, malaria among pregnant women may be asymptomatic. Malaria during pregnancy is a major contributor to low birth weight, maternal anaemia, infant mortality, spontaneous abortion, and stillbirth. Pregnant women can reduce the risk of the adverse effects of malaria by sleeping under insecticide-treated mosquito nets.

Table 12.5 shows the percentage of pregnant women who slept under any mosquito net (treated or untreated), an ITN, or an LLIN the night before the survey. Overall, 15 percent of women slept under some type of net, which is higher than the 7 percent reported in the 2005-06 ZDHS. Ten percent of pregnant women slept under an ITN, and 9 percent slept under an LLIN. Among pregnant women living in households that possess an ITN, 3 in 10 slept under an ITN the night before the survey.

Table 12.5 Use of mosquito nets by pregnant women

Percentage of pregnant women age 15-49 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months; and among pregnant women age 15-49 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics, Zimbabwe 2010-11

	Among pregnant women age 15-49 in all households					Among pregnant women age 15-49 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under any net last night	Percentage who slept under an ITN[1] last night	Percentage who slept under an LLIN last night	Percentage who slept under an ITN[1] last night or in a dwelling sprayed with IRS[2] in the past 12 months	Number of women	Percentage who slept under an ITN[1] last night	Number of women
Residence							
Urban	16.5	8.6	8.0	11.1	251	35.3	61
Rural	13.6	10.1	9.4	28.9	513	28.1	185
Province							
Manicaland	15.6	14.5	14.5	37.4	110	(29.1)	54
Mashonaland Central	22.7	16.2	16.2	44.3	83	*	25
Mashonaland East	18.7	10.8	8.4	38.5	62	*	23
Mashonaland West	10.8	6.1	6.1	13.5	91	*	18
Matabeleland North	15.7	14.6	10.6	37.8	33	*	15
Matabeleland South	7.8	7.8	7.8	19.8	31	*	4
Midlands	16.7	11.5	11.5	15.9	88	(27.3)	37
Masvingo	11.1	5.8	4.9	19.5	102	(14.8)	40
Harare	9.0	2.8	1.7	3.7	139	*	21
Bulawayo	(30.2)	(19.2)	(19.2)	(19.2)	25	*	9
Education							
No education	*	*	*	*	13	*	3
Primary	13.8	8.9	8.3	24.0	249	27.7	80
Secondary	14.5	9.7	9.0	22.3	484	29.9	157
More than secondary	*	*	*	*	18	*	6
Wealth quintile							
Lowest	13.9	12.2	10.8	34.4	156	28.3	67
Second	10.5	8.6	7.7	26.2	167	(32.1)	45
Middle	15.5	8.9	8.9	21.0	167	(25.2)	59
Fourth	13.9	7.3	6.4	15.6	158	(28.5)	41
Highest	20.6	11.9	11.9	16.5	115	(39.4)	35
Total	14.5	9.6	8.9	23.1	764	29.9	246

Notes: Table is based on women who stayed in the household the night before the interview. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] An insecticide-treated net (ITN) is (1) a factory-treated net that does not require any further treatment (LLIN), (2) a pretreated net obtained within the past 12 months, or (3) a net that has been soaked with insecticide within the past 12 months.
[2] Indoor residual spraying (IRS) is limited to spraying conducted by a government, private, or non-governmental organization.

12.4 USE OF INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY

Pregnant women are particularly vulnerable to malaria because their immune systems are suppressed. To protect the mother and her child from malaria, it is recommended that pregnant women receive intermittent preventive treatment during pregnancy (IPTp) through provision of at least two doses of sulfadoxine-pyrimethamine (SP)/Fansidar during routine antenatal care visits in the second and third trimesters of pregnancy.

Table 12.6 presents data on the use of antimalarials and receipt of IPTp by women during the pregnancy for their last live birth in the two years preceding the survey. Overall, one in four women who had a live birth in the two years before the survey took an antimalarial drug during their pregnancy. Around one-half of pregnant women who took any antimalarial drug—14 percent of all pregnant women—took at least one dose of SP/Fansidar during their pregnancy. Eight percent reported taking two or more doses of SP/Fansidar. Almost all of the women who took at least two doses of SP/Fansidar received at least one dose during an antenatal care (ANC) visit.

Table 12.6 Prophylactic use of antimalarial drugs and use of intermittent preventive treatment (IPTp) by women during pregnancy

Percentage of women age 15-49 with a live birth in the two years preceding the survey who, during the pregnancy preceding the last birth, took any antimalarial drug for prevention, who took one dose of SP/Fansidar, and who received intermittent preventive treatment (IPTp)[1], by background characteristics, Zimbabwe 2010-11

		Intermittent preventive treatment[1]				
		SP/Fansidar				
Background characteristic	Percentage who took any antimalarial drug	Percentage who took any SP/Fansidar	Percentage who received any SP/Fansidar during an ANC visit	Percentage who took 2+ doses of SP/Fansidar	Percentage who took 2+ doses of SP/Fansidar and received at least one during an ANC visit	Number of women with a live birth in the two years preceding the survey
Residence						
Urban	19.3	11.2	9.9	6.4	5.4	718
Rural	28.0	15.1	14.7	8.3	8.1	1,730
Province						
Manicaland	42.6	24.3	22.9	13.8	12.8	366
Mashonaland Central	45.0	24.5	23.8	12.6	12.3	254
Mashonaland East	20.1	8.8	8.4	6.0	5.6	257
Mashonaland West	24.3	13.3	13.0	4.7	4.4	296
Matabeleland North	37.0	28.1	27.3	16.3	15.9	115
Matabeleland South	11.6	9.7	8.9	4.6	4.2	124
Midlands	18.0	10.7	10.4	6.5	6.2	298
Masvingo	26.7	12.1	11.6	9.3	8.9	277
Harare	11.0	4.9	4.2	2.3	1.6	352
Bulawayo	5.3	1.1	1.1	0.6	0.6	111
Education						
No education	(53.3)	(16.3)	(12.7)	(10.5)	(10.5)	28
Primary	23.6	13.5	13.1	7.6	7.2	767
Secondary	25.5	13.9	13.2	7.8	7.3	1,573
More than secondary	31.7	18.4	17.9	7.9	7.4	80
Wealth quintile						
Lowest	27.7	14.9	14.7	9.0	8.8	543
Second	28.8	14.5	13.7	9.0	8.5	515
Middle	27.7	15.5	14.2	7.6	6.4	478
Fourth	23.0	12.8	12.5	6.5	6.3	519
Highest	18.3	11.5	10.8	6.4	5.9	393
Total	25.4	13.9	13.3	7.8	7.3	2,448

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] IPTp: Intermittent preventive treatment during pregnancy is preventive treatment with two or more doses of SP/Fansidar.

A higher percentage of rural women take an antimalarial during pregnancy than urban women (28 and 19 percent, respectively). Across the provinces, use of antimalarial drugs is highest among pregnant women in Mashonaland Central (45 percent) and lowest among women in Bulawayo (5 percent). Use of an antimalarial drug is less common among women in the highest wealth quintile than women in the other quintiles.

Use of SP/Fansidar (28 percent) was highest among pregnant women living in Matabeleland North. Around one in six pregnant women in Matabeleland North reported that they had received at least two doses of SP/Fansidar and that at least one of the doses was received during an ANC visit. In contrast, 1 percent of women who gave birth in Bulawayo in the two years prior to the survey received this intervention. The percentage of pregnant women who received at least two doses of SP/Fansidar at least one of which was received during an ANC visit was essentially unchanged from the figure reported in the 2005-06 ZDHS (7 percent versus 6 percent).

12.5 Prevalence, Diagnosis, and Prompt Treatment of Fever among Young Children

Fever is a major manifestation of malaria in young children, although it also accompanies other illnesses. As discussed in Chapter 10, mothers were asked whether their children under age 5 had had a fever in the two weeks preceding the survey and, if so, what was done to treat the fever. Table 12.7 shows the percentage of children under 5 who had a fever in the two weeks preceding the survey and, among those who had a fever, the percentage who had blood taken from a finger or heel, took antimalarial drugs, and received antimalarial treatment soon (the same or the next day) after the onset of fever, by selected background characteristics. Table 12.8 shows the types of antimalarial drugs received by children with a fever in the two weeks before the survey and the proportion of children with fever who were given antimalarial drugs on the same day or the day after the fever developed.

Ten percent of children under age 5 had a fever in the two weeks preceding the survey. Among children with fever, 7 percent had blood taken from a finger or heel for testing. Only 2 percent of children with fever were given antimalarial drugs, most of whom received the drugs the same day or the day after the fever started.

The differentials in treatment patterns in Table 12.7 and Table 12.8 must be interpreted with caution because comparatively few children were suffering from fever in many subgroups, and very few children were given antimalarials. Half of children receiving antimalarials were given coartemether (artemether lumefantrine), an artemisinin combination therapy (ACT) that is Zimbabwe's first-line drug against uncomplicated malaria (MOHCW, 2008). Other children were given chloroquine, quinine, or SP/Fansidar.

Table 12.7 Prevalence, diagnosis, and prompt treatment of children with fever

Percentage of children under age five with fever in the two weeks preceding the survey, and among children under age five with fever, the percentage who had blood taken from a finger or heel, the percentage who took antimalarial drugs and the percentage who took the drugs the same or next day following the onset of fever, by background characteristics, Zimbabwe 2010-11

	Among children under age five:		Among children under age five with fever:			
Background characteristic	Percentage with fever in the two weeks preceding the survey	Number of children	Percentage who had blood taken from a finger or heel for testing	Percentage who took antimalarial drugs	Percentage who took antimalarial drugs same or next day	Number of children
Age (in months)						
<12	10.5	1,348	6.0	1.3	1.3	141
12-23	10.2	1,034	7.3	2.0	1.6	105
24-35	11.2	999	7.4	1.4	1.4	112
36-47	7.6	986	7.5	6.4	6.4	75
48-59	8.6	841	9.7	1.8	0.0	73
Sex						
Male	9.5	2,592	8.1	2.1	2.1	246
Female	10.0	2,616	6.6	2.5	1.8	261
Residence						
Urban	8.7	1,548	4.5	3.6	3.3	134
Rural	10.2	3,660	8.4	1.8	1.5	372
Province						
Manicaland	16.2	766	6.6	2.4	1.3	124
Mashonaland Central	15.2	563	12.2	2.0	2.0	85
Mashonaland East	7.5	505	(6.7)	(2.1)	(2.1)	38
Mashonaland West	8.3	628	(10.2)	(0.0)	(0.0)	52
Matabeleland North	13.8	256	13.0	14.4	13.2	35
Matabeleland South	10.4	263	1.9	0.0	0.0	27
Midlands	5.1	660	(7.5)	(0.0)	(0.0)	34
Masvingo	6.7	588	(4.3)	(0.0)	(0.0)	40
Harare	7.0	761	(2.7)	(1.9)	(1.9)	54
Bulawayo	7.9	219	(0.0)	(0.0)	(0.0)	17
Mother's education						
No education	16.1	89	*	*	*	14
Primary	10.5	1,672	7.1	2.7	1.9	176
Secondary	9.2	3,291	7.5	1.9	1.9	304
More than secondary	8.0	156	*	*	*	12
Wealth quintile						
Lowest	11.4	1,189	5.1	0.5	0.5	136
Second	8.9	1,087	13.9	4.1	2.7	97
Middle	9.6	997	5.1	1.6	1.6	96
Fourth	9.1	1,101	2.4	1.6	1.6	100
Highest	9.3	833	12.3	4.9	4.3	78
Total	9.7	5,208	7.4	2.3	1.9	506

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

Table 12.8 Type and timing of antimalarial drugs taken by children with fever

Among children under age five with fever in the two weeks preceding the survey, the percentage who took specific antimalarial drugs and the percentage who took each type of drug the same or next day after developing fever, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of children who took drug:				Percentage of children who took drug the same or next day:				Number of children with fever
	SP/ Fansidar	Chloroquine	Quinine	Coartemether[1]	SP/ Fansidar	Chloroquine	Quinine	Coartemether[1]	
Age (in months)									
<12	0.6	0.0	0.0	0.7	0.6	0.0	0.0	0.7	141
12-23	0.0	0.4	1.6	0.0	0.0	0.0	1.6	0.0	105
24-35	0.0	0.8	0.0	0.6	0.0	0.8	0.0	0.6	112
36-47	0.0	1.0	0.0	5.4	0.0	1.0	0.0	5.4	75
48-59	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	73
Sex									
Male	0.3	0.0	0.7	1.1	0.3	0.0	0.7	1.1	246
Female	0.0	1.3	0.0	1.1	0.0	0.7	0.0	1.1	261
Residence									
Urban	0.0	0.3	1.3	2.0	0.0	0.0	1.3	2.0	134
Rural	0.2	0.8	0.0	0.8	0.2	0.5	0.0	0.8	372
Province									
Manicaland	0.0	1.1	0.0	1.3	0.0	0.0	0.0	1.3	124
Mashonaland Central	0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	85
Mashonaland East	(2.1)	(0.0)	(0.0)	(0.0)	(2.1)	(0.0)	(0.0)	(0.0)	38
Mashonaland West	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	52
Matabeleland North	0.0	1.1	4.8	8.5	0.0	0.0	4.8	8.5	35
Matabeleland South	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	27
Midlands	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	34
Masvingo	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	40
Harare	(0.0)	(0.0)	(0.0)	(1.9)	(0.0)	(0.0)	(0.0)	(1.9)	54
Bulawayo	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	17
Mother's education									
No education	*	*	*	*	*	*	*	*	14
Primary	0.4	1.3	0.0	1.0	0.4	0.5	0.0	1.0	176
Secondary	0.0	0.0	0.6	1.3	0.0	0.0	0.6	1.3	304
More than secondary	*	*	*	*	*	*	*	*	12
Wealth quintile									
Lowest	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.5	136
Second	0.0	2.3	0.0	1.7	0.0	1.0	0.0	1.7	97
Middle	0.8	0.8	0.0	0.0	0.8	0.8	0.0	0.0	96
Fourth	0.0	0.0	0.0	1.6	0.0	0.0	0.0	1.6	100
Highest	0.0	0.5	2.2	2.2	0.0	0.0	2.2	2.2	78
Total	0.2	0.7	0.3	1.1	0.2	0.3	0.3	1.1	506

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Coartemether is an artemisinin-based combination therapy (ACT).

12.6 PREVALENCE OF ANAEMIA IN CHILDREN

One of the objectives of the 2010-11 ZDHS was to assess the prevalence of anaemia among children age 6-59 months. Table 11.7 in the previous chapter on nutrition presents the percentage of children who are anaemic (children are classified as anaemic if their haemoglobin level is below 11.0 g/dl and as severely anaemic if their haemoglobin level is below 7.0 g/dl). However, poor dietary intake of iron is only one of numerous causes of anaemia; malaria infection can also result in a person becoming anaemic. A haemoglobin concentration of less than 8.0 g/dl is considered an indication that an individual may have malaria.

Table 12.9 shows that 4 percent of children age 6-59 months have haemoglobin levels below 8.0 g/dl. The percentage of children with haemoglobin levels below 8.0 g/dl declines almost steadily with increasing age, from a high of 8 percent among children age 6-8 months to a low of 1 percent among children age 4. Matabeleland North has the highest prevalence of anaemia (6 percent), while the prevalence in Harare and Mashonaland Central is lowest (2 percent). There is no substantial difference in anaemia levels by urban-rural residence. The percentage of children with haemoglobin levels below 8.0 g/dl is inversely associated with wealth status, decreasing from 5 percent of children in the lowest wealth quintile to 2 percent of children in the highest wealth quintile.

Table 12.9 Haemoglobin < 8.0 g/dl in children

Percentage of children age 6-59 months with haemoglobin lower than 8.0 g/dl, by background characteristics, Zimbabwe 2010-11

Background characteristic	Haemoglobin < 8.0 g/dl	Number of children
Age (in months)		
6-8	8.2	235
9-11	6.4	295
12-17	5.1	534
18-23	5.8	386
24-35	3.7	984
36-47	2.3	926
48-59	1.0	860
Sex		
Male	4.4	2,093
Female	3.0	2,128
Mother's interview status		
Interviewed	4.2	3,333
Not interviewed but in household	2.0	135
Not interviewed and not in household[1]	1.6	753
Residence		
Urban	3.9	930
Rural	3.6	3,291
Province		
Manicaland	4.1	644
Mashonaland Central	2.4	476
Mashonaland East	3.3	492
Mashonaland West	2.5	473
Matabeleland North	6.0	237
Matabeleland South	5.2	279
Midlands	5.3	609
Masvingo	2.7	471
Harare	2.2	408
Bulawayo	4.5	132
Mother's education[2]		
No education	2.9	86
Primary	4.3	1,170
Secondary	4.2	2,142
More than secondary	0.0	71
Wealth quintile		
Lowest	4.5	1,061
Second	3.9	973
Middle	3.2	902
Fourth	3.6	779
Highest	2.3	506
Total	3.7	4,221

Note: Table is based on children who stayed in the household the night before the interview. Haemoglobin levels are adjusted for altitude using CDC formulas (CDC, 1998). Haemoglobin is measured in grams per decilitre (g/dl).
[1] Includes children whose mothers are deceased
[2] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

HIV/AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR 13

Key Findings

- Knowledge of HIV and /AIDS is universal in Zimbabwe. Ninety-eight percent of women and men age 15-49 have heard of AIDS.
- Fifty-six percent of women and 53 percent of men have what can be considered comprehensive knowledge about the modes of HIV transmission and prevention: knowing that use of condoms and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention.
- Eighty-six percent and 78 percent of women and men age 15-49, respectively, know that HIV can be transmitted by breastfeeding. Eighty-six percent of women and 76 percent of men know that the risk of mother-to-child transmission can be reduced by a mother taking special drugs during pregnancy.
- One percent of women and 11 percent of men had two or more sexual partners during the 12 months preceding the survey. Among respondents who had two or more partners in the past 12 months, 48 percent of women and 33 percent of men age 15-49 reported that they used a condom during their most recent sexual intercourse.
- Point prevalence and cumulative prevalence of concurrent sexual partners among women were both less than 1 percent; among men, point prevalence was 4 percent and cumulative prevalence was 9 percent.
- Three percent of men had paid for sexual intercourse in the past 12 months; among these men, 88 percent reported using a condom during their most recent paid sexual intercourse.
- Ninety-one percent of women and 88 percent of men know where to get an HIV test. Fifty-seven percent of women and 36 percent of men have been tested for HIV and received the results of their last test.
- Ten percent of women and 7 percent of men reported that they had a sexually transmitted infection (STI) or symptoms of an STI in the 12 months preceding the survey.

Zimbabwe continues to experience one of the worst HIV infection rates in sub-Saharan Africa. As of 2009, an estimated 1.1 million adults and children in the country were living with HIV (MOHCW, 2009). Because of the increased burden of disease due to HIV, Zimbabwe has continued not only to scale up prevention, care, and treatment programmes to combat the disease but also to strengthen monitoring and evaluation systems for these programmes. Measuring changes in HIV risk behaviours is important for successful tracking of the drivers of the epidemic in generalized epidemic states such as Zimbabwe.

The principal mode of HIV transmission in Zimbabwe is heterosexual contact, which accounts for 92 percent of all HIV infections in the country (Zimbabwe National AIDS Council, 2005). The second most important mode of HIV transmission in Zimbabwe is vertical transmission, in which the mother passes HIV to her child during pregnancy, childbirth, and breastfeeding. The prevention of mother-to-child transmission of HIV (PMTCT) programme in Zimbabwe is a priority in the fight against HIV/AIDS in children. The programme seeks to prevent paediatric HIV infection through primary prevention of HIV infection in the childbearing population, prevention of unintended pregnancies, PMTCT through a single-dose nevirapine regimen, and provision of care and follow-up psychosocial support.

The future course of Zimbabwe's AIDS epidemic depends on a number of variables such as levels of HIV/AIDS-related knowledge among the general population, social stigmatisation, risk

behaviour modification, access to high-quality services for sexually transmitted infections (STIs), provision and uptake of HIV counselling and testing, and access to care and antiretroviral therapy (ART), including prevention and treatment of opportunistic infections. The principal objective of this chapter is to establish the prevalence of relevant knowledge, perceptions, and behaviours at the national level and also within geographic and socioeconomic subpopulations. In this way, the AIDS control programme in Zimbabwe can target those groups of individuals most in need of information and most at risk of HIV infection.

To facilitate comparisons between sexes, findings in this chapter refer to the 15-49 age group unless otherwise noted. The chapter concludes with a discussion of the findings for young people age 15-24.

13.1 HIV/AIDS KNOWLEDGE, TRANSMISSION, AND PREVENTION METHODS

ZDHS respondents were asked whether they had heard of AIDS. Those who reported having heard of AIDS were asked a number of questions about whether and how HIV/AIDS could be avoided.

Table 13.1 provides information on overall AIDS knowledge in Zimbabwe. Knowledge levels are high (98 percent) among both women and men in all subgroups for which information is presented in the table. The lowest knowledge level was recorded among men with no education (84 percent). Similarly high levels of knowledge of AIDS were reported in the 2005-06 ZDHS.

Table 13.1 Knowledge of AIDS

Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics, Zimbabwe 2010-11

Background characteristic	Women		Men	
	Have heard of AIDS	Number of women	Have heard of AIDS	Number of men
Age				
15-24	96.9	3,786	97.3	3,107
15-19	96.0	1,945	96.0	1,735
20-24	97.8	1,841	98.9	1,372
25-29	98.6	1,686	99.2	1,236
30-39	98.4	2,347	99.4	1,798
40-49	98.2	1,352	99.3	968
Marital status				
Never married	97.0	2,197	97.3	3,221
Ever had sex	96.9	539	98.5	1,430
Never had sex	97.0	1,658	96.3	1,791
Married/living together	97.9	5,703	99.4	3,584
Divorced/separated/ widowed	98.8	1,271	98.9	304
Residence				
Urban	99.1	3,548	99.5	2,621
Rural	97.0	5,623	97.8	4,488
Province				
Manicaland	97.3	1,227	99.1	972
Mashonaland Central	99.6	871	99.7	738
Mashonaland East	99.4	824	99.3	667
Mashonaland West	97.6	1,026	99.5	872
Matabeleland North	95.3	443	90.5	349
Matabeleland South	97.0	467	97.7	352
Midlands	97.7	1,123	96.2	885
Masvingo	93.8	909	98.3	585
Harare	99.4	1,722	99.7	1,307
Bulawayo	98.3	558	99.3	382
Education				
No education	93.5	212	83.7	56
Primary	95.6	2,568	96.5	1,508
Secondary	98.8	5,966	99.0	5,027
More than secondary	99.0	424	99.8	519
Wealth quintile				
Lowest	94.2	1,546	96.5	1,074
Second	97.4	1,594	97.3	1,216
Middle	98.4	1,681	98.4	1,371
Fourth	98.8	2,073	99.1	1,664
Highest	99.1	2,278	99.8	1,786
Total 15-49	97.8	9,171	98.4	7,110
50-54	na	na	98.4	370
Total 15-54	na	na	98.4	7,480

na = Not applicable

HIV/AIDS prevention programmes in Zimbabwe focus their messages and efforts on four important aspects of behaviour: use of condoms, limiting the number of sexual partners or staying faithful to one partner, male circumcision, and delaying sexual debut among young people (i.e., abstinence). Table 13.2 shows that 8 in 10 respondents (81 percent of women and 82 percent of men) know that using condoms is a way to prevent HIV transmission. Ninety percent of respondents recognize that the risk of getting HIV can be reduced by limiting sexual intercourse to one uninfected partner. Approximately 8 in 10 respondents (77 percent of women and 79 percent of men) recognize both using condoms and limiting sexual intercourse to one uninfected partner as methods to reduce the risk of getting HIV.

Table 13.2 Knowledge of HIV prevention methods

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, by background characteristics, Zimbabwe 2010-11

	Women				Men			
	Percentage who say HIV can be prevented by:				Percentage who say HIV can be prevented by:			
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Using condoms and limiting sexual intercourse to one uninfected partner[1,2]	Number of men
Age								
15-24	75.9	86.6	71.5	3,786	78.5	87.0	72.7	3,107
15-19	70.9	83.4	65.7	1,945	74.5	82.9	67.2	1,735
20-24	81.2	90.0	77.6	1,841	83.4	92.2	79.7	1,372
25-29	84.9	91.8	81.7	1,686	85.5	94.2	82.7	1,236
30-39	84.4	92.6	81.3	2,347	85.5	94.4	83.0	1,798
40-49	84.0	91.7	80.8	1,352	85.6	94.2	83.0	968
Marital status								
Never married	74.5	85.5	69.5	2,197	79.0	87.2	73.5	3,221
Ever had sex	84.7	89.6	80.5	539	84.7	91.2	80.0	1,430
Never had sex	71.2	84.2	66.0	1,658	74.4	84.0	68.3	1,791
Married/living together	82.3	91.2	79.1	5,703	85.3	94.4	82.6	3,584
Divorced/separated/ widowed	86.0	91.4	82.2	1,271	85.4	93.4	82.6	304
Residence								
Urban	83.9	91.7	80.4	3,548	85.6	94.0	82.7	2,621
Rural	79.1	88.7	75.3	5,623	80.6	89.4	76.0	4,488
Province								
Manicaland	77.6	87.2	73.0	1,227	86.6	94.9	84.5	972
Mashonaland Central	81.4	91.1	77.4	871	82.1	91.7	76.9	738
Mashonaland East	83.1	94.8	80.8	824	80.9	90.1	74.9	667
Mashonaland West	80.3	89.7	76.3	1,026	88.3	96.2	85.7	872
Matabeleland North	75.7	78.8	68.8	443	55.7	64.0	47.0	349
Matabeleland South	88.1	92.4	85.6	467	82.5	88.7	77.7	352
Midlands	81.9	91.0	78.7	1,123	77.9	88.5	73.4	885
Masvingo	77.3	86.1	73.8	909	83.8	91.8	80.3	585
Harare	80.9	91.5	77.7	1,722	84.5	93.5	81.4	1,307
Bulawayo	87.4	91.8	83.9	558	87.3	94.1	83.7	382
Education								
No education	65.8	75.4	60.3	212	49.3	59.0	39.5	56
Primary	76.3	85.1	71.5	2,568	75.9	84.0	69.4	1,508
Secondary	82.9	91.9	79.5	5,966	83.6	92.9	80.2	5,027
More than secondary	89.1	97.4	88.4	424	93.6	97.4	92.3	519
Wealth quintile								
Lowest	74.6	83.8	69.7	1,546	75.2	84.6	70.3	1,074
Second	79.3	89.6	75.9	1,594	80.3	89.4	75.7	1,216
Middle	81.5	90.0	77.2	1,681	80.6	90.8	76.4	1,371
Fourth	82.6	90.9	79.4	2,073	83.9	91.4	79.7	1,664
Highest	84.4	93.1	81.4	2,278	88.3	96.0	85.7	1,786
Total 15-49	80.9	89.9	77.2	9,171	82.4	91.1	78.5	7,110
50-54	na	na	na	na	86.2	92.8	83.1	370
Total 15-54	na	na	na	na	82.6	91.2	78.7	7,480

na = Not applicable
[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners

Table 13.2 also presents differences in the levels of knowledge of prevention methods by background characteristics. Young people age 15-24 generally have lower levels of knowledge than those in older age groups, and never-married respondents who have not yet had sex also are less likely to know about prevention modes than those who have married or ever had sex. As expected, urban residents are generally more knowledgeable about prevention modes than rural residents. There is considerable variation in knowledge levels by province; for example, 86 percent of men in Mashonaland West recognize using condoms and limiting sexual intercourse to one uninfected partner as a way to avoid getting HIV, compared with 47 percent of men in Matabeleland North. Women and men with higher levels of education are more likely than those with less education to be aware of the various prevention methods. For instance, 60 percent of women and 40 percent of men with no education say that the risk of getting HIV can be reduced by using condoms and limiting sex to one uninfected partner, as compared with 88 percent of women and 92 percent of men with more than a secondary education. Similarly, women and men in the higher wealth quintiles are more likely than those in the lower quintiles to know about actions that can be taken to reduce the risk of getting HIV.

As part of the effort to assess HIV/AIDS knowledge, the 2010-11 ZDHS obtained information on several common misconceptions about HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have HIV and the chances of getting HIV from mosquito bites, by supernatural means, or from sharing food with a person who has AIDS.

Tables 13.3.1 and 13.3.2 show the proportions of women and men who know that a healthy-looking person can have HIV and who reject common misconceptions about HIV transmission. Eighty-seven percent of women and men agreed that a healthy-looking person can have HIV. With respect to misconceptions about avenues of infection, 81 percent of women and 76 percent of men said HIV cannot be transmitted by mosquitoes. Ninety-two percent of women and 91 percent of men knew that HIV cannot be transmitted by supernatural means. Eighty-eight percent of women and 86 percent of men said a person cannot become infected by sharing food with a person who has AIDS.

Table 13.3.1 Comprehensive knowledge about HIV/AIDS: Women

Percentage of women age 15-49 who say that a healthy-looking person can have HIV and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of HIV, and the percentage with comprehensive knowledge about HIV/AIDS, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of women who say that: A healthy-looking person can have HIV	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS	Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about HIV/AIDS[2]	Number of women
Age							
15-24	83.7	81.5	91.3	87.8	66.8	51.9	3,786
15-19	79.3	80.7	89.7	85.4	62.6	46.3	1,945
20-24	88.2	82.4	93.0	90.2	71.4	57.9	1,841
25-29	89.7	81.4	92.7	89.8	71.0	61.4	1,686
30-39	89.6	81.7	92.2	88.0	69.5	59.0	2,347
40-49	89.1	75.3	89.2	85.9	63.7	55.0	1,352
Marital status							
Never married	83.2	83.4	91.3	87.4	67.7	51.9	2,197
Ever had sex	88.3	79.6	90.2	88.3	70.1	59.9	539
Never had sex	81.6	84.7	91.7	87.2	66.9	49.3	1,658
Married/living together	87.6	79.9	91.5	87.5	67.4	56.7	5,703
Divorced/separated/ widowed	91.3	79.0	91.6	90.8	70.2	59.5	1,271
Residence							
Urban	91.8	84.9	94.2	91.5	75.1	62.7	3,548
Rural	84.1	77.9	89.8	85.7	63.2	51.6	5,623
Province							
Manicaland	83.5	80.1	91.4	87.1	64.8	51.8	1,227
Mashonaland Central	83.0	82.3	90.4	90.2	65.7	54.0	871
Mashonaland East	91.7	81.5	92.2	91.6	72.4	61.5	824
Mashonaland West	86.1	79.6	92.5	86.1	64.7	52.1	1,026
Matabeleland North	76.1	64.5	82.7	80.5	46.8	37.4	443
Matabeleland South	89.2	67.1	90.0	82.9	55.8	50.7	467
Midlands	90.7	84.0	94.3	89.1	75.5	62.7	1,123
Masvingo	80.5	77.9	86.4	81.7	61.6	50.7	909
Harare	92.3	86.5	94.2	91.4	75.7	60.6	1,722
Bulawayo	90.7	83.4	92.8	91.1	74.3	66.3	558
Education							
No education	74.8	51.9	68.4	72.5	38.9	30.0	212
Primary	81.0	71.0	86.0	80.7	55.9	44.7	2,568
Secondary	89.4	84.9	94.4	91.1	72.5	60.0	5,966
More than secondary	98.0	93.4	94.9	95.0	89.2	80.0	424
Wealth quintile							
Lowest	78.5	72.5	84.9	79.1	54.4	43.0	1,546
Second	84.5	77.5	90.3	86.5	62.9	52.1	1,594
Middle	86.2	79.4	91.1	88.5	66.0	54.2	1,681
Fourth	90.0	82.6	93.9	90.7	72.2	59.6	2,073
Highest	92.7	87.5	94.9	92.1	77.7	65.3	2,278
Total	87.1	80.6	91.5	87.9	67.8	55.9	9,171

[1] Two most common local misconceptions: mosquito bites and sharing food with a person who has AIDS

[2] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV.

Table 13.3.2 Comprehensive knowledge about HIV/AIDS: Men

Percentage of men age 15-49 who say that a healthy-looking person can have HIV and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of HIV, and the percentage with comprehensive knowledge about HIV/AIDS, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of men who say that: A healthy-looking person can have HIV	HIV cannot be transmitted by mosquito bites	HIV cannot be transmitted by supernatural means	A person cannot become infected by sharing food with a person who has AIDS	Percentage who say that a healthy-looking person can have HIV and who reject the two most common local misconceptions[1]	Percentage with comprehensive knowledge about HIV/AIDS[2]	Number of men
Age							
15-24	82.2	74.4	89.6	84.7	58.6	47.0	3,107
15-19	80.3	71.0	86.8	81.7	54.6	41.7	1,735
20-24	84.7	78.6	93.1	88.5	63.6	53.7	1,372
25-29	89.5	78.2	93.2	88.4	66.2	57.3	1,236
30-39	90.9	78.3	92.3	87.9	66.8	59.1	1,798
40-49	89.1	76.0	88.2	85.0	61.8	55.6	968
Marital status							
Never married	82.7	75.5	89.3	84.9	60.2	49.2	3,221
Ever had sex	85.7	75.9	92.0	86.8	62.1	53.4	1,430
Never had sex	80.3	75.2	87.1	83.3	58.7	45.8	1,791
Married/living together	90.0	77.1	91.9	87.4	64.4	56.2	3,584
Divorced/separated/ widowed	88.7	74.0	92.7	86.0	62.5	55.7	304
Residence							
Urban	89.3	81.9	91.8	90.6	69.9	60.8	2,621
Rural	85.1	73.0	90.1	83.6	58.0	48.5	4,488
Province							
Manicaland	88.3	78.2	93.6	89.1	66.1	58.9	972
Mashonaland Central	87.9	79.1	90.3	86.3	65.2	54.4	738
Mashonaland East	87.7	69.9	86.7	79.5	52.6	41.8	667
Mashonaland West	90.9	82.6	96.7	91.6	71.5	63.7	872
Matabeleland North	62.5	65.3	77.7	69.3	36.0	24.1	349
Matabeleland South	83.3	62.6	87.1	77.8	48.0	40.1	352
Midlands	86.5	71.6	89.4	85.0	61.5	50.3	885
Masvingo	88.3	74.1	90.5	84.9	59.9	50.4	585
Harare	86.0	82.1	91.7	90.7	67.2	58.3	1,307
Bulawayo	93.5	78.9	92.2	90.5	70.9	61.4	382
Education							
No education	54.7	50.1	63.4	48.9	23.0	12.6	56
Primary	79.6	62.3	84.4	75.2	44.3	35.5	1,508
Secondary	88.1	78.9	92.5	89.0	65.7	55.8	5,027
More than secondary	95.9	94.0	94.6	94.7	87.4	81.3	519
Wealth quintile							
Lowest	80.5	66.9	86.6	79.9	49.8	40.4	1,074
Second	84.5	71.6	90.2	82.5	57.5	47.7	1,216
Middle	85.9	73.1	90.3	82.8	57.0	47.0	1,371
Fourth	86.7	78.2	90.9	88.5	64.3	55.0	1,664
Highest	92.2	85.6	93.7	93.0	75.8	67.0	1,786
Total 15-49	86.6	76.3	90.7	86.2	62.4	53.0	7,110
50-54	90.3	65.5	86.2	81.0	55.1	49.1	370
Total 15-54	86.8	75.7	90.5	85.9	62.1	52.8	7,480

[1] Two most common local misconceptions: mosquito bites and sharing food with a person who has AIDS
[2] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission or prevention of HIV.

Two composite measures of HIV/AIDS knowledge are included in Tables 13.3.1 and 13.3.2. The first measure indicates that about two-thirds of respondents (68 percent of women and 62 percent of men) know that the two most common misconceptions about HIV/AIDS (i.e., HIV can be transmitted by mosquitoes or by sharing food with a person who has AIDS) are incorrect and also are aware that a healthy-looking person can have HIV. The second measure shows that more than half of Zimbabwean women (56 percent) and men (53 percent) have what can be considered comprehensive knowledge of HIV/AIDS prevention and transmission; that is, they know that both condom use and limiting sexual intercourse to one uninfected partner can prevent HIV, they are aware that a healthy-looking person can have HIV, and they reject the two most common local misconceptions (that HIV

can be transmitted through mosquitoes and that a person can become infected with HIV by sharing food with a person who has AIDS).

The youngest (age 15-19) respondents and respondents who have never been married and never had sex are less likely to have comprehensive knowledge of HIV/AIDS than older respondents, never-married women and men who have ever had sex, and those who have ever been married. Those in urban areas are more likely than rural residents to have comprehensive knowledge. The level of comprehensive knowledge is highest among women in Bulawayo (66 percent) and men in Mashonaland West (64 percent). Conversely, comprehensive knowledge is particularly low among women (37 percent) and men (24 percent) residing in Matabeleland North. Among both women and men, comprehensive knowledge of HIV/AIDS rises with education level and wealth quintile. The difference by education among men is particularly striking; only 13 percent of men with no education have comprehensive knowledge about HIV/AIDS, compared with 81 percent of men with more than a secondary education. The corresponding proportions among women are 30 percent and 80 percent. The percentage of women and men with comprehensive knowledge of HIV/AIDS has increased since 2005-06, when it was reported that less than half of respondents age 15-49 had comprehensive knowledge (44 percent of women and 47 percent of men).

13.2 KNOWLEDGE ABOUT MOTHER-TO-CHILD TRANSMISSION

Increasing the level of general knowledge about transmission of HIV from mother to child and reducing the risk of transmission using antiretroviral drugs are critical in reducing mother-to-child transmission of HIV (MTCT). To assess MTCT knowledge, respondents were asked whether HIV can be transmitted from a mother to a child through breastfeeding and whether a mother with HIV can reduce the risk of transmission to her baby by taking certain drugs during pregnancy.

Table 13.4 shows that women are more aware than men (86 percent versus 78 percent) that HIV can be transmitted through breastfeeding and that the risk of MTCT can be reduced by taking special drugs (86 percent versus 76 percent). Overall, 79 percent of women and 65 percent of men are aware that HIV can be transmitted through breastfeeding and that this risk can be reduced by taking special drugs. In 2005-06, only 52 percent of women and 39 percent of men were aware that HIV can be transmitted through breastfeeding and that this risk can be reduced by taking special drugs; thus, there has been a substantial increase in knowledge about MTCT in Zimbabwe.

MTCT knowledge levels generally increase with age, are higher among urban than rural residents, and increase with educational attainment and wealth status. Residents of Matabeleland North are least likely to be knowledgeable about MTCT (74 percent of women and 48 of percent men), while women in Mashonaland East (86 percent) and men in Mashonaland West (71 percent) are most likely.

Table 13.4 Knowledge of prevention of mother-to-child transmission of HIV

Percentage of women and men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics, Zimbabwe 2010-11

	Women				Men			
	Percentage who know that:				Percentage who know that:			
Background characteristic	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of women	HIV can be transmitted by breastfeeding	Risk of MTCT can be reduced by mother taking special drugs during pregnancy	HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy	Number of men
Age								
15-24	81.7	80.3	72.0	3,786	74.3	68.5	56.8	3,107
15-19	77.6	73.3	64.6	1,945	70.4	60.3	48.9	1,735
20-24	85.9	87.7	79.9	1,841	79.3	78.9	66.6	1,372
25-29	89.5	91.3	85.2	1,686	80.4	82.4	69.3	1,236
30-39	88.3	89.4	83.1	2,347	83.5	83.5	73.0	1,798
40-49	86.1	88.4	80.4	1,352	79.8	81.1	68.9	968
Marital status								
Never married	79.3	77.1	68.0	2,197	73.5	68.6	56.1	3,221
Ever had sex	84.8	85.2	77.6	539	77.1	72.8	60.3	1,430
Never had sex	77.5	74.5	64.9	1,658	70.7	65.2	52.7	1,791
Married/living together	87.0	88.2	81.2	5,703	82.6	83.3	72.3	3,584
Divorced/separated/ widowed	89.2	90.3	84.8	1,271	81.0	78.5	66.4	304
Pregnancy status								
Pregnant	85.0	85.5	77.7	758	na	na	na	na
Not pregnant or not sure	85.5	85.9	78.6	8,413	na	na	na	na
Residence								
Urban	87.5	90.0	82.5	3,548	77.2	84.3	68.4	2,621
Rural	84.2	83.2	76.0	5,623	79.2	71.9	62.5	4,488
Province								
Manicaland	82.0	84.8	75.1	1,227	79.4	77.9	66.9	972
Mashonaland Central	85.3	86.8	76.5	871	81.0	78.6	67.1	738
Mashonaland East	92.1	90.5	86.2	824	78.5	74.7	63.0	667
Mashonaland West	84.4	84.1	77.5	1,026	84.6	79.2	71.1	872
Matabeleland North	82.6	80.0	74.0	443	70.8	52.8	48.3	349
Matabeleland South	85.8	83.4	78.2	467	79.3	57.4	51.3	352
Midlands	83.7	82.1	75.1	1,123	76.9	75.5	63.6	885
Masvingo	83.0	81.5	74.9	909	81.8	73.3	64.8	585
Harare	88.3	90.9	83.8	1,722	74.9	84.5	66.9	1,307
Bulawayo	86.0	88.7	80.5	558	73.4	83.5	65.0	382
Education								
No education	76.9	68.8	62.9	212	57.9	44.2	38.0	56
Primary	81.9	79.6	72.6	2,568	75.3	62.0	54.0	1,508
Secondary	86.9	88.4	81.0	5,966	79.6	79.5	67.3	5,027
More than secondary	90.0	95.7	87.7	424	78.5	92.0	73.3	519
Wealth quintile								
Lowest	80.7	76.7	70.1	1,546	77.4	65.1	57.4	1,074
Second	84.8	83.9	77.1	1,594	79.3	72.2	62.9	1,216
Middle	85.3	85.2	77.8	1,681	79.6	71.9	62.5	1,371
Fourth	86.5	88.9	81.0	2,073	78.2	80.1	66.9	1,664
Highest	88.3	91.1	83.7	2,278	77.8	86.2	69.9	1,786
Total 15-49	85.5	85.9	78.5	9,171	78.4	76.4	64.7	7,110
50-54	na	na	na	na	79.4	77.9	66.5	370
Total 15-54	na	na	na	na	78.5	76.5	64.8	7,480

na = Not applicable

13.3 ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/AIDS

Widespread stigma and discrimination in a population can adversely affect both people's willingness to be tested and their adherence to antiretroviral therapy (ART) in ART programmes such as the one currently being scaled up in Zimbabwe. Thus, reduction of stigma and discrimination in a population is an important indicator of the success of programmes targeting HIV/AIDS prevention and control.

In the 2010-11 ZDHS, respondents who had heard of AIDS were asked a number of questions to assess the level of stigma associated with HIV/AIDS. Respondents were asked about their willingness or unwillingness to buy vegetables from an infected shopkeeper or vendor, to let others know the HIV status of family members, and to take care of a member of their family with AIDS in their own household. They were also asked whether an HIV-positive female teacher who is not sick should be allowed to continue teaching. Tables 13.5.1 and 13.5.2 present results for women and men, respectively.

Table 13.5.1 Accepting attitudes toward those living with HIV/AIDS: Women

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of women who: Are willing to care for a family member with AIDS in the respondent's home	Would buy fresh vegetables from a shopkeeper who has HIV	Say that a female teacher who has HIV but is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with HIV	Percentage expressing accepting attitudes on all four indicators	Number of women who have heard of AIDS
Age						
15-24	92.9	75.7	87.0	51.7	36.0	3,669
15-19	91.3	72.6	84.9	48.1	31.5	1,868
20-24	94.5	78.9	89.2	55.4	40.6	1,801
25-29	95.2	79.6	90.4	56.1	41.6	1,663
30-39	95.9	80.5	89.3	56.5	43.2	2,310
40-49	97.0	76.9	84.9	59.0	41.9	1,327
Marital status						
Never married	91.7	77.3	88.6	51.0	37.3	2,131
Ever had sex	93.6	82.2	90.9	53.4	41.7	522
Never had sex	91.0	75.7	87.8	50.2	35.8	1,609
Married/living together	95.2	76.6	87.5	56.3	39.9	5,583
Divorced/separated/ widowed	97.6	84.5	88.5	54.8	43.2	1,256
Residence						
Urban	95.8	84.3	94.6	56.6	46.2	3,514
Rural	94.0	73.7	83.6	53.7	35.6	5,455
Province						
Manicaland	94.8	79.4	82.6	49.6	35.5	1,194
Mashonaland Central	96.6	69.4	75.4	55.2	34.6	868
Mashonaland East	93.4	79.5	87.6	57.0	38.1	819
Mashonaland West	95.8	75.6	89.0	45.3	34.1	1,002
Matabeleland North	91.7	75.0	81.4	65.5	43.5	422
Matabeleland South	93.6	73.6	91.7	53.4	41.2	454
Midlands	96.1	82.4	91.9	53.1	41.5	1,097
Masvingo	90.6	67.0	83.2	61.4	36.0	853
Harare	95.1	84.2	96.1	56.3	45.4	1,713
Bulawayo	96.7	83.3	93.7	61.6	51.0	549
Education						
No education	97.2	63.9	69.1	57.0	36.0	199
Primary	92.8	67.2	79.3	52.9	32.2	2,455
Secondary	95.3	81.8	91.3	55.0	41.9	5,896
More than secondary	95.8	91.5	99.5	63.5	56.2	420
Wealth quintile						
Lowest	92.4	65.7	77.3	55.9	31.9	1,457
Second	94.3	74.5	83.3	53.7	36.0	1,553
Middle	94.5	76.3	86.3	52.7	37.0	1,655
Fourth	95.7	82.2	92.3	53.6	42.4	2,048
Highest	95.7	85.2	95.1	57.6	47.0	2,257
Total	94.7	77.9	87.9	54.8	39.8	8,970

Table 13.5.2 Accepting attitudes toward those living with HIV/AIDS: Men

Among men age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of men who: Are willing to care for a family member with the AIDS in the respondent's home	Would buy fresh vegetables from a shopkeeper who has HIV	Say that a female teacher who has HIV but is not sick should be allowed to continue teaching	Would not want to keep secret that a family member got infected with HIV	Percentage expressing accepting attitudes on all four indicators	Number of men who have heard of AIDS
Age						
15-24	93.3	77.0	79.6	51.8	33.5	3,023
15-19	92.1	74.0	75.6	49.4	29.2	1,666
20-24	94.7	80.7	84.6	54.7	38.9	1,357
25-29	96.5	83.4	87.3	56.4	42.4	1,226
30-39	96.5	83.6	87.4	58.1	43.5	1,788
40-49	96.8	80.8	84.0	60.4	43.5	961
Marital status						
Never married	93.3	77.2	80.7	52.8	34.6	3,134
Ever had sex	94.8	79.2	82.5	56.4	37.9	1,409
Never had sex	92.1	75.6	79.3	49.8	31.9	1,725
Married/living together	96.7	83.0	86.2	57.8	43.0	3,563
Divorced/separated/ widowed	95.4	81.1	81.6	55.0	37.8	301
Residence						
Urban	96.9	85.8	92.6	53.8	43.6	2,607
Rural	94.1	77.1	78.2	56.4	36.3	4,391
Province						
Manicaland	97.8	84.3	81.6	55.5	42.3	964
Mashonaland Central	95.4	74.2	76.6	53.9	32.8	736
Mashonaland East	94.2	78.7	78.5	49.8	31.5	662
Mashonaland West	96.5	86.3	86.1	56.9	43.9	868
Matabeleland North	74.5	56.9	66.2	60.4	24.2	316
Matabeleland South	90.7	68.4	75.7	62.1	35.3	344
Midlands	96.7	78.9	84.9	53.5	36.3	851
Masvingo	96.1	81.3	81.1	59.3	42.4	575
Harare	96.9	85.7	94.3	52.9	42.8	1,303
Bulawayo	96.6	84.7	90.6	61.2	47.7	380
Education						
No education	81.1	45.3	44.5	48.9	13.6	47
Primary	89.9	65.9	68.2	56.9	28.4	1,455
Secondary	96.7	83.4	86.9	55.8	42.0	4,978
More than secondary	95.9	94.2	98.4	48.1	42.6	518
Wealth quintile						
Lowest	91.1	69.1	71.6	61.0	33.9	1,036
Second	94.1	77.8	77.1	55.6	34.4	1,183
Middle	95.5	77.1	80.5	52.8	34.8	1,349
Fourth	96.5	84.3	88.1	55.0	42.5	1,648
Highest	96.7	87.3	92.9	54.4	44.9	1,782
Total 15-49	95.1	80.3	83.6	55.4	39.0	6,998
50-54	97.5	75.5	78.4	60.2	42.3	365
Total 15-54	95.3	80.1	83.3	55.6	39.2	7,362

Both women and men tend to express more accepting attitudes toward HIV-infected relatives than toward shopkeepers or teachers. Ninety-five percent of both women and men would be willing to care for a relative with AIDS in their home. Eighty-eight percent of women and 84 percent of men agreed that a female teacher with HIV should be allowed to continue teaching. Seventy-eight percent of women and 80 percent of men would buy fresh vegetables from a shopkeeper with HIV. More than half of both women and men indicated that they would not want to keep secret that a family member was infected with HIV. Overall, 40 percent of women and 39 percent of men expressed accepting attitudes with regard to all four situations (i.e., they would care for a family member with AIDS in their own home, would buy fresh food from a shopkeeper with HIV, would allow an HIV-positive female teacher to continue teaching, and would not want to keep the HIV-positive status of a family member a secret). In contrast, in 2005-06, 17 percent of women and 11 percent of men expressed accepting attitudes regarding these same four situations.

There were associations between stigma levels and most of the background characteristics shown in Tables 13.5.1 and 13.5.2. With the exception of men's attitude toward keeping a family member's HIV status secret, accepting attitudes were generally more common among urban than rural residents. There were marked differences by province in the proportions of women and men expressing accepting attitudes, with men and women from Bulawayo being most likely to express accepting attitudes with respect to all four indicators. Interestingly, women and men from the same province often expressed different attitudes; for example, in Matabeleland North, 44 percent of women and 24 percent of men expressed accepting attitudes on all four indicators. In general, accepting attitudes on all four indicators increased with increasing education level and wealth quintile.

The finding that the vast majority of women and men (95 percent) reported that they are willing to care for a family member with AIDS at home may indicate a widespread societal norm to care for family members who are in need. However, only slightly more than half of respondents indicated that they would not want to keep secret that a family member was infected with HIV. Older men and those living in rural areas; those in Matabeleland South, Matebeleland North, and Bulawayo; and those in the lowest wealth quintiles are generally more likely to say that they would not want to keep secret that a family member was infected with HIV. Men with no education and more than a secondary education are less likely not to want to keep a family member's HIV status secret than men with only a primary education or at least some secondary education. A different pattern is observed among women. Urban women, women in Matabeleland North, those with no education and more than a secondary education, and those from the highest wealth quintile are more likely to say that they would not want to keep secret that a family member was infected with HIV.

13.4 Attitudes towards Negotiating for Safer Sexual Relations with Husbands

Knowledge about HIV transmission and ways to prevent it is of little use if people feel powerless to negotiate safer sex practices with their partners. In an effort to assess the ability of women to negotiate safer sex with their husbands, women and men were asked whether they thought that a wife is justified in refusing to have sexual intercourse with her husband if she knows he has sex with women other than his wives or asking that he use a condom if she knows he has an STI. Table 13.6 shows that 8 in 10 women and men believe that a wife is justified in asking her husband to use a condom if she knows he has an STI. Sixty-eight percent of men believe a woman has a right to refuse sexual intercourse with her husband if she knows he has sex with women other than his wives. There are differences by background characteristics; most strikingly, only 38 percent of men with no education believe a woman has a right to refuse sexual intercourse with her husband if she knows he has sex with women other than his wives, compared with 87 percent of men with more than a secondary education. Respondents in Matabeleland North are least likely to think that a wife is justified in refusing to have sexual intercourse with her husband or asking that he use a condom.

Table 13.6 Attitudes toward negotiating safer sexual relations with husband

Percentage of women and men age 15-49 who believe that a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection (STI), and percentage of men age 15-49 who believe that a woman is justified in refusing to have sexual intercourse with her husband if she knows that he has sexual intercourse with women other than his wives, by background characteristics, Zimbabwe 2010-11

	Women		Men		
	Woman is justified in:		Woman is justified in:		
Background characteristic	Asking that they use a condom if she knows that her husband has an STI	Number of women	Refusing to have sexual intercourse with her husband if she knows he has sex with women other than his wives	Asking that they use a condom if she knows that her husband has an STI	Number of men
Age					
15-24	75.3	3,786	65.7	77.1	3,107
15-19	68.6	1,945	63.9	73.5	1,735
20-24	82.4	1,841	68.0	81.8	1,372
25-29	83.0	1,686	68.0	86.9	1,236
30-39	84.2	2,347	71.1	89.7	1,798
40-49	83.9	1,352	71.4	87.4	968
Marital status					
Never married	71.9	2,197	67.0	77.7	3,221
Ever had sex	79.9	539	67.3	81.8	1,430
Never had sex	69.3	1,658	66.7	74.4	1,791
Married/living together	82.1	5,703	69.5	88.3	3,584
Divorced/separated/ widowed	86.4	1,271	66.5	87.2	304
Residence					
Urban	81.9	3,548	76.9	88.1	2,621
Rural	79.2	5,623	63.2	80.7	4,488
Province					
Manicaland	85.6	1,227	68.5	85.6	972
Mashonaland Central	88.7	871	63.1	82.6	738
Mashonaland East	86.3	824	62.5	77.2	667
Mashonaland West	78.3	1,026	69.3	87.4	872
Matabeleland North	66.7	443	44.1	49.8	349
Matabeleland South	87.0	467	67.3	76.8	352
Midlands	76.6	1,123	62.4	83.6	885
Masvingo	70.9	909	71.6	90.7	585
Harare	77.1	1,722	79.2	88.0	1,307
Bulawayo	87.3	558	78.7	91.1	382
Education					
No education	72.9	212	37.7	48.7	56
Primary	77.1	2,568	54.9	73.5	1,508
Secondary	81.2	5,966	70.6	85.6	5,027
More than secondary	89.7	424	87.4	94.8	519
Wealth quintile					
Lowest	73.3	1,546	56.0	75.4	1,074
Second	79.0	1,594	60.7	77.6	1,216
Middle	81.3	1,681	64.6	82.2	1,371
Fourth	82.6	2,073	72.6	86.5	1,664
Highest	82.9	2,278	79.4	90.2	1,786
Total 15-49	80.2	9,171	68.2	83.4	7,110
50-54	na	na	67.7	87.9	370
Total 15-54	na	na	68.2	83.7	7,480

Note: Due to a problem with the 2010-11 ZDHS Woman's Questionnaire, data were missing for many women on whether or not they believe that a woman is justified in refusing to have sexual intercourse with her husband if she knows that he has sexual intercourse with women other than his wives. For this reason, the data that are available are not reliable and are not shown.
na = Not applicable

13.5 ATTITUDES TOWARDS CONDOM EDUCATION FOR YOUNG PEOPLE

Condom use is one the main strategies for combating the spread of HIV. However, educating young people about condoms is sometimes controversial, with some saying it promotes early sexual experimentation. To gauge attitudes toward condom education, ZDHS respondents were asked whether they thought that children age 12-14 should be taught about using a condom to avoid getting AIDS. Because the focus is on adults' opinions, results are tabulated for respondents age 18-49.

Less than half of adults support teaching children age 12-14 about condoms (Table 13.7). Men are somewhat more likely than women to support education about condom use (48 percent and 38 percent, respectively). Younger respondents (age 18-19), those currently married, and rural residents are less likely than other respondents to believe that children should be taught about using a condom. Support is highest among those living in Bulawayo, where 6 in 10 women and men approve of condom education for children. Women in Manicaland and Mashonaland Central (30 percent) and men in Mashonaland East (40 percent) are least likely to agree that children should be educated about condoms. Support for teaching children about condoms increases with level of education and wealth status. For example, only 27 percent of women with no education support education of children on condoms, compared with 52 percent of women with more than a secondary education. The level of support for teaching children about condoms is essentially unchanged from that reported in the 2005-06 ZDHS (41 percent among women age 18-49 and 48 percent among men age 18-49).

Table 13.7 Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 should be taught about using a condom to avoid AIDS, by background characteristics, Zimbabwe 2010-11

	Women		Men	
Background characteristic	Percentage who agree	Number of women	Percentage who agree	Number of men
Age				
18-24	35.4	2,625	46.3	2,048
18-19	31.9	784	41.2	675
20-24	37.0	1,841	48.8	1,372
25-29	39.9	1,686	52.9	1,236
30-39	37.4	2,347	48.3	1,798
40-49	38.5	1,352	46.6	968
Marital status				
Never married	42.1	1,201	49.4	2,164
Married/living together	35.7	5,552	47.2	3,584
Divorced/separated/ widowed	40.7	1,257	53.2	303
Residence				
Urban	43.4	3,135	55.3	2,316
Rural	33.6	4,874	43.9	3,734
Province				
Manicaland	29.9	1,070	44.5	814
Mashonaland Central	30.1	766	42.4	633
Mashonaland East	31.9	721	40.3	564
Mashonaland West	34.4	901	44.5	742
Matabeleland North	35.1	382	53.0	289
Matabeleland South	56.0	381	56.8	271
Midlands	37.4	971	48.3	741
Masvingo	36.3	793	49.9	490
Harare	41.2	1,549	52.1	1,176
Bulawayo	57.7	475	63.7	329
Education				
No education	26.5	210	36.1	50
Primary	32.3	2,302	40.6	1,220
Secondary	39.1	5,074	48.4	4,260
More than secondary	51.9	423	66.3	519
Wealth quintile				
Lowest	29.2	1,359	39.4	922
Second	33.6	1,369	40.4	979
Middle	36.2	1,453	41.8	1,119
Fourth	39.2	1,857	52.4	1,449
Highest	45.1	1,972	59.1	1,581
Total 18-49	37.5	8,010	48.3	6,050
50-54	na	na	43.9	370
Total 18-54	na	na	48.0	6,421

na = Not applicable

13.6 MULTIPLE SEXUAL PARTNERS

Given that most HIV infections in Zimbabwe are contracted through heterosexual contact, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the epidemic. The 2010-11 ZDHS included questions on respondents' sexual partners during their lifetimes and over the 12 months preceding the survey. Men were also asked whether they paid for sex during the 12 months preceding the interview. In addition, information was collected on women's and men's use of condoms during their most recent sexual intercourse with each type of partner. These questions are sensitive, and it is recognized that some respondents may have been reluctant to provide information on recent sexual behaviour.

Tables 13.8.1 and 13.8.2 show the percentages of women and men, respectively, who had two or more partners in the 12 months preceding the survey. Among those with two or more partners in the past 12 months, the tables also show the percentage who used a condom during their last sexual intercourse. Finally, the tables provide information on the mean number of lifetime sexual partners among those who have ever had sexual intercourse.

Table 13.8.1 Multiple sexual partners: Women

Among all women age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during their lifetime for women who ever had sexual intercourse, by background characteristics, Zimbabwe 2010-11

	All women		Among women who had 2+ partners in the past 12 months:		Among women who ever had sexual intercourse[1]:	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of women	Percentage who reported using a condom during last sexual intercourse	Number of women	Mean number of sexual partners in lifetime	Number of women
Age						
15-24	1.3	3,786	(38.5)	48	2.0	2,219
15-19	0.9	1,945	*	17	1.3	660
20-24	1.7	1,841	(54.0)	31	2.3	1,559
25-29	1.2	1,686	*	19	2.1	1,619
30-39	0.7	2,347	*	17	2.3	2,289
40-49	1.2	1,352	*	16	2.7	1,340
Marital status						
Never married	0.9	2,197	(41.6)	19	3.3	530
Married/living together	0.7	5,703	(22.9)	38	2.0	5,675
Divorced/separated/ widowed	3.4	1,271	(72.8)	44	2.8	1,262
Residence						
Urban	1.4	3,548	(66.6)	51	2.6	2,713
Rural	0.9	5,623	28.5	49	2.0	4,753
Province						
Manicaland	0.8	1,227	*	10	1.5	1,006
Mashonaland Central	0.5	871	*	5	1.7	751
Mashonaland East	0.9	824	*	8	1.7	694
Mashonaland West	1.4	1,026	*	14	3.8	868
Matabeleland North	0.2	443	*	1	2.1	375
Matabeleland South	3.0	467	(20.1)	14	3.2	382
Midlands	1.0	1,123	*	12	1.6	893
Masvingo	0.1	909	*	1	1.3	763
Harare	1.7	1,722	*	29	3.1	1,330
Bulawayo	1.4	558	*	8	2.2	404
Education						
No education	0.9	212	*	2	1.6	205
Primary	1.4	2,568	(26.7)	36	2.3	2,343
Secondary	1.0	5,966	60.4	61	2.3	4,571
More than secondary	0.5	424	*	2	1.7	348
Wealth quintile						
Lowest	0.7	1,546	*	11	2.1	1,360
Second	0.8	1,594	*	13	2.1	1,359
Middle	1.9	1,681	(47.3)	31	2.2	1,416
Fourth	1.2	2,073	*	26	2.3	1,699
Highest	0.9	2,278	*	20	2.5	1,632
Total	1.1	9,171	48.0	101	2.2	7,467

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses

Table 13.8.2 Multiple sexual partners: Men

Among all men age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during their lifetime for men who ever had sexual intercourse, by background characteristics, Zimbabwe 2010-11

Background characteristic	All men		Among men who had 2+ partners in the past 12 months:		Among men who ever had sexual intercourse[1]:	
	Percentage who had 2+ partners in the past 12 months	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Mean number of sexual partners in lifetime	Number of men
Age						
15-24	7.7	3,107	50.5	238	3.5	1,392
15-19	2.5	1,735	66.2	43	2.3	417
20-24	14.2	1,372	47.0	195	4.0	975
25-29	14.4	1,236	34.1	178	5.1	1,070
30-39	13.8	1,798	19.3	248	6.7	1,682
40-49	8.9	968	23.2	87	8.3	891
Marital status						
Never married	6.3	3,221	76.4	202	4.1	1,372
Married/living together	14.1	3,584	11.6	504	6.1	3,383
Divorced/separated/ widowed	14.8	304	(79.7)	45	9.8	280
Type of union						
In polygynous union	73.0	162	6.1	119	12.1	157
In non-polygynous union	11.3	3,422	13.4	385	5.8	3,225
Not currently in union	7.0	3,525	77.0	247	5.0	1,652
Residence						
Urban	11.8	2,621	40.3	309	6.5	1,837
Rural	9.8	4,488	28.1	442	5.4	3,198
Province						
Manicaland	12.2	972	27.1	118	4.7	689
Mashonaland Central	11.5	738	26.3	85	5.3	567
Mashonaland East	9.3	667	38.6	62	6.3	459
Mashonaland West	8.4	872	29.9	73	6.3	587
Matabeleland North	9.4	349	(28.6)	33	6.2	253
Matabeleland South	10.2	352	40.7	36	5.9	265
Midlands	10.7	885	31.8	95	6.2	641
Masvingo	9.9	585	25.4	58	4.7	404
Harare	12.0	1,307	39.0	157	6.5	922
Bulawayo	9.0	382	(54.3)	34	5.0	247
Education						
No education	7.1	56	*	4	(7.6)	37
Primary	9.2	1,508	27.9	138	5.4	1,121
Secondary	10.7	5,027	34.5	537	5.8	3,446
More than secondary	13.8	519	33.1	72	6.3	431
Wealth quintile						
Lowest	11.5	1,074	18.4	123	5.5	834
Second	9.6	1,216	24.8	117	5.5	842
Middle	10.4	1,371	35.6	142	5.6	948
Fourth	10.2	1,664	31.6	170	5.9	1,177
Highest	11.1	1,786	46.9	197	6.1	1,234
Total 15-49	10.6	7,110	33.1	751	5.8	5,034
50-54	10.6	370	(11.0)	39	9.8	310
Total 15-54	10.6	7,480	32.0	790	6.0	5,344

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

A much larger proportion of men than women reported having had more than one sexual partner (11 percent and 1 percent, respectively) at some time in the past 12 months. Men age 20-39, those who had ever been married, and those with more than a secondary education were more likely than their counterparts to have had more than one sexual partner in the past 12 months. As would be expected, the proportion of men with multiple sexual partners in the past 12 months was exceptionally high among those in polygynous unions (73 percent). By residence, men in urban areas and those in Manicaland, Mashonaland Central, and Harare were more likely to have had more than one sexual partner than men living in other areas. Although the likelihood of having more than one sexual partner

generally increased with wealth, the pattern was not uniform. Data for women are not discussed by background characteristics due to the small number of women with more than one sexual partner.

Among respondents who had more than one sexual partner in the past 12 months, women were more likely to report using a condom during their last sexual intercourse than men (48 percent and 33 percent, respectively). On average, men had had 5.8 sexual partners over their lifetimes, and women had had 2.2 partners.

Among those with more than one sexual partner in the past 12 months, never-married men were much more likely to report condom use during their most recent sexual intercourse than those who were married (76 percent and 12 percent, respectively). Urban men were more likely to report using a condom during their last sexual intercourse than rural men (40 percent and 28 percent, respectively). Condom use among men during last sexual intercourse varied by province and generally increased with education level and wealth.

Mean number of lifetime sexual partners increased with age, with men age 40-49 reporting an average of 8.3 lifetime partners and women in the same age group reporting an average of 2.7 partners. Among men, those in a polygynous union and those who were divorced, separated, or widowed had the highest average numbers of lifetime sexual partners (12.1 and 9.8 partners, respectively). Among women who had ever had sexual intercourse, those who had never been married had more partners on average (3.3 partners) than those who were divorced, separated, or widowed (2.8 partners) and those who were married (2.0 partners). Urban men reported an average of 6.5 lifetime sexual partners, compared with 5.4 sexual partners among rural men. Among women, those living in urban areas reported an average of 2.6 lifetime sexual partners, and those living in rural areas reported an average of 2.0. Mean reported number of lifetime sex partners among men varied from 4.7 in Manicaland and Masvingo to 6.5 in Harare. Among women, mean number of lifetime sex partners varied from 1.3 in Masvingo to 3.8 in Mashonaland West.

Point prevalence and cumulative prevalence of concurrent sexual partners are new concepts that were incorporated for the first time in the 2010-11 ZDHS. The point prevalence of concurrent sexual partners is defined as the percentage of respondents who had two (or more) sexual partners concurrently at the point in time six months before the survey. The cumulative prevalence of concurrent sexual partners is defined as the percentage of respondents who had two (or more) sexual partners concurrently at any time during the 12 months preceding the survey.

Table 13.9 shows the point prevalence and cumulative prevalence of concurrent sexual partners among all respondents during the 12 months before the survey. It also shows the percentage of respondents who had concurrent sexual partners among those who had multiple sexual partners during the 12 months before the survey.

Table 13.9 Point prevalence and cumulative prevalence of concurrent sexual partners

Percentage of all women and men age 15-49 who had concurrent sexual partners six months before the survey (point prevalence[1]), and percentage of all women and all men age 15-49 who had any concurrent sexual partners during the 12 months before the survey (cumulative prevalence[2]), and among women and men age 15-49 who had multiple sexual partners during the 12 months before the survey, percentage who had concurrent sexual partners, Zimbabwe 2010-11

Background characteristic	Among all respondents: Point prevalence of concurrent sexual partners[1]	Among all respondents: Cumulative prevalence of concurrent sexual partners[2]	Among all respondents: Number of respondents	Among respondents who had multiple partners during the 12 months before the survey: Percentage who had concurrent sexual partners[2]	Among respondents who had multiple partners during the 12 months before the survey: Number of respondents
WOMEN					
Age					
15-24	0.2	0.6	3,786	(50.3)	48
15-19	0.2	0.3	1,945	*	17
20-24	0.3	1.0	1,841	(57.8)	31
25-29	0.3	0.7	1,686	*	19
30-39	0.4	0.5	2,347	*	17
40-49	0.3	0.7	1,352	*	16
Marital status					
Never married	0.1	0.4	2,197	(52.3)	19
Married/living together	0.2	0.5	5,703	(69.3)	38
Divorced/separated/widowed	0.9	1.7	1,271	(50.7)	44
Residence					
Urban	0.5	0.8	3,548	(55.4)	51
Rural	0.2	0.5	5,623	60.9	49
Total 15-49	0.3	0.6	9,171	58.0	101
MEN					
Age					
15-24	1.4	4.8	3,107	62.0	238
15-19	0.2	0.9	1,735	35.0	43
20-24	3.0	9.7	1,372	67.9	195
25-29	4.3	12.0	1,236	83.3	178
30-39	6.8	12.6	1,798	91.1	248
40-49	5.1	8.2	968	92.0	87
Marital status					
Never married	1.1	3.7	3,221	58.2	202
Married or living together	6.3	13.0	3,584	92.4	504
Divorced/separated/widowed	2.1	6.0	304	(40.6)	45
Type of union					
In polygynous union	59.4	71.6	162	98.0	119
In non-polygynous union	3.8	10.2	3,422	90.7	385
Not currently in union	1.2	3.9	3,525	55.0	247
Residence					
Urban	3.8	9.3	2,621	78.8	309
Rural	3.8	8.0	4,488	81.0	442
Total 15-49	3.8	8.5	7,110	80.1	751
50-54	7.7	10.0	370	(94.4)	39
Total 15-54	4.0	8.5	7,480	80.8	790

Note: Two sexual partners are considered to be concurrent if the date of the most recent sexual intercourse with the earlier partner is after the date of the first sexual intercourse with the later partner. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] The percentage of respondents who had two (or more) sexual partners that were concurrent at the point in time six months before the survey

[2] The percentage of respondents who had two (or more) sexual partners that were concurrent at any time during the 12 months preceding the survey

Among women, both point prevalence and cumulative prevalence were less than 1 percent; among men, point prevalence was 4 percent and cumulative prevalence was 9 percent. Among both female and male respondents, point prevalence and cumulative prevalence were generally similar in urban and rural areas. Men in polygynous unions had the highest cumulative prevalence (72 percent), and those not currently in a union had the lowest (4 percent). Not surprisingly, cumulative prevalence rates were much higher among respondents who reported having multiple partners during the 12 months before the survey than among those who did not report multiple partners (58 percent versus less than 1 percent among women and 80 percent versus 9 percent among men).

13.7 PAID SEX

The act of paying for sex introduces an uneven negotiating ground for safer sexual intercourse. Condom use is an important indicator in efforts to ascertain the level of risk associated with sexual intercourse involving payments. Table 13.10 presents information on the extent to which men ever engaged in paid sex and engaged in paid sex in the 12-month period before the survey and on condom use during last paid sexual intercourse in the 12-month period.

Table 13.10 Payment for sexual intercourse and condom use at last paid sexual intercourse

Percentage of men age 15-49 who ever paid for sexual intercourse and percentage reporting payment for sexual intercourse in the past 12 months, and among them, the percentage reporting that a condom was used the last time they paid for sexual intercourse, by background characteristics, Zimbabwe 2010-11

	Among all men:			Among men who paid for sex in the past 12 months:	
Background characteristic	Percentage who ever paid for sexual intercourse	Percentage who paid for sexual intercourse in the past 12 months	Number of men	Percentage reporting condom use at last paid sexual intercourse	Number of men
Age					
15-24	5.8	2.5	3,107	90.4	77
15-19	1.5	1.2	1,735	*	20
20-24	11.2	4.1	1,372	(90.7)	57
25-29	19.6	5.5	1,236	90.3	68
30-39	26.3	3.3	1,798	83.9	59
40-49	30.4	1.6	968	*	16
Marital status					
Never married	6.3	2.7	3,221	91.1	86
Married/living together	24.5	3.2	3,584	85.5	113
Divorced/separated/ widowed	35.2	6.4	304	*	20
Residence					
Urban	20.3	4.1	2,621	89.9	108
Rural	14.6	2.5	4,488	86.8	111
Province					
Manicaland	18.1	3.8	972	(93.8)	37
Mashonaland Central	19.1	2.6	738	*	19
Mashonaland East	19.0	2.9	667	*	19
Mashonaland West	12.8	2.2	872	*	19
Matabeleland North	10.2	1.6	349	*	6
Matabeleland South	7.4	2.4	352	*	9
Midlands	18.5	3.2	885	(91.2)	29
Masvingo	12.8	1.9	585	*	11
Harare	22.5	5.0	1,307	(88.7)	66
Bulawayo	10.1	1.2	382	*	4
Education					
No education	10.1	4.0	56	*	2
Primary	16.7	3.6	1,508	79.1	54
Secondary	16.3	2.9	5,027	90.7	145
More than secondary	21.6	3.4	519	*	18
Wealth quintile					
Lowest	14.5	2.2	1,074	(81.4)	24
Second	13.5	2.3	1,216	(85.5)	28
Middle	16.8	3.9	1,371	(92.1)	53
Fourth	18.7	2.9	1,664	(84.9)	49
Highest	18.4	3.7	1,786	91.6	65
Total 15-49	16.7	3.1	7,110	88.3	219
50-54	41.6	1.9	370	*	7
Total 15-54	17.9	3.0	7,480	87.8	226

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

Seventeen percent of men reported ever paying for sex; 3 percent reported paying for sex at least once during the 12 months preceding the survey. Men age 25-49 (20-30 percent), ever-married men (25-35 percent), and urban men (20 percent) were most likely to have ever paid for sex. By province, the percentage of men who had ever paid for sex ranged from 7 percent in Matabeleland South to 23 percent in Harare. Payment for sexual intercourse was positively associated with education and wealth. For example, 10 percent of men with no education and 15 percent of men in the lowest wealth quintile had ever paid for sexual intercourse, compared with 22 percent of men with more than a secondary education and 18 percent of men in the highest wealth quintile.

Divorced, widowed, or separated men (6 percent) had the highest rate of paid sex during the 12 months preceding the survey. Eighty-eight percent of men who had engaged in paid sex in the past 12 months used a condom the last time they paid for sex.

A comparison of the 2005-06 and 2010-11 ZDHS results suggests that while there have been essentially no changes in the percentage of Zimbabwean men who paid for sex in the 12 months preceding the interview, those who did engage in paid sex were more likely to use a condom. Specifically, 4 percent of men paid for sex in the past 12 months and 73 percent reported condom use during their last paid intercourse in 2005-06, whereas in 2010-11 3 percent of men paid for sex in the last 12 months and 88 percent used a condom the last time they paid for sex.

13.8 COVERAGE OF HIV TESTING SERVICES

Knowledge of HIV status helps HIV-negative individuals make specific decisions to reduce risk and increase safer sex practices so that they can remain disease free. Among those who are HIV infected, knowledge of their status allows them to take action to protect their sexual partners, to access treatment, and to plan for the future.

To assess awareness and coverage of HIV testing services, ZDHS respondents were asked whether they had ever been tested for HIV. If they said that they had, they were asked whether they had received the results of their last test and where they had been tested. If they had never been tested, they were asked whether they knew a place where they could go to be tested.

Table 13.11.1 Coverage of prior HIV testing: Women

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of women by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of women
		Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age								
15-24	85.0	44.9	2.1	53.0	100.0	47.0	30.0	3,786
15-19	77.6	24.7	1.8	73.5	100.0	26.5	18.4	1,945
20-24	92.9	66.3	2.4	31.3	100.0	68.7	42.2	1,841
25-29	95.8	75.6	2.3	22.0	100.0	78.0	44.1	1,686
30-39	94.9	67.3	2.7	30.0	100.0	70.0	36.1	2,347
40-49	92.5	52.7	2.0	45.4	100.0	54.6	26.4	1,352
Marital status								
Never married	80.6	26.4	1.3	72.3	100.0	27.7	16.8	2,197
Ever had sex	90.4	60.1	1.3	38.6	100.0	61.4	40.0	539
Never had sex	77.4	15.5	1.3	83.2	100.0	16.8	9.2	1,658
Married/living together	93.3	67.0	2.7	30.3	100.0	69.7	39.9	5,703
Divorced/separated/ widowed	96.4	68.1	2.0	29.9	100.0	70.1	34.4	1,271
Residence								
Urban	92.4	59.4	2.0	38.7	100.0	61.3	33.1	3,548
Rural	89.6	56.2	2.5	41.3	100.0	58.7	34.0	5,623
Province								
Manicaland	90.0	57.3	2.7	40.0	100.0	60.0	32.8	1,227
Mashonaland Central	95.6	58.5	2.9	38.7	100.0	61.3	35.9	871
Mashonaland East	94.1	57.0	1.9	41.1	100.0	58.9	29.3	824
Mashonaland West	90.2	56.8	3.2	40.0	100.0	60.0	37.8	1,026
Matabeleland North	87.2	60.9	0.9	38.2	100.0	61.8	33.6	443
Matabeleland South	91.6	61.7	1.7	36.6	100.0	63.4	38.9	467
Midlands	88.4	51.1	1.5	47.4	100.0	52.6	31.4	1,123
Masvingo	85.0	54.8	2.9	42.3	100.0	57.7	33.0	909
Harare	91.7	59.8	2.4	37.8	100.0	62.2	33.2	1,722
Bulawayo	92.5	61.0	1.2	37.7	100.0	62.3	32.9	558
Education								
No education	83.6	43.2	2.5	54.3	100.0	45.7	27.1	212
Primary	86.5	51.6	2.8	45.6	100.0	54.4	31.1	2,568
Secondary	92.2	59.5	2.2	38.4	100.0	61.6	34.4	5,966
More than secondary	97.6	71.1	1.2	27.7	100.0	72.3	41.2	424
Wealth quintile								
Lowest	85.0	51.9	3.1	44.9	100.0	55.1	31.4	1,546
Second	90.2	55.1	2.3	42.7	100.0	57.3	33.5	1,594
Middle	89.9	59.1	2.7	38.2	100.0	61.8	34.8	1,681
Fourth	92.9	61.7	2.3	36.0	100.0	64.0	35.6	2,073
Highest	93.3	57.7	1.4	40.9	100.0	59.1	32.5	2,278
Total	90.7	57.4	2.3	40.3	100.0	59.7	33.6	9,171

[1] Includes “don't know/missing”

Table 13.11.2 Coverage of prior HIV testing: Men

Percentage of men age 15-49 who know where to get an HIV test, percent distribution of men age 15-49 by testing status and by whether they received the results of the last test, the percentage of men ever tested, and the percentage of men age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who know where to get an HIV test	Percent distribution of men by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the last test	Number of men
		Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age								
15-24	80.1	20.8	1.5	77.8	100.0	22.2	13.6	3,107
15-19	72.6	10.3	1.2	88.4	100.0	11.6	7.0	1,735
20-24	89.6	33.9	1.7	64.4	100.0	35.6	22.1	1,372
25-29	94.8	47.5	3.2	49.4	100.0	50.6	28.0	1,236
30-39	94.5	47.4	3.2	49.4	100.0	50.6	25.7	1,798
40-49	92.8	48.3	3.1	48.7	100.0	51.3	23.1	968
Marital status								
Never married	80.4	21.3	1.5	77.2	100.0	22.8	12.8	3,221
Ever had sex	88.6	30.8	1.8	67.3	100.0	32.7	18.3	1,430
Never had sex	73.9	13.8	1.2	85.0	100.0	15.0	8.3	1,791
Married/living together	94.8	47.9	3.2	48.9	100.0	51.1	26.6	3,584
Divorced/separated/ widowed	89.1	48.4	2.6	49.0	100.0	51.0	28.9	304
Residence								
Urban	93.4	41.3	1.6	57.1	100.0	42.9	22.1	2,621
Rural	85.0	32.7	2.9	64.4	100.0	35.6	19.5	4,488
Province								
Manicaland	91.8	39.6	2.9	57.6	100.0	42.4	25.1	972
Mashonaland Central	90.5	37.8	1.1	61.1	100.0	38.9	21.9	738
Mashonaland East	89.6	32.7	3.1	64.3	100.0	35.7	16.1	667
Mashonaland West	88.1	37.9	2.4	59.7	100.0	40.3	22.1	872
Matabeleland North	72.3	32.1	8.1	59.7	100.0	40.3	15.0	349
Matabeleland South	80.3	25.0	2.4	72.6	100.0	27.4	16.6	352
Midlands	82.3	28.2	2.5	69.3	100.0	30.7	18.4	885
Masvingo	84.4	33.0	1.5	65.5	100.0	34.5	18.2	585
Harare	93.9	40.6	1.8	57.6	100.0	42.4	21.0	1,307
Bulawayo	91.2	43.2	0.8	56.0	100.0	44.0	24.7	382
Education								
No education	57.0	13.3	8.5	78.2	100.0	21.8	7.0	56
Primary	77.3	24.0	3.6	72.4	100.0	27.6	13.1	1,508
Secondary	90.5	37.0	2.1	61.0	100.0	39.0	21.7	5,027
More than secondary	99.0	62.4	1.8	35.8	100.0	64.2	31.1	519
Wealth quintile								
Lowest	81.2	27.6	4.3	68.1	100.0	31.9	14.9	1,074
Second	83.1	27.7	2.5	69.9	100.0	30.1	16.4	1,216
Middle	86.7	32.7	2.2	65.0	100.0	35.0	19.6	1,371
Fourth	89.9	38.0	2.2	59.8	100.0	40.2	22.1	1,664
Highest	94.9	46.9	1.6	51.5	100.0	48.5	25.7	1,786
Total 15-49	88.1	35.9	2.4	61.7	100.0	38.3	20.5	7,110
50-54	92.8	41.6	3.2	55.2	100.0	44.8	19.7	370
Total 15-54	88.3	36.2	2.5	61.4	100.0	38.6	20.4	7,480

[1] Includes “don't know/missing”

Tables 13.11.1 and 13.11.2 show that the majority of respondents (91 percent of women and 88 percent of men) knew of a place where they could get an HIV test. Younger respondents (age 15-19) were less likely than those age 20-49 to know a place where they could go to be tested. Never-married respondents who had never had sex were less likely than others to know a place to get an HIV test. Knowledge of a place to get an HIV test increased with both increasing education and wealth quintile and was somewhat more common among urban than rural residents, although the difference was more pronounced among men. In general, differences by province were not large.

Tables 13.11.1 and 13.11.2 also show the coverage of HIV testing services. A larger proportion of men (62 percent) than women (40 percent) had never been tested. Most of those who had been tested said that they had received the result of the last test they took. Overall, 57 percent of women and 36 percent of men had ever been tested and had received the result of the last test. Among women the likelihood of having ever had an HIV test and receiving the results was highest in the 25-29 age group (76 percent); among men rates were highest among those age 25-49 (47-48 percent). Urban residents were more likely than rural residents to have been tested and to have received the result, although the difference was more pronounced for men than women. Among women, the percentage who were ever tested for HIV and received the result of the last test varied from 51 percent in Midlands to 62 percent in Matabeleland South, while the percentage among men ranged from 25 percent in Matabeleland South to 43 percent in Bulawayo. Among men, testing coverage increased markedly with education and wealth. Among women, testing coverage increased with increasing educational attainment, but the association between HIV testing and wealth was not clear.

Thirty-four percent of women and 21 percent of men had been tested in the 12-month period preceding the survey and had been told the result of the last test they took.

Overall, relative to the data reported in the 2005-06 ZDHS, the proportion of respondents who know where to get an HIV test and the proportion who have ever been tested and received results have increased dramatically. For instance, the proportion of respondents who know where to get an HIV test has increased from 75 percent to 91 percent among women and from 74 percent to 88 percent among men. Likewise, the proportion of respondents who have ever been tested for HIV and have received their test results has increased from 22 percent to 57 percent among women and from 16 to 36 percent among men.

Screening for HIV in pregnant women is a key tool in reducing transmission of HIV from a mother to her child. Table 13.12 shows that 64 percent of women who gave birth during the two years preceding the survey received HIV counselling during antenatal care. Fifty-four percent received post-test counselling. Fifty-nine percent of women reported they had both received counselling about HIV and had been offered, accepted, and received the results of an HIV test during antenatal care. Women were most likely to have been counselled and tested and to have received the result of the test if they had more than a secondary education (76 percent) or lived in Matabeleland South (82 percent). Women were least likely to report receiving the full range of voluntary counselling and testing services during antenatal care if they were in the lowest wealth quintile (49 percent) or if their educational attainment did not extend beyond primary school.

Table 13.12 Pregnant women counselled and tested for HIV

Among all women age 15-49 who gave birth in the two years preceding the survey, the percentage who received counselling on HIV during antenatal care, the percentage who received an HIV test during antenatal care for their most recent birth by whether they received their results and post-test counselling, and percentage who received an HIV test at the time of delivery for their most recent birth by whether they received their test results, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who received counselling on HIV during antenatal care[1]	Percentage who were tested for HIV during antenatal care and who:			Percentage who received counselling on HIV and an HIV test during ANC, and the results	Percentage who had an HIV test during labour and who[2]:		Number of women who gave birth in the past two years[3]
		Received results and:						
		Received post-test counselling	Did not receive post-test counselling	Did not receive results		Received results	Did not receive results	
Age								
15-24	59.8	51.2	20.7	1.9	55.4	1.8	0.3	1,068
15-19	50.5	40.1	24.0	2.1	44.9	1.9	0.4	304
20-24	63.6	55.6	19.4	1.8	59.6	1.8	0.3	764
25-29	71.6	59.9	16.5	2.2	66.5	2.5	0.4	677
30-39	65.8	54.2	17.4	2.3	58.8	1.5	0.3	617
40-49	54.9	37.7	24.8	1.3	49.1	3.4	0.0	86
Marital status								
Never married	67.5	43.8	38.3	0.5	65.1	2.7	0.0	110
Ever had sex	67.5	43.8	38.3	0.5	65.1	2.7	0.0	110
Married/living together	65.1	56.3	16.3	2.2	59.7	1.7	0.3	2,137
Divorced/separated/ widowed	55.2	34.0	34.8	1.4	49.3	4.5	1.0	201
Residence								
Urban	69.6	58.3	19.8	1.9	65.8	4.2	0.2	718
Rural	62.3	52.1	18.5	2.1	56.3	1.1	0.4	1,730
Province								
Manicaland	59.8	47.1	22.7	1.9	54.9	1.2	0.3	366
Mashonaland Central	49.7	52.0	22.9	2.7	47.0	0.7	0.3	254
Mashonaland East	69.2	61.4	9.7	2.8	62.9	1.9	0.0	257
Mashonaland West	55.7	49.6	18.1	1.9	49.2	1.4	0.0	296
Matabeleland North	70.2	64.2	16.5	1.1	67.6	3.0	0.0	115
Matabeleland South	84.5	67.3	19.9	1.2	82.1	0.4	0.0	124
Midlands	66.7	45.3	22.4	1.7	57.5	1.5	0.9	298
Masvingo	68.9	57.0	14.7	2.9	61.2	0.8	0.7	277
Harare	64.2	53.6	19.7	2.1	60.7	5.2	0.4	352
Bulawayo	80.7	64.7	19.4	0.6	78.0	4.3	0.0	111
Education								
No education	(37.1)	(41.2)	(28.5)	(3.3)	(37.1)	(3.6)	(0.0)	28
Primary	53.6	44.4	17.7	2.2	48.2	0.9	0.5	767
Secondary	69.3	58.3	18.9	2.1	63.9	2.4	0.3	1,573
More than secondary	80.5	61.1	25.1	0.0	76.1	4.0	0.0	80
Wealth quintile								
Lowest	55.7	44.4	16.7	3.1	48.9	0.6	0.4	543
Second	61.1	49.6	19.2	1.7	54.8	1.1	0.7	515
Middle	61.6	52.4	20.5	2.4	56.3	1.2	0.2	478
Fourth	69.3	59.3	20.1	1.9	65.2	4.5	0.3	519
Highest	77.8	67.1	17.7	0.9	74.1	2.7	0.0	393
Total	64.4	53.9	18.8	2.1	59.1	2.0	0.3	2,448

Note: Figures in parentheses are based on 25-49 unweighted cases.
[1] In this context, counselling on HIV means that someone talked with the respondent about all three of the following topics: (1) babies getting HIV from their mother, (2) preventing the virus, and (3) getting tested for the virus.
[2] Women were asked whether they received an HIV test during labour only if they were not tested for HIV during ANC.
[3] Denominator for percentages includes women who did not receive antenatal care for their last birth in the past two years.

13.9 MALE CIRCUMCISION

Circumcision is a common practice in many parts of sub-Saharan Africa for traditional, health, and other reasons. Recently, male circumcision has been associated with a lower risk of HIV transmission from women to men (Williams et al., 2006; WHO and UNAIDS, 2007). To examine this practice at the national level, men interviewed in the 2010-11 ZDHS were asked whether they had been circumcised and when they were circumcised. The results are presented in Table 13.13.

Table 13.13 Male circumcision

Percentage of men age 15-49 who report having been circumcised, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage circumcised	Number of men
Age		
15-24	6.5	3,107
15-19	5.3	1,735
20-24	8.1	1,372
25-29	10.6	1,236
30-39	11.2	1,798
40-49	11.5	968
Residence		
Urban	9.7	2,621
Rural	8.7	4,488
Province		
Manicaland	13.5	972
Mashonaland Central	5.9	738
Mashonaland East	5.4	667
Mashonaland West	7.4	872
Matabeleland North	13.8	349
Matabeleland South	9.6	352
Midlands	9.4	885
Masvingo	8.0	585
Harare	8.5	1,307
Bulawayo	12.1	382
Religion		
Traditional	13.0	280
Roman Catholic	9.2	712
Protestant	9.4	991
Pentecostal	9.6	1,030
Apostolic Sect	8.1	1,968
Other Christian	7.0	550
Muslim	(78.1)	42
None	8.0	1,526
Other	*	10
Total 15-49	9.1	7,110
50-54	10.8	370
Total 15-54	9.2	7,480

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

Relatively few men of reproductive age in Zimbabwe report that they have been circumcised (9 percent). The greatest variations in the proportion of men who have been circumcised are observed by province. Mashonaland East has the lowest percentage of men who have been circumcised (5 percent), and Matabeleland North and Manicaland have the highest (14 percent each).

13.10 SELF-REPORTING OF SEXUALLY TRANSMITTED INFECTIONS

In the 2010-11 ZDHS, respondents who had ever had sex were asked whether they had had a sexually transmitted infection or symptoms of an STI (a bad-smelling, abnormal discharge from the vagina/penis or a genital sore or ulcer) in the 12 months preceding the survey. Table 13.14 shows the self-reported prevalence of STIs and STI symptoms among both men and women. Women were somewhat more likely than men to report having had an STI or having experienced STI symptoms. Among women, in the 12 months preceding the survey, 4 percent reported that they had an STI; 6 percent had a bad-smelling, abnormal discharge; and 5 percent had a genital sore or ulcer. Among men, 3 percent reported that they had an STI; 3 percent had a bad-smelling, abnormal discharge; and 4 percent had a genital sore or ulcer. Taken together, 10 percent of women and 7 percent of men had either had an STI or symptoms of an STI during the 12 months preceding the survey.

Among both women and men, the prevalence of STIs and STI symptoms was higher among those who were divorced, separated, or widowed than among those who were married and those who had never been married but were sexually active. There were variations among women in the prevalence of STIs or their symptoms by residence, education, and wealth. Women in rural areas were more likely than women in urban areas to have had an STI or STI symptoms. The prevalence of STIs or STI symptoms was highest among women in Matabeleland South (16 percent) and those in Mashonaland West and Masvingo (15 percent each); the prevalence was lowest in Bulawayo (5 percent). Women with a primary education (13 percent) and those in the three lowest wealth quintiles (12-13 percent) had the highest prevalence of STIs or STI symptoms. There was no substantial variation in the prevalence of STIs or STI symptoms among men by urban-rural residence; however, STI prevalence peaked among men in Matabeleland North (16 percent) and tended to be higher among less educated and less wealthy men.

Table 13.14 Self-reported prevalence of sexually transmitted infections (STIs) and STI symptoms

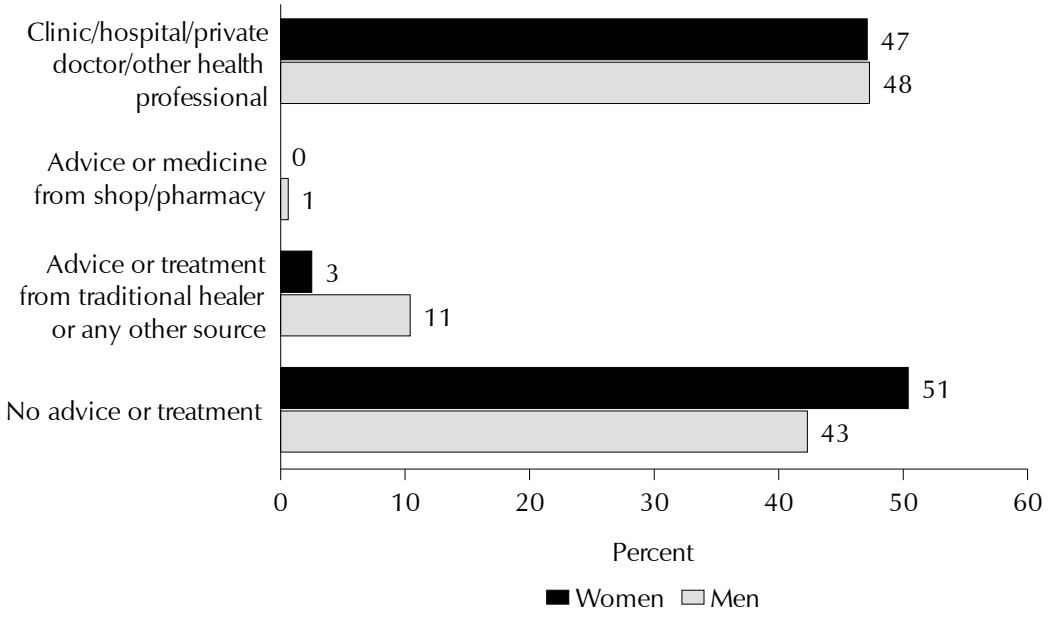
Among women and men age 15-49 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI in the past 12 months, by background characteristics, Zimbabwe 2010-11

	Women					Men				
	Percentage of women who reported having in the past 12 months:					Percentage of men who reported having in the past 12 months:				
Background characteristic	STI	Bad smelling/ abnormal genital discharge	Genital sore or ulcer	STI/genital discharge/ sore or ulcer	Number of women who ever had sexual intercourse	STI	Bad smelling/ abnormal genital discharge	Genital sore or ulcer	STI/genital discharge/ sore or ulcer	Number of men who ever had sexual intercourse
Age										
15-24	2.4	5.6	4.0	9.2	2,226	2.9	3.5	4.3	7.6	1,431
15-19	1.4	6.6	3.6	9.2	662	1.8	4.5	4.0	8.4	428
20-24	2.8	5.3	4.1	9.2	1,564	3.4	3.1	4.5	7.2	1,003
25-29	4.2	6.4	4.5	10.5	1,626	3.0	3.9	3.6	7.0	1,153
30-39	4.2	6.3	5.2	11.0	2,309	3.6	2.3	3.5	6.4	1,770
40-49	3.3	5.1	4.4	8.9	1,348	3.2	2.0	3.9	6.6	961
Marital status										
Never married	2.1	4.1	3.8	5.8	539	2.0	3.2	3.4	6.5	1,430
Married/living together	3.4	5.9	4.0	9.8	5,700	3.5	2.7	3.7	6.6	3,581
Divorced/separated/ widowed	4.6	6.9	7.2	12.6	1,271	6.2	3.8	7.3	12.0	304
Circumcision										
Yes	na	na	na	na	na	3.6	4.1	3.3	7.7	548
No	na	na	na	na	na	3.2	2.8	3.9	6.8	4,767
Residence										
Urban	3.0	3.9	3.4	7.7	2,739	3.2	2.6	3.9	7.1	1,993
Rural	3.8	7.1	5.2	11.3	4,770	3.3	3.1	3.8	6.7	3,322
Province										
Manicaland	3.3	8.2	7.0	13.4	1,009	4.4	2.6	4.6	8.0	712
Mashonaland Central	3.9	6.3	4.5	10.5	753	3.6	2.5	3.3	6.5	575
Mashonaland East	3.4	2.6	4.6	7.1	696	2.2	3.3	4.1	7.4	488
Mashonaland West	5.0	9.6	6.3	14.8	870	0.8	0.7	0.7	1.2	642
Matabeleland North	2.1	2.0	2.0	3.8	383	11.7	8.6	6.2	15.5	260
Matabeleland South	6.0	11.1	10.8	15.5	385	3.6	3.3	4.9	7.6	272
Midlands	2.8	2.6	1.1	4.9	899	3.1	5.2	6.7	9.7	659
Masvingo	2.8	10.4	5.3	14.5	766	3.2	2.7	3.9	6.9	424
Harare	3.7	3.7	3.2	8.2	1,333	2.5	2.0	2.9	6.1	992
Bulawayo	1.9	2.2	1.8	4.6	416	1.2	1.6	2.6	4.5	292
Education										
No education	1.8	5.7	4.2	9.3	207	3.6	1.3	2.7	7.5	40
Primary	4.1	8.0	6.2	12.9	2,358	4.9	4.5	4.9	9.1	1,161
Secondary	3.3	5.2	4.0	8.9	4,595	2.7	2.5	3.8	6.6	3,653
More than secondary	2.6	2.1	0.6	4.4	350	2.6	2.2	1.3	3.7	462
Wealth quintile										
Lowest	3.7	8.0	5.3	11.7	1,371	4.8	4.4	4.9	8.4	856
Second	3.5	6.6	5.3	11.5	1,362	2.8	3.2	4.1	7.4	874
Middle	4.8	6.7	6.4	12.6	1,419	3.7	3.2	3.6	7.2	993
Fourth	3.7	5.7	4.1	9.3	1,710	2.4	2.4	4.2	6.6	1,263
Highest	2.0	3.1	2.1	5.8	1,647	2.9	2.0	2.6	5.5	1,330
Total 15-49	3.5	5.9	4.5	10.0	7,510	3.2	2.9	3.8	6.9	5,316
50-54	na	na	na	na	na	2.3	2.9	3.2	6.5	370
Total 15-54	na	na	na	na	na	3.2	2.9	3.8	6.8	5,685

Na = Not applicable

Nearly half of women and men who had an STI or STI symptoms sought advice or treatment from a clinic, hospital, private doctor, or other health professional (Figure 13.1). Men were more than three times as likely as women to seek treatment from a traditional healer or other source (11 percent and 3 percent, respectively). Fifty-one percent of women and 43 percent of men did not seek any treatment when they had an STI or STI symptoms.

Figure 13.1 **Women and Men Seeking Advice or Treatment for STIs**



ZDHS 2010-11

13.11 INJECTIONS

Injection overuse in a health care setting can contribute to the transmission of blood-borne pathogens because it amplifies the effect of unsafe practices such as reuse of injection equipment. To measure the potential risk of transmission of HIV associated with medical injections, ZDHS respondents were asked whether they had received any injections from a health worker in the 12 months preceding the survey and, if so, whether their last injection was administered with a syringe from a new, unopened package. It should be noted that self-administered medical injections (e.g., insulin injections for diabetes) were not included in the calculations.

Table 13.15 shows the reported prevalence of injections and of safe injection practices. Women were almost twice as likely as men to report receiving an injection from a health worker during the 12 months preceding the survey (22 percent and 14 percent, respectively). Among women, the prevalence of injections was lower among those age 40-49 (17 percent) than among younger women (22-24 percent) but showed little variation by marital status or urban-rural residence. Among men, injection prevalence was highest among those age 15-19 (21 percent) and among those who had never had sex (20 percent), but there were no differences by urban-rural residence. Considerable variation was reported by province; injection prevalence among women was highest in Mashonaland Central (31 percent) and lowest in Matabeleland North (14 percent). Among men, injection

prevalence was highest in Midlands (17 percent) and lowest in Matabeleland North (8 percent). In the case of both women and men, the reported prevalence of injections in the past 12 months increased with educational attainment and wealth quintile.

Table 13.15 Prevalence of medical injections

Percentage of women and men age 15-49 who received at least one medical injection in the past 12 months, the average number of medical injections per person in the past 12 months, and among those who received a medical injection, the percentage of last medical injections for which the syringe and needle were taken from a new, unopened package, by background characteristics, Zimbabwe 2010-11

	Women					Men				
Background characteristic	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of women	For last injection, syringe and needle taken from a new, unopened package	Number of women receiving medical injections in the past 12 months	Percentage who received a medical injection in the past 12 months	Average number of medical injections per person in the past 12 months	Number of men	For last injection, syringe and needle taken from a new, unopened package	Number of men receiving medical injections in the past 12 months
Age										
15-24	22.3	0.5	3,786	98.3	843	16.3	0.7	3,107	97.5	508
15-19	22.2	0.4	1,945	98.1	431	20.6	0.7	1,735	97.2	357
20-24	22.4	0.6	1,841	98.6	412	11.0	0.8	1,372	98.3	151
25-29	23.7	0.8	1,686	98.5	399	10.3	0.6	1,236	95.9	127
30-39	22.6	0.8	2,347	98.2	531	12.5	0.7	1,798	96.9	224
40-49	17.1	0.6	1,352	97.5	231	13.4	1.0	968	99.7	129
Marital status										
Never married	19.9	0.5	2,197	97.8	437	16.8	0.6	3,221	97.2	541
Ever had sex	22.7	0.9	539	99.4	122	13.1	0.6	1,430	98.6	187
Never had sex	19.0	0.4	1,658	97.2	315	19.8	0.7	1,791	96.5	354
Married/living together	23.0	0.7	5,703	98.5	1,312	11.3	0.8	3,584	97.5	404
Divorced/separated/ widowed	20.1	0.9	1,271	97.5	256	14.2	0.7	304	(100.0)	43
Residence										
Urban	22.5	0.9	3,548	98.0	797	14.3	0.9	2,621	98.5	376
Rural	21.5	0.5	5,623	98.4	1,207	13.6	0.7	4,488	96.8	613
Province										
Manicaland	24.6	0.8	1,227	98.8	301	14.7	0.8	972	96.2	143
Mashonaland Central	30.6	0.9	871	99.6	267	15.0	0.6	738	99.3	110
Mashonaland East	14.9	0.3	824	98.6	123	13.5	0.7	667	96.2	90
Mashonaland West	21.6	0.6	1,026	97.3	221	13.0	0.4	872	97.2	113
Matabeleland North	14.3	0.3	443	97.0	63	7.7	3.4	349	(92.2)	27
Matabeleland South	24.4	0.5	467	97.1	114	14.0	0.3	352	95.2	49
Midlands	23.8	0.5	1,123	98.0	267	16.5	0.5	885	98.7	146
Masvingo	17.3	0.3	909	99.7	157	11.2	0.2	585	98.3	66
Harare	19.5	1.0	1,722	97.3	335	14.0	0.6	1,307	98.5	182
Bulawayo	27.8	1.4	558	98.1	155	16.1	1.1	382	97.1	61
Education										
No education	11.2	0.5	212	(100.0)	24	2.3	0.1	56	*	1
Primary	19.0	0.7	2,568	99.2	487	12.4	0.8	1,508	96.1	188
Secondary	23.3	0.7	5,966	97.9	1,392	14.2	0.8	5,027	97.5	716
More than secondary	23.9	1.0	424	98.5	101	16.0	0.4	519	100.0	83
Wealth quintile										
Lowest	18.2	0.6	1,546	98.7	282	10.6	1.0	1,074	96.4	113
Second	20.7	0.4	1,594	98.6	330	13.5	0.6	1,216	96.8	164
Middle	22.2	0.6	1,681	99.3	373	13.5	0.4	1,371	96.9	185
Fourth	22.4	0.8	2,073	99.3	464	14.3	0.7	1,664	97.8	238
Highest	24.4	0.9	2,278	96.2	556	16.1	0.9	1,786	98.4	287
Total 15-49	21.9	0.7	9,171	98.2	2,004	13.9	0.7	7,110	97.5	988
50-54	na	na	na	na	na	14.0	1.0	370	95.7	52
Total 15-54	na	na	na	na	na	13.9	0.7	7,480	97.4	1,040

Note: Medical injections are those given by a doctor, nurse, pharmacist, dentist, or any other health worker. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable

In the past 12 months, the average number of medical injections per woman or man was less than one. Ninety-eight percent of recent injections among women and men were administered with a syringe taken from a newly opened package. More than 9 in 10 women and men in all subgroups who had had a medical injection reported that the syringe used for the last injection came from an unopened package.

13.12 HIV/AIDS-RELATED KNOWLEDGE AND BEHAVIOUR AMONG YOUNG PEOPLE

This section addresses HIV/AIDS-related knowledge among Zimbabwean young people age 15-24 and also assesses the extent to which Zimbabwean young people are engaged in behaviours that may place them at risk of contracting HIV.

13.12.1 Knowledge about HIV/AIDS and Source for Condoms

Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours. Table 13.16 shows the level of comprehensive knowledge of HIV/AIDS among young people and the percentage of young people who know a source for condoms. As discussed earlier in the chapter, comprehensive knowledge of HIV/AIDS is defined as knowing that both condom use and limiting sexual intercourse to one uninfected partner are HIV prevention methods, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission.

Table 13.16 shows that 52 percent of young women and 47 percent of young men have comprehensive knowledge of HIV/AIDS. Among both sexes, the proportion with comprehensive knowledge increases with age and educational attainment. Urban young people are more likely than rural young people to have comprehensive knowledge of HIV/AIDS.

Table 13.16 Comprehensive knowledge about HIV/AIDS and of a source of condoms among young people

Percentage of young women and young men age 15-24 with comprehensive knowledge about HIV/AIDS and percentage with knowledge of a source of condoms, by background characteristics, Zimbabwe 2010-11

	Women age 15-24			Men age 15-24		
Background characteristic	Percentage with comprehensive knowledge of HIV/AIDS[1]	Percentage who know a condom source[2]	Number of women	Percentage with comprehensive knowledge of HIV/AIDS[1]	Percentage who know a condom source[2]	Number of men
Age						
15-19	46.3	55.2	1,945	41.7	75.0	1,735
15-17	44.1	49.9	1,161	39.6	69.0	1,059
18-19	49.5	63.2	784	45.1	84.5	675
20-24	57.9	73.9	1,841	53.7	91.9	1,372
20-22	57.3	71.6	1,147	49.9	91.9	856
23-24	58.9	77.6	695	60.1	91.8	517
Marital status						
Never married	50.0	57.0	1,900	46.9	81.1	2,693
Ever had sex	56.0	79.2	344	48.9	93.6	1,017
Never had sex	48.6	52.1	1,557	45.6	73.5	1,676
Ever married	53.9	71.6	1,886	48.1	91.6	414
Residence						
Urban	59.1	62.8	1,512	56.5	87.9	1,069
Rural	47.2	65.3	2,275	42.1	79.6	2,038
Education						
No education	*	*	12	*	*	19
Primary	36.5	60.6	836	25.2	73.1	665
Secondary	55.4	64.7	2,838	52.2	84.9	2,330
More than secondary	83.5	85.7	101	81.5	98.7	93
Total	51.9	64.3	3,786	47.0	82.5	3,107

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about transmission and prevention of HIV. The components of comprehensive knowledge are presented in Tables 13.2, 13.3.1, and 13.3.2.
[2] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Although only approximately half of young people have comprehensive knowledge of HIV/AIDS, knowledge of a source for condoms is relatively common. Sixty-four percent of young women and 83 percent of young men know a place where they can obtain a condom.

13.12.2 First Sex

Age at first sex is an important indicator of exposure to risk of pregnancy and sexually transmitted infections. Young people who initiate sex at an early age are typically at higher risk of becoming pregnant or contracting an STI than young people who initiate sex later. Consistent condom use can reduce such risks.

In Zimbabwe, comparatively few young women and men initiate sexual activity before age 15, with only 4 percent of those in the 15-24 age group reporting having sex before age 15 (Table 13.17). In contrast, among those age 18-24, 39 percent of young women and 25 percent of young men report having had sex by age 18.

Table 13.17 Age at first sexual intercourse among young people

Percentage of young women and young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and young men age 18-24 who had sexual intercourse before age 18, by background characteristics, Zimbabwe 2010-11

	Women age 15-24		Women age 18-24		Men age 15-24		Men age 18-24	
Background characteristic	Percentage who had sexual intercourse before age 15	Number of women	Percentage who had sexual intercourse before age 18	Number of women	Percentage who had sexual intercourse before age 15	Number of men	Percentage who had sexual intercourse before age 18	Number of men
Age								
15-19	3.9	1,945	na	na	3.6	1,735	na	na
15-17	4.6	1,161	na	na	4.1	1,059	na	na
18-19	2.9	784	39.4	784	2.7	675	29.7	675
20-24	3.7	1,841	38.0	1,841	4.2	1,372	22.9	1,372
20-22	3.4	1,147	39.1	1,147	5.3	856	25.2	856
23-24	4.1	695	36.4	695	2.5	517	19.1	517
Marital status								
Never married	1.0	1,900	12.7	904	3.7	2,693	23.8	1,635
Ever married	6.6	1,886	52.0	1,720	5.1	414	30.4	412
Knows condom source[1]								
Yes	4.1	2,435	40.9	1,856	4.4	2,562	26.8	1,832
No	3.2	1,352	32.5	769	1.3	545	11.2	216
Residence								
Urban	1.5	1,512	27.0	1,099	3.9	1,069	25.2	763
Rural	5.3	2,275	46.7	1,526	3.8	2,038	25.1	1,285
Education								
No education	*	12	*	10	*	19	*	14
Primary	11.2	836	65.0	569	6.4	665	32.4	378
Secondary	1.7	2,838	32.3	1,946	2.9	2,330	23.4	1,563
More than secondary	0.0	101	5.7	100	8.3	93	24.6	93
Total	3.8	3,786	38.5	2,625	3.9	3,107	25.2	2,048

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

As expected, the proportion of young people initiating sexual intercourse early is higher among those who have ever been married than among those who were not yet married at the time of the survey. Rural young women are much more likely than their urban counterparts to have initiated sex before age 15 or age 18, a pattern that is partly attributable to the greater prevalence of earlier marriage among rural women than urban women (see Chapter 4, Table 4.4).

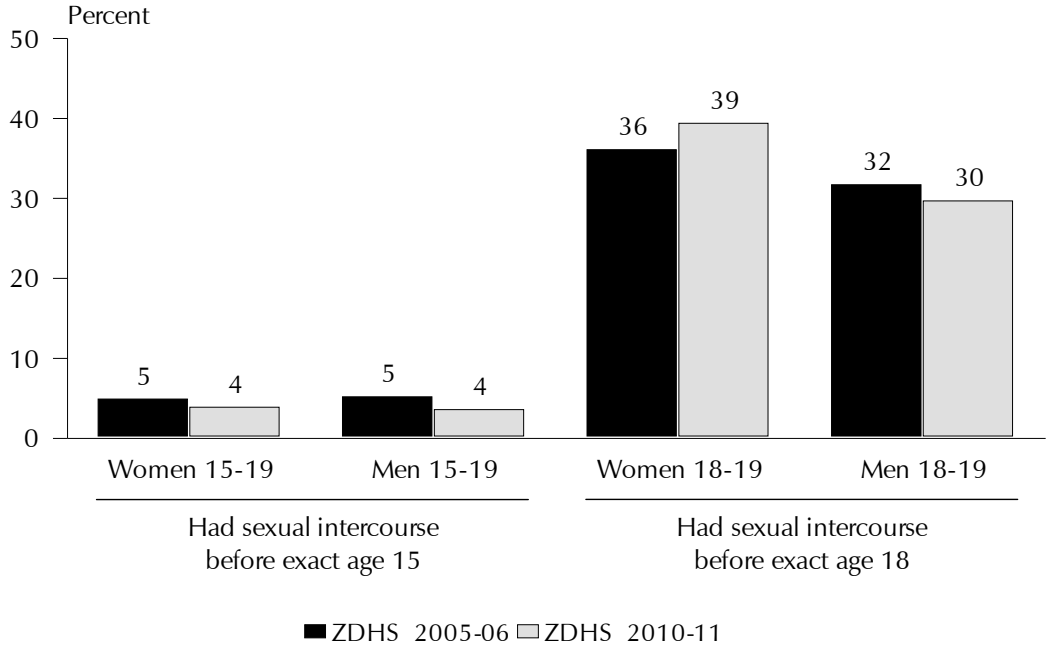
Among women, initiation of sexual intercourse before age 18 varies according to knowledge of a condom source; those who know a condom source are more likely than those who do not to have had sexual intercourse before age 18 (41 percent versus 33 percent). Variations by education level are

vast: approximately two-thirds of women age 18-24 with only a primary education (65 percent) had sexual intercourse before age 18, compared with 32 percent of women with at least some secondary education and just 6 percent of women with more than a secondary education.

There are large variations among the proportion of young men who had sexual intercourse before age 18 by whether they know of a condom source; for example, 27 percent of men age 18-24 who know a source of condoms initiated sex before age 18, compared with 11 percent of men who do not know a condom source. The variation by education is not as pronounced as among young women; however, nearly one-third of men age 18-24 with only a primary education had sexual intercourse before age 18, as compared with one-quarter of men with at least some secondary school or more than a secondary education.

Figure 13.2 examines trends in age at first sexual intercourse among young people. The percentage of young people age 15-19 who have had sex by age 15 has declined slightly since 2005-06 (from 5 percent to 4 percent among both young women and young men). In contrast, whereas 36 percent of women age 18-19 reported that they had sexual intercourse before age 18 in the 2005-06 ZDHS, this figure had increased to 39 percent in the 2010-11 ZDHS. Among young men age 18-19, however, a slight decline was observed (from 32 percent in 2005-06 to 30 percent in 2010-11).

Figure 13.2 **Trends in Age at First Sexual Intercourse**



13.12.3 Premarital Sex

The period between age at first sex and age at marriage is often a time of sexual experimentation. Table 13.18 presents information on the patterns of sexual activity among never-married young people age 15-24 in Zimbabwe, including the percentage who have never had sexual intercourse, the percentage who engaged in sexual intercourse in the 12 months before the survey, and, among those who had sexual intercourse in the past 12 months, the percentage who used a condom during their most recent sexual encounter.

Table 13.18 Premarital sexual intercourse and condom use during premarital sexual intercourse among young people

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics, Zimbabwe 2010-11

	Never-married women age 15-24					Never-married men age 15-24				
				Among women who had sexual intercourse in the past 12 months:					Among men who had sexual intercourse in the past 12 months:	
Background characteristic	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married women	Percentage who used a condom at last sexual intercourse	Number of women	Percentage who have never had sexual intercourse	Percentage who had sexual intercourse in the past 12 months	Number of never-married men	Percentage who used a condom at last sexual intercourse	Number of men
Age										
15-19	88.9	8.0	1,440	39.9	115	76.2	16.0	1,716	64.5	275
15-17	93.9	4.8	996	37.5	48	85.6	9.0	1,057	52.8	95
18-19	77.8	15.1	444	41.6	67	60.9	27.3	658	70.7	180
20-24	60.0	28.5	460	56.5	131	37.8	46.3	977	77.7	453
20-22	62.7	25.9	345	54.6	89	41.3	42.3	679	73.8	287
23-24	51.6	36.4	115	(60.7)	42	29.7	55.5	298	84.6	165
Knows condom source[1]										
Yes	74.9	18.8	1,084	53.1	204	56.4	31.4	2,183	73.7	686
No	91.3	5.2	817	27.9	42	87.2	8.0	510	(56.6)	41
Residence										
Urban	80.1	14.4	915	59.0	131	60.8	26.6	948	80.5	252
Rural	83.6	11.7	985	37.0	115	63.0	27.2	1,744	68.6	475
Education										
No education	*	*	4	nc	0	*	*	17	*	4
Primary	75.6	17.4	268	29.7	47	58.3	31.9	565	58.0	180
Secondary	83.9	11.4	1,539	50.5	176	64.1	24.9	2,025	76.4	505
More than secondary	66.6	26.1	89	*	23	42.7	44.9	86	(94.7)	39
Total	81.9	13.0	1,900	48.8	246	62.2	27.0	2,693	72.7	727

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
nc = No cases
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Never-married young women age 15-24 are much more likely than never-married young men age 15-24 to report that they have never engaged in sexual intercourse (82 percent and 62 percent, respectively). The percentage of never-married young people who have never had sex declines rapidly with age; 94 percent of young women and 86 percent of young men age 15-17 report that they have not yet had sexual intercourse, compared with 52 percent of women age 23-24 and 30 percent of men age 23-24.

Never-married young women and men who know a condom source are considerably less likely than those who do not to have never had sexual intercourse: 75 percent of young women who know a condom source have never had sexual intercourse, compared with 91 percent of young women who do not know a condom source. Similarly, 56 percent of young men who know a condom source have never had sexual intercourse, compared with 87 percent of young men who do not know a condom source. Variations in the percentages of young people who had sexual intercourse in the past 12 months by knowledge of a condom source are even more striking: 19 percent of young women and 31 percent of young men who know of a condom source had sexual intercourse in the past 12 months, compared with only 5 percent of young women and 8 percent of young men who do not know of a condom source.

Overall, 27 percent of never-married young men reported that they had sexual intercourse during the 12 months preceding the survey, compared with 13 percent of never-married young women. Among never-married young people who had intercourse in the past 12 months, condom use

at last sexual intercourse was more common among young men than young women (73 percent and 49 percent, respectively).

There are large differentials by background characteristics in the percentages of never-married young people using condoms during their most recent sexual intercourse in the past 12 months. Condom use at last sexual intercourse increases with age and education and, not surprisingly, is more common among those who know a condom source. Condom use at last sexual intercourse is also more common among never-married young women and young men in urban areas (59 percent and 81 percent, respectively) than among those in rural areas (37 percent and 69 percent, respectively).

13.12.4 Multiple Sexual Partners

The most common means of transmission of HIV in Zimbabwe is through unprotected sex with an infected person. To prevent HIV transmission, it is important that young people practice safe sex. Tables 13.19.1 and 13.19.2 present data on the percentage of young people who had engaged in sexual intercourse with more than one partner in the 12 months before the survey and the rate of condom use at last sex.

Table 13.19.1 Multiple sexual partners in the past 12 months among young people: Women

Among all young women age 15-24, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months, and among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse, by background characteristics, Zimbabwe 2010-11

	Among all women age 15-24		Among women age 15-24 who had 2+ partners in the past 12 months	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of women	Percentage who reported using a condom at last intercourse	Number of women
Age				
15-19	0.9	1,945	*	17
15-17	0.6	1,161	*	7
18-19	1.3	784	*	10
20-24	1.7	1,841	(54.0)	31
20-22	1.4	1,147	*	16
23-24	2.2	695	*	15
Marital status				
Never married	0.8	1,900	*	15
Ever married	1.7	1,886	(36.6)	33
Knows condom source[1]				
Yes	1.7	2,435	(38.4)	41
No	0.5	1,352	*	7
Residence				
Urban	1.8	1,512	*	28
Rural	0.9	2,275	*	21
Education				
No education	*	12	*	0
Primary	1.9	836	*	16
Secondary	1.1	2,838	(52.9)	31
More than secondary	0.8	101	*	1
Total 15-24	1.3	3,786	(38.5)	48

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1]For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Table 13.19.2 Multiple sexual partners in the past 12 months among young people: Men

Among all young men age 15-24, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months, and among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse, by background characteristics, Zimbabwe 2010-11

	Among all men age 15-24		Among men age 15-24 who had 2+ partners in the past 12 months	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Number of men	Percentage who reported using a condom at last intercourse	Number of men
Age				
15-19	2.5	1,735	66.2	43
15-17	1.4	1,059	*	14
18-19	4.3	675	(71.7)	29
20-24	14.2	1,372	47.0	195
20-22	12.7	856	41.3	108
23-24	16.8	517	54.0	87
Marital status				
Never married	5.2	2,693	72.9	141
Ever married	23.5	414	18.1	98
Knows condom source[1]				
Yes	9.2	2,562	51.0	235
No	0.6	545	*	4
Residence				
Urban	10.9	1,069	58.1	116
Rural	6.0	2,038	43.2	122
Education				
No education	*	19	*	1
Primary	6.6	665	39.5	44
Secondary	7.9	2,330	52.1	184
More than secondary	10.4	93	*	10
Total 15-24	7.7	3,107	50.5	238

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Young men were much more likely than young women to report having multiple sexual partners in the 12 months preceding the survey (8 percent and 1 percent, respectively). Among young people who had ever been married, only 2 percent of young women reported having had sexual intercourse with more than one partner in the previous 12 months, compared with 24 percent of young men. The percentage of young people who reported having sexual intercourse with more than one partner in the past 12 months increased with age, although the correlation was much more profound for young men than for young women.

Among young men who had multiple partners in the past 12 months, 51 percent reported that they used a condom during their most recent sexual intercourse. The number of women who had multiple partners in the last 12 months was too small to measure condom use at last sexual intercourse with confidence.

13.12.5 Age-mixing in Sexual Relationships

In many societies, young women have sexual relationships with men who are considerably older than they are. This practice can contribute to the spread of HIV and other STIs because if a younger, uninfected partner has sex with an older, infected partner, this can introduce the virus into a younger, uninfected cohort. To investigate this practice, women age 15-19 who had a sexual partner in the 12 months preceding the survey were asked the age of the partner. Table 13.20 shows that in the

year preceding the survey, 15 percent of young women age 15-19 who had sexual intercourse had sex with a man 10 or more years older.

Similarly, young men age 15-19 who reported that they had a sexual partner in the past 12 months were asked the age of the partner. Less than 1 percent reported having a partner 10 or more years older.

Table 13.20 Age-mixing in sexual relationships among women and men age 15-19

Among women and men age 15-19 who had sexual intercourse in the past 12 months, percentage who had sexual intercourse with a partner who was 10 or more years older than themselves, by background characteristics, Zimbabwe 2010-11

Background characteristic	Among women age 15-19 who had sexual intercourse in the past 12 months		Among men age 15-19 who had sexual intercourse in the past 12 months	
	Percentage who had sexual intercourse with a man 10+ years older	Number of women	Percentage who had sexual intercourse with a woman 10+ years older	Number of men
Age				
15-17	15.1	205	0.0	97
18-19	15.4	372	0.5	197
Marital status				
Never married	4.8	115	0.4	275
Ever married	17.9	462	*	19
Knows condom source[1]				
Yes	14.0	384	0.4	272
No	17.9	193	(0.0)	22
Residence				
Urban	15.8	172	1.4	73
Rural	15.1	405	0.0	221
Education				
No education	nc	0	*	2
Primary	18.9	215	0.0	102
Secondary	13.3	361	0.5	187
More than secondary	*	2	*	2
Total	15.3	578	0.3	294

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
nc = No cases
[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

13.12.6 Coverage of HIV Testing Services

Seeking an HIV test may be more difficult for young people than adults because many young people lack experience in accessing health services for themselves and because there are often barriers to young people obtaining services. Table 13.21 presents data on the percentage of sexually active young people being tested and receiving the results within the past year.

Table 13.21 Recent HIV tests among young people

Among young women and young men age 15-24 who have had sexual intercourse in the past 12 months, the percentage who were tested for HIV in the past 12 months and received the results of the last test, by background characteristics, Zimbabwe 2010-11

Background characteristic	Among women age 15-24 who have had sexual intercourse in the past 12 months		Among men age 15-24 who have had sexual intercourse in the past 12 months	
	Percentage who have been tested for HIV in the past 12 months and received results of the last test	Number of women	Percentage who have been tested for HIV in the past 12 months and received results of the last test	Number of men
Age				
15-19	39.6	578	13.0	294
15-17	32.8	205	7.8	97
18-19	43.4	372	15.6	197
20-24	47.6	1,394	27.5	840
20-22	45.2	823	26.6	460
23-24	51.0	571	28.5	379
Marital status				
Never married	43.2	246	20.5	727
Ever married	45.5	1,726	29.5	406
Knows condom source[1]				
Yes	48.1	1,444	24.7	1,061
No	37.3	528	9.3	72
Residence				
Urban	47.2	669	26.2	371
Rural	44.2	1,303	22.5	763
Education				
No education	*	6	*	6
Primary	38.9	575	17.1	277
Secondary	47.5	1,358	25.4	805
More than secondary	(55.0)	34	(36.0)	45
Total	45.2	1,972	23.7	1,134

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

[1] For this table, the following responses are not considered a source for condoms: friends, family members, and home.

Overall, young women are much more likely than young men to have been tested for HIV and to have received the results of the test (45 percent and 24 percent, respectively). Urban young people and those who know a condom source are more likely than other young people to have had a test and received the results. Among both young women and young men, uptake of HIV testing is correlated positively with education and age.

Coverage of HIV testing services among young people has improved dramatically over the last five years. In the 2005-06 ZDHS, 7 percent of young women and 5 percent of young men were tested for HIV and received their results in the 12 months preceding the survey.

HIV PREVALENCE 14

Key Findings

- Fifteen percent of Zimbabwean adults age 15-49 are infected with HIV. In the 2005-06 ZDHS, the HIV prevalence rate for adults was 18 percent. Thus, the national HIV prevalence is estimated to have declined by three percentage points over the five-year period between the 2005-06 ZDHS and the 2010-11 ZDHS.
- The HIV prevalence rate is 18 percent among women and 12 percent among men. Among women, HIV prevalence peaks at 29 percent in the 30-34 and 35-39 age groups; among men, HIV prevalence peaks at 30 percent in the 45-49 age group.
- Among all respondents age 15-49, HIV prevalence is somewhat higher in urban areas than in rural areas (17 percent versus 15 percent). Differentials are also observed by province: Matabeleland South has the highest prevalence (21 percent) and Harare the lowest (13 percent).
- HIV prevalence is higher among respondents who reported having had a sexually transmitted infection (STI) or STI symptoms in the past 12 months than among those who did not.
- Men age 15-49 who were circumcised were slightly more likely to be HIV positive than those who were uncircumcised (14 percent and 12 percent, respectively).
- Nearly 2,700 cohabiting couples were tested for HIV in the 2010-11 ZDHS. In 79 percent of couples, both partners were HIV negative. In 10 percent of couples, both partners were HIV positive. Eleven percent of couples were discordant, that is, one partner was infected with HIV and the other was not.

Much of the information on national HIV prevalence in Zimbabwe derives from surveillance of HIV in special populations, such as women attending antenatal clinics, individuals enrolled in research studies, and young people. However, these surveillance data results do not provide an estimate of the HIV prevalence among the general population. As part of the 2005-06 ZDHS, it was therefore decided to test a representative sample of women age 15-49 and men age 15-54. The 2005-06 ZDHS provided, for the first time, direct estimates of HIV prevalence among the general female and male populations in Zimbabwe and detailed information about HIV prevalence by age, residence, province, and other socioeconomic characteristics. In addition, HIV prevalence was analyzed according to demographic characteristics and sexual behaviour to identify factors associated with the epidemic. Given that large population-based surveys such as the ZDHS cannot be repeated every year, the 2005-06 ZDHS findings were used to calibrate estimates based on the sentinel surveillance system in order to monitor the epidemic over time on a regular basis.

In order to obtain a new estimate of HIV prevalence among the general population and provide updated information on the characteristics of the epidemic, it was decided to repeat HIV testing as part of the 2010-11 ZDHS. Again, the results of this testing will be used to refine HIV prevalence estimates based on the sentinel surveillance system and allow better monitoring of the epidemic.

The methodology used in conducting HIV testing as part of the 2010-11 ZDHS is described in detail in the first chapter of this report. This chapter addresses the results of the testing and provides information on HIV testing coverage rates among eligible survey respondents. It also compares HIV prevalence estimates from the 2005-06 ZDHS and 2010-11 ZDHS and discusses levels and differentials in HIV prevalence among those who were tested.

14.1 COVERAGE RATES FOR HIV TESTING

Table 14.1 shows the distribution of women age 15-49 and men age 15-54 eligible for HIV testing by testing outcome. Overall, 75 percent of ZDHS respondents who were eligible for testing were both interviewed and tested. Testing coverage rates were higher among women than among men (80 percent and 69 percent, respectively). Among all respondents eligible for testing, 14 percent refused to provide blood and 8 percent were absent at the time of blood collection. Among both women and men, refusal was a larger component of nonresponse than absence. A comparison of the 2005-06 ZDHS and 2010-11 ZDHS indicates that HIV coverage rates have improved markedly, from 76 percent to 80 percent among women and from 63 percent to 69 percent among men.

Table 14.1 Coverage of HIV testing by residence and province

Percent distribution of women age 15-49 and men age 15-54 eligible for HIV testing by testing status, according to residence and province (unweighted), Zimbabwe 2010-11

	Testing status									
	DBS tested[1]		Refused to provide blood		Absent at the time of blood collection		Other/missing[2]			
Background characteristic	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Total	Number
WOMEN 15-49										
Residence										
Urban	69.8	0.8	16.1	3.8	2.1	4.5	2.2	0.5	100.0	3,808
Rural	86.2	0.6	6.7	0.7	1.1	2.6	1.1	0.8	100.0	6,023
Province										
Manicaland	82.3	1.3	9.7	1.6	0.5	2.8	1.0	0.9	100.0	1,082
Mashonaland Central	86.7	0.0	6.6	1.2	2.0	1.5	1.2	0.9	100.0	937
Mashonaland East	86.7	0.0	8.2	0.6	0.7	2.6	0.8	0.5	100.0	879
Mashonaland West	83.4	0.6	8.1	0.6	2.0	1.4	3.6	0.3	100.0	999
Matabeleland North	80.8	0.5	9.1	2.5	1.2	4.9	0.5	0.6	100.0	838
Matabeleland South	80.4	1.8	6.9	0.2	2.0	3.9	3.9	0.9	100.0	896
Midlands	86.3	0.5	8.5	1.1	0.5	2.0	0.5	0.7	100.0	1,022
Masvingo	82.9	1.3	9.3	1.0	0.9	3.0	0.8	0.8	100.0	869
Harare	73.9	0.3	13.4	5.3	1.4	4.4	1.1	0.3	100.0	1,332
Bulawayo	58.4	1.1	21.9	4.0	3.9	7.0	2.4	1.3	100.0	977
Total	79.9	0.7	10.4	1.9	1.5	3.3	1.6	0.7	100.0	9,831
MEN 15-54										
Residence										
Urban	54.0	0.6	19.2	6.8	2.8	13.0	2.2	1.6	100.0	3,253
Rural	78.4	0.5	9.1	1.3	1.4	6.6	1.4	1.2	100.0	5,470
Province										
Manicaland	74.3	1.2	10.0	2.6	1.5	7.6	1.5	1.4	100.0	944
Mashonaland Central	79.5	1.0	7.4	1.3	3.0	5.3	1.9	0.6	100.0	902
Mashonaland East	75.9	0.2	12.3	1.6	1.0	7.1	0.7	1.2	100.0	829
Mashonaland West	75.6	0.5	10.6	1.5	1.9	6.2	3.1	0.6	100.0	970
Matabeleland North	65.1	0.1	12.7	5.0	1.4	13.4	0.5	1.8	100.0	740
Matabeleland South	72.8	0.9	8.5	0.9	3.0	8.2	3.9	1.7	100.0	764
Midlands	78.8	0.1	10.4	1.9	0.5	6.6	0.2	1.5	100.0	951
Masvingo	70.9	0.6	11.6	2.2	1.7	10.9	1.6	0.6	100.0	645
Harare	58.1	0.6	16.8	8.8	1.9	11.1	1.6	1.1	100.0	1,198
Bulawayo	41.7	0.3	28.6	5.9	3.5	14.7	1.8	3.6	100.0	780
Total	69.3	0.6	12.9	3.4	1.9	9.0	1.7	1.4	100.0	8,723
TOTAL (WOMEN 15-49 AND MEN 15-54)										
Residence										
Urban	62.5	0.7	17.5	5.2	2.4	8.4	2.2	1.0	100.0	7,061
Rural	82.5	0.6	7.9	1.0	1.2	4.5	1.3	1.0	100.0	11,493
Province										
Manicaland	78.5	1.2	9.8	2.1	0.9	5.0	1.2	1.1	100.0	2,026
Mashonaland Central	83.1	0.5	7.0	1.3	2.5	3.4	1.5	0.7	100.0	1,839
Mashonaland East	81.4	0.1	10.2	1.1	0.8	4.8	0.8	0.8	100.0	1,708
Mashonaland West	79.5	0.6	9.3	1.1	1.9	3.8	3.4	0.5	100.0	1,969
Matabeleland North	73.4	0.3	10.8	3.7	1.3	8.9	0.5	1.1	100.0	1,578
Matabeleland South	76.9	1.4	7.7	0.5	2.5	5.9	3.9	1.3	100.0	1,660
Midlands	82.7	0.3	9.4	1.5	0.5	4.2	0.4	1.1	100.0	1,973
Masvingo	77.7	1.0	10.3	1.5	1.3	6.3	1.1	0.7	100.0	1,514
Harare	66.4	0.4	15.0	7.0	1.6	7.5	1.3	0.7	100.0	2,530
Bulawayo	51.0	0.7	24.9	4.8	3.7	10.4	2.1	2.3	100.0	1,757
Total	74.9	0.6	11.5	2.6	1.7	6.0	1.6	1.0	100.0	18,554

[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result, that is, positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

[2] Includes (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

Coverage of HIV testing among all eligible respondents was higher in rural areas (83 percent) than in urban areas (63 percent). Among provinces, coverage rates varied from a low of 51 percent in Bulawayo to a high of 83 percent in Mashonaland Central and Midlands. Bulawayo, in fact, had the lowest coverage rates for both men and women (42 percent for men and 58 percent for women). Mashonaland Central had the highest coverage rate for men (80 percent) and shared the highest coverage rate for women with Mashonaland East (87 percent).

Table 14.2 shows generally uniform coverage rates for HIV testing among women across all age groups (79-82 percent). Age differentials in testing coverage were greater among men, with men age 15-19 (73 percent) and age 50-54 (74 percent) being more likely than men age 20-49 (66-70 percent) to have a test result.

Among both women and men, coverage levels were lowest among those who had no education and those with more than a secondary education. Women and men in the two highest wealth quintiles had lower coverage rates than those in the three lowest wealth quintiles.

Table 14.2 Coverage of HIV testing by selected background characteristics

Percent distribution of women age 15-49 and men age 15-54 eligible for HIV testing by testing status, according to selected background characteristics (unweighted), Zimbabwe 2010-11

	Testing status									
	DBS tested[1]		Refused to provide blood		Absent at the time of blood collection		Other/missing[2]			
Background characteristic	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Inter-viewed	Not inter-viewed	Total	Number
WOMEN 15-49										
Age										
15-19	79.1	0.6	9.3	2.0	2.1	4.0	2.2	0.7	100.0	2,137
20-24	79.5	0.7	10.5	1.9	1.1	4.1	1.5	0.7	100.0	1,962
25-29	81.7	0.8	9.9	2.0	1.3	2.8	1.1	0.4	100.0	1,804
30-34	78.2	0.6	11.9	2.6	1.7	3.0	1.3	0.7	100.0	1,382
35-39	80.3	1.3	10.9	1.6	1.6	2.1	1.2	1.0	100.0	1,099
40-44	80.6	0.4	10.5	1.5	1.0	3.3	1.4	1.2	100.0	778
45-49	80.6	0.7	10.3	1.2	1.3	3.3	2.1	0.4	100.0	669
Education										
No education	67.4	3.7	10.7	1.5	1.9	1.9	3.0	10.0	100.0	270
Primary	83.4	0.8	8.9	1.0	1.0	2.4	1.7	0.7	100.0	2,787
Secondary	79.4	0.5	10.7	2.1	1.7	3.7	1.5	0.3	100.0	6,326
More than secondary	74.2	0.9	14.3	4.8	1.6	3.2	0.5	0.5	100.0	434
Missing	0.0	0.0	0.0	28.6	0.0	64.3	0.0	7.1	100.0	14
Wealth quintile										
Lowest	86.7	0.5	6.2	0.9	0.9	2.8	1.1	0.9	100.0	1,799
Second	85.5	0.7	7.4	0.3	1.0	3.2	1.1	0.8	100.0	1,667
Middle	85.9	0.9	7.3	0.9	1.0	2.0	1.1	1.0	100.0	1,669
Fourth	76.8	0.7	12.9	2.1	1.7	3.2	2.1	0.4	100.0	2,202
Highest	69.8	0.8	15.1	4.3	2.4	4.9	2.0	0.6	100.0	2,494
Total	79.9	0.7	10.4	1.9	1.5	3.3	1.6	0.7	100.0	9,831
MEN 15-54										
Age										
15-19	72.5	0.4	11.2	2.2	1.7	8.4	2.5	1.0	100.0	2,101
20-24	70.1	0.5	13.4	3.1	1.9	8.6	0.9	1.4	100.0	1,541
25-29	66.6	0.8	13.1	4.4	2.3	9.3	1.8	1.6	100.0	1,415
30-34	68.5	0.5	13.3	3.3	1.8	9.5	1.5	1.7	100.0	1,132
35-39	66.8	0.6	14.0	4.6	2.2	9.3	1.4	1.1	100.0	967
40-44	65.7	0.7	13.5	4.5	2.0	10.6	1.6	1.3	100.0	688
45-49	68.3	0.4	13.7	3.3	2.4	9.0	1.1	1.8	100.0	454
50-54	73.9	0.7	12.5	2.1	0.7	7.1	1.4	1.6	100.0	425
Education										
No education	56.3	3.0	11.9	5.2	1.5	5.9	0.7	15.6	100.0	135
Primary	75.4	0.8	10.2	1.4	1.7	6.8	1.6	2.1	100.0	2,128
Secondary	68.6	0.4	13.4	3.7	2.0	9.5	1.7	0.8	100.0	5,842
More than secondary	61.4	0.5	18.6	5.5	2.4	9.1	1.5	1.0	100.0	585
Missing	0.0	3.0	0.0	21.2	0.0	63.6	0.0	12.1	100.0	33
Wealth quintile										
Lowest	76.9	0.8	8.2	1.4	1.6	8.4	1.6	1.0	100.0	1,458
Second	77.9	0.7	8.7	1.2	1.7	6.8	1.5	1.5	100.0	1,450
Middle	76.8	0.3	10.3	1.7	1.1	7.1	1.3	1.4	100.0	1,582
Fourth	66.0	0.6	14.9	4.5	2.0	9.7	1.4	0.8	100.0	2,002
Highest	56.3	0.5	18.6	6.2	2.8	11.3	2.3	1.9	100.0	2,231
Total	69.3	0.6	12.9	3.4	1.9	9.0	1.7	1.4	100.0	8,723

[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result, that is, positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.
[2] Includes (1) other results of blood collection (e.g., technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

Additional tables describing the relationship between participation in HIV testing and characteristics related to HIV risk are presented in Appendix A (see Tables A.6-A.9). Overall, the results in Tables A.6-A.9 do not show a systematic relationship between participation in testing and variables associated with a higher risk of HIV infection.

14.2 HIV PREVALENCE

14.2.1 HIV Prevalence by Age and Sex

The adult HIV prevalence observed in the 2010-11 ZDHS is 15 percent (Table 14.3). Among women age 15-49, the prevalence is 18 percent, compared with 12 percent among men age 15-49. These findings are in line with other recent estimates. For example, using data from ante-natal clinic surveillance and mathematical modelling, the adult prevalence of HIV in 2009 was estimated to be 13.7 percent, with a 95 percent confidence interval of 11.9 percent to 15.0 percent (MOHCW, 2009).

Table 14.3 HIV prevalence by age

Among de facto women age 15-49 and men age 15-54 who were interviewed and tested, the percentage HIV positive, by age, Zimbabwe 2010-11

	Women		Men		Total	
Age	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
15-19	4.2	1,553	3.4	1,569	3.8	3,121
20-24	10.6	1,463	3.8	1,204	7.5	2,667
25-29	20.1	1,354	10.3	1,082	15.8	2,437
30-34	29.0	1,010	17.3	845	23.7	1,855
35-39	29.1	843	25.2	710	27.3	1,554
40-44	25.7	588	26.2	506	25.9	1,094
45-49	22.5	501	29.9	333	25.5	834
50-54	na	na	19.5	334	na	na
Total 15-49	17.7	7,313	12.3	6,250	15.2	13,563
Total 15-54	na	na	12.7	6,584	na	na

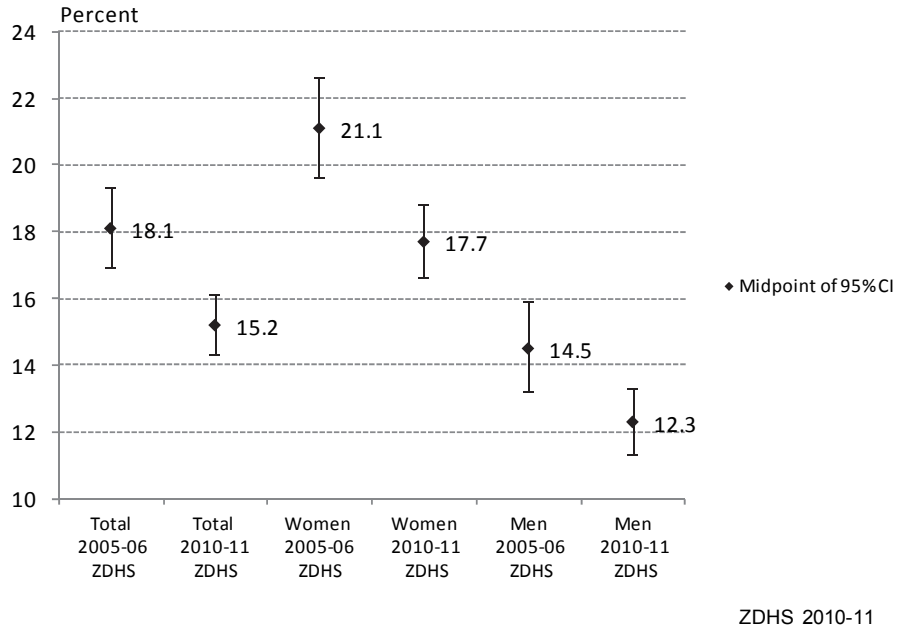
na = Not applicable

Among both women and men, HIV prevalence initially increases with age and then declines. For women, HIV prevalence increases from 4 percent among those age 15-19 to a peak of 29 percent in the 30-34 and 35-39 age groups before slightly declining to 23 percent among women age 45-49. For men, HIV prevalence increases from 3 percent among those age 15-19 to 30 percent among those age 45-49 and then decreases to 20 percent among those age 50-54.

A comparison of the 2005-06 ZDHS and 2010-11 ZDHS HIV prevalence estimates indicates that HIV prevalence has declined from 18 percent to 15 percent among adults age 15-49. Prevalence among women has declined from 21 to 18 percent, and prevalence among men has declined from 15 to 12 percent.

As shown in Figure 14.1, the 95 percent confidence intervals (CIs) for the 2005-06 and 2010-11 HIV prevalence estimates for all adults age 15-49 (16.9-19.3 and 14.3-16.1, respectively) do not overlap. Thus, the decline in HIV prevalence observed between the two surveys is statistically significant. By sex, the declines are statistically significant among women; however, among men, the confidence intervals for the 2005-06 and 2010-11 HIV prevalence estimates overlap slightly. For women, the 95 percent confidence interval is 16.6-18.8 compared with 19.6-22.6 reported in 2005-06. For men, the 95 percent confidence interval is 11.3-13.3 compared with 13.2-15.9 reported in 2005-06 ZDHS.

Figure 14.1 **HIV Prevalence among All Adults Age 15-49, and by Sex, Zimbabwe 2005-06 and 2010-11**



The HIV prevalence estimate for the 15-19 age group is assumed to represent new infections and therefore serves as a proxy for HIV incidence among young people. A comparison of HIV prevalence estimates in the 15-19 age group between the 2005-06 ZDHS and the 2010-11 ZDHS reveals a small decline in prevalence (5 percent in 2005-06 versus 4 percent in 2010-11). This decline is entirely due to a decrease in HIV prevalence among young women (6 percent in 2005-06 versus 4 percent in 2010-11); HIV prevalence among young men did not change between the 2005-06 ZDHS and the 2010-11 ZDHS (3 percent in each).

14.2.2 HIV Prevalence by Other Socioeconomic Characteristics

Table 14.4 shows the variation in HIV prevalence among women and men age 15-49 by socioeconomic characteristics. HIV prevalence is higher among individuals who are employed (17 percent) than among those who are not employed (13 percent) and is modestly higher in urban areas than rural areas (17 percent and 15 percent, respectively). Differentials by province, on the other hand, are large. Matabeleland South has the highest prevalence estimate (21 percent), followed by Bulawayo (19 percent). Harare has the lowest prevalence estimate (13 percent), followed by Mashonaland Central, Manicaland, and Masvingo (14 percent).

Table 14.4 HIV prevalence by socioeconomic characteristics

Percentage HIV positive among women and men age 15-49 who were tested, by socioeconomic characteristics, Zimbabwe 2010-11

Background characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Religion						
Traditional	17.1	49	16.3	283	16.5	332
Roman Catholic	19.8	607	12.7	615	16.2	1,221
Protestant	19.2	1,203	10.2	877	15.4	2,080
Pentecostal	15.8	1,500	10.4	855	13.8	2,355
Apostolic Sect	17.0	2,843	11.0	1,733	14.7	4,576
Other Christian	18.7	607	10.7	467	15.2	1,074
Muslim	(25.7)	36	(20.0)	36	22.8	72
None	20.0	466	15.7	1,379	16.8	1,845
Other	*	2	*	5	*	7
Employment (past 12 months)						
Not employed	15.0	4,223	9.1	1,976	13.1	6,199
Employed	21.4	3,090	13.8	4,274	17.0	7,363
Residence						
Urban	19.6	2,297	13.1	1,866	16.7	4,163
Rural	16.8	5,015	12.0	4,384	14.6	9,399
Province						
Manicaland	17.9	1,005	9.8	886	14.1	1,891
Mashonaland Central	15.1	768	12.3	713	13.7	1,480
Mashonaland East	17.8	740	13.2	660	15.7	1,401
Mashonaland West	17.8	863	11.5	819	14.8	1,682
Matabeleland North	20.2	353	16.1	304	18.3	657
Matabeleland South	22.7	407	19.3	333	21.2	739
Midlands	17.4	939	13.0	814	15.4	1,752
Masvingo	16.3	757	11.8	525	14.4	1,282
Harare	16.7	1,122	9.3	919	13.4	2,041
Bulawayo	21.1	360	16.5	277	19.1	637
Education						
No education	15.2	168	15.8	50	15.4	218
Primary	20.1	2,156	13.6	1,402	17.6	3,559
Secondary	16.9	4,688	12.1	4,402	14.6	9,090
More than secondary	13.7	300	9.3	396	11.2	696
Wealth quintile						
Lowest	17.1	1,375	14.7	1,040	16.1	2,415
Second	16.3	1,411	12.2	1,200	14.5	2,611
Middle	19.9	1,457	12.0	1,296	16.2	2,753
Fourth	19.7	1,527	11.6	1,383	15.8	2,910
Highest	15.5	1,544	11.5	1,330	13.7	2,874
Total 15-49	17.7	7,313	12.3	6,250	15.2	13,563
50-54	na	na	19.5	334	na	na
Total 15-54	na	na	12.7	6,584	na	na

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

The HIV prevalence estimate for Harare in the 2005-06 ZDHS was above 19 percent, which, at the time, made it the province with the third highest HIV prevalence. The finding in the 2010-11 ZDHS that Harare has the lowest HIV prevalence estimate among the provinces therefore warrants further inspection. According to the 2010-11 ZDHS, the prevalence of HIV in Harare is 17 percent among women and 9 percent among men. In contrast, in the 2005-06 ZDHS, the prevalence of HIV in Harare was 21 percent among women and 17 percent among men. Thus, although HIV prevalence has declined among both sexes, the decline has been far greater among men than women (an 8 percentage point decline for men versus a 4 percentage point decline for women). Only 66 percent of 2010-11 ZDHS respondents in Harare were tested for HIV (74 percent of female respondents and 58 percent of male respondents), making it possible that these relatively low testing coverage rates, especially among men, have led to an underestimate of HIV prevalence in Harare. Notably, however, HIV testing coverage rates in Harare were markedly lower in 2005-06 than in 2010-11 (62 percent of female respondents and 46 percent of male respondents were tested for HIV in the 2005-06 ZDHS), and thus the observed decline may reflect reality.

Among men age 15-49 who were tested, HIV prevalence declined as educational level increased, from 16 percent among those with no education to 9 percent among those with more than a secondary education. Among women who were tested, HIV prevalence did not vary in a consistent fashion, with the lowest estimate found among those with more than a secondary education (14 percent) and the highest found among those with only a primary education (20 percent).

Among men, HIV prevalence is inversely correlated with wealth; prevalence decreases from 15 percent in the lowest wealth quintile to 12 percent in the highest. Among women, variations in HIV prevalence by wealth quintile do not exhibit a clear pattern, with the lowest rate found in the second and highest quintiles (16 percent) and the highest observed in the third and fourth quintiles (20 percent).

14.2.3 HIV Prevalence by Other Sociodemographic and Health Characteristics

Table 14.5 shows that marital status and HIV prevalence are related, with the highest infection rates among widows (56 percent) and widowers (61 percent). One in three women and men who were divorced or separated were HIV positive, compared with around one in six of those who were currently married or living with a partner. Among never-married women who reported that they had ever had sexual intercourse, 20 percent were HIV positive, compared with 5 percent among never-married men who had ever had sexual intercourse. A sizeable proportion (4 percent) of respondents who said they had never had sex were HIV positive, indicating that some women and men failed to report sexual activity or that there is some degree of nonsexual transmission of HIV.

Among women and men age 15-49 who were tested, those in polygynous unions were more likely to be HIV positive than those in non-polygynous unions (20 percent versus 16 percent). Notably, however, when examined by sex, the pattern becomes more complex. Whereas women in polygynous unions are more likely than those in non-polygynous unions to be HIV positive (21 percent versus 15 percent), the opposite is true for men: 16 percent of men in polygnynous unions are HIV positive, compared with 18 percent in non-polygynous unions.

The likelihood of HIV infection was higher among respondents who slept away from home five or more times during the 12-month period before the survey than among those who had been away less frequently or not at all, but differences between groups were small. HIV prevalence also differed only modestly between respondents who had spent more than one month away in the 12-month period and those who had been away for a shorter period or not at all.

Women who were pregnant at the time of the survey had a lower HIV infection rate than those who were not pregnant or who were unsure of their pregnancy status (12 percent and 18 percent, respectively). HIV prevalence was lower among women who received antenatal care (ANC) for their last birth in the three-year period preceding the survey (15 percent) than among those who had no ANC or did not give birth in the period (19 percent) regardless of whether ANC was provided through the public sector or another source.

HIV prevalence was slightly higher among men who reported that they had been circumcised than among those who reported that they had not been circumcised (14 percent and 12 percent, respectively). The relationship between circumcision and HIV prevalence is discussed further in Section 14.5.

Table 14.5 HIV prevalence by demographic characteristics

Percentage HIV positive among women and men age 15-49 who were tested, by demographic characteristics, Zimbabwe 2010-11

Demographic characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Marital status						
Never married	7.6	1,694	4.0	2,845	5.3	4,539
Ever had sexual intercourse	19.8	428	4.5	1,274	8.4	1,702
Never had sexual intercourse	3.5	1,266	3.6	1,571	3.5	2,837
Married/living together	16.1	4,569	17.7	3,131	16.8	7,701
Divorced or separated	29.0	582	31.2	217	29.6	799
Widowed	55.8	467	60.7	56	56.3	523
Type of union						
In polygynous union	20.9	503	15.8	133	19.9	636
In non-polygynous union	15.2	3,882	17.8	2,998	16.3	6,881
Not currently in union	20.3	2,744	6.9	3,118	13.2	5,862
In union, polygyny status unknown	21.8	184	nc	0	na	na
Times slept away from home in past 12 months						
None	17.2	3,027	12.3	2,965	14.8	5,992
1-2	17.0	2,094	10.2	1,234	14.5	3,328
3-4	17.8	914	13.3	649	15.9	1,563
5+	20.1	1,278	13.7	1,401	16.8	2,679
Time away in past 12 months						
Away for more than 1 month	18.2	1,187	12.7	999	15.7	2,186
Away for less than 1 month	18.0	3,099	12.1	2,285	15.5	5,384
Not away	17.2	3,027	12.3	2,965	14.8	5,992
Pregnancy status						
Pregnant	11.9	607	na	na	na	na
Not pregnant or not sure	18.2	6,706	na	na	na	na
ANC for last birth in the last 3 years						
ANC provided by the public sector	14.7	2,196	na	na	na	na
ANC provided by other than the public sector	14.8	287	na	na	na	na
No ANC/no birth in last 3 years	19.2	4,829	na	na	na	na
Male circumcision						
Circumcised	na	na	14.1	556	na	na
Not circumcised	na	na	12.2	5,650	na	na
Don't know	na	na	(7.3)	43	na	na
Total 15-49	17.7	7,313	12.3	6,250	15.2	13,563
50-54	na	na	19.5	334	na	na
Total 15-54	na	na	12.7	6,584	na	na

Note: Total includes 1 case for which information on ANC is missing. Figures in parentheses are based on 25-49 unweighted cases.
na = Not applicable
nc = No cases

14.2.4 HIV Prevalence by Sexual Risk Behaviour

Several recent studies have suggested that the declines in HIV prevalence in Zimbabwe since the peak of the epidemic in the late 1990s are due in part to changes in sexual behaviour (Gregson et al., 2010; Halperin et al., 2011). Table 14.6 presents HIV prevalence rates by sexual behaviour characteristics among respondents who have ever had sexual intercourse. In reviewing these results, it is important to remember that responses about sexual risk behaviours may be subject to reporting bias. Also, sexual behaviour in the 12 months preceding the survey may not adequately reflect lifetime sexual risk. Nor is it possible to know the sequence of events (e.g., whether any reported condom use occurred before or after HIV transmission).

Table 14.6 HIV prevalence by sexual behaviour

Percentage HIV positive among women and men age 15-49 who ever had sex and were tested for HIV, by sexual behaviour characteristics, Zimbabwe 2010-11

Sexual behaviour characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age at first sexual intercourse						
<16	22.7	1,010	14.6	506	20.0	1,516
16-17	20.3	1,732	15.5	845	18.8	2,578
18-19	19.9	1,489	16.0	1,166	18.2	2,655
20+	19.2	1,447	14.1	2,020	16.2	3,467
Don't know/missing	26.0	366	26.2	140	26.0	506
Multiple sexual partners and partner concurrency in past 12 months						
0	33.4	974	10.5	424	26.4	1,398
1	18.0	4,907	15.8	3,563	17.1	8,470
2+	34.0	79	14.9	638	17.0	717
Had concurrent partners[1]	*	20	13.6	231	13.5	251
None of the partners were concurrent	41.7	59	15.7	407	18.9	466
Missing	18.3	84	20.3	52	19.0	136
Condom use at last sexual intercourse in past 12 months						
Used condom	41.4	701	19.4	1,140	27.8	1,841
Did not use condom	14.5	4,285	14.3	3,061	14.4	7,346
No sexual intercourse in last 12 months	32.2	1,058	11.6	477	25.8	1,534
Number of lifetime partners						
1	12.1	3,867	4.0	866	10.6	4,733
2	32.2	1,345	12.3	830	24.6	2,176
3-4	40.6	608	13.8	1,249	22.6	1,858
5-9	46.9	137	20.6	983	23.8	1,119
10+	40.6	62	27.2	544	28.6	606
Don't know	(52.8)	24	25.9	206	28.7	230
Paid for sexual intercourse in past 12 months						
Yes	na	na	13.4	183	na	na
Used condom	na	na	14.2	161	na	na
Did not use condom	na	na	*	22	na	na
No/no sexual intercourse in past 12 months	na	na	15.3	4,494	na	na
Total 15-49	20.7	6,044	15.2	4,677	18.3	10,721
50-54	na	na	19.5	333	na	na
Total 15-54	na	na	15.5	5,011	na	na

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey. (Respondents with concurrent partners include polygynous men who had overlapping sexual partnerships with two or more wives.)

Table 14.6 shows a decrease in HIV prevalence with increasing age at sexual debut among women who ever had sex. HIV prevalence was 23 percent among women who first had sexual intercourse before age 16 and 19 percent among women who first had sexual intercourse at age 20 or older. Among men who had ever had sex, there was no clear correlation between HIV prevalence and age at first sexual intercourse.

The association of HIV prevalence with multiple sexual partners and partner concurrency was also examined in the 2010-11 ZDHS. A respondent was considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey. Among men, this included those who had overlapping sexual partnerships with two or more wives. HIV prevalence was higher among men who had one or more sexual partners in the past 12 months (15-16 percent) than among those who had no sexual partners in the past 12 months (11 percent). However, HIV prevalence was slightly lower among men who had concurrent partners (14 percent) than among those who did not (16 percent).

Among women, HIV prevalence was higher among those who had no sexual partners (33 percent) or two or more sexual partners (34 percent) in the past 12 months than among those who had only one partner in the past 12 months (18 percent). Due to the small number of women who had more than one partner in the past 12 months, it was not possible to compare the relationship between partner concurrency and HIV prevalence.

Among both women and men, there was a marked increase in the likelihood of being HIV infected with increasing number of lifetime partners. For example, 4 percent of men who had had only one sexual partner in their lifetime were HIV positive, compared with 27 percent of men with 10 or more lifetime sexual partners. Likewise, 12 percent of women who had had only one sexual partner in their lifetime were HIV positive, as compared with more than 40 percent of women with three or more lifetime sexual partners.

Table 14.6 also shows that condom use at last sexual intercourse was linked to HIV status among both women and men. Women who used a condom during their most recent sexual intercourse in the 12-month period before the survey were nearly three times as likely to be HIV positive as those who did not use a condom during their last sexual intercourse (41 percent and 15 percent, respectively). Although the difference in HIV prevalence was less extreme than for women, men who used a condom during their most recent sexual intercourse in the 12-month period before the survey were also more likely to be infected than men who did not use a condom (19 percent and 14 percent, respectively). One possible explanation for this pattern is that HIV-positive respondents are more likely to use condoms because they either know or suspect that they are infected with HIV and use condoms to prevent transmission (rather than to avoid being infected).

The HIV prevalence estimate among men involved in a paid sexual encounter during the 12 months before the survey is 13 percent. However, the number of men who paid for sex and did not use a condom is too small to enable a comparison of HIV prevalence with those who paid for sex and used a condom.

In summary, the results presented in Table 14.6 do not demonstrate a consistent relationship between sexual risk behaviour and HIV prevalence. More detailed analysis is clearly necessary to understand these relationships because they are often confounded by other factors that are associated with both behavioural measures and HIV prevalence such as age, marital status, and residence.

14.3 HIV Prevalence among Young People

Young people in the 15-24 age range are an important group for monitoring reduction of HIV incidence in the population as specified in the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS, whose principal objective is to decrease the infection rate among individuals age 15-24.

Table 14.7 shows that 6 percent of respondents age 15-24 (7 percent of young women and 4 percent of young men) are HIV positive. The HIV prevalence among young adults who have never had sex (3 percent) suggests that there may be other underlying determinants of HIV transmission that will need to be targeted in order to reduce the incidence of HIV in this population. It may also reflect underreporting of sexual activity among young people.

Table 14.7 HIV prevalence among young people by background characteristics

Percentage HIV positive among women and men age 15-24 who were tested for HIV, by background characteristics, Zimbabwe 2010-11

Background characteristic	Women		Men		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age						
15-19	4.2	1,553	3.4	1,569	3.8	3,121
15-17	3.6	927	2.7	947	3.1	1,874
18-19	5.2	626	4.4	622	4.8	1,248
20-24	10.6	1,463	3.8	1,204	7.5	2,667
20-22	8.6	892	3.1	754	6.1	1,646
23-24	13.6	571	5.2	450	9.9	1,021
Marital status						
Never married	5.2	1,483	3.2	2,409	4.0	3,892
Ever had sex	14.3	282	3.0	932	5.6	1,214
Never had sex	3.1	1,201	3.4	1,477	3.3	2,679
Married/living together	8.4	1,346	4.1	324	7.6	1,669
Divorced/separated/ widowed	15.7	187	(21.1)	40	16.7	227
Currently pregnant						
Pregnant	8.7	279	na	na	na	na
Not pregnant or not sure	7.2	2,737	na	na	na	na
Residence						
Urban	9.0	1,006	4.5	787	7.0	1,793
Rural	6.5	2,010	3.2	1,986	4.8	3,995
Province						
Manicaland	4.5	411	2.2	390	3.4	801
Mashonaland Central	6.6	299	3.9	319	5.2	617
Mashonaland East	8.6	287	5.5	299	7.0	586
Mashonaland West	6.3	337	2.5	343	4.4	680
Matabeleland North	10.4	135	6.6	143	8.5	278
Matabeleland South	11.2	190	7.2	185	9.2	375
Midlands	6.7	405	2.9	370	4.9	774
Masvingo	6.3	295	2.6	220	4.7	515
Harare	8.2	486	2.9	378	5.9	864
Bulawayo	8.8	171	2.1	128	5.9	299
Education						
No education	*	9	*	18	(11.2)	27
Primary	9.3	687	3.2	626	6.4	1,313
Secondary	6.8	2,246	3.5	2,060	5.2	4,306
More than secondary	3.2	73	7.0	69	5.0	142
Wealth quintile						
Lowest	7.0	520	3.1	396	5.3	916
Second	6.2	575	3.1	565	4.6	1,140
Middle	7.3	613	3.7	640	5.4	1,253
Fourth	9.0	615	4.3	633	6.6	1,247
Highest	7.0	693	3.6	540	5.5	1,233
Total 15-24	7.3	3,016	3.6	2,773	5.5	5,789

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

Young people living in urban areas are somewhat more likely to be infected than those in rural areas. Among young women, Matabeleland South (11 percent) has the highest HIV prevalence and Manicaland the lowest (5 percent). Among young men, HIV prevalence is highest in Matabeleland North and Matabeleland South (7 percent each) and lowest in Bulawayo and Manicaland (2 percent each).

Results by marital status show that HIV prevalence was greatest among the comparatively small numbers of young women and men who were widowed, divorced, or separated. The lowest prevalence estimates were found among young people who had not yet married (5 percent among never-married young women and 3 percent among never-married young men). However, the prevalence estimate among never-married young women who had ever had sex was higher than the estimate among their married counterparts (14 percent and 8 percent, respectively).

Table 14.8 shows HIV prevalence among young people by sexual behaviour. As was the case for women and men age 15-49 who had ever had sex, the variations in HIV prevalence according to the measures of sexual behaviour included in Table 14.8 are difficult to interpret. Among young women who had ever had sex, those who had no partners in the past 12 months were more likely to be HIV positive than those who had one partner. The opposite was true for young men. Among both young women and young men, there were too few cases of respondents having concurrent partners to make inferences about the relationship between partner concurrency and HIV status. Condom use also has an inconsistent relationship with HIV prevalence among young people.

Table 14.8 HIV prevalence among young people by sexual behaviour

Percentage HIV positive among women and men age 15-24 who have ever had sex and were tested for HIV, by sexual behaviour, Zimbabwe 2010-11

	Women		Men		Total	
Sexual behaviour characteristic	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Multiple sexual partners and partner concurrency in the past 12 months						
0	13.4	183	1.4	246	6.6	429
1	9.3	1,556	4.4	838	7.6	2,395
2+	(31.1)	39	4.8	197	9.1	236
Had concurrent partners[1]	*	7	(0.0)	37	(0.0)	43
None of the partners were concurrent	(37.6)	32	5.9	160	11.2	193
Condom use at last sexual intercourse in past 12 months						
Used condom	17.0	190	3.7	546	7.1	736
Did not use condom	8.9	1,406	5.2	489	7.9	1,895
No sexual intercourse in past 12 months	11.9	216	1.4	260	6.1	477
Total	10.1	1,812	3.8	1,296	7.5	3,108

Notes: Total includes 33 women and 14 men for whom information on multiple sexual partners and partner concurrency in the past 12 months is missing. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
na = Not applicable
[1] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey. (Respondents with concurrent partners include polygynous men who had overlapping sexual partnerships with two or more wives.)

14.4 HIV PREVALENCE BY OTHER CHARACTERISTICS RELATED TO HIV RISK

Table 14.9 presents HIV prevalence by other characteristics related to HIV risk among women and men age 15-49 who have ever had sex. The table shows that women and men with a history of a sexually transmitted infection (STI) or STI symptoms have much higher rates of HIV infection than those with no history or symptoms.

Table 14.9 HIV prevalence by other characteristics

Percentage HIV positive among women and men age 15-49 who ever had sex and were tested for HIV, by whether had an STI in the past 12 months and by prior testing for HIV, Zimbabwe 2010-11

	Women		Men		Total	
Background characteristic	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Sexually transmitted infection in past 12 months						
Had STI or STI symptoms	32.9	641	27.1	334	30.9	975
No STI, no symptoms	19.2	5,366	14.4	4,333	17.0	9,699
Prior HIV testing						
Ever tested	22.0	4,252	18.5	2,192	20.8	6,444
Received results	22.0	4,115	18.6	2,057	20.9	6,172
Did not receive results	22.4	137	17.0	135	19.7	272
Never tested	17.6	1,792	12.3	2,485	14.5	4,277
Total 15-49	20.7	6,044	15.2	4,677	18.3	10,721

Notes: Total includes 36 women and 10 men for whom information on sexually transmitted infections in the past 12 months is missing.

The table also shows that individuals who had been tested for HIV previously were more likely to be HIV positive than those who had never been tested (21 percent and 15 percent, respectively). Among men but not women who had been tested previously, the HIV infection rate was higher among those who reported that they had received the result from their last test than among those who reported that they had not received the result.

Table 14.10 provides further information about the relationship between prior HIV testing and the actual HIV status of respondents. The results show that the majority of individuals who are HIV positive have been tested previously and received the result of their last test. Sixty-three percent of infected respondents (71 percent of infected women and 51 percent of infected men) received the result of their last HIV test. This represents a vast increase from the 2005-06 ZDHS, in which only 26 percent of infected women and 19 percent of infected men who had been previously tested reported that they had received the result of their last test. However, 36 percent of HIV-positive respondents have never been tested or have not received the results of their last test and therefore do not know that they can transmit HIV if they have unprotected sex.

Table 14.10 Prior HIV testing by current HIV status

Percent distribution of women and men age 15-49 who tested HIV positive and who tested HIV negative by HIV testing status prior to the survey, Zimbabwe 2010-11

	Women		Men		Total	
HIV testing prior to the survey	HIV positive	HIV negative	HIV positive	HIV negative	HIV positive	HIV negative
Previously tested						
Received result of last test	71.0	55.9	51.4	34.2	63.7	45.6
Did not receive result of last test	2.6	2.3	3.3	2.4	2.9	2.3
Not previously tested	25.0	39.6	45.3	63.4	32.6	50.9
Missing	1.4	2.2	0.0	0.0	0.9	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,295	6,018	769	5,481	2,064	11,499

14.5 MALE CIRCUMCISION AND HIV PREVALENCE

Male circumcision is assumed to reduce the risk of HIV infection, in part because of physiological differences that decrease the susceptibility to HIV infection among circumcised men. Several recent studies in sub-Saharan Africa, including clinical trials conducted in South Africa, Kenya, and Uganda (Auvert et al., 2005; NIAID, 2006), have documented that the protective effect of male circumcision is significant.

Table 14.11 presents data on the relationship between HIV prevalence and male circumcision among the 5,650 men age 15-49 who were tested for HIV in the survey and who responded to the question about their circumcision status. The table shows that men who reported being circumcised had a slightly higher infection rate than uncircumcised men (14 percent and 12 percent, respectively). In general, the relationship between male circumcision and HIV prevalence according to the background characteristics shown in Table 14.11 conforms to the national pattern (i.e., circumcised men are more likely to be HIV infected than uncircumcised men).

Table 14.11 HIV prevalence by male circumcision

Among men age 15-49 who were tested for HIV, the percentage HIV positive by whether circumcised, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Circumcised		Uncircumcised	
	Percentage HIV positive	Number of men	Percentage HIV positive	Number of men
Age				
15-19	5.4	83	3.3	1,466
20-24	1.3	96	4.1	1,098
25-29	9.0	109	10.5	970
30-34	18.3	80	17.1	763
35-39	22.0	90	25.8	616
40-44	(27.3)	55	26.0	450
45-49	(31.0)	44	29.7	289
Religion				
Traditional	(13.5)	39	16.9	243
Roman Catholic	(16.8)	51	12.3	563
Protestant	14.8	79	9.8	793
Pentecostal	8.9	88	10.6	766
Apostolic Sect	12.6	140	10.9	1,573
Other Christian	(21.5)	30	9.9	431
Muslim	(20.3)	29	*	7
None	15.2	100	15.9	1,269
Other	nc	0	*	5
Residence				
Urban	17.1	178	12.7	1,678
Rural	12.7	378	11.9	3,972
Province				
Manicaland	8.2	128	10.1	756
Mashonaland Central	(16.0)	44	12.1	660
Mashonaland East	(8.7)	34	13.5	625
Mashonaland West	23.4	55	10.8	754
Matabeleland North	20.8	38	15.2	262
Matabeleland South	24.3	32	19.0	294
Midlands	15.3	71	12.8	743
Masvingo	(7.4)	37	12.2	485
Harare	13.9	88	8.9	824
Bulawayo	(12.2)	28	17.1	248
Education				
No education	*	4	(16.1)	44
Primary	12.8	132	13.6	1,251
Secondary	15.4	374	11.9	4,006
More than secondary	(6.6)	46	9.6	349
Wealth quintile				
Lowest	12.7	100	14.9	930
Second	11.0	84	12.3	1,105
Middle	10.4	107	12.2	1,182
Fourth	17.3	134	11.0	1,238
Highest	16.9	132	11.0	1,196
Total 15-49	14.1	556	12.2	5,650
50-54	(22.8)	33	19.1	300
Total 15-54	14.6	589	12.5	5,951

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
nc = No cases

14.6 HIV PREVALENCE AMONG COUPLES

A total of 2,675 cohabiting couples were tested for HIV in the 2010-11 ZDHS. The results shown in Table 14.12 indicate that, among 79 percent of cohabiting couples, both partners tested negative for HIV. Both partners were HIV positive in 10 percent of cohabiting couples, while 11 percent of couples were discordant, that is, one partner was infected and the other was not. In 7 percent of couples, the male partner was infected and the woman was not, while in less than 5 percent of couples, the woman was infected and the man was not.

Table 14.12 HIV prevalence among couples

Percent distribution of couples living in the same household, both of whom were tested for HIV, by HIV status, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Both HIV positive	Man HIV positive, woman HIV negative	Woman HIV positive, man HIV negative	Both HIV negative	Total	Number
Woman's age						
15-19	2.2	5.5	1.6	90.7	100.0	216
20-29	8.9	5.6	3.6	81.9	100.0	1,273
30-39	14.0	8.4	6.6	71.0	100.0	848
40-49	11.5	7.3	4.6	76.6	100.0	337
Man's age						
15-19	*	*	*	*	100.0	11
20-29	5.2	3.7	3.1	88.0	100.0	816
30-39	12.1	6.6	4.6	76.6	100.0	1,072
40-49	14.3	11.7	6.6	67.4	100.0	578
50-54	10.8	5.3	3.4	80.4	100.0	197
Age difference between partners						
Woman older	10.2	7.0	12.7	70.1	100.0	136
Same age/man older by 0-4 years	8.2	5.3	4.1	82.4	100.0	1,066
Man older by 5-9 years	10.7	6.9	3.4	78.9	100.0	1,031
Man older by 10-14 years	12.4	8.9	5.6	73.1	100.0	327
Man older by 15+ years	20.6	11.4	4.6	63.4	100.0	114
Type of union						
Non-polygynous	10.2	6.8	4.1	78.9	100.0	2,381
Polygynous	12.2	6.1	7.2	74.6	100.0	202
Don't know	8.7	5.9	8.8	76.6	100.0	91
Multiple partners in past 12 months[1]						
Both no	10.3	6.7	4.5	78.5	100.0	2,239
Man yes, woman no	10.6	7.2	3.6	78.6	100.0	375
Woman yes, man no	*	*	*	*	100.0	11
Both yes	*	*	*	*	100.0	1
Either missing	(8.0)	(6.2)	(5.0)	(80.7)	100.0	48
Concurrent sexual partners in past 12 months[2]						
Both no	10.2	6.8	4.5	78.4	100.0	2,480
Man yes, woman no	11.7	5.3	3.9	79.1	100.0	193
Woman yes, man no	*	*	*	*	100.0	1
Both yes	*	*	*	*	100.0	1
Residence						
Urban	12.8	5.9	3.9	77.4	100.0	688
Rural	9.4	7.0	4.7	78.9	100.0	1,986
Province						
Manicaland	10.2	5.3	4.0	80.5	100.0	368
Mashonaland Central	8.2	5.9	4.5	81.3	100.0	378
Mashonaland East	10.2	8.0	5.6	76.2	100.0	277
Mashonaland West	8.2	8.0	6.7	77.2	100.0	398
Matabeleland North	11.1	11.2	6.3	71.5	100.0	115
Matabeleland South	12.4	13.5	10.7	63.4	100.0	80
Midlands	13.5	6.5	2.2	77.8	100.0	384
Masvingo	10.8	6.5	2.5	80.2	100.0	258
Harare	8.6	3.9	3.0	84.6	100.0	348
Bulawayo	20.9	7.4	7.0	64.7	100.0	69
Woman's education						
No education	3.4	6.1	5.2	85.3	100.0	61
Primary	9.3	7.1	4.9	78.6	100.0	932
Secondary	11.3	6.6	4.2	77.8	100.0	1,604
More than secondary	6.8	5.1	3.7	84.5	100.0	77
Man's education						
No education	(6.6)	(7.8)	(0.0)	(85.5)	100.0	30
Primary	10.9	7.1	5.0	77.0	100.0	704
Secondary	10.4	6.9	4.4	78.3	100.0	1,756
More than secondary	8.1	3.5	3.9	84.5	100.0	184
Wealth quintile						
Lowest	10.6	5.7	3.2	80.5	100.0	604
Second	7.7	8.9	4.5	78.9	100.0	558
Middle	11.5	7.8	5.4	75.3	100.0	521
Fourth	11.8	5.1	4.9	78.2	100.0	558
Highest	9.9	6.1	4.7	79.3	100.0	433
Total couples	10.3	6.7	4.5	78.5	100.0	2,675

Notes: The table is based on couples for which a valid test result (positive or negative) is available for both partners. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] A respondent is considered to have had multiple sexual partners in the past 12 months if he or she had sexual intercourse with two or more people during this time period. (Respondents with multiple partners include polygynous men who had sexual intercourse with two or more wives.)

[2] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey. (Respondents with concurrent partners include polygynous men who had overlapping sexual partnerships with two or more wives.)

The percentage of couples in which both the man and the woman are HIV negative is lowest in couples in which the man is age 40-49 (67 percent) and the man is older than his partner by 15 or more years (63 percent). In this latter group, both partners are HIV positive in 21 percent of couples.

The percentage of couples in which the man and woman are both HIV negative is strikingly lower in Matabeleland South (63 percent) and Bulawayo (65 percent) than in other provinces (72-85 percent). In Matabeleland South, the breakdown is fairly even: in 12 percent of couples, both partners are HIV positive; in 14 percent of couples, the male partner is infected and the female partner is not; and in 11 percent of couples, the female partner is infected and the male partner is not. The pattern in Bulawayo is different: in 21 percent of couples, both partners are HIV positive; in 7 percent of couples, the male partner is infected and the female partner is not; and in 7 percent of couples, the female partner is infected and the male partner is not.

WOMEN'S EMPOWERMENT AND DEMOGRAPHIC AND HEALTH OUTCOMES 15

Key Findings

- Almost one-third of currently married women who receive cash earnings report deciding themselves how their own earnings will be used; 62 percent say they decide on use of earnings with their husband.
- The majority of women report that they do not own a house (63 percent) or land (64 percent). Twenty-seven percent of women say that they own a house jointly with someone else; similarly, 25 percent of women report that they own land jointly. Overall, 9 percent of women own their own house, and 9 percent own their own land.
- The majority of currently married women (60 to 69 percent) report that each of three household decisions is made jointly with their husbands. About 24 percent of women report that they alone make decisions about their own health care; 20 percent make decisions to visit their families and relatives, and 19 percent make decisions about major household purchases.
- Forty percent of women believe that a husband is justified in beating his wife for at least one of five specified reasons (if she burns the food, if she goes out without telling him, if she neglects the children, if she argues with him, or if she refuses to have sexual intercourse with him). Only 34 percent of men believe that a husband is justified in beating his wife for at least one of these same five specified reasons.

This chapter explores women's empowerment in terms of earnings, control over earnings, and magnitude of earnings relative to those of their partners. In addition, responses to specific questions are used to define two different indicators of women's empowerment: women's participation in household decision making and women's attitudes towards wife beating. The extent to which women's empowerment influences maternal health, contraceptive use, and child mortality is also examined.

15.1 WOMEN'S AND MEN'S EMPLOYMENT

Table 15.1 shows, by type of earnings received, the percent distribution of currently married women and men age 15-49 who were employed in the 12 months preceding the survey. Employment is assumed to go hand-in-hand with payment for work. Not all women and men receive earnings for the work they do, however, and among those who do receive earnings, not all receive cash.

Table 15.1 Employment and cash earnings of currently married women and men

Percentage of currently married women and men age 15-49 who were employed at any time in the past 12 months and the percent distribution of currently married women and men employed in the past 12 months by type of earnings, according to age, Zimbabwe 2010-11

Age	Among currently married respondents:		Percent distribution of currently married respondents employed in the past 12 months, by type of earnings				Total	Number of respondents
	Percentage employed	Number of respondents	Cash only	Cash and in-kind	In-kind only	Not paid		
WOMEN								
15-19	24.2	452	60.0	29.5	0.7	9.7	100.0	109
20-24	35.2	1,210	66.3	26.7	1.8	5.2	100.0	426
25-29	43.7	1,329	73.5	22.3	0.6	3.6	100.0	580
30-34	49.9	1,012	69.4	25.4	1.0	4.1	100.0	505
35-39	50.8	815	70.4	23.1	1.8	4.8	100.0	414
40-44	59.4	488	64.4	28.2	1.2	6.2	100.0	290
45-49	48.0	397	56.8	37.3	0.3	5.6	100.0	190
Total 15-49	44.1	5,703	68.1	25.9	1.1	4.9	100.0	2,515
MEN								
15-19	*	17	*	*	*	*	100.0	12
20-24	81.1	358	73.1	15.1	2.4	9.5	100.0	290
25-29	87.6	800	79.3	13.8	1.1	5.8	100.0	700
30-34	84.6	802	78.4	13.5	1.1	7.0	100.0	678
35-39	86.5	740	76.1	15.3	1.1	7.5	100.0	640
40-44	85.3	528	73.9	17.2	1.7	7.2	100.0	450
45-49	82.9	341	70.8	18.8	1.6	8.7	100.0	282
Total 15-49	85.2	3,584	76.3	15.2	1.3	7.2	100.0	3,053
50-54	78.8	329	71.1	16.7	1.2	11.0	100.0	259
Total 15-54	84.6	3,913	75.9	15.3	1.3	7.5	100.0	3,313

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

Forty-four percent of currently married women reported being employed at any time in the 12 months preceding the survey. Of employed women, nearly seven in ten women received cash earnings, 26 percent received both cash and in-kind earnings, and 1 percent received in-kind earnings only. Five percent did not receive any form of earnings for their work, a marked decrease from that reported in the 2005-06 ZDHS (27 percent). The percentage of currently married women who are employed increases with age, peaking in the age group 40-44 (59 percent) and then declining among women age 45-49.

Eighty-five percent of currently married men age 15-49 were employed during the 12 months preceding the survey. Among employed men, more than nine in ten received earnings, either cash only, in-kind only, or a combination of cash and in-kind earning, for the work they did. Seven percent of men did not get paid for their work.

15.2 WOMEN'S CONTROL OVER THEIR OWN EARNINGS AND RELATIVE MAGNITUDE OF WOMEN'S EARNINGS

To assess women's autonomy, currently married women who earned cash for their work in the 12 months preceding the survey were asked who the main decision maker is with regard to the use of their earnings. This information allows the assessment of women's control over their own earnings. Women who earned cash for their work were also asked the relative magnitude of their earnings compared with those of their husband. It is expected that employment and earnings are more likely to empower women if women themselves control their own earnings and perceive them as significant relative to those of their husband.

Table 15.2.1 shows the degree of control women have over the use of their earnings, and their perception of the magnitude of their earnings relative to those of their husband, by background characteristics. Almost one-third of currently married women who receive cash earnings report that

they mainly decide how their earnings are used, while 62 percent say they decide jointly with their husband. Only 7 percent of women report that their husband mainly decides how their earnings will be used. These findings are similar to those reported in the 2005-06 ZDHS.

Table 15.2.1 Control over women's cash earnings and relative magnitude of women's cash earnings: Women

Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics, Zimbabwe 2010-11

	Person who decides how the wife's cash earnings are used:						Wife's cash earnings compared with husband's cash earnings:						
Background characteristic	Mainly wife	Wife and husband jointly	Mainly husband	Other	Missing	Total	More	Less	About the same	Husband has no earnings	Don't know/ Missing	Total	Number of women
Age													
15-19	28.2	64.5	6.4	1.0	0.0	100.0	6.0	68.1	18.4	6.7	0.8	100.0	98
20-24	27.6	63.4	8.2	0.6	0.2	100.0	12.1	62.7	18.1	6.1	1.0	100.0	397
25-29	29.2	62.6	8.2	0.0	0.0	100.0	10.4	67.5	15.9	5.1	1.2	100.0	556
30-34	29.3	63.7	7.0	0.0	0.0	100.0	14.5	58.2	19.1	7.4	0.9	100.0	479
35-39	35.0	58.0	7.1	0.0	0.0	100.0	15.8	58.5	19.0	5.6	1.0	100.0	387
40-44	35.2	59.7	5.0	0.0	0.0	100.0	17.5	53.4	19.9	7.8	1.4	100.0	268
45-49	34.0	59.9	5.7	0.4	0.0	100.0	18.8	47.3	23.1	10.8	0.0	100.0	179
Number of living children													
0	32.1	62.0	5.9	0.0	0.0	100.0	16.2	62.5	13.3	8.0	0.0	100.0	152
1-2	29.4	63.8	6.5	0.3	0.1	100.0	12.8	63.4	17.5	5.5	0.8	100.0	1,185
3-4	32.8	60.5	6.6	0.0	0.0	100.0	14.0	57.7	19.2	7.7	1.4	100.0	761
5+	31.6	56.1	12.0	0.3	0.0	100.0	15.1	52.1	23.9	7.8	1.0	100.0	266
Residence													
Urban	32.6	60.0	7.4	0.0	0.0	100.0	18.0	63.3	10.7	7.0	1.0	100.0	982
Rural	29.7	63.0	7.0	0.3	0.0	100.0	10.6	58.0	24.1	6.3	1.0	100.0	1,381
Province													
Manicaland	36.7	54.7	8.4	0.2	0.0	100.0	16.8	57.7	17.5	6.8	1.2	100.0	387
Mashonaland Central	29.4	66.4	4.2	0.0	0.0	100.0	9.4	67.1	21.0	1.9	0.6	100.0	377
Mashonaland East	26.4	68.3	5.2	0.0	0.0	100.0	11.9	49.7	30.5	7.9	0.0	100.0	222
Mashonaland West	28.3	65.4	6.3	0.0	0.0	100.0	14.2	55.9	21.6	7.6	0.7	100.0	261
Matabeleland North	41.6	45.2	8.3	3.4	1.6	100.0	7.8	65.0	9.8	15.8	1.6	100.0	38
Matabeleland South	27.2	68.5	4.3	0.0	0.0	100.0	13.4	54.0	23.2	9.4	0.0	100.0	58
Midlands	24.0	63.6	11.9	0.5	0.0	100.0	14.5	53.8	23.2	6.1	2.4	100.0	237
Masvingo	39.0	54.9	5.4	0.6	0.0	100.0	9.0	68.3	18.2	2.9	1.7	100.0	150
Harare	29.0	61.8	9.2	0.0	0.0	100.0	17.5	62.4	10.3	8.9	0.9	100.0	519
Bulawayo	41.6	56.2	2.2	0.0	0.0	100.0	8.3	70.7	12.4	7.5	1.1	100.0	116
Education													
No education	34.9	54.6	10.5	0.0	0.0	100.0	16.5	57.2	23.2	3.1	0.0	100.0	55
Primary	32.4	58.8	8.4	0.4	0.0	100.0	11.2	56.3	22.3	9.2	1.0	100.0	657
Secondary	31.3	61.4	7.1	0.1	0.0	100.0	14.7	63.0	15.4	5.7	1.1	100.0	1,451
More than secondary	21.8	76.0	2.2	0.0	0.0	100.0	13.3	53.5	27.5	5.7	0.0	100.0	200
Wealth quintile													
Lowest	33.3	56.6	9.7	0.4	0.0	100.0	11.1	55.5	24.2	7.9	1.4	100.0	317
Second	29.8	63.3	6.9	0.0	0.0	100.0	8.8	54.5	26.5	8.6	1.6	100.0	371
Middle	31.2	61.0	7.1	0.5	0.1	100.0	12.6	59.5	20.6	6.5	0.9	100.0	421
Fourth	33.8	59.0	7.1	0.1	0.0	100.0	15.7	65.1	13.9	4.6	0.7	100.0	599
Highest	27.7	66.3	6.0	0.0	0.0	100.0	16.5	61.7	14.2	6.8	0.8	100.0	655
Total	30.9	61.8	7.1	0.2	0.0	100.0	13.7	60.2	18.5	6.6	1.0	100.0	2,363

Women age 35-49 are more likely to make independent decisions on their earnings than younger women. The number of living children a woman has does not correlate with her control over her cash earnings with the exception of the finding that women who have five or more children are more likely to have their husband decide on how to use their earnings (12 percent) relative to women with fewer children (6 to 7 percent).

There is also little difference in control over women's cash earnings by urban-rural residence: nearly one-third of both urban and rural currently married women report that they mainly decide how to spend their earnings. However, the provincial data vary greatly in the way decisions are made on how women's earnings are used. The percentage of women who mainly decide for themselves how their earnings will be spent ranges from a low of 24 percent in Midlands to a high of 42 percent in Matabeleland North and Bulawayo provinces.

About one in three women with no education decide independently how to spend their earnings (35 percent), compared with one in five women with more than a secondary education. Women in the latter group are most likely to jointly decide with their husband how to spend their earnings (76 percent), while women with no education are least likely to do so (55 percent). Only 2 percent of women with more than secondary education report that their husband mainly makes decisions about how their cash earnings will be spent; in contrast, 11 percent of women with no education report that their husband mainly decides how their earnings will be used. Only minor differences are observed by wealth quintile.

Regarding relative magnitude of women's earnings compared with those of their husbands, 14 percent report that they earn more than their husband, 60 percent earn less than their husband, and 19 percent earn about the same as their husband. Seven percent of women report that their husband has no earnings. Older women, women who reside in urban areas, and women in the highest wealth quintile are more likely than other women to report that they earn more than their husbands.

Table 15.2.2 shows the degree of control men have over their earnings. Seven percent of men age 15-49 report that their wife mainly decides how their earnings are used, 83 percent say that they and their wife jointly make the decision, and 10 percent report they mainly make the decision on their own. The percentage of men who say their wife mainly decides how their cash earnings are used increases steadily with men's age (5 percent of men age 20-24 compared with 10 percent of men age 45-49). Conversely, younger men are more likely than older men to report that they alone decide on how their cash earnings are used (20 percent of men age 20-24 compared with 8 to 9 percent of men age 30-49). Large differences are not observed by urban-rural residence or wealth quintile, but there is variability by number of living children, province, and education level.

Table 15.2.2 Control over men's cash earnings

Percent distributions of currently married men age 15-49 who receive cash earnings and of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics, Zimbabwe 2010-11

	Men						Women					
	Person who decides how the husband's cash earnings are used:						Person who decides how the husband's cash earnings are used:					
Background characteristic	Mainly wife	Husband and wife jointly	Mainly husband	Other	Total	Number of men	Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	Number of women
Age												
15-19	*	*	*	*	100.0	12	10.4	71.6	16.7	1.2	100.0	420
20-24	5.0	74.0	20.4	0.6	100.0	256	14.0	70.8	14.8	0.4	100.0	1,152
25-29	5.7	83.5	10.9	0.0	100.0	652	11.6	74.7	13.6	0.1	100.0	1,262
30-34	6.0	84.7	9.3	0.0	100.0	624	11.8	76.4	11.7	0.2	100.0	960
35-39	6.3	85.7	7.8	0.1	100.0	585	14.1	71.0	14.8	0.1	100.0	770
40-44	7.7	83.0	9.4	0.0	100.0	410	13.6	72.6	13.8	0.0	100.0	453
45-49	10.0	81.9	8.0	0.0	100.0	253	13.3	69.3	16.3	1.1	100.0	363
Number of living children												
0	5.7	77.2	17.0	0.2	100.0	258	10.8	71.3	16.8	1.1	100.0	436
1-2	6.5	83.1	10.3	0.1	100.0	1,347	13.3	72.9	13.4	0.3	100.0	2,707
3-4	7.1	85.1	7.8	0.0	100.0	840	11.8	74.5	13.6	0.1	100.0	1,576
5+	6.1	82.1	11.8	0.0	100.0	347	13.4	69.7	16.4	0.4	100.0	660
Residence												
Urban	6.8	83.3	10.0	0.0	100.0	1,204	16.2	71.2	12.6	0.1	100.0	1,849
Rural	6.4	82.9	10.6	0.1	100.0	1,587	10.9	73.7	14.9	0.4	100.0	3,530
Province												
Manicaland	4.8	87.9	7.4	0.0	100.0	387	12.1	63.4	23.9	0.6	100.0	746
Mashonaland Central	4.6	78.9	16.1	0.4	100.0	389	7.4	81.2	11.3	0.0	100.0	615
Mashonaland East	7.4	74.9	17.7	0.0	100.0	265	12.7	73.1	13.5	0.7	100.0	482
Mashonaland West	7.1	86.8	6.0	0.0	100.0	382	14.3	73.1	12.4	0.2	100.0	683
Matabeleland North	13.7	75.7	10.6	0.0	100.0	78	13.5	69.2	17.0	0.0	100.0	207
Matabeleland South	6.0	88.9	4.6	0.6	100.0	93	5.0	80.1	14.5	0.2	100.0	220
Midlands	7.9	83.1	8.9	0.0	100.0	309	10.8	74.6	14.0	0.6	100.0	675
Masvingo	9.7	79.6	10.7	0.0	100.0	139	13.8	75.0	10.9	0.4	100.0	607
Harare	6.3	84.1	9.6	0.0	100.0	620	17.8	70.5	11.6	0.1	100.0	921
Bulawayo	5.0	85.3	9.7	0.0	100.0	131	12.4	75.2	12.4	0.0	100.0	223
Education												
No education	*	*	*	*	100.0	14	9.5	71.0	17.2	2.3	100.0	142
Primary	7.1	79.9	12.9	0.1	100.0	531	13.4	69.7	16.5	0.4	100.0	1,687
Secondary	6.2	83.4	10.4	0.1	100.0	1,962	12.5	74.2	13.1	0.2	100.0	3,325
More than secondary	7.6	87.0	5.4	0.0	100.0	285	12.2	78.1	9.7	0.0	100.0	225
Wealth quintile												
Lowest	5.1	79.5	15.4	0.0	100.0	337	11.6	71.3	17.0	0.1	100.0	1,011
Second	7.2	82.4	10.4	0.0	100.0	397	11.8	72.9	14.4	1.0	100.0	1,018
Middle	6.0	84.3	9.5	0.2	100.0	517	12.2	72.5	14.8	0.4	100.0	1,020
Fourth	7.3	84.9	7.7	0.2	100.0	768	14.6	71.9	13.5	0.0	100.0	1,246
Highest	6.5	82.3	11.2	0.0	100.0	772	12.8	75.7	11.3	0.1	100.0	1,085
Total 15-49	6.5	83.1	10.3	0.1	100.0	2,792	12.7	72.9	14.1	0.3	100.0	5,380
50-54	9.5	81.1	9.4	0.0	100.0	228	na	na	na	na	na	na
Total 15-54	6.8	82.9	10.3	0.1	100.0	3,019	na	na	na	na	na	na

na = Not applicable
Note: Total includes 1 woman for whom information on the person who decides how the husband's cash earnings are used was missing. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Currently married women age 15-49 whose husbands receive cash earnings were also asked who decides how the husband's cash earning are used. As shown in Table 15.2.2, thirteen percent report that they mainly decide on how their husbands' cash earnings are used, 73 percent report that they and their husband jointly decide, and 14 percent report that their husband mainly decides.

Cross-tabulations by the person in the household who decides how the wife's cash earnings are used and how the husband's cash earnings are used, by the woman's earnings relative to her husband's are presented in Table 15.3; they provide some insight into a woman's empowerment in the family and the extent of her control over decision making in the household.

Table 15.3 shows that currently married women who earn more than their husband are more likely to decide how their husband's earnings are used (25 percent) than those who earn less (14 percent) or the same as their husband (9 percent). Women who earn the same as their husband are most likely to make joint decisions on how their earnings (77 percent) and their husband's earnings

(78 percent) are used. Husbands are more likely to mainly make decisions on the use of their earnings among the group of women who reported that they earn more than their husband (17 percent) compared with husbands of women who earn the same (15 percent) or less than their husband (13 percent).

Table 15.3 Women's control over their own earnings and over those of their husbands

Percent distribution of currently married women age 15-49 with cash earnings in the last 12 months by person who decides how the wife's cash earnings are used and percent distribution of currently married women age 15-49 whose husbands have cash earnings by person who decides how the husband's cash earnings are used, according to the relation between wife's and husband's cash earnings, Zimbabwe 2010-11

	Person who decides how the wife's cash earnings are used:						Person who decides how husband's cash earnings are used:					
Women's earnings relative to husband's earnings	Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	Number of women	Mainly wife	Wife and husband jointly	Mainly husband	Other	Total	Number of women
More than husband	37.9	53.7	8.3	0.0	100.0	323	25.4	57.5	17.1	0.0	100.0	323
Less than husband	34.8	58.0	7.1	0.1	100.0	1,423	14.4	70.9	14.5	0.2	100.0	1,423
Same as husband	15.3	76.9	7.8	0.0	100.0	438	9.1	78.3	12.6	0.0	100.0	438
Husband has no cash earnings or did not work	20.5	73.8	3.6	2.1	100.0	156	na	na	na	na	na	0
Woman worked but has no cash earnings	na	na	na	na	na	0	7.9	80.9	9.6	1.6	100.0	145
Woman did not work	na	na	na	na	na	0	11.1	74.4	14.0	0.4	100.0	3,027
Total	30.9	61.8	7.1	0.2	100.0	2,363	12.7	72.9	14.1	0.3	100.0	5,380

Note: Total includes 23 cases where a woman does not know whether she earned more or less than her husband.
na = Not applicable

15.3 WOMEN'S OWNERSHIP OF ASSETS

The 2010-11 ZDHS asked respondents questions regarding the ownership of land and houses. Ownership of land is considered a measure of women's empowerment, and to this effect, the government of Zimbabwe has prioritised giving land to women to address imbalances.

Table 15.4.1 shows the percentage of women age 15-49 who reported owning a house or land alone, jointly, or both alone and jointly, and the percentage who do not own a house or land. Overall, 9 percent of women own a house alone, and 9 percent own land alone. Twenty-seven percent of women say that they own a house jointly with someone; similarly, 25 percent of women report that they own land jointly. Two percent of women own a house both alone and jointly, and 2 percent own land both alone and jointly. More than six in ten report that they do not own a house (63 percent) or land (64 percent). Ownership of either asset alone increases with age, with younger women much less likely to own house or land, either alone or jointly, compared with older women.

Table 15.4.1 Ownership of assets: Women

Percent distribution of women age 15-49 by ownership of housing and land, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who own a house: Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Percentage who own land: Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	Number of women
Age											
15-19	1.7	5.9	0.3	92.0	100.0	1.5	6.5	0.4	91.6	100.0	1,945
20-24	4.4	20.4	1.2	74.0	100.0	4.8	19.2	1.6	74.4	100.0	1,841
25-29	7.6	28.6	1.7	62.1	100.0	8.0	28.6	1.7	61.8	100.0	1,686
30-34	10.4	34.1	1.5	53.9	100.0	10.9	32.4	2.2	54.5	100.0	1,296
35-39	13.9	41.4	3.0	41.6	100.0	13.4	40.6	2.3	43.6	100.0	1,051
40-44	20.7	41.2	3.0	35.0	100.0	17.2	39.4	2.6	40.8	100.0	732
45-49	26.2	44.5	5.0	24.3	100.0	24.4	38.0	3.4	34.1	100.0	620
Residence											
Urban	3.9	10.5	2.0	83.7	100.0	3.3	9.8	1.8	85.1	100.0	3,548
Rural	12.5	36.6	1.6	49.3	100.0	12.4	35.3	1.6	50.7	100.0	5,623
Province											
Manicaland	11.4	31.0	1.0	56.6	100.0	10.9	31.3	0.7	57.1	100.0	1,227
Mashonaland Central	6.4	50.7	1.2	41.6	100.0	5.4	49.4	1.8	43.4	100.0	871
Mashonaland East	8.6	32.7	1.7	57.0	100.0	8.5	34.0	1.5	56.0	100.0	824
Mashonaland West	8.5	28.4	1.6	61.6	100.0	8.6	28.9	1.6	61.0	100.0	1,026
Matabeleland North	11.4	36.5	1.7	50.4	100.0	8.9	34.1	1.8	55.2	100.0	443
Matabeleland South	7.8	22.7	1.7	67.7	100.0	6.2	22.7	0.5	70.6	100.0	467
Midlands	6.0	31.6	1.0	61.4	100.0	6.0	26.6	0.9	66.4	100.0	1,123
Masvingo	29.8	22.7	2.3	45.2	100.0	29.9	19.8	2.5	47.8	100.0	909
Harare	2.1	10.0	3.3	84.6	100.0	3.3	10.5	3.4	82.8	100.0	1,722
Bulawayo	4.3	8.1	0.6	87.0	100.0	1.6	4.9	0.6	93.0	100.0	558
Education											
No education	22.7	45.6	2.9	28.8	100.0	18.9	41.3	1.5	38.2	100.0	212
Primary	13.8	40.2	1.8	44.2	100.0	13.3	36.8	1.9	48.0	100.0	2,568
Secondary	6.9	20.4	1.5	71.1	100.0	6.6	20.8	1.6	70.9	100.0	5,966
More than secondary	5.3	19.0	4.4	71.3	100.0	8.0	14.0	1.7	76.3	100.0	424
Wealth quintile											
Lowest	17.6	47.6	1.4	33.4	100.0	15.3	43.7	1.5	39.6	100.0	1,546
Second	13.4	39.8	2.1	44.6	100.0	13.7	37.5	2.1	46.8	100.0	1,594
Middle	9.5	26.8	1.3	62.4	100.0	9.5	27.5	1.6	61.4	100.0	1,681
Fourth	5.2	15.5	1.9	77.5	100.0	5.4	15.6	2.0	77.0	100.0	2,073
Highest	3.8	12.6	2.0	81.6	100.0	3.7	12.1	1.5	82.7	100.0	2,278
Total	9.2	26.5	1.8	62.6	100.0	8.9	25.4	1.7	64.0	100.0	9,171

Rural women in Zimbabwe are more likely than urban women to own house or land alone or jointly with someone else. For instance, half of rural women own a house or land alone and/or jointly compared with about one in six women in urban areas. About one in three women in Masvingo owns a house or land alone, making them much more likely to own a house or land alone compared with women in other provinces. Women in the urban provinces of Bulawayo and Harare are the least likely to own a house or land, alone or jointly. Ownership of a house or land inversely correlates with education and wealth. For example, 29 percent of women with no education and 33 percent of women in the lowest wealth quintiles do not own a house compared with 71 percent of women with more than secondary education and 82 percent of women in the highest wealth quintile.

Table 15.4.2 shows that two in three men in Zimbabwe do not own a house or land, which is comparable to the situation among women. The percentage of men who own a house or land either alone or jointly generally increases with age. Men in rural areas are more likely to own house or land compared with men in the urban areas; 59 percent of rural men do not own a home and 60 percent do not own land, whereas 80 percent of urban men do not own a home and 77 percent do not own land. Ownership of assets varies by province and wealth quintile. In contrast with the situation among women, however, the ownership of house or land among men does not vary much based on educational attainment.

Table 15.4.2 Ownership of assets: Men

Percent distribution of men age 15-49 by ownership of housing and land, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who own a house: Alone	Jointly	Alone and jointly	Percentage who do not own a house	Total	Percentage who own land: Alone	Jointly	Alone and jointly	Percentage who do not own land	Total	Number of men
Age											
15-19	3.2	3.7	0.9	92.2	100.0	3.1	4.6	0.8	91.4	100.0	1,735
20-24	6.7	8.9	2.1	82.3	100.0	8.8	9.1	1.8	80.3	100.0	1,372
25-29	14.4	14.3	5.1	66.2	100.0	15.2	15.3	4.5	65.0	100.0	1,236
30-34	20.8	19.6	7.3	52.3	100.0	24.0	19.5	7.1	49.4	100.0	970
35-39	23.5	21.9	11.2	43.4	100.0	24.2	20.2	10.4	45.2	100.0	828
40-44	29.3	25.5	9.5	35.6	100.0	31.5	21.9	8.7	37.9	100.0	589
45-49	36.2	25.9	13.3	24.6	100.0	35.6	22.4	10.8	31.2	100.0	379
Residence											
Urban	9.4	6.8	4.0	79.8	100.0	12.2	7.7	3.4	76.7	100.0	2,621
Rural	17.5	18.0	6.1	58.5	100.0	17.8	17.0	5.6	59.6	100.0	4,488
Province											
Manicaland	16.3	22.5	3.5	57.6	100.0	15.2	20.8	4.0	59.9	100.0	972
Mashonaland Central	16.1	19.9	4.1	60.0	100.0	14.6	19.2	5.7	60.5	100.0	738
Mashonaland East	22.4	12.3	4.1	61.2	100.0	25.1	13.1	4.9	56.9	100.0	667
Mashonaland West	19.1	8.7	7.5	64.7	100.0	19.9	8.7	7.3	64.1	100.0	872
Matabeleland North	11.7	18.1	6.9	63.3	100.0	10.7	16.1	5.2	68.0	100.0	349
Matabeleland South	4.8	11.4	11.3	72.5	100.0	3.7	5.0	10.7	80.6	100.0	352
Midlands	10.5	22.5	5.6	61.5	100.0	12.3	20.6	3.0	64.1	100.0	885
Masvingo	21.1	13.2	7.4	58.3	100.0	24.0	14.2	5.7	56.1	100.0	585
Harare	10.8	3.4	3.9	81.9	100.0	14.5	7.1	3.0	75.4	100.0	1,307
Bulawayo	6.0	9.3	3.5	81.2	100.0	8.2	6.5	2.5	82.8	100.0	382
Education											
No education	15.0	10.3	10.5	64.2	100.0	18.2	11.9	5.0	65.0	100.0	56
Primary	19.1	15.4	7.1	58.5	100.0	17.6	14.8	5.8	61.8	100.0	1,508
Secondary	13.0	13.6	4.7	68.7	100.0	15.3	13.2	4.6	66.9	100.0	5,027
More than secondary	15.5	11.9	5.2	67.3	100.0	13.9	13.7	4.5	67.9	100.0	519
Wealth quintile											
Lowest	24.0	25.2	9.4	41.4	100.0	22.0	23.6	7.2	47.2	100.0	1,074
Second	19.4	18.9	7.5	54.2	100.0	18.5	16.5	7.7	57.2	100.0	1,216
Middle	16.3	13.8	4.6	65.3	100.0	17.6	13.8	4.6	63.9	100.0	1,371
Fourth	8.8	8.8	4.4	78.0	100.0	12.3	8.2	3.7	75.8	100.0	1,664
Highest	9.4	8.2	2.8	79.6	100.0	11.7	10.3	2.6	75.4	100.0	1,786
Total 15-49	14.5	13.8	5.3	66.4	100.0	15.7	13.6	4.8	65.9	100.0	7,110
50-54	32.6	24.3	14.1	28.9	100.0	35.8	25.2	10.9	28.1	100.0	370
Total 15-54	15.4	14.4	5.7	64.5	100.0	16.7	14.1	5.1	64.0	100.0	7,480

15.4 WOMEN'S AND MEN'S PARTICIPATION IN DECISION MAKING

Decision making can be a complex process, and the ability of women and men to make decisions that affect the circumstances of their own lives is essential to their status in the household and in society. The number of decisions in which a woman either alone or jointly with her husband has the final say is assumed to be directly related to the woman's empowerment and reflects the degree of decision making control the woman is able to exercise in areas that affect her life and environment.

To assess women's decision making autonomy, the 2010-11 ZDHS sought information on women's participation in three types of household decisions: the respondent's own health care; making major house-hold purchases; and visits to family or relatives. Similarly, men were asked about their participation in two types of household decisions: the respondent's health care and making major household purchases. Table 15.5 shows the percent distribution of currently married women and men according to the person in the household who usually makes decisions concerning these matters. Women and men are considered to participate in decision making if they make decisions alone or jointly with their spouse.

Table 15.5 Participation in decision making

Percent distribution of currently married women and currently married men age 15-49 by person who usually makes decisions about various issues, Zimbabwe 2010-11

Decision	Mainly wife	Wife and husband jointly	Mainly husband	Someone else	Other	Total	Number
WOMEN							
Own health care	24.1	60.1	14.4	1.2	0.1	100.0	5,703
Major household purchases	19.4	68.1	12.0	0.4	0.1	100.0	5,703
Visits to her family or relatives	19.9	68.8	10.7	0.4	0.3	100.0	5,703
MEN							
Man's own health care	8.2	77.2	14.0	0.5	0.2	100.0	3,584
Major household purchases	13.8	75.7	10.1	0.4	0.0	100.0	3,584

The strength of the role of women in decision making varies with the type of decision. In Zimbabwe, the majority of currently married women (60 to 69 percent) report that each of three household decisions is made jointly by husband and wife. Twenty-four percent of currently married women report that they alone make the decisions about their own health care, 19 percent say that they mainly make decisions about major household purchases, and 20 percent say that they mainly decide on visiting their families and relatives. More than three quarters of men report that they jointly make decisions with their wives with regard to their own health care and also on major household purchases. Approximately 8 percent of men stated that decisions about their own health care are made mainly by their wife. Fourteen percent of men indicated that it is mainly the responsibility of their wife to make decisions on major household purchases.

Table 15.6.1 shows the percentage of currently married women who report that they usually make specific household decisions either by themselves or jointly with their husbands, according to background characteristics. Over 8 in 10 women participate in each of the three specific decisions. Seventy-five percent of currently married women participate in all three decisions. Only 4 percent of women report that they participate in none of the three decisions.

Table 15.6.1 Women's participation in decision making by background characteristics

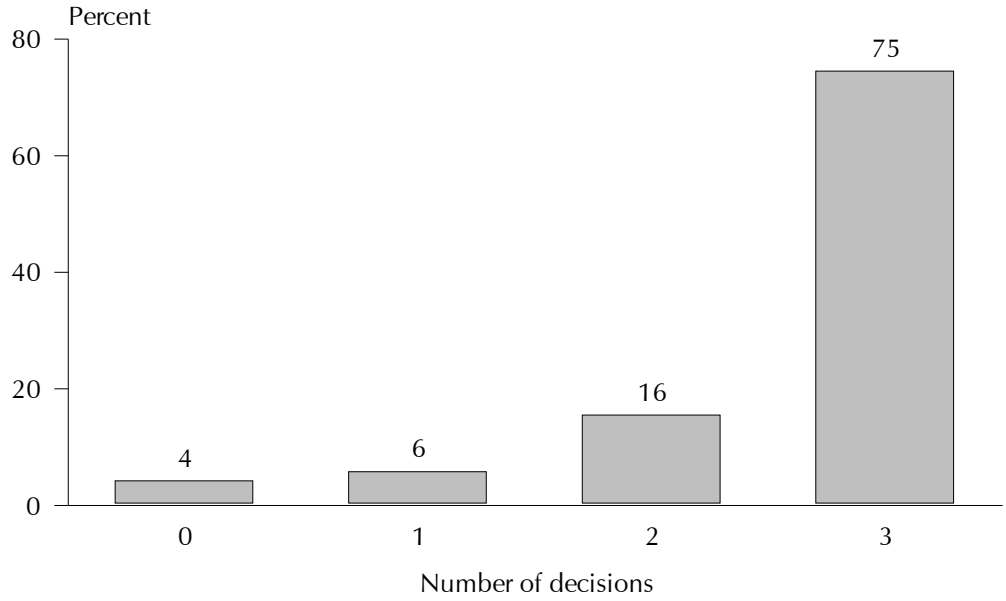
Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics, Zimbabwe 2010-11

Background characteristic	Specific decisions			Percentage who participate in all three decisions	Percentage who participate in none of the three decisions	Number of women
	Woman's own health care	Making major household purchases	Visits to her family or relatives			
Age						
15-19	76.9	78.7	79.0	61.4	8.7	452
20-24	82.9	86.1	86.1	71.4	4.3	1,210
25-29	84.7	88.0	89.2	75.9	4.2	1,329
30-34	85.9	87.6	90.6	76.4	3.6	1,012
35-39	83.9	88.1	89.6	75.6	4.5	815
40-44	86.9	91.9	93.0	79.8	2.3	488
45-49	87.9	92.6	93.4	81.1	2.4	397
Employment (past 12 months)						
Not employed	83.1	85.6	88.6	73.5	5.0	3,188
Employed for cash	85.7	90.3	89.4	76.5	3.0	2,363
Employed, not for cash	83.2	82.8	78.1	64.6	7.0	152
Number of living children						
0	80.2	85.2	83.2	68.4	6.0	468
1-2	84.5	87.3	88.5	74.7	4.2	2,840
3-4	84.6	87.6	89.6	75.3	3.8	1,686
5+	84.5	89.0	90.5	76.3	4.1	708
Residence						
Urban	85.7	89.5	90.2	77.1	3.7	1,937
Rural	83.4	86.4	87.8	73.2	4.5	3,766
Province						
Manicaland	67.5	79.5	79.9	54.3	7.3	798
Mashonaland Central	86.3	88.5	87.2	74.0	3.3	626
Mashonaland East	88.3	90.3	90.9	80.2	3.2	541
Mashonaland West	73.2	86.5	89.3	67.1	5.0	718
Matabeleland North	88.8	81.2	87.8	75.3	5.7	257
Matabeleland South	97.3	89.2	93.1	87.0	1.3	230
Midlands	91.5	88.6	91.3	82.9	4.7	695
Masvingo	89.8	90.2	90.0	82.0	3.8	626
Harare	87.8	90.5	91.7	79.2	3.2	972
Bulawayo	89.9	89.8	87.3	77.6	1.7	239
Education						
No education	80.3	86.7	90.5	71.8	4.5	154
Primary	81.1	85.8	86.5	71.2	5.7	1,827
Secondary	85.2	87.8	89.1	75.4	3.7	3,485
More than secondary	95.5	95.3	96.5	89.7	1.1	237
Wealth quintile						
Lowest	83.1	83.6	86.8	72.0	6.3	1,109
Second	82.5	88.4	88.9	73.1	3.3	1,085
Middle	84.4	85.8	85.2	72.5	4.9	1,077
Fourth	82.0	87.2	89.4	72.5	3.9	1,291
Highest	89.1	92.1	92.5	82.5	3.0	1,141
Total	84.2	87.5	88.6	74.5	4.2	5,703

Older women, women employed for cash, women with five or more children, women with more than secondary education, and women in the highest wealth quintile are more likely than other women to have participated in all three decisions.

The total number of decisions in which a woman participates is one simple measure of her empowerment. Figure 15.1 shows the distribution of currently married women according to the number of decisions in which they participate either alone or jointly with their husband. Seventy-five percent of currently married women participate in all three household decisions, and 16 percent participate in two decisions. Six percent of women participate in one decision, and 4 percent do not participate in any decisions.

Figure 15.1 **Number of Decisions in which Currently Married Women Participate**



ZDHS 2010-11

Table 15.6.2 shows the percentage of men who report that they alone or jointly with their wives participate in specific household decisions, according to different background characteristics. Eighty percent of currently married men participate in both decisions (their own health care and making major household purchases). Only four percent report that they do not participate in either of the two decisions.

Table 15.6.2 Men's participation in decision making by background characteristics

Percentage of currently married men age 15-49 who usually make specific decisions either alone or jointly with their wife, by background characteristics, Zimbabwe 2010-11

Background characteristic	Specific decisions				Number of men
	Man's own health care	Making major household purchases	Both decisions	Neither of the two decisions	
Age					
15-19	*	*	*	*	17
20-24	92.0	86.8	80.9	2.1	358
25-29	92.5	84.9	80.5	3.1	800
30-34	92.0	87.5	82.4	2.9	802
35-39	89.5	86.5	80.4	4.4	740
40-44	90.4	85.1	79.3	3.8	528
45-49	90.4	81.4	77.0	5.2	341
Employment (past 12 months)					
Not employed	93.2	84.6	82.0	4.3	531
Employed for cash	90.6	86.0	80.1	3.5	2,792
Employed, not for cash	93.0	86.1	81.3	2.2	262
Number of living children					
0	91.4	84.0	79.2	3.8	355
1-2	92.0	86.8	81.8	3.1	1,665
3-4	90.0	86.8	80.7	4.0	1,068
5+	90.8	81.4	76.1	3.8	497
Residence					
Urban	92.9	86.9	82.5	2.7	1,301
Rural	90.2	85.1	79.2	4.0	2,283
Province					
Manicaland	92.2	81.5	77.9	4.2	496
Mashonaland Central	87.9	87.6	78.5	3.0	421
Mashonaland East	87.5	81.0	72.5	4.0	334
Mashonaland West	93.6	94.4	90.3	2.4	468
Matabeleland North	79.2	73.9	69.7	16.6	160
Matabeleland South	89.3	84.1	78.2	4.8	124
Midlands	92.3	87.8	82.6	2.5	450
Masvingo	94.8	83.0	80.1	2.2	320
Harare	92.6	87.5	82.1	2.0	653
Bulawayo	93.6	85.1	81.2	2.6	159
Education					
No education	(88.4)	(76.0)	(73.4)	(8.9)	31
Primary	89.8	84.2	78.2	4.2	788
Secondary	91.9	86.4	81.2	2.9	2,461
More than secondary	88.8	85.6	80.6	6.2	304
Wealth quintile					
Lowest	89.4	82.3	76.7	5.0	637
Second	89.3	87.6	79.8	2.9	615
Middle	93.0	85.6	81.8	3.2	646
Fourth	91.2	87.7	82.4	3.5	857
Highest	92.5	85.1	80.7	3.1	829
Total 15-49	91.2	85.8	80.4	3.5	3,584
50-54	89.3	80.9	75.8	5.5	329
Total 15-54	91.0	85.4	80.0	3.7	3,913

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

15.5 ATTITUDES TOWARDS WIFE BEATING

The critical problems that women face are many and diverse. One of these, and among the most serious, is the issue of violence against women. It is described as the most serious because it concerns the personal security of women, and the right of personal security is fundamental to all other rights. If violence against women is tolerated and accepted in a society, its eradication is made more difficult.

To assess women's and men's attitudes towards wife beating, respondents were asked whether a husband is justified in hitting or beating his wife in each of the following five situations: if she burns the food; if she argues with him; if she goes out without telling him; if she neglects the children; and if she refuses to have sexual intercourse with him. A woman's responses to these five situations are used to generate the women's empowerment indicator, "Number of reasons wife beating is justified," described below (see section 15.6). All respondents were also asked whether a husband is justified in hitting or beating his wife if she commits infidelity. However, "commits infidelity" is not included in the women's empowerment indicator. The results to this series of questions for women and men are summarised in Tables 15.7.1 and 15.7.2, respectively.

Forty percent of women believe that a husband is justified in beating his wife for at least one of the five specified reasons (Table 15.7.1). Twenty-two percent of women believe that a husband is justified in beating his wife if she goes out without telling him, 21 percent for neglecting the children, 17 percent for refusing to have sexual intercourse with him, 16 percent for arguing with him, and 8 percent if she burns the food. In addition, nearly 6 in 10 women believe that a husband is justified in hitting or beating his wife if she commits infidelity.

Younger women, women who are employed, but not for cash, married women, women from Mashonaland Central and Masvingo, women with no education, and women in the lowest wealth quintiles are more likely than other women to agree with at least one of the five specified reasons justifying wife beating.

As shown in Table 15.7.2, overall, 34 percent of men age 15-49 believe that a husband is justified in beating his wife for at least one of the five specified reasons. Twenty percent of men believe that a husband is justified in beating his wife if she goes out without telling him, 19 percent for neglecting the children, 14 percent for arguing with him, 7 percent for refusing to have sexual intercourse with him, and 5 percent if she burns the food. One-third of men believe that a husband is justified in hitting or beating his wife if she commits infidelity. Remarkably, for each of the specified reasons that respondents were asked about, men were less likely than women to agree that wife beating was justified.

By background characteristics, the pattern of men who agree with at least one of the five specified reasons justifying wife beating is very similar to the pattern observed among women.

Table 15.7.1 Attitude toward wife beating: Women

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Zimbabwe 2010-11

Background characteristic	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one of five specified reasons[2]	Number of women
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Commits infidelity[1]		
Age								
15-19	10.2	20.8	28.2	26.4	15.7	65.1	47.7	1,945
20-24	7.5	17.2	23.8	24.2	19.0	62.7	41.7	1,841
25-29	6.8	13.5	20.5	19.6	15.5	56.8	37.3	1,686
30-34	5.9	13.2	20.6	18.9	16.7	53.8	36.4	1,296
35-39	7.3	11.9	19.0	19.2	15.8	53.8	35.2	1,051
40-44	6.2	13.5	18.1	16.8	17.1	53.4	33.2	732
45-49	6.2	13.8	18.9	16.0	20.9	51.1	35.5	620
Employment (past 12 months)								
Not employed	8.0	16.8	22.7	21.2	16.9	60.3	40.3	5,212
Employed for cash	6.5	13.7	21.7	21.0	16.9	55.2	37.9	3,730
Employed, not for cash	11.7	17.7	24.0	31.1	18.4	63.4	48.0	229
Number of living children								
0	8.4	15.7	23.2	22.5	12.1	57.2	40.0	2,510
1-2	6.9	15.5	21.8	21.2	18.5	59.4	39.5	3,731
3-4	6.8	14.1	21.0	20.1	17.4	56.7	37.9	2,052
5+	8.9	18.9	25.4	21.6	23.3	61.0	42.1	878
Marital status								
Never married	8.1	13.8	20.8	21.1	9.7	54.3	37.2	2,197
Married or living together	7.3	16.8	23.1	22.0	19.2	60.7	40.8	5,703
Divorced/separated/ widowed	7.5	13.4	21.4	19.0	19.3	54.7	38.1	1,271
Residence								
Urban	3.8	10.5	14.5	15.5	9.2	47.6	29.3	3,548
Rural	9.8	18.8	27.3	25.0	21.8	65.1	46.0	5,623
Province								
Manicaland	8.8	19.1	31.4	25.3	20.1	62.8	48.8	1,227
Mashonaland Central	12.3	20.4	34.8	35.7	24.9	70.3	56.3	871
Mashonaland East	7.0	10.3	16.2	22.4	20.4	63.3	38.7	824
Mashonaland West	10.2	18.0	25.4	24.3	20.4	67.7	43.5	1,026
Matabeleland North	4.2	23.5	19.9	23.6	15.1	56.4	41.1	443
Matabeleland South	2.6	12.2	12.3	15.0	6.1	42.6	24.7	467
Midlands	5.1	13.4	23.1	15.7	14.0	59.0	35.8	1,123
Masvingo	15.6	24.7	29.8	25.7	29.6	70.2	51.2	909
Harare	3.9	8.9	13.3	14.3	9.9	46.5	27.6	1,722
Bulawayo	2.1	10.1	10.9	12.8	3.8	36.0	23.9	558
Education								
No education	13.7	25.4	30.7	27.7	30.8	70.6	52.6	212
Primary	11.2	22.7	29.6	27.9	26.3	66.6	50.6	2,568
Secondary	6.1	13.1	20.1	19.5	13.5	57.1	36.5	5,966
More than secondary	1.3	1.7	5.3	4.2	2.4	19.4	9.8	424
Wealth quintile								
Lowest	12.2	25.3	30.2	27.1	25.9	69.8	51.5	1,546
Second	11.4	19.4	29.1	27.0	24.4	68.9	49.4	1,594
Middle	8.8	18.1	27.7	26.2	21.1	64.6	45.7	1,681
Fourth	4.3	12.2	18.5	18.2	11.3	54.0	34.0	2,073
Highest	3.5	7.5	11.8	12.8	7.8	42.5	25.1	2,278
Total	7.5	15.6	22.3	21.4	16.9	58.3	39.6	9,171

[1] "Commits infidelity" is not included in the women's empowerment indicator "Number of reasons for which wife beating is justified" presented in subsequent tables.

[2] The five reasons included in the column "Percentage who agree with at least one of five specified reasons" are "Burns the food," "Argues with him," "Goes out without telling him," "Neglects the children," and "Refuses to have sexual intercourse with him." It does not include "Commits infidelity" in order to conform to the standard definition of the women's empowerment indicator "Number of reasons for which wife beating is justified".

Table 15.7.2 Attitude toward wife beating: Men

Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics, Zimbabwe 2010-11

Background characteristic	Husband is justified in hitting or beating his wife if she:						Percentage who agree with at least one of five specified reasons[2]	Number of men
	Burns the food	Argues with him	Goes out without telling him	Neglects the children	Refuses to have sexual intercourse with him	Commits infidelity[1]		
Age								
15-19	10.7	21.2	28.0	27.3	9.9	50.8	47.6	1,735
20-24	4.9	16.1	20.6	19.4	6.2	38.2	37.8	1,372
25-29	2.9	13.4	18.9	18.1	5.9	31.5	31.6	1,236
30-34	3.1	11.6	17.3	16.5	5.7	27.3	28.4	970
35-39	2.7	8.1	13.2	11.9	5.0	23.5	21.6	828
40-44	0.8	5.1	10.8	8.2	2.9	18.6	18.1	589
45-49	4.5	12.6	15.0	14.1	6.1	25.4	25.3	379
Employment (past 12 months)								
Not employed	6.9	16.2	22.4	21.0	7.1	41.3	37.4	2,209
Employed for cash	3.4	12.8	17.7	16.6	6.0	30.4	30.6	4,304
Employed, not for cash	10.5	17.2	23.9	24.7	9.0	40.5	42.0	597
Number of living children								
0	7.5	17.9	23.3	22.2	8.0	42.8	40.7	3,594
1-2	2.6	10.8	16.1	15.7	5.3	28.5	27.5	1,889
3-4	2.8	10.1	16.1	14.5	5.1	23.6	25.7	1,122
5+	2.7	10.0	15.2	13.1	4.5	24.3	24.0	504
Marital status								
Never married	8.0	18.1	23.3	22.8	8.3	44.3	41.2	3,221
Married or living together	2.5	10.8	16.7	15.1	4.9	26.2	27.0	3,584
Divorced/separated/ widowed	4.4	12.6	16.3	16.0	7.8	31.9	31.9	304
Residence								
Urban	2.2	10.8	14.1	14.9	5.0	30.4	27.1	2,621
Rural	6.8	16.2	23.0	20.8	7.5	37.1	37.5	4,488
Province								
Manicaland	6.3	14.4	23.8	23.5	8.3	44.8	39.2	972
Mashonaland Central	8.0	14.4	29.4	28.9	9.0	36.7	44.3	738
Mashonaland East	7.2	15.5	27.5	19.4	8.9	38.3	40.5	667
Mashonaland West	1.0	11.2	11.1	9.1	3.0	21.5	18.7	872
Matabeleland North	5.5	15.1	11.7	16.0	6.1	23.9	25.8	349
Matabeleland South	3.0	21.3	17.9	18.6	2.9	35.0	35.7	352
Midlands	7.5	19.4	20.7	21.2	7.7	39.0	38.6	885
Masvingo	10.7	15.7	26.9	24.6	9.5	45.0	44.3	585
Harare	1.6	10.3	15.1	13.7	5.1	31.9	27.3	1,307
Bulawayo	1.5	9.7	7.8	11.2	3.2	21.0	20.5	382
Education								
No education	2.4	9.6	15.1	11.9	4.3	29.4	26.0	56
Primary	6.9	19.2	24.1	21.9	8.9	38.5	39.8	1,508
Secondary	5.0	13.8	19.7	18.7	6.1	34.9	33.9	5,027
More than secondary	1.5	3.9	6.8	9.7	4.3	21.1	14.2	519
Wealth quintile								
Lowest	7.4	18.3	23.1	23.2	7.9	36.1	38.5	1,074
Second	8.1	17.5	25.4	22.4	7.6	39.7	41.0	1,216
Middle	6.8	16.3	23.9	20.6	8.1	39.5	38.8	1,371
Fourth	4.1	14.1	18.1	17.2	5.6	32.7	32.2	1,664
Highest	1.3	8.0	12.0	13.1	4.8	28.3	23.1	1,786
Total 15-49	5.1	14.2	19.7	18.6	6.6	34.6	33.7	7,110
50-54	1.4	7.9	11.9	10.7	7.2	22.5	21.1	370
Total 15-54	4.9	13.9	19.3	18.2	6.6	34.0	33.0	7,480

[1] "Commits infidelity" is not included in the women's empowerment indicator "Number of reasons for which wife beating is justified" presented in subsequent tables.
[2] The five reasons included in the column "Percentage who agree with at least one of five specified reasons" are "Burns the food," "Argues with him," "Goes out without telling him," "Neglects the children," and "Refuses to have sexual intercourse with him." It does not include "Commits infidelity" in order to conform to the standard definition of the women's empowerment indicator "Number of reasons for which wife beating is justified".

15.6 WOMEN'S EMPOWERMENT INDICATORS

Two sets of empowerment indicators, namely, women's participation in making household decisions and women's attitudes towards wife beating can be summarised in two indices.

The first index shows the number of decisions (see Table 15.6.1 for the list of decisions) in which women participate either alone or jointly with their husbands. This index ranges from 0 to 3

and reflects the degree of decision-making control that women are able to exercise in areas that affect their own lives and the level of women's empowerment in a society.

The second index, which ranges from 0 to 5, is the number of reasons (see Table 15.7.1 for a list of reasons) for which a woman thinks that a husband is justified in beating his wife. A low score on this indicator is interpreted as reflecting a higher status of women in the household and society.

Table 15.8 shows how the two indices relate to each other. The findings indicate that women who participate in all three household decisions asked about are more likely to disagree with all five reasons justifying wife beating than women who participate in fewer or no household decisions. Similarly, women who do not believe that wife beating is justified for any reason are more likely to participate in all household decision making than women who believe there are reasons for which wife beating is justified.

Table 15.8 Indicators of women's empowerment

Percentage of currently married women age 15-49 who participate in all decision making and the percentage who disagree with all of the reasons justifying wife-beating, by value on each of the indicators of women's empowerment, Zimbabwe 2010-11

Empowerment indicator	Percentage who participate in all decision making	Percentage who disagree with all the reasons justifying wife-beating	Number of women
Number of decisions in which women participate[1]			
0	na	52.1	241
1-2	na	48.5	1,211
3	na	62.7	4,251
Number of reasons for which wife beating is justified[2]			
0	78.9	na	3,377
1-2	70.4	na	1,545
3-4	63.6	na	640
5	65.0	na	141

na = Not applicable
[1] See Table 15.6.1 for the list of decisions.
[2] See Table 15.7.1 for the list of reasons.

15.7 CURRENT USE OF CONTRACEPTION BY WOMEN'S EMPOWERMENT

A woman's desire and ability to control her fertility and her choice of contraceptive method are in part affected by her status in the household and her own sense of empowerment. A woman who feels that she is unable to control her life may be less likely to feel she can make and carry out decisions about her fertility. Table 15.9 presents the distribution of currently married women by contraceptive method use, according to the two empowerment indicators.

There is generally a positive relationship between women's empowerment and use of contraception, although differences are not great. Women who participate in one or more household decisions are more likely to use any method of contraception than women who do not participate in any household decisions (59 percent and 52 percent, respectively). Likewise, women who believe that wife beating is not justified for any reason are more likely than other women to use any method of contraception (61 percent compared with 52 to 58 percent).

Table 15.9 Current use of contraception by women's empowerment

Percent distribution of currently married women age 15-49 by current contraceptive method, according to selected indicators of women's status, Zimbabwe 2010-11

		Modern methods							
Empowerment indicator	Any method	Any modern method	Female sterilisation	Temporary modern female methods[1]	Male condom	Any traditional method	Not currently using	Total	Number of women
Number of decisions in which women participate[2]									
0	51.9	50.0	1.0	47.3	1.7	1.9	48.1	100.0	241
1-2	58.9	57.8	0.7	53.4	3.7	1.1	41.1	100.0	1,211
3	58.8	57.5	1.3	53.3	3.0	1.3	41.2	100.0	4,251
Number of reasons for which wife beating is justified[3]									
0	60.5	59.1	1.5	54.2	3.5	1.4	39.5	100.0	3,377
1-2	57.2	56.2	1.0	52.7	2.5	1.0	42.8	100.0	1,545
3-4	51.5	50.2	0.0	47.5	2.7	1.3	48.5	100.0	640
5	57.5	56.4	0.0	54.7	1.7	1.1	42.5	100.0	141
Total	58.5	57.3	1.1	53.0	3.1	1.3	41.5	100.0	5,703

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] Pill, IUD, injectables, implants, female condom, diaphragm, foam/jelly and lactational amenorrhea method.
[2] See Table 15.6.1 for the list of decisions.
[3] See Table 15.7.1 for the list of reasons.

15.8 IDEAL FAMILY SIZE AND UNMET NEED BY WOMEN'S EMPOWERMENT

A woman's fertility preference—for example, her preference for an ideal number of children—is typically lower than that of her husband (see Chapter 6, Table 6.4). As a woman becomes more empowered to negotiate fertility decision making, she has more control over her ability to access and use contraceptives to space and limit her family size. Women who have a desire to space or limit their births but who are not using family planning are defined as having an unmet need for family planning. Table 15.10 shows how women's ideal family size and their unmet need for family planning vary by the two empowerment indicators.

Currently married women who participate in none of the household decisions have a higher ideal number of children than women who participate in three decisions (4.3 children compared with 4.0). Women who participate in at least one decision have a slightly lower overall unmet need for family planning (13 percent) compared with women who do not participate in any household decisions (15 percent).

Table 15.10 Women's empowerment and ideal number of children and unmet need for family planning

Mean ideal number of children for women 15-49 and the percentage of currently married women age 15-49 with an unmet need for family planning, by indicators of women's empowerment, Zimbabwe 2010-11

Empowerment indicator	Mean ideal number of children[1]	Number of women	Percentage of currently married women with an unmet need for family planning[2]			Number of currently married women
			For spacing	For limiting	Total	
Number of decisions in which women participate[3]						
0	4.3	234	9.8	5.3	15.1	241
1-2	4.2	1,203	8.7	4.4	13.1	1,211
3	4.0	4,219	6.8	5.8	12.6	4,251
Number of reasons for which wife beating is justified[4]						
0	3.6	5,495	6.5	6.0	12.5	3,377
1-2	3.9	2,453	9.0	4.8	13.8	1,545
3-4	4.2	941	7.9	4.9	12.7	640
5	4.4	200	7.1	1.7	8.8	141
Total	3.8	9,089	7.3	5.5	12.8	5,703

[1] Mean excludes respondents who gave non-numeric responses.
[2] See Table 7.10.1 for the definition of unmet need for family planning.
[3] Restricted to currently married women. See Table 15.6.1 for the list of decisions.
[4] See Table 15.7.1 for the list of reasons.

Desired family size increases with the number of reasons a woman thinks that wife beating is justified, from 3.6 children among women who do not agree with any of the reasons justifying wife beating to 4.4 children among women who agree with all five reasons justifying wife beating. The total unmet need for family planning is lowest among women who agree with five reasons justifying wife beating (9 percent) and is equivalently higher among all other women, whether they agree with none of the reasons justifying wife beating or one to four reasons justifying wife beating (13 to 14 percent).

15.9 WOMEN'S EMPOWERMENT AND REPRODUCTIVE HEALTH CARE

Table 15.11 shows women's use of antenatal, delivery, and postnatal care services from health care workers by level of empowerment, as measured by the two empowerment indicators. Increased empowerment of women is likely to increase their ability to seek out and use health services, enabling them to better meet their reproductive health goals, including safe motherhood.

The results in Table 15.11 show that, overall, there is a correlation between women's empowerment and reproductive health care. Women who participate in all three household decisions are more likely to receive antenatal care (91 percent), delivery care (68 percent), or a postnatal check-up within the first two days after birth (30 percent) than women who participate in fewer or no household decisions.

Women who agree with none of the five reasons justifying wife beating were generally more likely to receive antenatal care or delivery care from a skilled provider or a postnatal check-up within the first two days following delivery than women who agree with fewer or no reasons. For example,

32 percent of women who disagree with all five reasons justifying wife beating received postnatal care within two days following birth compared with 16 percent of women who agree with all five reasons justifying wife beating.

Table 15.11 Reproductive health care by women's empowerment

Percentage of women age 15-49 with a live birth in the five years preceding the survey who received antenatal care, delivery assistance, and postnatal care from health personnel for the most recent birth, by indicators of women's empowerment, Zimbabwe 2010-11

Empowerment indicator	Percentage receiving antenatal care from a skilled provider[1]	Percentage receiving delivery care from a skilled provider[1]	Percentage of women with a postnatal check-up in the first two days after birth[2]	Number of women with a child born in the past five years
Number of decisions in which women participate[3]				
0	82.5	60.9	22.1	164
1-2	89.7	65.3	21.3	829
3	90.8	68.3	30.1	2,775
Number of reasons for which wife beating is justified[4]				
0	90.2	71.1	32.0	2,564
1-2	90.4	65.2	23.7	1,234
3-4	87.8	58.7	18.2	508
5	82.7	45.3	15.7	121
Total	89.8	67.3	27.6	4,426

[1] Skilled provider includes doctor, nurse-midwife, or nurse.
[2] Includes women who received a postnatal checkup from a doctor, nurse midwife, nurse, village health worker or traditional birth attendant (TBA) in the first two days after the birth. Includes women who gave birth in a health facility and those who did not give birth in a health facility.
[3] Restricted to currently married women. See Table 15.6.1 for the list of decisions.
[4] See Table 15.7.1 for the list of reasons.

15.10 DIFFERENTIALS IN INFANT AND CHILD MORTALITY BY WOMEN'S EMPOWERMENT

The abilities of women to access information, make decisions, and act effectively in their own interest, or in the interest of those who depend on them, are essential aspects of the empowerment of women. If women, the primary caretakers of children, are empowered, the health and survival of their infants will be enhanced. In fact, maternal empowerment fits into Mosley and Chen's framework on child survival as an individual-level variable that affects child survival through the proximate determinants (Mosley, W.H., and L.C. Chen, 1984).

Table 15.12 presents mortality rates by the two empowerment indicators. Children of women who participate in one to two decisions have an under-5 mortality rate (110 deaths per 1,000 live births) that is higher than those of children of mothers who participate in three decisions (64 deaths per 1,000 live births).

Table 15.12 Early childhood mortality rates by indicators of women's empowerment

Infant, child, and under-five mortality rates for the 10-year period preceding the survey, by indicators of women's empowerment, Zimbabwe 2010-11

Empowerment indicator	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Number of decisions in which women participate[1]			
0	(59)	(19)	(77)
1-2	81	32	110
3	45	20	64
Number of reasons for which wife beating is justified[2]			
0	44	19	62
1-2	62	27	87
3-4	73	29	100
5	*	*	*

Note: Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. An asterisk indicates that a rate based on fewer than 250 unweighted person-years of exposure to the risk of death and has been suppressed.
[1] Restricted to currently married women. See Table 15.6.1 for the list of decisions.
[2] See Table 15.7.1 for the list of reasons.

There is a positive correlation between women's negative attitudes towards wife beating and reduced under-5 mortality. Children whose mothers believe wife beating is not justified for any of the specified reasons have a lower mortality rate (62 deaths per 1,000 live births) than children whose mothers believe wife beating is justified for either one to two reasons (87 deaths per 1,000 live births) or three to four reasons (100 deaths or higher per 1,000 live births).

DOMESTIC VIOLENCE 16

Key Findings

- Thirty percent of women age 15-49 have experienced physical violence since age 15; 18 percent of women have experienced physical violence within the past 12 months.
- The most common perpetrator of physical violence against women is the woman's current or former husband or partner.
- Twenty-two percent of women who have had sexual intercourse reported that their first experience was forced against their will.
- Overall, 27 percent of women reported that they have experienced sexual violence. In nine of ten cases, their current or former husband, partner, or boyfriend committed the act.
- Only 37 percent of women who experienced physical or sexual violence have sought help. Most turned to family (58 percent), in-laws (36 percent), and friends or neighbours (13 percent) for assistance.

Gender-based violence against women has been acknowledged worldwide as a violation of basic human rights. An increasing amount of research also highlights the health burdens, intergenerational effects, and demographic consequences of such violence (United Nations, 2006). The World Health Organisation defines such violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (Krug et al., 2002). This chapter focuses on domestic violence, a form of gender-based violence, which is defined here as any act of violence resulting in physical, sexual, or psychological harm or suffering to women, girls, and also men, including threats of such acts, coercion, or arbitrary deprivation of liberty.

In Zimbabwe, domestic violence is widely acknowledged to be of great concern, not just from a human rights perspective but also from an economic and health perspective. In 2006, Zimbabwe enacted the Domestic Violence Act "to make provision for the protection and relief of victims of domestic violence" (Domestic Violence Act [*Chapter 5:16*] *Act 14/2006*). Despite the new legislation and ongoing efforts to protect women and vulnerable populations against violence, there is widespread recognition in Zimbabwe that much remains to be done to protect victims. Also, reliable data are needed to further inform and educate the population about the problem.

To collect these data, the 2010-11 ZDHS again included the same module with questions on domestic violence that was included in the 2005-06 ZDHS. This series of questions focuses on specific aspects of domestic and interpersonal violence. The module addresses women's experiences of acts of physical and sexual violence. Information is collected on both domestic violence (also known as spousal violence or intimate partner violence) and violence by other family members or unrelated individuals. Specifically, this chapter presents the findings of women age 15-49 who experience interpersonal physical or sexual violence. It describes when and from whom they sought help. The chapter also provides detailed information from ever-married women on their experience of spousal emotional, physical, and sexual violence, ever and in the past 12 months, the physical consequences of the violence and when the violence first began in the relationship. Information is also included on women's perpetration of spousal violence. In the final section of the chapter, key

indicators of violence from the 2010-11 ZDHS are compared with those from the 2005-06 ZDHS to document any change.

16.1 MEASUREMENT OF VIOLENCE

Collecting valid, reliable, and ethical data on intimate partner violence poses particular challenges because (1) what constitutes violence or abuse varies across cultures and individuals and (2) a "culture of silence" can create sensitivity and affect reporting. Assuring the safety of respondents and interviewers when asking questions about domestic violence in a familial setting and protecting those women who disclose violence raise specific ethical concerns. The responses to these challenges that are posed by the 2010-11 ZDHS are described below.

16.1.1 The Use of Valid Measures of Violence

The 2010-11 ZDHS measures violence committed by spouses and by other household members. Accordingly, information was obtained from ever-married women on violence by spouses and others, and from never-married women on violence by anyone, including boyfriends.

International research on violence shows that intimate partner violence is one of the most common forms of violence against women. Thus, spousal/partner violence was measured in more detail than violence by other perpetrators through use of a greatly shortened and modified Conflict Tactics Scale (CTS) (Straus, 1990). Specifically, spousal violence by the husband/partner for currently married women and the most recent husband/partner for formerly married women was measured by asking all ever-married women the following set of questions:

Does (did) your (last) husband/partner ever:

a) Say or do something to humiliate you in front of others?
b) Threaten to hurt or harm you or someone close to you?
c) Insult you or make you feel bad about yourself?

Does (did) your (last) husband/partner ever do any of the following things to you?

d) *Push you, shake you, or throw something at you?*
e) Slap you?
f) Twist your arm or pull your hair?
g) Punch you with his fist or with something that could hurt you?
h) Kick you, drag you, or beat you up?
i) Try to choke you or burn you on purpose?
j) Threaten or attack you with a knife, gun, or any other weapon?
k) Physically force you to have sexual intercourse with him even when you did not want to?
l) Force you to perform any sexual acts you did not want to?

When the answer to any of these questions was "yes," women were asked about the frequency of the act in the 12 months preceding the survey. A "yes" answer to one or more of items (a) to (c) above constitutes evidence of emotional violence, a "yes" answer to one or more of items (d) to (j) constitutes evidence of physical violence, and a "yes" answer to items (k) or (l) constitutes evidence of sexual violence.

This approach of asking about specific acts to measure different forms of violence has the advantage of not being affected by different understandings of what constitutes a summary term such as violence. By including a wide range of acts, the approach also has the advantage of giving the respondent multiple opportunities to disclose any experience of violence.

In addition to these questions asked only of ever-married women, *all* women were asked about physical violence perpetrated by others with the question: *From the time you were 15 years old, has anyone [other than your current (last) husband/partner] hit, slapped, kicked, or done anything else to hurt you physically?* Respondents who answered this question in the affirmative were asked who had done this to them. A similar question was used to ask women who had ever been pregnant about violence during pregnancy. Women were also asked about sexual violence by anyone other than the current husband/partner using the following question: *At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?* Finally, information was also obtained from women who had ever had sex regarding whether or not their sexual initiation was forced.

Although this approach to questioning is generally considered to be optimal, the possibility of underreporting of violence cannot be entirely ruled out in any survey.

16.1.2 Ethical Considerations

Three specific protections were built into the questionnaire in accordance with the World Health Organisation's ethical and safety recommendations for research on domestic violence (WHO, 2001):

1. Only one eligible woman in each household was administered the questions on violence. The DHS protocol specifies that the domestic violence module can only be administered to one randomly selected woman per household. Therefore, in households with more than one eligible woman, the respondent for the module was selected using a CSPro random generation function. Interviewing only one woman in each household for the domestic violence module provides assurance to the selected respondent that other respondents in the household will not know about the questions the selected respondent was asked.

2. Informed consent for the survey was obtained from the respondent at the beginning of the individual interview. In addition, at the beginning of the domestic violence section, respondents were read an additional statement informing them that the subsequent questions could be sensitive and reassuring them of the confidentiality of their responses.

3. The domestic violence module was implemented only if privacy could be obtained. If privacy could not be obtained, the interviewer was instructed to skip the module, thank the respondent, and end the interview.

Complete privacy is also essential for ensuring the security of the respondent and the interviewer. Asking about or reporting violence, especially in households where the perpetrator may be present at the time of interview, carries the risk of further violence. Further, collection of such sensitive information requires the establishment of rapport between the interviewer and the respondent. Accordingly, interviewers were provided with specific training for implementing the domestic violence module to enable the field staff to collect violence data in a secure, confidential, and ethical manner.

16.1.3 Subsample for the Violence Module

In keeping with the ethical requirements, only one woman per household was selected for the module. In all, 6,694 women (unweighted) were eligible for the module, of which 6,542 were interviewed. Two percent of eligible women were not interviewed with the module because complete privacy could not be obtained. Specially constructed weights were used to adjust for the selection of only one woman per household and to ensure that the domestic violence subsample was nationally representative.

16.2 WOMEN'S EXPERIENCE OF PHYSICAL VIOLENCE

This section provides information on women's experience of physical violence since age 15 and also describes the perpetrators of the violence. In Zimbabwe, women from all socio-economic and cultural backgrounds are subject to violence. Table 16.1 shows the percentage of women age 15-49 who have ever experienced any form of physical violence since age 15,[1] by background characteristics. Over-all, 30 percent of women experienced physical violence since age 15, and 18 percent have experienced such violence in the past year.

Women's experience of physical violence since age 15 varies little by age among women age 20-49; however, women age 15-19 are less likely than older women to have experienced violence since age 15. Women who never married and women with no children are also less likely than ever-married women and women with children to have experienced physical violence. Employed women, particularly if they are not earning cash for their work, have higher rates of violence than women who are not employed (36-41 percent, compared with 25 percent).

Table 16.1 Experience of physical violence

Percentage of women age 15-49 who have ever experienced physical violence since age 15 and percentage who have experienced physical violence during the 12 months preceding the survey, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who have ever experienced physical violence since age 15:				Number of women
		In the past 12 months			
	Ever[1]	Often	Sometimes	Any	
Age					
15-19	22.7	2.1	14.4	16.5	1,341
20-24	34.9	3.0	19.3	22.4	1,357
25-29	33.3	4.8	18.1	22.8	1,219
30-39	28.7	2.9	13.1	16.0	1,691
40-49	30.7	4.2	9.7	13.9	934
Employment (past 12 months)					
Employed for cash	35.9	4.2	16.0	20.2	2,635
Employed not for cash	40.9	3.3	19.8	23.1	165
Not employed	25.2	2.7	14.3	16.9	3,742
Marital status					
Never married	18.2	1.1	7.6	8.7	1,526
Married/living together	31.2	3.9	17.8	21.7	4,094
Divorced/separated/ widowed	43.3	4.5	15.4	19.9	921
Number of living children					
0	21.1	1.9	10.2	12.1	1,734
1-2	33.5	3.6	18.8	22.5	2,719
3-4	32.2	4.4	15.0	19.4	1,477
5+	33.0	3.2	12.7	15.8	613
Residence					
Urban	28.9	3.1	15.0	18.1	2,469
Rural	30.5	3.4	15.2	18.6	4,073
Province					
Manicaland	36.0	5.0	16.4	21.4	885
Mashonaland Central	45.5	3.8	19.7	23.5	634
Mashonaland East	27.6	3.9	14.2	18.1	605
Mashonaland West	32.6	2.5	17.3	19.8	745
Matabeleland North	14.2	2.3	4.7	7.0	322
Matabeleland South	25.9	2.0	11.1	13.1	332
Midlands	25.4	2.5	13.2	15.7	805
Masvingo	24.3	3.2	17.0	20.2	657
Harare	29.9	3.8	17.3	21.1	1,160
Bulawayo	24.3	1.7	8.2	9.9	398
Education					
No education	38.3	4.7	12.3	17.1	155
Primary	36.4	4.5	17.8	22.3	1,848
Secondary	27.8	2.9	14.7	17.6	4,245
More than secondary	14.5	0.3	5.8	6.1	293
Wealth quintile					
Lowest	30.7	3.8	16.2	20.0	1,117
Second	34.8	4.1	16.4	20.5	1,150
Middle	30.6	3.1	15.1	18.2	1,220
Fourth	28.8	3.6	14.5	18.1	1,464
Highest	26.3	2.4	13.8	16.2	1,590
Total	29.9	3.3	15.1	18.4	6,542

[1] Includes in the past 12 months

[1] For women who report only spousal violence and were married before age 15, the violence could have first occurred before age 15.

There is little variation in women's experience of physical violence by urban-rural residence; however, the prevalence of physical violence since age 15 varies greatly by province. The percentage of women age 15-49 who have experienced physical violence since age 15 varies from a relative low of 14 percent in Matabeleland North to a high of 46 percent in Mashonaland Central.

Women's experience of violence declines sharply with education, from 38 percent among women with no education to 15 percent among women with more than secondary education. Women's experience of violence varies inconsistently with wealth, although women in the highest wealth quintile are less likely than women in other wealth quintiles to have experienced violence since age 15.

Women's experience of physical violence in the past 12 months varies similarly with most background characteristics. Notably, most women who have experienced any physical violence in the past 12 months report experiencing such violence "sometimes" (15 percent). Three percent of all women have experienced physical violence often in the past 12 months.

Table 16.2 shows the percent distribution of women reporting any physical violence since age 15 by the person or persons who committed the acts of violence against them, according to marital status. Among all women who experienced violence since age 15, a total of 57 percent reported that their current husband/ partner was the perpetrator, and 20 percent reported that the perpetrator was a former husband/partner. Five percent of all women who have experienced physical violence since age 15 reported that the perpetrator was their mother or stepmother and 7 percent reported 'other relative' as the perpetrator.

Table 16.2 Persons committing physical violence

Among women age 15-49 who have experienced physical violence since age 15, percentage who report specific persons who committed the violence, according to the respondent's marital status, Zimbabwe 2010-11

Person	Marital status		Total
	Ever married	Never married	
Current husband/partner	66.4	na	57.0
Former husband/partner	23.7	na	20.3
Current boyfriend	0.1	1.1	0.2
Former boyfriend	1.6	9.4	2.7
Father/step-father	2.4	14.3	4.1
Mother/step-mother	2.7	21.8	5.4
Sister/brother	3.0	11.7	4.3
Daughter/son	0.1	0.0	0.1
Other relative	3.5	25.5	6.6
Mother-in-law	0.1	na	0.3
Other in-law	1.2	na	1.0
Teacher	1.6	16.1	3.6
Employer/someone at work	0.3	0.6	0.3
Police/soldier	0.2	0.0	0.2
Other	3.7	15.2	5.4
Number of women	1,678	277	1,956

na = Not applicable

Most ever-married women who report physical violence, report their current or former husband/partner to be the perpetrator. Among never-married women, the most common perpetrators are family members. Of particular note is that more than one in four never-married women reports "other relative" as the perpetrator of the violence, followed by mother/stepmother and father/stepfather. For 16 percent of never-married women, a teacher was reported as a perpetrator.

16.3 FORCE AT SEXUAL INITIATION

Table 16.3 shows the percentage of women, among all women age 15-49 who have ever had sex who report that their first sexual intercourse was forced against their will. The table shows that 22 percent reported that their first sexual intercourse was forced against their will.

Table 16.3 Force at sexual initiation

Percentage of women age 15-49 who have ever had sexual intercourse who say that their first experience of sexual intercourse was forced against their will, by age at first sexual intercourse and whether the first sexual intercourse was at the time of first marriage or before first marriage, Zimbabwe 2010-11

Background characteristic	Percentage whose first sexual intercourse was forced against their will	Number of women who have ever had sex
Age at first sexual intercourse		
<15	28.0	319
15-19	23.3	3,370
20-24	16.8	1,179
25-29	18.7	169
30-49	*	19
Don't know/missing	18.7	348
First sexual intercourse was:		
At the time of first marriage/first cohabitation	21.0	2,848
Before first marriage/first cohabitation[1]	22.8	2,208
Don't know/missing	18.7	348
Total	21.6	5,405

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes never married women

Notably, the likelihood that a woman's sexual initiation was forced varies by age at first sex but not by whether the first intercourse took place within or before marriage. Twenty-eight percent of women who first had sex before age 15 said that they were forced against their will to have the sex, compared with 17 to 19 percent of women who first had sex at age 20 or later.

16.4 EXPERIENCE OF SEXUAL VIOLENCE

Table 16.4 shows that overall 27 percent of women reported that they have experienced sexual violence at some point in their lives. The percentage of women who have ever experienced sexual violence increases with age, from 18 percent among women age 15-19 to 33 percent among women age 25-29 and then declines.

Table 16.4 Experience of sexual violence

Percentage of women age 15-49 who have ever experienced sexual violence, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who have ever experienced sexual violence[1]	Number of women
Age		
15-19	18.0	1,341
20-24	30.1	1,357
25-29	32.7	1,219
30-39	28.8	1,691
40-49	26.3	934
Employment (past 12 months)		
Employed for cash	32.8	2,635
Employed not for cash	34.8	165
Not employed	22.9	3,742
Marital status		
Never married	12.1	1,526
Married/living together	30.7	4,094
Divorced/separated/ widowed	36.8	921
Number of living children		
0	16.2	1,734
1-2	33.0	2,719
3-4	29.1	1,477
5+	28.0	613
Residence		
Urban	28.0	2,469
Rural	26.7	4,073
Province		
Manicaland	32.8	885
Mashonaland Central	32.9	634
Mashonaland East	26.6	605
Mashonaland West	32.4	745
Matabeleland North	10.0	322
Matabeleland South	18.5	332
Midlands	25.6	805
Masvingo	23.0	657
Harare	29.9	1,160
Bulawayo	20.4	398
Education		
No education	26.3	155
Primary	27.8	1,848
Secondary	27.2	4,245
More than secondary	24.0	293
Wealth quintile		
Lowest	26.5	1,117
Second	26.1	1,150
Middle	27.9	1,220
Fourth	29.8	1,464
Highest	25.7	1,590
Total	27.2	6,542

[1] Includes those whose sexual initiation was forced against their will.

The variation in women's experience of sexual violence by most background characteristics is similar to the variation in their experience of physical violence, with a few notable exceptions. Unlike physical violence, the percentage of women who have experienced sexual violence varies little by education or wealth.

Table 16.5 presents information on the age at first experience of sexual violence for women age 15-49 who have ever experienced sexual violence, according to current age. Nine percent of women who have ever experienced sexual violence were age 14 or younger when they first experienced sexual violence, and 49 percent were between age 15 and age 19. Among women age 15-19 who report sexual violence, more than one in five experienced the violence before age 15.

Table 16.5 Age at first experience of sexual violence

Percent distribution of women age 15-49 who have experienced sexual violence by age at first experience of sexual violence, according to current age, Zimbabwe 2010-11

	Age at first experience of sexual violence						
Current Age	Less than 10 years	10-14 years	15-19 years	20-49 years	Don't know[1]	Total	Number of women
15-19	2.1	19.2	66.3	na	12.3	100.0	242
20-24	0.2	3.6	60.7	13.5	22.0	100.0	409
25-29	1.3	6.5	42.1	18.0	32.2	100.0	398
30-39	0.6	4.9	38.9	24.8	30.8	100.0	486
40-49	2.8	8.1	44.0	12.5	32.7	100.0	245
Total	1.2	7.3	49.0	15.6	26.9	100.0	1,780

na = Not applicable
[1] Includes women who report having ever experienced sexual violence committed only by their current husband if currently married or most recent husband if divorced, separated, or widowed and whose sexual initiation was not forced against their will. For these women, the age at first experience of sexual violence was not asked.

Table 16.6 shows the perpetrators of sexual violence, for women age 15-49 who have experienced sexual violence, according to age at first experience of sexual violence and current marital status. Overall, the large majority (92 percent) of women reported that the sexual violence was committed by their current or former husband/partner or boyfriend. Eighty-six percent of ever-married women reported that the perpetrator was a current or previous husband/partner, and 62 percent of never-married women reported that the perpetrator was a current or former boyfriend. The perpetrators most frequently reported by women whose first sexual intercourse took place before they were age 15 include relatives (19 percent report the perpetrator to be a relative, and 1 percent report a stepfather), family friends (4 percent), teacher (2 percent), and stranger (8 percent).These data suggest that at least about one-fourth of the sexual violence against young children is perpetrated by people who are trusted by the child and the child's family.

Table 16.6 Persons committing sexual violence

Among women age 15-49 who have experienced sexual violence, percentage who report specific persons committing sexual violence according to age at first experience of sexual violence and current marital status, Zimbabwe 2010-11

	Age at first experience of sexual violence			Marital status		
Person	< 15 years	15 years or higher	Don't know[1]	Ever married	Never married	Total
Current husband/partner	29.1	47.4	78.1	60.3	na	54.0
Former husband/partner	19.8	23.9	21.3	25.5	na	22.8
Current/former boyfriend	10.0	21.8	0.4	9.6	62.2	15.0
Stepfather	1.0	0.2	0.0	0.2	0.0	0.2
Other relative	18.5	2.2	0.1	1.8	13.6	3.0
In-law	0.0	0.8	0.0	0.1	3.9	0.5
Own friend/acquaintance	1.8	0.4	0.0	0.3	1.3	0.4
Family friend	4.4	1.2	0.0	0.3	8.5	1.2
Teacher	1.5	0.1	0.0	0.2	0.0	0.2
Employer/someone at work	0.0	0.2	0.0	0.1	0.0	0.1
Police/soldier	1.1	0.0	0.0	0.1	0.0	0.1
Priest/religious leader	0.0	0.2	0.0	0.1	0.0	0.1
Stranger	8.0	1.3	0.2	1.0	6.2	1.6
Other	4.9	0.4	0.0	0.3	4.4	0.7
Number of women	151	1,151	478	1,596	184	1,780

na = Not applicable
[1] Includes women who report having ever experienced sexual violence committed only by their current husband if currently married or most recent husband if divorced, separated, or widowed and whose sexual initiation was not forced against their will. For these women, the age of first experience of sexual violence was not asked.

16.5 EXPERIENCE OF DIFFERENT FORMS OF VIOLENCE

Table 16.7 shows information by current age on the percentage of women age 15-49 who reported having experienced physical violence, sexual violence, or both. Overall, 43 percent of women reported that they have experienced physical or sexual violence, whether it was physical only (16 percent), sexual only (14 percent), or both physical and sexual (14 percent). Women's experience

of all the different forms of violence does not vary linearly with age, although the younger women are consistently less likely to have experienced each of the different types of violence.

Table 16.7 Experience of different forms of violence

Percentage of women age 15-49 who have experienced different forms of violence by current age, Zimbabwe 2010-11

Age	Physical violence only[1]	Sexual violence only[2]	Both physical and sexual violence[3]	Physical and/or sexual violence[4]	Number of women
15-19	13.9	9.2	8.8	31.9	1,341
15-17	13.5	6.9	6.2	26.7	781
18-19	14.5	12.4	12.3	39.3	561
20-24	17.7	12.9	17.2	47.8	1,357
25-29	16.1	15.4	17.3	48.7	1,219
30-39	15.5	15.6	13.2	44.3	1,691
40-49	18.7	14.3	11.9	45.0	934
Total	16.2	13.5	13.7	43.4	6,542

[1] Women who reported physical violence only.
[2] Women who reported sexual violence only. Includes forced sexual initiation.
[3] Women who reported that they were both physically and sexually abused. Includes forced sexual initiation.
[4] Total women who reported physical abuse, sexual abuse, or physical and sexual abuse.

16.6 VIOLENCE DURING PREGNANCY

Experiencing violence during pregnancy not only affects the health of the woman but also can have serious consequences for the unborn child. In the 2010-11 ZDHS, women who had ever been pregnant were asked whether they had experienced any type of physical violence during any of their pregnancies and who the perpetrator of the violence was. Table 16.8 presents findings on violence during pregnancy according to selected background characteristics. Overall, 5 percent of women who have ever been pregnant reported that they experienced violence during one or more of their pregnancies.

Table 16.8 Violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage who have ever experienced physical violence during pregnancy	Number of women who have ever been pregnant
Age		
15-19	7.4	330
20-24	6.3	1,045
25-29	5.8	1,129
30-39	3.7	1,637
40-49	4.0	912
Marital status		
Never married	8.8	211
Married/living together	4.4	3,958
Divorced/separated/ widowed	6.7	885
Number of living children		
0	4.5	246
1-2	5.0	2,719
3-4	5.4	1,477
5+	4.7	613
Residence		
Urban	5.7	1,736
Rural	4.7	3,318
Province		
Manicaland	6.9	715
Mashonaland Central	5.8	528
Mashonaland East	5.0	490
Mashonaland West	4.5	611
Matabeleland North	4.5	248
Matabeleland South	3.2	241
Midlands	5.0	619
Masvingo	1.8	508
Harare	6.1	832
Bulawayo	4.6	262
Education		
No education	2.9	148
Primary	5.7	1,617
Secondary	5.1	3,095
More than secondary	0.5	193
Wealth quintile		
Lowest	5.4	953
Second	5.4	956
Middle	6.0	977
Fourth	4.1	1,145
Highest	4.5	1,022
Total	5.0	5,054

Violence during pregnancy is highest, at 7 percent, among women currently age 15-19 and declines with age to 4 percent among women currently age 30-49. Violence during pregnancy does not vary much by number of living children. Notably, the category of women who have the highest prevalence of violence during pregnancy is never-married women: 9 percent of them have experienced violence during pregnancy. The prevalence of violence during pregnancy varies little by urban-rural residence but shows greater variation by province. Prevalence of violence during pregnancy was highest among women in Manicaland (7 percent) and lowest among women in Masvingo (2 percent). Prevalence of violence varies little with wealth. Women who have the most education are the least likely to have experienced violence during pregnancy.

16.7 MARITAL CONTROL BY HUSBAND OR PARTNER

Attempts by husbands/partners to closely control and monitor their wives' behaviour have been found to be important early warning signs and correlates of violence in a relationship. A series of questions were included in the 2010-11 ZDHS to elicit the degree of marital control exercised by the husband/partner over the respondent. Controlling behaviours most often manifest themselves in terms of extreme possessiveness, jealousy, and attempts to isolate the woman from her family and friends. Because the concentration of such behaviours is more significant than the display of any single behaviour, the proportion of women whose husbands display at least three of the specified behaviours is highlighted.

To examine the degree of marital control by husbands of their wives, ever-married women were asked whether they experienced any of the following six controlling behaviours by their husbands: (1) he is jealous or angry if she talks to other men; (2) he frequently accuses her of being unfaithful; (3) he does not permit her to meet her female friends; (4) he tries to limit contact with her family; (5) he insists on knowing where she is at all times; and (6) he does not trust her with any money. Table 16.9 presents the percentage of ever-married women whose husbands or partners display each of the listed behaviours, by selected background characteristics.

Table 16.9 shows that the main controlling behaviours women experience from their husbands are jealousy or anger if they talk to other men and insistence on knowing where they are at all times (53 percent and 44 percent, respectively). Less than one-fifth of ever-married women said that their husbands frequently accuse them of being unfaithful (17 percent), do not permit them to meet their female friends (16 percent), do not trust them with money (12 percent), and try to limit their contact with their families (12 percent). Husbands of almost one in four women display three or more of the specific behaviours; husbands of more than one-third of women do not display any of the controlling behaviours.

Table 16.9 Degree of marital control exercised by husbands

Percentage of ever-married women age 15-49 whose husband/partner ever demonstrates specific types of controlling behaviours, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of women whose husband:								Number of women
	Is jealous or angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists on knowing where she is at all times	Does not trust her with any money	Displays 3 or more of the specific behaviours	Displays none of the specific behaviours	
Age									
15-19	55.6	18.0	17.1	15.2	53.9	14.6	28.6	27.2	357
20-24	53.7	17.0	16.8	11.5	47.5	9.6	25.3	31.5	1,010
25-29	56.5	16.8	17.1	12.6	46.7	12.9	25.1	29.7	1,109
30-39	51.2	15.8	14.4	10.3	41.0	13.4	22.4	35.2	1,627
40-49	47.4	16.5	13.8	10.6	36.6	11.2	20.7	40.0	912
Employment (past 12 months)									
Employed for cash	55.7	18.9	16.4	11.5	48.4	14.8	26.3	29.3	2,190
Employed not for cash	55.3	16.2	18.9	13.7	51.5	14.2	26.5	28.7	132
Not employed	49.7	14.7	14.7	11.3	39.4	10.0	21.5	37.3	2,693
Number of living children									
0	51.7	15.4	17.6	12.6	49.7	14.9	26.5	32.8	395
1-2	55.0	16.7	16.5	12.1	46.0	12.9	24.9	29.8	2,546
3-4	52.2	16.3	13.0	9.5	41.3	10.3	21.8	36.1	1,465
5+	43.2	16.9	16.3	12.9	35.8	12.1	21.6	43.4	609
Marital status and duration									
Currently married women	51.5	14.9	14.5	10.7	42.0	10.4	21.2	34.8	4,094
Married only once	50.4	13.5	13.7	10.0	41.1	9.8	19.8	35.6	3,521
0-4 years	52.2	12.7	16.1	12.0	45.6	10.5	22.6	33.0	1,154
5-9 years	53.2	14.6	12.3	9.5	42.6	9.1	19.1	31.8	817
10+ years	47.6	13.5	12.7	8.8	37.0	9.6	18.0	39.6	1,550
Married more than once	58.3	23.1	19.4	15.3	47.2	14.2	30.0	29.4	573
Divorced/separated/ widowed	56.8	24.0	20.3	14.7	51.3	20.1	35.0	28.2	921
Residence									
Urban	54.2	16.8	18.7	12.6	46.7	16.6	28.4	30.1	1,695
Rural	51.6	16.4	14.0	10.9	42.1	9.9	21.3	35.3	3,320
Province									
Manicaland	46.7	15.8	17.4	13.2	41.5	10.5	21.7	37.7	721
Mashonaland Central	63.2	22.7	14.0	9.9	54.9	6.7	23.4	21.8	540
Mashonaland East	63.0	16.0	10.2	7.6	39.0	10.9	21.9	28.6	495
Mashonaland West	51.9	16.5	17.3	12.3	45.0	12.0	24.2	33.9	625
Matabeleland North	42.0	7.9	13.2	9.7	39.1	10.6	18.2	43.0	229
Matabeleland South	43.7	11.0	8.5	6.6	34.5	4.3	13.8	49.5	202
Midlands	54.4	18.6	15.1	12.7	44.9	10.4	24.1	34.0	619
Masvingo	47.2	16.4	16.7	12.7	39.0	14.7	22.8	35.8	524
Harare	51.9	15.1	20.3	13.2	46.7	21.7	31.7	31.0	839
Bulawayo	51.4	19.0	9.6	9.0	39.5	6.1	19.8	37.8	221
Education									
No education	46.4	28.0	23.2	14.8	40.4	9.6	26.4	39.2	150
Primary	50.8	19.2	15.4	11.6	42.7	13.3	23.9	34.6	1,628
Secondary	54.0	14.9	15.6	11.5	44.6	11.8	24.2	32.7	3,039
More than secondary	47.7	10.9	11.0	6.9	40.5	11.5	13.9	33.8	198
Wealth quintile									
Lowest	50.9	17.6	15.5	11.3	41.5	11.3	22.1	34.9	945
Second	51.7	17.4	13.5	12.5	42.4	10.1	21.8	33.8	960
Middle	55.6	17.9	15.7	12.5	45.4	12.8	26.3	33.1	981
Fourth	51.8	15.4	14.4	10.4	45.3	13.3	23.5	33.1	1,139
Highest	52.4	14.5	18.9	10.9	43.4	13.1	24.7	32.8	990
Total	52.5	16.5	15.6	11.5	43.7	12.2	23.7	33.6	5,016

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women.

Overall, differences in the proportions of women reporting three or more controlling behaviours are not large across different background characteristics. Divorced, separated, or widowed women (35 percent) are, however, noticeably most likely of all women to report that their last husband/partner displayed three or more controlling behaviours, and the most educated women (14 percent) and women in Matabeleland South (14 percent) are least likely to report three or more controlling behaviours by their husbands.

16.8 FORMS OF SPOUSAL VIOLENCE

Table 16.10 shows the percentage of ever-married women by their experience of physical, sexual, and emotional spousal violence. It should be noted that different types of violence are not mutually exclusive, and women may report multiple forms of violence. The data show that 29 percent of ever-married women reported having ever experienced any form of physical violence, 26 percent reported any sexual violence, and 27 percent reported any emotional violence. The majority of women who have ever experienced each of these forms of violence have also experienced the same violence in the past 12 months.

Table 16.10 Forms of spousal violence

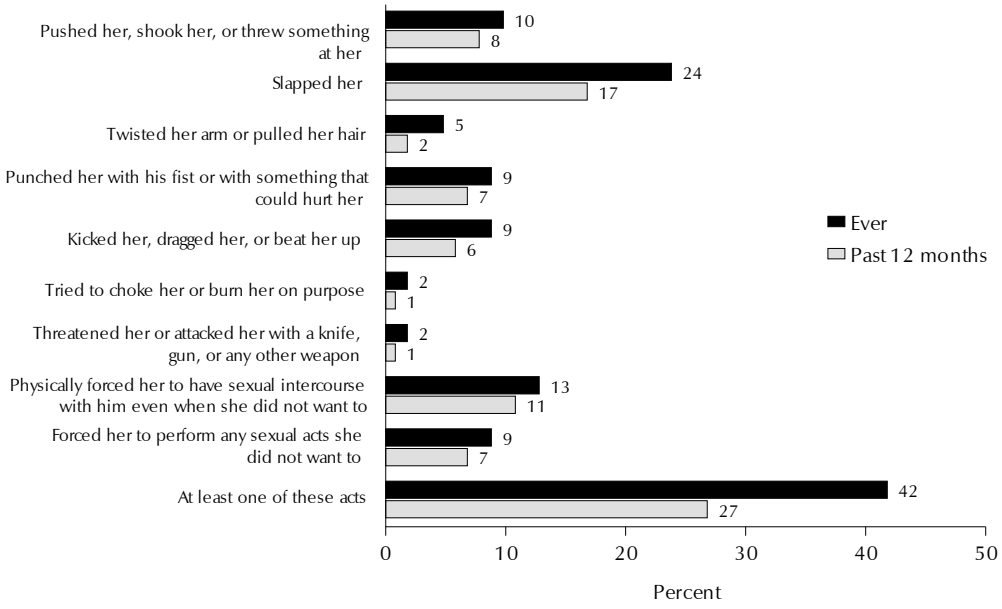
Percentage of ever-married women age 15-49 who have experienced various forms of violence ever or in the 12 months preceding the survey, committed by their husband/partner, Zimbabwe 2010-11

		In the past 12 months		
Type of violence	Ever	Often	Sometimes	Any
Physical violence				
Any	28.8	3.9	16.8	20.7
Pushed her, shook her, or threw something at her	10.0	2.3	5.6	7.9
Slapped her	24.0	2.9	14.0	16.8
Twisted her arm or pulled her hair	4.8	0.7	1.5	2.2
Punched her with his fist or with something that could hurt her	9.4	1.8	4.9	6.7
Kicked her, dragged her, or beat her up	8.6	1.6	4.5	6.1
Tried to choke her or burn her on purpose	1.6	0.5	0.8	1.4
Threatened her or attacked her with a knife, gun, or any other weapon	2.0	0.5	0.9	1.4
Sexual violence				
Any	26.0	3.6	9.7	13.3
Physically forced her to have sexual intercourse with him even when she did not want to	13.3	3.0	8.3	11.2
Forced her to perform any sexual acts she did not want to	8.6	1.8	5.4	7.2
Sexual initiation was with current or most recent husband and was forced	14.8	na	na	na
Emotional violence				
Any	26.5	6.2	16.5	22.7
Said or did something to humiliate her in front of others	10.5	2.8	6.2	9.0
Threatened to hurt or harm her or someone close to her	9.4	2.5	5.5	7.9
Insulted her or made her feel bad about herself	21.3	4.4	14.0	18.4
Any form of physical and/or sexual violence	42.3	6.3	20.9	27.2
Any form of physical and sexual violence	12.5	1.2	4.6	5.8
Any form of emotional, physical and/or sexual violence	49.6	9.4	25.9	35.3
Any form of emotional, physical and sexual violence	8.4	0.9	2.9	3.8
Number of women	5,016	5,016	5,016	5,016

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women.
na = Not applicable

As Table 16.10 and Figure 16.1 show, the most common form of spousal physical violence is slapping (24 percent), followed by pushing, shaking, having something thrown at her (10 percent), punching (9 percent), kicking, dragging, or beating (9 percent), and arm twisting or hair pulling (5 percent). Seventeen percent of women reported that they had been slapped within the past 12 months preceding the survey.

Figure 16.1 Percentage of Ever-married Women Who Have Experienced Specific Forms of Violence Committed by Their Most Recent Husband/Partner, Ever and during the Past 12 Months



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With respect to spousal sexual violence, 13 percent of women reported their husband/partner forced them to have sexual intercourse, and 9 percent said they were made to perform other sexual acts against their will. Thirteen percent of ever-married women reported experiencing one or both of these acts of spousal sexual violence during the 12 months preceding the survey. Fifteen percent of ever-married women said that their sexual initiation was with their current husband and was forced.

The most common form of emotional spousal violence is a husband insulting or making his wife feel bad about herself (21 percent), followed by humiliating the wife in front of others (11 percent) and threatening to harm her or someone close to her (9 percent). Overall, half of all ever-married women have ever experienced some form of physical, sexual, or emotional violence by their current or most recent husband, and 35 percent have experienced such violence in the past 12 months. Further, 42 percent of ever-married women have ever experienced spousal physical or sexual violence and 27 percent have done so in the past 12 months.

Table 16.11 presents the percentage of ever-married women by their experience of emotional, physical, or sexual spousal violence, according to selected background characteristics. Younger ever-married women are more likely than older women to have experienced most forms of violence: (58 percent of women age 15-19 have experienced physical, sexual, or emotional violence, compared with 45 percent of women 30 years or older). Women who are employed are more likely than women who are not to have experienced each of the different forms of spousal violence. Although experience of emotional violence and physical violence does not vary much by number of children, experience of spousal sexual violence declines with number of children. Divorced, widowed, and separated women have the highest experience of one or more of the three forms of spousal violence (56 percent). Among currently married women, experience of violence varies little by duration of marriage.

Table 16.11 Spousal violence by background characteristics

Percentage of ever-married women age 15-49 by whether they have ever experienced emotional, physical, or sexual violence committed by their husband/partner, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and/or sexual violence	Physical and sexual violence	Emotional, physical, and/or sexual violence	Emotional, physical, and sexual violence	Number of women
Age								
15-19	29.6	29.1	38.3	48.6	18.9	57.9	14.0	357
20-24	30.6	34.8	29.3	48.6	15.5	54.8	10.4	1,010
25-29	26.6	31.1	28.9	45.7	14.3	52.4	9.1	1,109
30-39	24.0	24.8	22.9	37.5	10.3	45.4	6.8	1,627
40-49	24.7	26.3	19.6	37.6	8.3	45.0	5.8	912
Employment (past 12 months)								
Employed for cash	29.3	32.0	28.1	46.7	13.3	53.8	9.3	2,190
Employed not for cash	36.9	38.8	30.5	52.5	16.8	62.2	11.4	132
Not employed	23.7	25.8	24.1	38.3	11.6	45.7	7.5	2,693
Number of living children								
0	26.1	27.0	33.2	44.6	15.6	50.2	12.4	395
1-2	27.5	29.7	27.1	43.8	12.9	51.2	8.6	2,546
3-4	24.7	27.8	24.1	40.2	11.7	48.2	7.1	1,465
5+	26.3	28.8	21.6	39.8	10.7	46.2	7.9	609
Marital status and duration								
Currently married women	24.9	26.9	25.7	40.9	11.7	48.1	7.8	4,094
Married only once	24.3	26.2	27.0	41.5	11.7	48.4	7.7	3,521
0-4 years	26.3	26.0	28.3	41.1	13.3	48.6	9.1	1,154
5-9 years	24.4	30.8	28.5	45.4	13.9	50.8	9.3	817
10+ years	22.7	24.0	25.2	39.8	9.4	47.0	5.7	1,550
Married more than once	28.7	31.1	17.8	37.3	11.5	46.5	8.6	573
Divorced/separated/ widowed	33.3	37.2	27.4	48.6	16.1	56.4	11.0	921
Residence								
Urban	25.5	26.2	26.8	40.5	12.4	47.6	8.5	1,695
Rural	27.0	30.2	25.6	43.3	12.5	50.7	8.3	3,320
Province								
Manicaland	33.1	31.9	33.7	49.1	16.5	56.7	11.1	721
Mashonaland Central	31.4	41.6	30.8	56.4	16.0	62.5	9.7	540
Mashonaland East	20.2	29.9	25.3	42.0	13.3	47.2	8.1	495
Mashonaland West	29.2	30.8	29.2	46.7	13.3	54.6	9.8	625
Matabeleland North	17.0	12.5	7.7	16.6	3.7	25.2	3.1	229
Matabeleland South	29.5	30.7	14.1	35.7	9.1	45.1	8.0	202
Midlands	27.2	25.8	25.1	39.0	12.0	47.6	9.0	619
Masvingo	23.2	25.9	23.6	40.1	9.4	46.8	5.2	524
Harare	22.5	25.6	27.2	40.3	12.4	47.3	7.9	839
Bulawayo	26.5	22.0	15.2	29.2	8.1	37.6	6.3	221
Education								
No education	27.5	33.6	25.1	42.9	15.7	51.2	8.9	150
Primary	28.7	34.0	24.1	44.8	13.3	52.3	9.9	1,628
Secondary	25.7	26.9	27.4	42.1	12.2	49.3	7.8	3,039
More than secondary	18.5	11.9	21.2	26.0	7.0	32.7	4.9	198
Wealth quintile								
Lowest	26.2	30.9	23.4	42.0	12.3	49.9	7.4	945
Second	30.6	33.9	26.1	46.6	13.5	53.3	9.4	960
Middle	27.1	30.2	25.6	43.1	12.8	51.4	8.1	981
Fourth	24.7	25.6	28.6	42.2	12.0	50.3	8.0	1,139
Highest	24.0	24.1	25.8	38.0	11.9	43.2	9.0	990
Respondent's father beat her mother								
Yes	31.1	36.5	31.2	50.6	17.1	57.4	11.6	1,874
No	22.2	23.0	22.0	35.9	9.1	43.4	5.9	2,703
Don't know	32.6	31.8	28.6	46.5	13.9	54.6	9.6	438
Total	26.5	28.8	26.0	42.3	12.5	49.6	8.4	5,016

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women.

Ever-married women's experience of spousal violence varies little by urban-rural residence, but there is substantial variation by province. One or more forms of the three different forms of spousal violence are most common among women in Mashonaland Central (63 percent) and least common among women in Matabeleland North (25 percent).

Overall, women with secondary or higher education are less likely to experience spousal violence than uneducated women or those with only primary education. Although a higher wealth status is also associated with a lower occurrence of spousal violence, it is important to note that over

two-fifths of women, even in the highest wealth quintile, have experienced some form of spousal emotional, physical, or sexual violence. Over half of ever-married women who reported experiencing any form of spousal abuse also reported that their father beat their mother (57 percent).

Despite some variation by background characteristics, what is most notable about the results of ever-married women's experience of spousal violence is the high prevalence of such violence among all categories of women. At least two in five women in almost all categories have experienced spousal physical or sexual violence, and almost half have experienced emotional, physical, or sexual violence.

16.9 VIOLENCE BY SPOUSAL CHARACTERISTICS AND WOMEN'S INDICATORS

Table 16.12 presents information on ever-married women's experience of spousal violence by husband's characteristics and women's empowerment indicators. Women whose husbands have more than secondary education are less likely than women with husbands with no or lower education to experience spousal violence. However, women's experience of violence varies little by spousal age and educational differences. As expected, a husband's alcohol consumption is strongly associated with women's experience of any form of violence; nonetheless, even among women whose husbands do not drink at all, the proportion reporting any form of spousal violence is very high (42 percent).

Table 16.12 Spousal violence by husband's characteristics and empowerment indicators

Percentage of ever-married women age 15-49 who have ever suffered emotional, physical, or sexual violence committed by their husband/partner, according to his characteristics, marital characteristics, and empowerment indicators, Zimbabwe 2010-11

Background characteristic	Emotional violence	Physical violence	Sexual violence	Physical and/or sexual violence	Physical and sexual violence	Emotional, physical and/or sexual violence	Emotional, physical and sexual violence	Number of women
Husband's/partner's education								
No education	32.5	33.4	18.8	41.4	10.8	51.3	8.1	127
Primary	28.2	30.9	22.7	42.4	11.3	50.4	8.2	1,009
Secondary	26.6	28.9	28.1	43.5	13.5	50.6	8.8	3,398
More than secondary	18.6	21.3	22.1	35.1	8.3	40.9	5.4	357
Don't know	25.9	25.4	15.2	30.8	9.9	41.5	8.1	124
Husband's/partner's alcohol consumption								
Does not drink	21.1	20.7	22.5	34.1	9.2	41.6	5.9	2,635
Drinks alcohol but is never drunk	24.6	23.8	23.3	36.8	10.4	45.3	6.6	57
Is sometimes drunk	26.3	33.0	26.6	46.9	12.7	53.6	7.5	1,674
Is often drunk	48.8	51.4	39.0	64.7	25.7	72.8	20.8	648
Spousal age difference[1]								
Wife older	26.9	30.1	19.2	37.2	12.1	42.8	9.6	136
Wife is same age	21.7	33.1	24.4	45.8	11.7	50.3	6.9	161
Wife's 1-4 years younger	26.0	27.5	25.8	40.8	12.5	48.6	7.9	1,450
Wife's 5-9 years younger	25.2	26.5	27.6	42.3	11.9	49.7	8.1	1,461
Wife's 10+ years younger	23.0	24.9	23.6	38.6	10.0	45.1	7.0	885
Spousal education difference								
Husband has more education	26.7	31.1	26.9	44.3	13.7	51.2	9.2	2,448
Wife has more education	28.8	25.3	23.6	38.9	10.0	47.5	7.9	893
Both have equal education	24.7	27.0	26.7	41.9	11.9	48.8	7.3	1,492
Neither has any education	(30.3)	(27.9)	(26.7)	(36.0)	(18.6)	(41.2)	(16.1)	27
Missing	24.9	30.7	19.6	37.1	13.2	47.3	7.7	156
Number of marital control behaviours displayed by husband/partner[1]								
0	10.1	12.9	13.8	22.9	3.8	27.3	1.8	1,683
1-2	24.4	28.1	27.7	45.0	10.8	53.0	6.0	2,143
3-4	47.5	48.0	37.5	61.6	23.9	71.8	18.0	938
5-6	74.4	69.5	51.0	78.2	42.3	87.6	36.5	252
Number of decisions in which women participate[2,3]								
0	33.2	28.0	25.0	41.7	11.2	52.6	8.1	189
1-2	30.8	34.0	32.6	49.4	17.2	55.8	12.0	835
3	22.8	24.9	23.9	38.6	10.2	45.8	6.6	3,070
Number of reasons for which wife-beating is justified[4]								
0	23.3	24.8	23.4	37.8	10.4	44.6	7.4	2,996
1-2	30.2	34.8	31.1	48.9	17.1	56.8	10.5	1,345
3-4	34.1	36.0	28.8	51.3	13.6	59.3	9.3	540
5	27.5	29.5	21.3	42.5	8.3	50.4	5.2	135
Total	26.5	28.8	26.0	42.3	12.5	49.6	8.4	5,016

Notes: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Figures in parentheses are based on 25-49 unweighted cases. Total includes 2 cases for which husband's/partner's alcohol consumption is missing.
[1] See Table 16.9 for a list of behaviours.
[2] Currently married women
[3] See Table 15.6.1 for the list of decisions.
[4] See Table 15.7.1 for the list of reasons.

Women's experience of spousal violence and the number of marital control behaviours exhibited by the husband are strongly associated: 27 percent of women whose husbands do not display any of the six marital control behaviours asked about have experienced emotional, physical, or sexual spousal violence, compared with 88 percent of women whose husbands display five to six behaviours.

Women's empowerment is negatively associated with women's experience of spousal violence. Women who participate in all three household decisions (46 percent) and those who reject all reasons for wife beating (45 percent) are less likely than women who participate in zero to two decisions (53-56 percent) and women who accept one or more reasons for wife beating (50-59 percent) to have ever experienced emotional, physical, or sexual spousal violence.

16.10 Frequency of Spousal Violence

In the 2010-11 ZDHS, women who reported any spousal violence were asked whether they had experienced the violence often, sometimes, or not all in the past year. Table 16.13 shows the percent distribution of ever-married women reporting spousal emotional violence and spousal physical or sexual violence by how often the violence had occurred in the 12 months prior to the survey, according to background characteristics. The data show that 86 percent of ever-married women who have ever experienced emotional violence by their current or most recent husband/partner, experienced the violence in the past 12 months, with the vast majority experiencing the violence "sometimes" rather than "often" in the past 12 months. Nonetheless, one in four women who reported any spousal emotional violence experienced such violence often in the past 12 months. Similarly, among women who reported experiencing spousal physical or sexual violence, more than three in four experienced the violence in the past 12 months, including 18 percent who experienced physical or sexual violence "often" during the period.

Among women who have ever experienced spousal violence, experience of the violence in the past 12 months varies strongly and inversely with age—the older the women, the less likely they are to have experienced the violence recently. Employed women are less likely than their unemployed counterparts to have experienced violence in the past 12 months. Similarly, although less educated women are more likely than women with more education to have ever experienced spousal violence, they are less likely to have experienced the violence recently.

Table 16.13 Frequency of spousal violence

Percent distribution of ever-married women age 15-49 who have ever suffered emotional violence committed by their current husband/partner by frequency of violence in the 12 months preceding the survey and percent distribution of those who have ever suffered physical or sexual violence committed by their current or most recent husband/partner by frequency of violence in the 12 months preceding the survey, according to background characteristics, Zimbabwe 2010-11

Background characteristic	Frequency of emotional violence in the past 12 months					Frequency of physical or sexual violence in the past 12 months				
	Often	Sometimes	Not at all	Total	Number of women	Often	Sometimes	Not at all	Total	Number of women
Age										
15-19	29.2	70.0	0.9	100.0	106	21.8	76.7	1.5	100.0	133
20-24	23.2	66.9	9.9	100.0	309	15.3	70.4	14.4	100.0	412
25-29	25.9	67.2	6.9	100.0	295	20.5	63.6	15.9	100.0	425
30-39	21.1	60.0	18.9	100.0	391	17.4	54.2	28.5	100.0	500
40-49	22.1	50.0	28.0	100.0	225	16.6	40.0	43.4	100.0	288
Employment (past 12 months)										
Employed for cash	26.6	56.1	17.3	100.0	641	17.0	57.2	25.9	100.0	852
Employed not for cash	16.4	62.9	20.7	100.0	49	17.0	48.4	34.6	100.0	61
Not employed	20.9	68.4	10.6	100.0	637	18.8	62.9	18.3	100.0	845
Number of living children										
0	31.8	52.6	15.6	100.0	103	19.9	59.6	20.5	100.0	137
1-2	23.4	64.2	12.5	100.0	701	16.7	64.9	18.3	100.0	918
3-4	21.8	63.1	15.1	100.0	362	20.7	54.8	24.5	100.0	491
5+	22.4	58.5	19.2	100.0	160	14.8	47.8	37.4	100.0	212
Marital status and duration										
Currently married women	24.2	70.2	5.6	100.0	1,020	19.6	65.6	14.8	100.0	1,370
Married only once	22.9	71.4	5.7	100.0	856	17.7	67.5	14.8	100.0	1,157
0-4 years	24.6	72.9	2.6	100.0	304	16.6	77.4	6.0	100.0	370
5-9 years	20.2	76.0	3.8	100.0	199	15.3	72.1	12.6	100.0	307
10+ years	23.1	67.5	9.4	100.0	353	20.1	56.9	23.0	100.0	480
Married more than once	30.7	64.0	5.3	100.0	164	29.6	55.6	14.8	100.0	213
Divorced/separated/ widowed	21.1	35.9	43.0	100.0	307	11.7	38.4	49.8	100.0	388
Residence										
Urban	25.8	61.7	12.5	100.0	432	17.3	64.1	18.6	100.0	537
Rural	22.4	62.5	15.1	100.0	895	18.1	57.6	24.3	100.0	1,221
Province										
Manicaland	27.2	56.9	15.9	100.0	239	23.0	54.9	22.1	100.0	296
Mashonaland Central	25.2	54.6	20.2	100.0	169	18.7	51.8	29.5	100.0	273
Mashonaland East	35.3	45.6	19.1	100.0	100	22.2	51.4	26.4	100.0	170
Mashonaland West	14.8	77.1	8.1	100.0	182	12.0	67.0	21.0	100.0	248
Matabeleland North	16.8	66.0	17.2	100.0	39	26.6	41.4	32.0	100.0	34
Matabeleland South	9.1	70.0	20.9	100.0	60	10.1	51.6	38.3	100.0	69
Midlands	22.4	65.3	12.3	100.0	169	15.3	64.8	19.9	100.0	189
Masvingo	23.4	73.1	3.5	100.0	122	17.3	76.5	6.2	100.0	163
Harare	27.1	60.9	12.0	100.0	189	16.3	65.5	18.2	100.0	260
Bulawayo	21.0	51.6	27.5	100.0	59	20.0	42.7	37.4	100.0	56
Education										
No education	(27.4)	(45.6)	(27.0)	100.0	41	17.3	37.9	44.8	100.0	55
Primary	22.7	64.7	12.6	100.0	468	19.6	55.5	25.0	100.0	656
Secondary	23.7	61.6	14.6	100.0	781	17.3	62.9	19.8	100.0	1,009
More than secondary	(23.4)	(64.0)	(12.6)	100.0	37	(2.2)	(76.9)	(20.9)	100.0	38
Wealth quintile										
Lowest	23.4	67.0	9.6	100.0	248	19.7	58.7	21.5	100.0	353
Second	23.5	61.8	14.7	100.0	294	18.0	55.1	26.9	100.0	389
Middle	21.7	59.6	18.7	100.0	266	18.0	55.5	26.5	100.0	354
Fourth	26.4	61.5	12.1	100.0	281	20.0	62.5	17.5	100.0	362
Highest	22.1	61.8	16.1	100.0	238	12.6	68.1	19.4	100.0	300
Total	23.5	62.3	14.2	100.0	1,327	17.8	59.6	22.5	100.0	1,758

Notes: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Figures in parentheses are based on 25-49 unweighted cases.

16.11 ONSET OF SPOUSAL VIOLENCE

To study the timing of the onset of marital violence, the 2010-11 ZDHS asked ever-married women who experienced physical or sexual spousal violence when the first episode of violence took place after marriage. Table 16.14 shows the interval between marriage and the first episode of spousal physical or sexual violence.

Table 16.14 Onset of marital violence

Percent distribution of ever-married women by number of years between marriage and first experience of physical or sexual violence by husband/partner, if ever, according to marital status and number of unions, Zimbabwe 2010-11

	Years between marriage[1] and first experience of violence									
Duration since marriage	Experienced no violence	Before marriage	<1 year	1-2 years	3-5 years	6-9 years	10+ years	Don't know/ missing	Total	Number of women
Currently married	59.1	2.4	22.0	6.7	5.4	1.9	1.7	0.8	100.0	4,094
Married only once	58.5	2.3	22.9	6.4	5.5	1.8	1.8	0.9	100.0	3,521
< 1 year	68.7	1.5	28.1	na	na	na	na	1.7	100.0	266
1-2 years	57.1	2.0	30.2	8.8	na	na	na	2.0	100.0	434
3-5 years	55.3	2.4	23.4	12.7	4.6	na	na	1.6	100.0	627
6-9 years	54.2	1.6	22.0	8.0	11.5	2.2	na	0.6	100.0	644
10+ years	60.2	2.7	20.1	3.7	5.8	3.2	4.0	0.4	100.0	1,550
Married more than once	62.7	3.5	16.4	8.1	5.0	2.5	1.5	0.3	100.0	573
Divorced/separated/ widowed	51.4	2.8	23.6	7.7	8.2	3.1	2.1	1.1	100.0	921
Total	57.7	2.5	22.3	6.9	5.9	2.1	1.8	0.9	100.0	5,016

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated or widowed women.
na = Not applicable
[1] For couples who are not married but are living together as if married, the time of marriage refers to the time when the respondent first started living together with her partner.

The results indicate that among all ever-married women, almost one in four have experienced physical or sexual spousal violence even before they have been married for a year, including 3 percent who said that the abuse began before marriage. Thirty-eight percent of ever-married women have experienced spousal physical or sexual violence before they were married less than six years. This implies that among women who report any spousal physical or sexual violence, almost 9 out of 10 first experienced the violence very early in the marriage—within six years.

16.12 TYPES OF INJURIES TO WOMEN DUE TO SPOUSAL VIOLENCE

Table 16.15 presents information on the types of injuries ever-married women have endured as a result of spousal violence. One-fourth of women who have ever experienced spousal physical or sexual violence, received cuts, bruises, or aches; 7 percent had eye injuries, sprains, dislocations, or burns; and 7 percent had deep wounds, broken bones, broken teeth, or other serious injuries as a result of the violence. Overall, 28 percent of women who have ever experienced spousal physical or sexual violence have experienced one or more of these injuries. Women's experience of injuries varies little by the type of violence or its timing.

Table 16.15 Injuries to women due to spousal violence

Percentage of ever-married women age 15-49 who have experienced specific types of spousal violence by types of injuries resulting from what their husband/partner did to them, according to the type of violence and whether they have experienced the violence ever and in the 12 months preceding the survey, Zimbabwe 2010-11

Type of violence experienced	Cuts, bruises, or aches	Eye injuries, sprains, dislocations, or burns	Deep wounds, broken bones, broken teeth, or any other serious injury	Any of these injuries	Number of women
Experienced physical violence					
Ever[1]	29.1	8.9	7.9	32.5	1,445
In the past 12 months	31.1	9.8	8.4	34.9	1,036
Experienced sexual violence					
Ever[1]	27.9	7.7	7.3	29.8	779
In the past 12 months	28.6	7.5	7.0	30.6	666
Experienced physical or sexual violence					
Ever[1]	25.2	7.4	6.5	28.0	1,764
In the past 12 months	26.0	7.7	6.5	29.0	1,362

Note: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women.
[1] Includes in the past 12 months

16.13 VIOLENCE BY WOMEN AGAINST THEIR HUSBAND

In cases of domestic violence, either person can be the instigator of violent behaviour. In the 2010-11 ZDHS, ever-married women were asked about instances when they were the instigator of spousal violence. Specifically, all ever-married women were asked if they had ever tried to instigate physical violence against their husband when he was not already hitting or beating them. Table 16.16 presents the percentages of ever-married women who have committed physical violence against their husband/partner when he was not already harming them, by selected characteristics.

Four percent of ever-married women reported that they have ever instigated physical violence against their current or most recent husband, and 2 percent reported that they have done so in the past year. This proportion varies little by women's and husbands' characteristics. Notably such violence is more common among women who have themselves experienced physical violence by their spouse ever or in the past 12 months (9 to10 percent) than among women who have not experienced any such violence (1 percent).

Table 16.16 Violence by women against their spouse

Percentage of ever-married women age 15-49 who have committed physical violence against their husband/partner when he was not already beating or physically hurting them ever and in the past 12 months, according to women's own experience of spousal violence and their own and husband's/partner's characteristics, Zimbabwe 2010-11

Background characteristic	Percentage of women who have committed physical violence against their current or most recent husband/partner[1]				Number of women
	Ever	In past 12 months			
		Often	Sometimes	Any	
Woman's experience of spousal physical violence					
Ever	9.2	0.7	6.6	7.3	1,036
In the past 12 months	9.6	0.0	1.2	1.2	409
Never	1.3	0.0	0.8	0.8	3,570
Age					
15-19	2.9	0.0	2.3	2.3	357
20-24	3.6	0.1	1.9	1.9	1,010
25-29	3.6	0.2	2.1	2.3	1,109
30-39	3.5	0.2	2.1	2.3	1,627
40-49	4.4	0.2	1.9	2.2	912
Employment (past 12 months)					
Employed for cash	5.0	0.0	2.7	2.8	2,190
Employed not for cash	2.6	1.6	0.5	2.1	132
Not employed	2.6	0.2	1.5	1.7	2,693
Number of living children					
0	4.6	0.0	2.0	2.0	395
1-2	3.4	0.1	2.1	2.2	2,546
3-4	3.7	0.3	1.9	2.2	1,465
5+	4.2	0.0	2.1	2.1	609
Marital status and duration					
Currently married women	3.4	0.2	2.0	2.1	4,094
Married only once	3.1	0.2	1.8	2.0	3,521
0-4 years	3.7	0.2	2.1	2.2	1,154
5-9 years	2.3	0.1	1.4	1.5	817
10+ years	3.1	0.2	1.8	2.0	1,550
Married more than once	4.8	0.4	2.8	3.2	573
Divorced/separated/ widowed	5.0	0.0	2.3	2.3	921
Residence					
Urban	3.6	0.0	2.4	2.5	1,695
Rural	3.7	0.2	1.8	2.0	3,320
Province					
Manicaland	4.1	0.2	2.3	2.5	721
Mashonaland Central	6.9	0.4	3.7	4.1	540
Mashonaland East	4.1	0.1	2.1	2.2	495
Mashonaland West	5.1	0.0	2.9	2.9	625
Matabeleland North	0.7	0.0	0.3	0.3	229
Matabeleland South	1.6	0.0	0.4	0.4	202
Midlands	2.1	0.3	1.0	1.3	619
Masvingo	2.9	0.4	1.9	2.2	524
Harare	2.9	0.0	2.0	2.0	839
Bulawayo	3.2	0.0	1.2	1.2	221
Education					
No education	3.9	0.0	2.8	2.8	150
Primary	3.8	0.1	2.5	2.6	1,628
Secondary	3.6	0.2	1.8	2.0	3,039
More than secondary	2.3	0.0	1.8	1.8	198
Husband's/partner's education					
No education	5.7	0.0	1.0	1.0	127
Primary	3.0	0.0	1.8	1.8	1,009
Secondary	3.7	0.2	1.9	2.2	3,398
More than secondary	5.4	0.0	4.5	4.5	357
Don't know	1.1	0.0	0.4	0.4	124
Husband's/partner's alcohol consumption					
Does not drink	2.6	0.1	1.7	1.7	2,635
Drinks alcohol but is never drunk	5.2	0.0	1.2	1.2	57
Is sometimes drunk	4.0	0.0	2.0	2.0	1,674
Is often drunk	7.1	0.8	3.7	4.5	648
Spousal age difference[1]					
Wife older	9.1	2.4	5.0	7.4	136
Wife is same age	3.6	0.0	3.6	3.6	161
Wife is 1-4 years younger	3.8	0.2	2.2	2.4	1,450
Wife is 5-9 years younger	3.1	0.1	1.9	2.0	1,461
Wife is 10+ years younger	2.2	0.0	0.9	0.9	885
Spousal education difference					
Husband has more education	4.0	0.2	2.5	2.7	2,448
Wife has more education	3.4	0.4	1.1	1.5	893
Both have equal education	3.4	0.0	1.9	1.9	1,492
Neither has any education	(11.1)	(0.0)	(4.9)	(4.9)	27
Missing	1.3	0.0	0.3	0.3	156
Wealth quintile					
Lowest	2.1	0.2	1.1	1.3	945
Second	3.3	0.2	1.5	1.7	960
Middle	5.6	0.1	2.9	3.0	981
Fourth	3.8	0.3	2.4	2.7	1,139
Highest	3.4	0.0	2.2	2.2	990
Total	3.6	0.1	2.0	2.2	5,016

Notes: Husband/partner refers to the current husband/partner for currently married women and the most recent husband/partner for divorced, separated, or widowed women. Figures in parentheses are based on 25-49 unweighted cases. Total includes 2 cases for which husband's/partner's alcohol consumption is missing.
[1] Currently married women

16.14 HELP-SEEKING AMONG WOMEN WHO HAVE EXPERIENCED VIOLENCE

Table 16.17 presents information on help-seeking among women who have ever experienced violence, by type of violence experienced and background characteristics. Women who reported violence only in the form of a violent sexual initiation were not asked questions about seeking help and are thus not included in this table.

Table 16.17 Help seeking to stop violence

Percent distribution of women age 15-49 who have ever experienced physical or sexual violence by whether they have told anyone about the violence and whether they have ever sought help from any source to end the violence, according to type of violence and background characteristics, Zimbabwe 2010-11

Background characteristic	Never sought help		Have sought help from any source	Total	Number of women
	Never told anyone	Told someone			
Type of violence					
Physical only	48.0	15.4	36.5	100.0	1,060
Sexual only	72.2	7.6	20.2	100.0	369
Both physical and sexual	40.7	14.4	44.9	100.0	896
Age					
15-19	46.0	14.3	39.7	100.0	371
20-24	48.9	12.9	38.2	100.0	546
25-29	51.8	11.3	36.9	100.0	486
30-39	51.4	15.9	32.6	100.0	586
40-49	44.6	14.5	40.9	100.0	336
Employment (past 12 months)					
Employed for cash	47.4	13.3	39.3	100.0	1,108
Employed not for cash	50.1	11.0	38.9	100.0	79
Not employed	50.6	14.4	35.0	100.0	1,137
Number of living children					
0	48.2	14.8	37.0	100.0	444
1-2	49.3	12.9	37.9	100.0	1,086
3-4	48.4	14.5	37.0	100.0	558
5+	51.1	14.3	34.6	100.0	237
Marital status and duration					
Never married	43.2	16.8	40.0	100.0	334
Currently married women	51.7	12.8	35.6	100.0	1,543
Married only once	54.3	12.5	33.1	100.0	1,274
0-4 years	49.0	12.5	38.5	100.0	426
5-9 years	59.3	11.7	28.9	100.0	335
10+ years	55.5	13.1	31.3	100.0	514
Married more than once	39.0	13.9	47.1	100.0	269
Divorced/separated	40.5	11.9	47.6	100.0	291
Widowed	51.8	20.7	27.6	100.0	156
Residence					
Urban	45.4	16.4	38.2	100.0	848
Rural	51.2	12.2	36.6	100.0	1,477
Province					
Manicaland	45.7	17.9	36.4	100.0	377
Mashonaland Central	43.0	14.3	42.7	100.0	329
Mashonaland East	54.0	8.5	37.5	100.0	191
Mashonaland West	49.4	10.7	39.9	100.0	295
Matabeleland North	48.6	13.4	38.0	100.0	55
Matabeleland South	57.8	16.3	26.0	100.0	101
Midlands	39.5	14.6	45.9	100.0	253
Masvingo	72.9	13.1	14.0	100.0	193
Harare	49.9	12.1	38.0	100.0	416
Bulawayo	38.7	19.0	42.3	100.0	115
Education					
No education	40.3	12.2	47.6	100.0	64
Primary	53.8	13.5	32.7	100.0	780
Secondary	46.6	13.8	39.6	100.0	1,411
More than secondary	53.3	18.3	28.4	100.0	70
Wealth quintile					
Lowest	50.5	14.2	35.3	100.0	411
Second	54.7	8.6	36.7	100.0	466
Middle	44.6	14.1	41.3	100.0	441
Fourth	50.3	16.2	33.5	100.0	497
Highest	45.3	15.6	39.1	100.0	510
Total	49.1	13.8	37.2	100.0	2,325

Note: Women who experienced forced sexual initiation but not other forms of physical or sexual violence were not asked the questions about seeking help and are, thus, excluded from this table.

Table 16.17 shows that only 37 percent of women who have ever experienced any physical or sexual violence have sought help from any source. Another 14 percent have not sought help but have told someone that they were victims of violence. The remainder, almost half of all women who have ever experienced physical or sexual violence, have never told anyone that they were victims of violence or sought help.

Women who experienced both physical and sexual violence were more likely to seek help (45 percent) than women who experienced only physical (37 percent) or only sexual violence (20 percent). Help seeking does not vary consistently with age, and does not vary much by employment, number of living children, urban-rural residence, and wealth. Not surprisingly, divorced or separated women and women married more than once are more likely to have sought help (47 to 48 percent) than women in other marital categories. According to province, women living in Midlands were most likely to have sought help for the violence (46 percent), followed by women in Mashonaland Central and Bulawayo (43 and 42 percent, respectively) and women in Masvingo were least likely to have sought help (14 percent). Notably, help seeking for violence declines sharply with education, from 48 percent of women with no education ever seeking help to only 28 percent of women with more than secondary education seeking help.

Table 16.18 presents information on the sources of help by type of violence. The majority of women who have experienced any form of violence and sought help did so from a family member (58 percent). Other common sources from which abused women seek help include: in-laws (36 percent), friends or neighbours (13 percent), and religious leaders (4 percent). Only 13 percent of abused women have ever sought help from the police, and 2 percent have ever sought help from a social service organization.

Table 16.18 Sources from where help was sought

Percentage of women age 15-49 who have ever experienced physical or sexual violence and sought help, according to source from which help was sought, by type of violence experienced, Zimbabwe 2010-11

	Type of violence			
Sought help from:	Physical only	Sexual only	Both physical and sexual	Total
Own family	57.4	63.6	56.9	57.7
In-laws	38.2	20.8	36.6	35.9
Husband/partner boyfriend	1.9	1.3	0.9	1.3
Friend/neighbour	13.0	15.2	12.7	13.1
Religious leader	3.6	3.0	5.3	4.3
Doctor/medical personnel	1.0	1.6	2.4	1.7
Police	11.0	8.0	15.0	12.6
Lawyer	0.2	0.0	0.9	0.5
Social service organization	0.8	1.4	2.2	1.5
Other	4.3	0.0	2.8	3.2
Number of women	387	75	402	864

Note: Women who experienced forced sexual initiation but not other forms of physical or sexual violence were not asked the questions about seeking help and are, thus, excluded from this table.

16.15 CHANGES IN DOMESTIC VIOLENCE BETWEEN 2005-06 AND 2010-11

Information on domestic violence was collected in both the 2005-06 ZDHS and the 2010-11 ZDHS, which permits an examination of the change in key indicators of violence over the five years between the two surveys. Such a comparison is particularly timely since the 2006 Domestic Violence Act was passed during the period between the two surveys. The comparison thus provides information on whether the implementation of the Act has begun to change the level of domestic violence in the country.

Since the two surveys being compared were only five years apart and represent largely the same age cohorts of women (women who were 15-44 in 2005-06 are 20-49 in 2010-11), indicators based on women's ever-experience of violence cannot be expected to have changed much. To detect change over a short period of time it is more appropriate to examine women's experience of recent violence, i.e., violence in the past 12 months. Accordingly, Table 16.19 shows indicators for women's experience of recent spousal physical and/or sexual violence for all ever-married women except widows. Widows are excluded in this comparison since the 2005-06 ZDHS did not collect information on recent spousal violence for widows.

Table 16.19 Trends in domestic violence in the past 12 months

Selected indicators of domestic violence in the 12 months preceding the 2005-06 and 2010-11 Zimbabwe DHS

Indicator	ZDHS 2005-06	ZDHS 2010-11
Percentage of ever-married women who, in the 12 months preceding the survey, experienced		
Spousal physical violence	25.3	21.6
Spousal sexual violence	12.7	14.1
Spousal physical or sexual violence	30.5	28.6
Spousal physical and sexual violence	9.3	6.1
Number of women[1]	4,188	4,623

[1] Excludes widows

Table 16.19 shows that in the five years between 2005-06 and 2010-11, there has been a slight decline in women's reported experience of spousal physical or sexual violence, from 31 percent in 2005-06 to 29 percent in 2010-11. Declines are also observed for the same period in women's recent experience of spousal physical violence (from 25 to 22 percent) and spousal physical and sexual violence (from 9 to 6 percent). However, the data suggest that women's experience of spousal sexual violence has not declined, and may in fact have increased in the same period (from 13 to 14 percent).

Thus, while the declines in the prevalence of spousal physical violence and physical and sexual violence are encouraging, the declines are small. Further, there is no similar decline observed in women's experience of spousal sexual violence. These findings together suggest that much work remains to be done if women are to be protected against all forms of violence.

ADULT AND MATERNAL MORTALITY 17

Key Findings

- Adult male mortality is comparable to female mortality in the reproductive-age population (11.5 and 11.4 deaths per 1,000 years of exposure, respectively).
- The rate of mortality associated with pregnancy and childbearing is 1.3 maternal deaths per 1,000 woman-years of exposure.
- The estimate of the maternal mortality ratio for the seven-year period preceding the 2010-11 ZDHS is 960 deaths per 100,000 live births; that is, for every 1,000 births in Zimbabwe, there are about 10 maternal deaths.

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 are 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, although the prevalence of HIV infection and AIDS (discussed in Chapter 14) has declined relative to its peak in the middle to late 1990s, Zimbabwe is expected to continue suffering the effects of both female and male adult mortality (due to AIDS) 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 2010-11 ZDHS questionnaire included a sibling history, which is a detailed account of the survivorship of all of the live-born children of the respondent's mother (i.e., maternal siblings). These data allow direct estimation of overall adult mortality by sex, as well as maternal mortality in particular. The direct approach to estimating adult and maternal mortality maximises use of the available data, using information on the age of surviving siblings, the age at death of siblings who died, and the number of years ago the siblings 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. Adult mortality rates are obtained by dividing female or male adult deaths in a calendar period by person-years of exposure to death. Similarly, maternal mortality rates are obtained by dividing maternal deaths in a calendar period by person-years of exposure to death.

17.1 DATA

To obtain the sibling history, each female respondent was initially asked to give the total number of her mother's live births. The respondent was next asked to provide a list of all children born to her mother starting with the first-born child. 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 (quantitative) answers were acceptable. For sisters who died at age 12 or above, three

questions were asked to determine whether the death was maternity related: "Was (NAME) pregnant when she died?" and, if not, "Did (NAME) die during childbirth?" and, if not, "Did (NAME) die within two months after the end of a pregnancy or childbirth?"

Estimation of adult and maternal mortality by either direct or indirect means requires reasonably accurate reporting of the number of sisters and brothers the respondent ever had, the number who have died, and (for maternal mortality) the number of sisters who have died of maternity-related causes. There is no definitive procedure for establishing the completeness or accuracy of retrospective data on sibling survivorship. However, the 2010-11 ZDHS sibling history data do not show any obvious defects that would indicate poor data quality or systematic underreporting.

Table 17.1 shows the number of siblings reported by the respondents and the completeness of data reported on current age, age at death, and years since death. Of the 43,434 siblings reported in the sibling histories of ZDHS respondents, survival status was not reported for 41 (about 0.1 percent). Current ages (used to estimate exposure to death) were missing for 3 percent of surviving siblings. Reporting of age at death and years since death was complete for 85 percent of deceased siblings. In 8 percent of cases, either age at death or years since death was missing, while in 7 percent of cases both of these items were missing. Rather than excluding 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 17.1 Data on siblings

Number of siblings reported by survey respondents and completeness of the reported data on age, age at death (AD), and years since death (YSD), Zimbabwe 2010-11

	Females		Males		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
All siblings	21,870	100.0	21,564	100.0	43,434	100.0
Surviving	18,629	85.2	18,124	84.0	36,753	84.6
Deceased	3,214	14.7	3,426	15.9	6,640	15.3
Missing information	27	0.1	14	0.1	41	0.1
Surviving siblings	18,629	100.0	18,124	100.0	36,753	100.0
Age reported	18,024	96.7	17,608	97.2	35,631	96.9
Age missing	606	3.3	516	2.8	1,122	3.1
Deceased siblings	3,214	100.0	3,426	100.0	6,640	100.0
AD and YSD reported	2,793	86.9	2,871	83.8	5,665	85.3
Missing only AD	150	4.7	212	6.2	362	5.4
Missing only YSD	62	1.9	103	3.0	165	2.5
Missing both AD and YSD	208	6.5	240	7.0	448	6.7

17.2 DIRECT ESTIMATES OF ADULT MORTALITY

One way to assess the quality of 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 (maternal deaths in particular) are unlikely to be free of serious problems. As described above, levels and trends in overall adult mortality have

[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 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 years since death was not reported but age at death was reported was used as a basis for imputing age at death.

very important implications in their own right for health and social programmes in Zimbabwe, especially given the AIDS epidemic.

17.2.1 Levels of Adult Mortality

Table 17.2 shows age-specific mortality rates among men and women age 15-49 for the seven-year period preceding the 2010-11 ZDHS. These results allow assessment of the recent level of mortality in the reproductive-age population in Zimbabwe. Because the number of deaths on which the age-specific rates are based is not very large (between about 45 and 265 deaths per age group for each sex), the estimated age-specific rates are subject to considerable sampling variation.

The results in Table 17.2 show that male mortality is comparable to female mortality in the reproductive-age population (11.5 and 11.4 deaths per 1,000 years of exposure, respectively). Mortality levels rise rapidly with age among both women and men but level off among women age 40-49.

Table 17.2 Adult mortality rates

Age-specific mortality rates for women and men age 15-49 based on the survivorship of sisters and brothers of survey respondents for the 7-year period preceding the 2010-11 ZDHS and 2005-06 ZDHS

	2010-11 ZDHS			2005-06 ZDHS
Age	Deaths	Exposure	Mortality rate	Mortality rate
		WOMEN		
15-19	46	18,384	2.5	2.7
20-24	122	23,592	5.2	5.5
25-29	210	21,783	9.6	12.3
30-34	265	16,149	16.4	20.4
35-39	237	11,425	20.7	25.0
40-44	182	7,796	23.3	25.2
45-49	112	4,985	22.6	25.5
15-49	1,173	104,114	11.4[a]	12.7[a]
		MEN		
15-19	43	18,208	2.3	1.7
20-24	78	22,801	3.4	3.4
25-29	137	21,447	6.4	9.0
30-34	238	17,019	14.0	20.1
35-39	266	11,510	23.1	27.7
40-44	207	6,900	30.0	37.1
45-49	135	4,232	32.0	36.5
15-49	1,104	102,116	11.5[a]	13.3[a]

[a] Rates are age-standardised.

17.2.2 Trends in Adult Mortality

Table 17.2 also shows the adult mortality rates reported in the 2005-06 ZDHS (12.7 and 13.3 deaths per 1,000 years of exposure among women and men, respectively). A comparison of the results from the 2005-06 ZDHS with those from the 2010-11 ZDHS reveals similar trends in mortality by age. For example, in the 2005-06 ZDHS, the female adult mortality rate increased from 2.7 deaths per 1,000 years of exposure among women age 15-19 to 25.5 deaths among women age 45-49; similarly, in the 2010-11 ZDHS, the female mortality rate rose from 2.5 deaths per 1,000 years of exposure among women age 15-19 to 22.6 deaths among women age 45-49. The male mortality rate in the 2005-06 ZDHS rose from 1.7 deaths per 1,000 years of exposure among men age 15-19 to 36.5 deaths among men age 45-49, and the rate in the 2010-11 ZDHS increased from 2.3 deaths per 1,000 years of exposure among men 15-19 to 32.0 deaths among men age 45-59.

17.3 DIRECT ESTIMATES OF MATERNAL MORTALITY

Maternal deaths are a subset of all female deaths and are associated with pregnancy and childbearing. Two survey methods are generally used to estimate maternal mortality in developing countries: the indirect sisterhood method (Graham et al., 1989) and a direct variant of the sisterhood method (Rutenberg and Sullivan, 1991). In this report, the direct estimation procedure is applied.

Age-specific estimates of maternal mortality from the reported survivorship of sisters are shown in Table 17.3 for the seven-year period preceding the survey. These rates were calculated by dividing the number of maternal deaths by woman-years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility among women interviewed in the survey is 49 years), the overall rate for women age 15-49 was standardised by the age distribution of survey respondents. A maternal death was defined as any death reported as occurring during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.[2] Estimates of maternal mortality are therefore based solely on the timing of the death in relationship to pregnancy.

The results in Table 17.3 indicate that the rate of mortality associated with pregnancy and childbearing is 1.3 maternal deaths per 1,000 woman-years of exposure, up from 0.8 in the 2005-06 ZDHS.[3] The estimated age-specific mortality rates display a plausible pattern, being generally higher during the peak childbearing ages than in the younger and older age groups. However, the age-specific pattern should be interpreted with caution because of the small number of events: only 136 maternal deaths among women of all ages. Maternal deaths represent 12 percent of all deaths among women age 15-49 during the seven-year period preceding the survey (136 maternal deaths divided by 1,173 female deaths). This proportion is higher than that measured in the 2005-06 ZDHS (7 percent of all deaths among women age 15-49 during the 7-year period preceding the survey), indicating that the proportion of maternal deaths among all female deaths has increased in the interim between the two surveys.

Table 17.3 Maternal mortality

Maternal mortality rates for the 7-year period preceding the survey the survey, based on the survivorship of sisters of survey respondents, Zimbabwe 2010-11

Age	Maternal deaths	Exposure (years)	Mortality rate (1,000)
15-19	12	18,384	0.6
20-24	28	23,592	1.2
25-29	39	21,783	1.8
30-34	25	16,149	1.6
35-39	20	11,425	1.7
40-44	8	7,796	1.1
45-49	4	4,985	0.8
Total 15-49	136	104,114	1.3[a]
General fertility rate[1]			0.132
Maternal mortality ratio[2]			960

[a] Rates are age-standardised.
[1] Expressed per 1,000 woman-years of exposure
[2] Expressed per 100,000 live births; calculated as maternal mortality rate divided by general fertility rate

The maternal mortality rate can be converted to a maternal mortality ratio by dividing the rate by the general fertility rate during the seven-year period preceding the 2010-11 ZDHS. The maternal mortality ratio is expressed per 100,000 live births in order to emphasise the obstetrical risk of pregnancy and childbearing. The estimate of the maternal mortality ratio for the seven-year period preceding the 2010-11 ZDHS is 960 deaths per 100,000 live births; that is, for every 1,000 births in Zimbabwe, there are about 10 maternal deaths.

It should be noted that maternal mortality is a difficult indicator to measure because of the large sample sizes required to calculate an accurate estimate. (This is evidenced by the fact that the

[2] This time-dependent definition includes all deaths that occurred during pregnancy and two months after pregnancy, even if the death was due to nonmaternal causes. However, this definition is unlikely to result in overreporting of maternal deaths because most deaths among women during the two-month period are due to maternal causes, and maternal deaths are more likely to be underreported than overreported.

[3] The 2005-06 ZDHS reported mortality estimates for maternal deaths occurring during the 10-year period preceding the survey. For comparison purposes, these estimates have been recalculated for the 7-year period preceding the 2005-06 ZDHS.

maternal mortality ratio is expressed per 100,000 live births, demonstrating that it is a relatively rare event.) As a result, maternal mortality estimates are subject to large sampling errors. The 95 percent confidence interval surrounding the maternal mortality estimate is 778-1142 deaths per 100,000 live births.

To facilitate comparison with the 2010-11 ZDHS, the 2005-06 ZDHS maternal mortality ratio was recalculated for the 7-year period preceding the 2005-06 ZDHS.[4] The 2010-11 ZDHS maternal mortality ratio is higher than that measured in the 2005-06 ZDHS (612 maternal deaths per 100,000 live births with a 95 percent confidence interval of 458-767 deaths per 100,000 live births). Nevertheless, given the wide 95 percent confidence intervals, caution should be taken when interpreting these measurements.

The maternal mortality ratio was also measured in the 1994 ZDHS (283 deaths per 100,000 live births in the 10-year period preceding the survey) and 1999 ZDHS (695 deaths per 100,000 live births in the four-year period preceding the survey). Although a determination of the statistical significance of the differences in maternal mortality ratio in the 1994, 1999, 2005-06, and 2010-11 ZDHS will require additional analysis, the upward trend strongly suggests that maternal mortality in Zimbabwe has risen sharply over the past two decades.

[4] The maternal mortality ratio presented in the 2005-06 ZDHS report (555 maternal deaths per 100,000 live births with a 95 percent confidence interval of 429-681 deaths per 100,000 live births) was calculated for the 10-year period preceding the survey.

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SAMPLE DESIGN AND IMPLEMENTATION *Appendix* A

A.1 INTRODUCTION

The 2010-11 Zimbabwe Demographic and Health Survey is the fifth DHS survey conducted in Zimbabwe. As was the case in all of the previous DHS surveys, the primary objective of the 2010-11 ZDHS is to provide up-to-date information on key indicators needed to track progress in Zimbabwe's population and health programmes including fertility and child mortality levels, maternal mortality, fertility preferences and contraceptive use, utilization of maternal and child health services, women's and children's nutrition status, knowledge, attitudes and behaviours relating to HIV/AIDS and other sexually transmitted diseases, and domestic violence. In addition, the 2010-11 ZDHS includes three "biomarkers": anthropometry, anaemia testing, and HIV testing.

To obtain these data, a nationally representative sample of households was selected. All women age 15-49 and all men age 15-54 who were usual residents of the sampled households or slept in the households on the night before the interview were eligible for interview in the ZDHS and for anaemia and HIV testing. In addition, all children age 6-59 months were eligible for anaemia testing. In all households, height and weight measurements were recorded for children age 0-59 months, women age 15-49, and men age 15-54. The domestic violence module was administered to one selected woman in each of surveyed households.

The 2010-11 ZDHS sample was designed to yield representative information for most indicators for the country as a whole, for urban and rural areas, and for each of Zimbabwe's ten provinces (Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matebeleland South, Midlands, Masvingo, Harare, and Bulawayo).

A.2 SAMPLING SELECTION

The 2010-11 ZDHS sample was selected using a stratified, two-stage cluster design.The frame used for the first stage of the selection of the 2010-11 ZDHS sample was based on the last population census in Zimbabwe, which was carried in 2002. Table A.1 shows the distribution of population and households at the time of the 2002 census by the geographic domains of interest for the ZDHS, i.e., province and urban-rural areas.

Table A.1 Population

Distribution of the 2002 census population by region and residence, Zimbabwe

Province	Population in frame			Percent of total population	Percent urban
	Urban	Rural	Total		
Manicaland	259,495	1,309,435	1,568,930	13.5	16.5
Mashonaland Central	102,873	892,554	995,427	8.6	10.3
Mashonaland East	117,521	1,009,892	1,127,413	9.7	10.4
Mashonaland West	344,806	879,864	1,224,670	10.5	28.2
Matabeleland North	102,948	602,000	704,948	6.1	14.6
Matabeleland South	68,457	584,597	653,054	5.6	10.5
Midlands	349,595	1,114,398	1,463,993	12.6	23.9
Masvingo	134,251	1,186,187	1,320,438	11.4	10.2
Harare	1,873,111	23,023	1,896,134	16.3	98.8
Bulawayo	676,650	na	676,650	5.8	100.0
Zimbabwe	4,029,707	7,601,950	11,631,657	100.0	34.6

na = Not applicable
Source: Central Statistical Office, 2002

Administratively, each of Zimbabwe's provinces is divided into districts and each district into smaller administrative units called wards. For purposes of the 2002 Population Census, each of the wards was subdivided into smaller enumeration areas (EAs), typically including around 100 households. The small size of the EAs and the availability of sketch maps and other materials to delimitate their geographic boundaries made census EAs an ideal unit for use as the frame for the first stage of the selection of the ZDHS sample. Households were the units for the second stage of sampling.

The target sample for the 2010-11 ZDHS was set at 406 clusters and 10,828 households, taking into account the interest in obtaining estimates of adequate precision for key domains, the level of non-response at the household and individual woman level experienced in the 2005-06 ZDHS, and available resources (financial and human) for carrying out the survey.

A complete listing of households was carried out in July and August 2010 in each of the 406 EAs selected for the ZDHS. Maps were drawn for each of the clusters, and all private households were listed. If an EA was too large, the EA was segmented into smaller units following specified guidelines, and one of the resulting segments was selected with probability proportional to size. That segment was then listed and the listing used in the selection of the final household sample.

A.3 SAMPLE ALLOCATION

Table A.2 shows the allocation of these EAs and number of households by province, according to residence. The sample allocation among provinces was not done in proportion to the number of households in the province at the time of the 2002 census. If that approach had been adopted, some of the less populated provinces would have received a too-small sample size. Instead the number of EAs in each province was determined in such a way to provide an adequate sample in each province.

Table A.2 Sample allocation of clusters and households

Sample allocation of clusters and households by province, according to residence, Zimbabwe, 2010-11

	Allocation of clusters			Allocation of households		
Province	Urban	Rural	Total	Urban	Rural	Total
Manicaland	11	35	46	242	1050	1292
Mashonaland Central	5	29	34	110	870	980
Mashonaland East	5	33	38	110	990	1100
Mashonaland West	15	25	40	330	750	1080
Matabeleland North	8	28	36	176	840	1016
Matabeleland South	6	29	35	132	870	1002
Midlands	14	26	40	308	780	1088
Masvingo	6	32	38	132	960	1092
Harare	56	0	56	1232	0	1232
Bulawayo	43	0	43	946	0	946
Zimbabwe	169	237	406	3718	7110	10828

Table A.3 shows the expected number of completed women and men's interviews in each of the provinces, by residence. The expected numbers of women and men's interviews are based on the assumption that the average number of eligible women and men interviewed per sample household would be similar in the 2010-11 ZDHS to that achieved in the 2005-06 ZDHS.

Table A.3 Sample allocation of completed interviews with women and men

Sample allocation of expected number of completed interviews with women and men by province, according to residence, Zimbabwe, 2010-11

	Women 15-49			Men 15-54		
Province	Urban	Rural	Total	Urban	Rural	Total
Manicaland	200	867	1067	139	682	821
Mashonaland Central	81	639	720	165	614	778
Mashonaland East	71	637	708	116	461	577
Mashonaland West	233	529	762	205	529	734
Matabeleland North	144	688	832	156	501	657
Matabeleland South	103	681	784	123	431	553
Midlands	279	706	985	286	705	991
Masvingo	112	812	923	161	682	842
Harare	1,221	0	1222	686	0	686
Bulawayo	933	0	933	560	0	560
Zimbabwe	3,377	5,559	8936	2595	4604	7199

A.4 SAMPLE IMPLEMENTATION

An examination of response rates for the 2010-11 ZDHS indicates that the survey was successfully implemented. Table A.4 and Table A.5 present the interview response rates in the 2010-11 ZDHS for women and men, respectively, by urban and rural area and province. Overall, the number of completed interviews exceeds the expected number for both women and men, reflecting the generally higher response rates achieved in the 2010-11 ZDHS compared to 2005-06 survey.

Table A.4 Sample implementation: Women

Percent distribution of households and eligible women by results of the household and individual interviews, and household, eligible women and overall women response rates, according to urban-rural residence and province (unweighted), Zimbabwe 2010-11

	Residence		Province										
Result	Urban	Rural	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo	Total
Selected households													
Completed (C)	89.4	90.5	88.4	91.7	94.5	91.3	85.5	92.1	91.3	86.1	91.0	89.2	90.1
Household present but no competent respondent at home (HP)	2.4	1.0	1.9	0.8	1.5	0.3	2.3	0.8	0.5	1.6	1.6	3.9	1.5
Postponed (P)	0.5	0.2	0.3	0.0	0.0	0.0	0.1	0.0	0.0	1.2	0.8	0.1	0.3
Refused (R)	2.9	0.4	1.2	0.6	0.1	0.1	0.9	0.3	0.6	1.5	4.0	3.0	1.2
Dwelling not found (DNF)	0.5	0.9	0.9	0.3	0.3	2.6	1.1	1.0	0.7	0.5	0.2	0.1	0.8
Household absent (HA)	2.7	4.0	4.3	2.9	3.3	3.3	4.6	3.5	2.8	7.4	1.4	2.2	3.6
Dwelling vacant/address not a dwelling (DV)	1.5	2.6	2.7	3.4	0.5	1.9	4.5	2.0	3.7	1.6	0.9	1.4	2.2
Dwelling destroyed (DD)	0.0	0.4	0.2	0.3	0.0	0.5	0.9	0.3	0.4	0.0	0.0	0.0	0.2
Other (O)	0.1	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.2	0.2	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	3,718	7,110	1,292	980	1,100	1,080	1,016	1,002	1,088	1,092	1,232	946	10,828
Household response rate (HRR)[1]	93.5	97.3	95.3	98.1	98.1	96.9	95.2	97.8	98.1	94.8	93.2	92.6	96.0
Eligible women													
Completed (EWC)	90.3	95.2	93.4	96.5	96.4	97.1	91.5	93.2	95.8	93.9	89.8	86.6	93.3
Not at home (EWNH)	4.1	2.7	3.1	1.6	2.4	1.5	5.3	4.8	2.4	1.5	3.2	7.0	3.3
Postponed (EWP)	0.7	0.4	0.6	0.0	0.0	0.1	0.0	0.0	0.0	2.3	1.2	0.6	0.5
Refused (EWR)	4.1	0.5	1.8	1.1	0.6	0.3	1.8	0.2	0.8	1.0	5.2	4.8	1.9
Partly completed (EWPC)	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0
Incapacitated (EWI)	0.6	1.1	1.1	0.9	0.7	0.9	1.3	1.2	0.9	1.0	0.3	0.8	0.9
Other (EWO)	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.4	0.1	0.2	0.2	0.2	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,808	6,023	1,082	937	879	999	838	896	1,022	869	1,332	977	9,831
Eligible women response rate (EWRR)[2]	90.3	95.2	93.4	96.5	96.4	97.1	91.5	93.2	95.8	93.9	89.8	86.6	93.3
Overall women response rate (ORR)[3]	84.3	92.7	89.1	94.7	94.5	94.0	87.1	91.1	94.0	89.0	83.7	80.2	89.5

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] The eligible women response rate (EWRR) is equivalent to the percentage of interviews completed (EWC).
[3] The overall women response rate (OWRR) is calculated as:

$$OWRR = HRR * EWRR/100$$

Table A.5 Sample implementation: Men

Percent distribution of households and eligible men by results of the household and individual interviews, and household, eligible men and overall men response rates, according to urban-rural residence and province (unweighted), Zimbabwe 2010-11

	Residence		Province										
Result	Urban	Rural	Manica-land	Mashona-land Central	Mashona-land East	Mashona-land West	Matabele-land North	Matabele-land South	Mid-lands	Mas-vingo	Harare	Bula-wayo	Total
Selected households													
Completed (C)	89.4	90.5	88.4	91.7	94.5	91.3	85.5	92.1	91.3	86.1	91.0	89.2	90.1
Household present but no competent respondent at home (HP)	2.4	1.0	1.9	0.8	1.5	0.3	2.3	0.8	0.5	1.6	1.6	3.9	1.5
Postponed (P)	0.5	0.2	0.3	0.0	0.0	0.0	0.1	0.0	0.0	1.2	0.8	0.1	0.3
Refused (R)	2.9	0.4	1.2	0.6	0.1	0.1	0.9	0.3	0.6	1.5	4.0	3.0	1.2
Dwelling not found (DNF)	0.5	0.9	0.9	0.3	0.3	2.6	1.1	1.0	0.7	0.5	0.2	0.1	0.8
Household absent (HA)	2.7	4.0	4.3	2.9	3.3	3.3	4.6	3.5	2.8	7.4	1.4	2.2	3.6
Dwelling vacant/address not a dwelling (DV)	1.5	2.6	2.7	3.4	0.5	1.9	4.5	2.0	3.7	1.6	0.9	1.4	2.2
Dwelling destroyed (DD)	0.0	0.4	0.2	0.3	0.0	0.5	0.9	0.3	0.4	0.0	0.0	0.0	0.2
Other (O)	0.1	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.2	0.2	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of sampled households	3,718	7,110	1,292	980	1,100	1,080	1,016	1,002	1,088	1,092	1,232	946	10,828
Household response rate (HRR)[1]	93.5	97.3	95.3	98.1	98.1	96.9	95.2	97.8	98.1	94.8	93.2	92.6	96.0
Eligible men													
Completed (EMC)	78.1	90.3	87.2	91.8	89.9	91.1	79.7	88.2	89.9	85.7	78.4	75.5	85.8
Not at home (EMNH)	12.1	6.9	6.4	6.2	7.7	6.0	15.5	8.8	8.0	8.4	9.9	13.3	8.9
Postponed (EMP)	1.4	0.2	0.3	0.0	0.1	0.1	0.0	0.0	0.0	3.1	2.4	0.4	0.7
Refused (EMR)	7.2	1.0	4.2	0.9	1.1	1.5	2.3	0.7	1.3	1.6	8.3	9.0	3.3
Partly completed (EMPC)	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Incapacitated (EMI)	1.0	1.5	1.6	1.0	1.2	0.9	2.4	2.2	0.7	1.1	0.9	1.7	1.3
Other (EMO)	0.2	0.1	0.2	0.1	0.0	0.3	0.0	0.1	0.1	0.2	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of men	3,253	5,470	944	902	829	970	740	764	951	645	1,198	780	8,723
Eligible men response rate (EMRR)[2]	78.1	90.3	87.2	91.8	89.9	91.1	79.7	88.2	89.9	85.7	78.4	75.5	85.8
Overall men response rate (ORR)[3]	72.9	87.9	83.1	90.1	88.2	88.3	75.9	86.3	88.2	81.2	73.0	70.0	82.3

[1] Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

$$\frac{100 * C}{C + HP + P + R + DNF}$$

[2] The eligible men response rate (EMRR) is equivalent to the percentage of interviews completed (EMC).
[3] The overall men response rate (OMRR) is calculated as:

$$OMRR = HRR * EMRR/100$$

The coverage of HIV testing was also markedly improved in the 2010-11 ZDHS relative to the 2005-06 survey. Tables A.6-A.9 present response rates for the HIV testing by background characteristics.

Table A.6 Coverage of HIV testing by social and demographic characteristics: Women

Percent distribution of interviewed women age 15-49 by HIV testing status, according to social and demographic characteristics (unweighted), Zimbabwe 2010-11

Characteristic	HIV test status				Total	Number of women
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing[2]		
Marital status						
Never married	83.9	11.7	2.3	2.1	100.0	2,332
Ever had sex	85.3	10.1	2.2	2.4	100.0	673
Never had sex	83.3	12.4	2.4	1.9	100.0	1,659
Married/living together	85.6	11.5	1.3	1.6	100.0	5,578
Divorced/separated	88.8	8.2	1.8	1.2	100.0	680
Widowed	88.8	8.3	1.7	1.2	100.0	581
Type of union						
In polygynous union	83.2	13.8	1.2	1.8	100.0	607
In non-polygynous union	86.2	10.9	1.3	1.6	100.0	4,683
Not currently in union	85.6	10.5	2.1	1.8	100.0	3,593
In union, polygyny status unknown	81.3	15.6	1.4	1.7	100.0	288
Ever had sexual intercourse						
Yes	86.1	10.8	1.4	1.6	100.0	7,509
No	83.3	12.4	2.3	1.9	100.0	1,662
Currently pregnant						
Pregnant	86.4	10.7	1.4	1.5	100.0	723
Not pregnant or not sure	85.5	11.2	1.6	1.7	100.0	8,448
Times slept away from home in past 12 months						
None	84.9	11.5	1.7	1.9	100.0	4,038
1-2	85.7	11.4	1.5	1.5	100.0	2,507
3-4	87.5	10.0	1.3	1.3	100.0	1,039
5+	86.2	10.3	1.8	1.7	100.0	1,587
Time away in past 12 months						
Away for more than 1 month	87.2	10.0	1.3	1.5	100.0	1,423
Away for less than 1 month	85.8	11.1	1.6	1.5	100.0	3,710
Not away	84.9	11.5	1.7	1.9	100.0	4,038
Religion						
Traditional	87.3	6.3	4.8	1.6	100.0	63
Roman Catholic	85.5	10.9	1.4	2.2	100.0	764
Protestant	86.0	10.2	2.4	1.4	100.0	1,511
Pentecostal	86.3	11.5	1.0	1.2	100.0	1,850
Apostolic Sect	85.2	11.3	1.7	1.8	100.0	3,396
Other Christian	84.7	11.6	1.6	2.1	100.0	953
Muslim	87.5	12.5	0.0	0.0	100.0	40
None	86.6	10.9	0.8	1.7	100.0	589
Other	60.0	40.0	0.0	0.0	100.0	5
Total 15-49	85.6	11.1	1.6	1.7	100.0	9,171

[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result, that is, positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.
[2] Includes (1) other results of blood collection (e.g. technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

Table A.7 Coverage of HIV testing by social and demographic characteristics: Men

Percent distribution of interviewed men 15-54 by HIV testing status, according to social and demographic characteristics (unweighted), Zimbabwe 2010-11

Characteristic	HIV test status				Total	Number of men
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing[2]		
Marital status						
Never married	80.7	14.7	2.3	2.3	100.0	3,329
Ever had sex	81.3	14.7	2.3	1.6	100.0	1,520
Never had sex	80.1	14.6	2.3	2.9	100.0	1,809
Married/living together	80.9	15.3	2.2	1.6	100.0	3,794
Divorced/separated	81.5	15.3	1.5	1.8	100.0	275
Widowed	81.7	14.6	1.2	2.4	100.0	82
Type of union						
In polygynous union	75.3	20.9	2.7	1.1	100.0	182
In non-polygynous union	81.2	15.0	2.2	1.6	100.0	3,612
Not currently in union	80.7	14.7	2.2	2.3	100.0	3,686
Ever had sexual intercourse						
Yes	81.1	15.1	2.2	1.6	100.0	5,669
No	80.1	14.7	2.3	2.9	100.0	1,811
Male circumcision						
Circumcised	78.0	17.7	2.7	1.6	100.0	696
Not circumcised	81.1	14.8	2.2	1.9	100.0	6,725
Don't know	76.3	13.6	3.4	6.8	100.0	59
Times slept away from home in past 12 months						
None	79.8	15.3	2.5	2.4	100.0	3,729
1-2	83.9	13.2	1.8	1.1	100.0	1,397
3-4	85.7	10.3	1.7	2.3	100.0	698
5+	78.5	17.9	2.2	1.4	100.0	1,656
Time away in past 12 months						
Away for more than 1 month	83.2	13.5	2.0	1.2	100.0	1,125
Away for less than 1 month	81.3	15.2	1.9	1.6	100.0	2,626
Not away	79.8	15.3	2.5	2.4	100.0	3,729
Religion						
Traditional	90.0	8.2	0.7	1.1	100.0	281
Roman Catholic	78.7	17.6	1.2	2.5	100.0	752
Protestant	82.8	14.3	1.7	1.1	100.0	990
Pentecostal	78.2	16.6	3.0	2.2	100.0	1,038
Apostolic Sect	80.6	15.1	1.9	2.3	100.0	2,025
Other Christian	78.3	17.1	2.8	1.9	100.0	580
Muslim	75.0	22.7	0.0	2.3	100.0	44
None	81.9	13.3	3.0	1.8	100.0	1,761
Other	55.6	44.4	0.0	0.0	100.0	9
Total 15-54	80.8	15.0	2.2	2.0	100.0	7,480

[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result, that is, positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.

[2] Includes (1) other results of blood collection (e.g. technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.

Table A.8 Coverage of HIV testing by sexual behaviour characteristics: Women

Percent distribution of interviewed women age 15-49 who ever had sexual intercourse by HIV test status, according to sexual behaviour characteristics (unweighted), Zimbabwe 2010-11

Sexual behaviour characteristic	HIV test status				Total	Number of women
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing[2]		
Age at first sexual intercourse						
<16	88.8	8.0	1.3	1.8	100.0	1,246
16-17	86.6	10.1	1.7	1.6	100.0	2,155
18-19	86.8	10.4	1.0	1.7	100.0	1,843
20+	83.5	13.6	1.4	1.5	100.0	1,797
Don't know/missing	84.0	12.4	2.6	1.1	100.0	468
Multiple sexual partners and partner concurrency in past 12 months						
0	87.9	9.6	1.7	0.8	100.0	1,191
1	85.8	11.1	1.4	1.7	100.0	6,101
2+	85.1	8.9	1.0	5.0	100.0	101
Had concurrent partners[3]	82.6	17.4	0.0	0.0	100.0	23
None of the partners were concurrent	85.9	6.4	1.3	6.4	100.0	78
Missing	85.3	11.2	3.4	0.0	100.0	116
Condom use at last sexual intercourse in past 12 months						
Used condom	83.9	11.7	2.1	2.2	100.0	940
Did not use condom at last sexual intercourse in past 12 months	86.1	10.9	1.2	1.7	100.0	5,262
No sexual intercourse in past 12 months	87.7	9.7	1.8	0.8	100.0	1,307
Number of lifetime partners						
1	86.0	11.2	1.3	1.5	100.0	4,598
2	87.6	9.8	1.0	1.6	100.0	1,729
3-4	86.2	9.6	2.4	1.8	100.0	842
5-9	86.3	8.3	2.0	3.4	100.0	204
10+	78.5	16.5	2.5	2.5	100.0	79
Don't know	61.4	33.3	5.3	0.0	100.0	57
Prior HIV testing						
Ever tested	87.8	9.5	1.2	1.5	100.0	5,218
Received results	87.9	9.5	1.2	1.5	100.0	5,057
Did not received results	87.0	11.2	0.6	1.2	100.0	161
Never tested	82.2	13.8	2.1	2.0	100.0	2,291
Total 15-49	86.1	10.8	1.4	1.6	100.0	7,509

[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result, that is, positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.
[2] Includes (1) other results of blood collection (e.g. technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.
[3] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey.

Table A.9 Coverage of HIV testing by sexual behaviour characteristics: Men

Percent distribution of interviewed men age 15-54 who ever had sexual intercourse by HIV test status, according to sexual behaviour characteristics (unweighted), Zimbabwe 2010-11

Sexual behaviour characteristic	HIV test status				Total	Number of men
	DBS Tested[1]	Refused to provide blood	Absent at the time of blood collection	Other/ missing[2]		
Age at first sexual intercourse						
<16	85.5	10.8	1.9	1.9	100.0	593
16-17	81.7	14.3	2.4	1.6	100.0	1,037
18-19	82.6	14.5	1.6	1.2	100.0	1,375
20+	80.2	15.9	2.2	1.6	100.0	2,439
Don't know/missing	65.8	24.9	5.8	3.6	100.0	225
Multiple sexual partners and partner concurrency in past 12 months						
0	83.4	13.3	2.0	1.2	100.0	488
1	81.6	14.7	2.1	1.7	100.0	4,331
2+	79.2	16.6	2.9	1.3	100.0	754
Had concurrent partners[3]	78.9	16.8	3.2	1.1	100.0	279
None of the partners were concurrent	79.4	16.4	2.7	1.5	100.0	475
Missing	60.4	31.3	3.1	5.2	100.0	96
Condom use at last sexual intercourse in past 12 months						
Used condom	80.4	16.0	1.8	1.8	100.0	1,396
Did not use condom at last sexual intercourse in past 12 months	81.5	14.6	2.3	1.5	100.0	3,689
No sexual intercourse in past 12 months	79.6	16.3	2.2	1.9	100.0	584
Paid for sexual intercourse in past 12 months						
Yes	83.1	11.8	3.1	2.1	100.0	195
Used condom	81.5	12.5	3.6	2.4	100.0	168
Did not use condom	92.6	7.4	0.0	0.0	100.0	27
No /no sexual intercourse in past 12 months	81.0	15.2	2.2	1.6	100.0	5,474
Number of lifetime partners						
1	79.7	16.8	2.2	1.3	100.0	1,017
2	82.4	14.9	1.3	1.5	100.0	936
3-4	82.6	13.4	2.3	1.7	100.0	1,490
5-9	83.9	12.3	2.3	1.4	100.0	1,176
10+	81.4	14.0	2.4	2.1	100.0	705
Don't know	64.1	29.9	3.5	2.6	100.0	345
Prior HIV testing						
Ever tested	82.5	14.2	1.9	1.4	100.0	2,546
Received results	82.5	14.2	1.9	1.5	100.0	2,372
Did not received results	82.8	14.9	1.7	0.6	100.0	174
Never tested	79.9	15.9	2.4	1.8	100.0	3,123
Total 15-54	81.1	15.1	2.2	1.6	100.0	5,669

[1] Includes all dried blood samples (DBS) tested at the lab and for which there is a result, that is, positive, negative, or indeterminate. Indeterminate means that the sample went through the entire algorithm, but the final result was inconclusive.
[2] Includes (1) other results of blood collection (e.g. technical problem in the field), (2) lost specimens, (3) noncorresponding bar codes, and (4) other lab results such as blood not tested for technical reason, not enough blood to complete the algorithm, etc.
[3] A respondent is considered to have had concurrent partners if he or she had overlapping sexual partnerships with two or more people during the 12 months before the survey. (Respondents with concurrent partners include polygynous men who had overlapping sexual partnerships with two or more wives).

A.5 SAMPLE PROBABILITIES AND SAMPLE WEIGHTS

As described above, the 2010-11 ZDHS was selected with unequal probability in order to ensure an adequate number of cases for analysis in key domains. Therefore, sampling weights must be calculated and used in the analysis of the ZDHS results to ensure the representativeness of the survey results at the national level. Since the ZDHS sample is a two-stage stratified cluster sample, sampling weights are based on sampling probabilities calculated separately for each sampling stage and for each cluster where:

P_{1hi}: first-stage sampling probability of the ith cluster in stratum h (defined in terms of province and urban-rural residence)

P_{2hi}: second-stage sampling probability within the ith cluster (households)

The following describes the calculation of these probabilities:

Let a_h be the number of EAs selected in stratum h, M_{hi} the number of households according to the sampling frame in the ith EA, and $\sum M_{hi}$ the total number of households in the stratum. The probability of selecting the ith EA in the 2010-11 ZDHS sample is calculated as follows:

$$\frac{a_h \, M_{hi}}{\sum M_{hi}}$$

Let b_{hi} be the proportion of households in the selected cluster compared to the total number of households in EA i in stratum h if the EA is segmented, otherwise $b_{hi} = 1$. Then the probability of selecting cluster i in the sample is:

$$P_{1hi} = \frac{a_h \, M_{hi}}{\sum M_{hi}} \times b_{hi}$$

Let L_{hi} be the number of households listed in the household listing operation in cluster i in stratum h, and let g_{hi} be the number of households selected in the cluster. The second stage's selection probability for each household in the cluster is calculated as follows:

$$P_{2hi} = \frac{g_{hi}}{L_{hi}}$$

The overall selection probability of each household in cluster i of stratum h is therefore the product of the two stages selection probabilities:

$$P_{hi} = P_{1hi} \times P_{2hi}$$

The sampling weight for each household in cluster i of stratum h is the inverse of its overall selection probability:

$$W_{hi} = 1 / P_{hi}$$

This weight for each household is further adjusted for nonresponse to get final sampling weights. Thus, the final weight for each household in the 2010-11 ZDHS sample is obtained by multiplying the inverse of the household selection probability for the particular stratum (province-residence group) in which the household is found by the inverse of the household response rate for the particular stratum. Similarly, the individual sampling weight for any male or female respondent is obtained by multiplying the household selection probability for the particular stratum in which the respondent is found by the inverse of the individual interview response for the stratum. The HIV testing sampling weights are derived in the same manner except that the response rate for HIV testing is used to adjust the household selection probability. Finally, separate sampling weights are also needed for the analysis of the domestic violence data. The domestic violence sampling weight for women selected for the module is obtained by multiplying the woman's sampling weight by the number of women in the woman's household.

Household, individual, and domestic violence sampling weights are normalized so that the total number of cases at national level produced when the weights are used is equal to the total number of unweighted cases. The normalized weights are relative weights which are valid for estimating means, proportions and ratios, but are not valid for estimating population totals and for pooled data. The procedure for normalizing the sampling weights for HIV testing is different compared to the individual survey weights. The individual HIV testing weights are normalized for males and females together at the national level, in order that the HIV prevalence calculated for males and females together is valid.

SAMPLING ERRORS

Appendix B

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2010-11 Zimbabwe Demographic and Health Survey (2010-11 ZDHS) to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the 2010-11 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.

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 2010-11 ZDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2010-11 ZDHS is ISSA Sampling Error Module, using programs developed by ICF International. This program uses the Taylor linearization method of variance estimation for survey estimates that are means, proportions or ratios. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

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

in which

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

where h represents the stratum which varies from 1 to H,
m_h is the total number of clusters selected in the hth stratum,
y_{hi} is the sum of the weighted values of variable y in the ith cluster in the hth stratum,
x_{hi} is the sum of the weighted number of cases in the ith cluster in the hth stratum, and
f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* cluster in the calculation of the estimates. Pseudo-independent replications are thus created. In the 2010-11 ZDHS, there were 406 non-empty clusters. Hence, 406 replications were created. The variance of a rate r is calculated as follows:

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

in which

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

where r is the estimate computed from the full sample of 406 clusters,
$r_{(i)}$ is the estimate computed from the reduced sample of 405 clusters (i^{th} cluster excluded), and
k is the total number of clusters.

In addition to the standard error, the design effect (DEFT) for each estimate is also calculated. The design effect 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. Relative standard errors and confidence limits for the estimates are also calculated.

Sampling errors for the 2010-11 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 urban and rural areas, and for each of the ten provinces. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2 through B.14 present the value of the statistic (R), its standard error (SE), the number of un-weighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The sampling errors for mortality rates are presented for the five year period preceding the survey for the whole country and for the ten year period preceding the survey by residence and province. The DEFT is considered undefined when the standard error considering a 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 un-weighted cases is not relevant, as there is no known un-weighted value for woman-years of exposure to childbearing.

The confidence interval (e.g., as calculated for *children ever born to women age 40-49*) can be interpreted as follows: the overall average from the national sample is 4.469 and its standard error is 0.07. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, i.e., 4.469±2×0.07. There is a high probability (95 percent) that the *true* average number of children ever born to all women aged 40 to 49 is between 4.329 and 4.609.

For the total women's sample, the value of the DEFT, averaged over all variables presented, is 1.35. This means that, due to multi-stage clustering of the sample, the average standard error is increased by a factor of 1.35 over that in an equivalent simple random sample.

Table B.1. List of selected variables for sampling errors, Zimbabwe 2010-11

Variable	Estimate	Base Population
	WOMEN	
Urban residence	Proportion	All women 15-49
Literacy	Proportion	All women 15-49
No education	Proportion	All women 15-49
Secondary education or higher	Proportion	All women 15-49
Net attendance ratio	Ratio	Household population 6-12 years
Never married/in union	Proportion	All women 15-49
Currently married/in union	Proportion	All women 15-49
Married before age 20	Proportion	All women 20-49
Had sexual intercourse before age 18	Proportion	All women 20-49
Currently pregnant	Proportion	All women 15-49
Children ever born	Mean	All women 15-49
Children surviving	Mean	All women 15-49
Children ever born to women age 40-49	Mean	All women 40-49
Know any contraceptive method	Proportion	Currently married women 15-49
Know a modern 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 a traditional method	Proportion	Currently married women 15-49
Currently using pill	Proportion	Currently married women 15-49
Currently using condoms	Proportion	Currently married women 15-49
Currently using injectables	Proportion	Currently married women 15-49
Currently using female sterilization	Proportion	Currently married women 15-49
Currently using withdrawal	Proportion	Currently married women 15-49
Used public sector source	Proportion	Current users of modern method
Want no more children	Proportion	Currently married women 15-49
Want to delay next birth at least 2 years	Proportion	Currently married women 15-49
Ideal number of children	Mean	All women 15-49
Mothers protected against tetanus for last birth	Proportion	Women with a live birth in last five years
Births with skilled attendant at delivery	Proportion	Births occurring 1-59 months before survey
Had diarrhoea in the past 2 weeks	Proportion	Children under 5
Treated with ORS	Proportion	Children under 5 with diarrhoea in past 2 weeks
Sought medical treatment	Proportion	Children under 5 with diarrhoea in past 2 weeks
Vaccination card seen	Proportion	Children 12-23 months
Received BCG vaccination	Proportion	Children 12-23 months
Received DPT or pentavalent 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
Received all vaccinations	Proportion	Children 12-23 months
Height-for-age (-2SD)	Proportion	Children under 5 who are measured
Weight-for-height (-2SD)	Proportion	Children under 5 who are measured
Weight-for-age (-2SD)	Proportion	Children under 5 who are measured
Body Mass Index (BMI) <18.5	Proportion	All women 15-49 who were measured
Body Mass Index (BMI) ≥25	Proportion	All women 15-49 who were measured
Prevalence of anaemia (children 6-59 months)	Proportion	All children 6-59 months who were tested
Prevalence of anaemia (women 15-49)	Proportion	All women 15-49 who were tested
Had 2+ sexual partners in past 12 months	Proportion	All women 15-49
Condom use at last sex	Proportion	Women 15-49 with 2+ partners in past 12 months
Abstinence among youth (never had sex)	Proportion	Never-married women 15-24
Sexually active in past 12 months among never-married youth	Proportion	Never-married women 15-24
Had an HIV test and received results in past 12 months	Proportion	All women 15-49
Accepting attitudes towards people with HIV	Proportion	All women who have heard of HIV/AIDS
HIV prevalence among all women 15-49	Proportion	All interviewed women with dried blood sample (DBS) tested at the lab
HIV prevalence among pregnant women 15-49	Proportion	All interviewed pregnant women 15-49 with DBS tested at the lab
HIV prevalence among young women 15-24	Proportion	All interviewed women 15-24 with DBS tested at the lab
Ever experienced physical and/or sexual violence by current/ most recent husband/partner	Proportion	Ever married women 15-49 who were interviewed with DV module
Total fertility rate (3 years)	Rate	Women-years of exposure to childbearing
Neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Post-neonatal mortality rate[1]	Rate	Children exposed to the risk of mortality
Infant mortality rate[1]	Rate	Children exposed to the risk of mortality
Child mortality rate[1]	Rate	Children exposed to the risk of mortality
Under-five mortality rate[1]	Rate	Children exposed to the risk of mortality
	MEN	
Urban residence	Proportion	All men 15-49
Literacy	Proportion	All men 15-49
No education	Proportion	All men 15-49
Secondary education or higher	Proportion	All men 15-49
Never married/in union	Proportion	All men 15-49
Currently married/in union	Proportion	All men 15-49
Had sexual intercourse before age 18	Proportion	All men 20-49
Know any contraceptive method	Proportion	Currently married men 15-49
Know a modern method	Proportion	Currently married men 15-49
Want no more children	Proportion	Currently married men 15-49
Ideal number of children	Mean	All men 15-49
Body Mass Index (BMI) <18.5	Proportion	All men 15-49 who were measured
Body Mass Index (BMI) ≥25	Proportion	All men 15-49 who were measured
Prevalence of anaemia among all men 15-49	Proportion	All men 15-49 who were tested
Had 2+ sexual partners in past 12 months	Proportion	All men 15-49
Condom use at last sex	Proportion	Men 15-49 with 2+ partners in past 12 months
Abstinence among youth (never had sex)	Proportion	Never-married men 15-24
Sexually active in past 12 months among never-married youth	Proportion	Never-married men 15-24
Paid for sexual intercourse in past 12 months	Proportion	All men 15-49
Had an HIV test and received results in past 12 months	Proportion	All men 15-49
Accepting attitudes towards people with HIV	Proportion	All men who have heard of HIV/AIDS
HIV prevalence among all men 15-49	Proportion	All interviewed men with dried blood sample (DBS) tested at the lab
HIV prevalence among all men 15-54	Proportion	All interviewed men 15-54 with DBS tested at the lab
HIV prevalence among young men 15-24	Proportion	All interviewed men 15-24 with DBS tested at the lab
	MEN AND WOMEN	
HIV prevalence all respondents	Proportion	All interviewed women and men 15-49 with DBS tested at the lab

[1] The mortality rates are calculated for 5 years and 10 years before the survey for the national sample and provincial samples, respectively.

Table B.2 Sampling errors for national sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.387	0.011	9171	9171	2.153	0.028	0.365	0.409
Literacy	0.938	0.004	9171	9171	1.618	0.004	0.930	0.946
No education	0.023	0.002	9171	9171	1.271	0.086	0.019	0.027
Secondary education or higher	0.697	0.009	9171	9171	1.818	0.013	0.679	0.714
Net attendance ratio	0.870	0.006	8221	8092	1.414	0.006	0.858	0.881
Never married/in union	0.240	0.007	9171	9171	1.578	0.029	0.225	0.254
Currently married/in union	0.622	0.008	9171	9171	1.558	0.013	0.606	0.638
Married before age 20	0.534	0.008	7191	7226	1.405	0.015	0.518	0.551
Had sexual intercourse before age 18	0.382	0.008	7191	7226	1.349	0.020	0.367	0.398
Currently pregnant	0.083	0.004	9171	9171	1.345	0.047	0.075	0.090
Children ever born	2.100	0.029	9171	9171	1.389	0.014	2.042	2.158
Children surviving	1.935	0.025	9171	9171	1.325	0.013	1.884	1.985
Children ever born to women age 40-49	4.469	0.070	1359	1352	1.134	0.016	4.329	4.609
Know any contraceptive method	0.991	0.003	5578	5703	2.194	0.003	0.986	0.997
Know a modern method	0.991	0.003	5578	5703	2.165	0.003	0.985	0.996
Currently using any method	0.585	0.009	5578	5703	1.331	0.015	0.568	0.603
Currently using a modern method	0.573	0.009	5578	5703	1.351	0.016	0.555	0.590
Currently using a traditional method	0.013	0.002	5578	5703	1.239	0.146	0.009	0.016
Currently using pill	0.413	0.008	5578	5703	1.153	0.018	0.398	0.428
Currently using condoms	0.031	0.003	5578	5703	1.172	0.088	0.025	0.036
Currently using injectables	0.083	0.005	5578	5703	1.284	0.057	0.074	0.093
Currently using female sterilization	0.011	0.001	5578	5703	1.034	0.130	0.008	0.014
Currently using withdrawal	0.010	0.002	5578	5703	1.288	0.170	0.007	0.014
Used public sector source	0.734	0.013	3702	3704	1.742	0.017	0.709	0.759
Want no more children	0.405	0.008	5578	5703	1.235	0.020	0.388	0.421
Want to delay next birth at least 2 years	0.334	0.007	5578	5703	1.179	0.022	0.320	0.349
Ideal number of children	3.789	0.032	9074	9089	1.677	0.008	3.726	3.853
Mothers protected against tetanus for last birth	0.537	0.011	4397	4426	1.411	0.020	0.516	0.558
Births with skilled attendant at delivery	0.662	0.014	5563	5596	2.002	0.021	0.634	0.691
Had diarrhoea in the past 2 weeks	0.132	0.006	5203	5208	1.264	0.045	0.120	0.144
Treated with ORS	0.209	0.019	674	688	1.209	0.091	0.171	0.247
Sought medical treatment	0.358	0.023	674	688	1.263	0.065	0.311	0.404
Vaccination card seen	0.678	0.018	1059	1034	1.245	0.027	0.642	0.715
Received BCG vaccination	0.869	0.015	1059	1034	1.380	0.017	0.839	0.898
Received DPT or pentavalent vaccination (3 doses)	0.729	0.020	1059	1034	1.420	0.027	0.690	0.769
Received polio vaccination (3 doses)	0.729	0.020	1059	1034	1.408	0.027	0.690	0.769
Received measles vaccination	0.791	0.016	1059	1034	1.269	0.021	0.759	0.824
Received all vaccinations	0.645	0.020	1059	1034	1.335	0.031	0.605	0.685
Height-for-age (-2SD)	0.320	0.007	5297	5260	1.077	0.022	0.305	0.334
Weight-for-height (-2SD)	0.030	0.002	5297	5260	1.053	0.083	0.025	0.035
Weight-for-age (-2SD)	0.097	0.005	5297	5260	1.153	0.049	0.087	0.107
Body Mass Index (BMI) <18.5	0.071	0.003	7932	7904	1.186	0.048	0.064	0.078
Body Mass Index (BMI) ≥25	0.313	0.007	7932	7904	1.248	0.021	0.300	0.326
Prevalence of anaemia (children 6-59 months)	0.563	0.010	4317	4221	1.306	0.018	0.543	0.583
Prevalence of anaemia (women 15-49)	0.282	0.007	8155	8169	1.313	0.023	0.269	0.295
Had 2+ sexual partners in past 12 months	0.011	0.001	9171	9171	1.135	0.113	0.009	0.013
Condom use at last sex	0.480	0.058	101	101	1.167	0.121	0.363	0.597
Abstinence among youth (never had sex)	0.819	0.010	2010	1900	1.141	0.012	0.800	0.839
Sexually active in past 12 months among never-married youth	0.130	0.008	2010	1900	1.032	0.060	0.114	0.145
Had an HIV test and received results in past 12 months	0.336	0.007	9171	9171	1.402	0.021	0.322	0.350
Accepting attitudes towards people with HIV	0.398	0.008	8948	8970	1.543	0.020	0.382	0.414
HIV prevalence among all women 15-49	0.177	0.006	9171	7313	1.390	0.031	0.166	0.188
HIV prevalence among pregnant women 15-49	0.119	0.014	723	607	1.125	0.114	0.092	0.146
HIV prevalence among young women 15-24	0.073	0.005	3795	3016	1.259	0.073	0.062	0.084
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.423	0.009	5282	5016	1.274	0.020	0.406	0.441
Total fertility rate (3 years)	4.102	0.094	na	32474	1.358	0.025	3.913	4.290
Neonatal mortality rate (0-4 years)	30.642	3.566	5572	5598	1.389	0.116	23.327	37.457
Post-neonatal mortality rate (0-4 years)	26.031	2.242	5578	5602	1.026	0.086	21.548	30.514
Infant mortality rate (0-4 years)	56.672	3.951	5578	5602	1.199	0.070	46.770	64.575
Child mortality rate (0-4 years)	29.065	2.947	5607	5636	1.192	0.101	23.170	34.960
Under-five mortality rate (0-4 years)	84.091	4.814	5613	5641	1.204	0.057	74.462	93.719
MEN								
Urban residence	0.369	0.011	7104	7110	1.975	0.031	0.346	0.391
Literacy	0.959	0.003	7104	7110	1.228	0.003	0.953	0.964
No education	0.008	0.001	7104	7110	1.185	0.158	0.005	0.010
Secondary education or higher	0.780	0.009	7104	7110	1.759	0.011	0.763	0.797
Never married/in union	0.453	0.008	7104	7110	1.327	0.017	0.437	0.469
Currently married/in union	0.504	0.008	7104	7110	1.272	0.015	0.489	0.519
Had sexual intercourse before age 18	0.211	0.007	5256	5375	1.312	0.035	0.196	0.225
Know any contraceptive method	0.999	0.000	3464	3584	0.839	0.000	0.999	1.000
Know a modern method	0.999	0.001	3464	3584	0.937	0.001	0.998	1.000
Want no more children	0.281	0.009	3464	3584	1.202	0.033	0.263	0.300
Ideal number of children	4.251	0.052	7027	7033	1.565	0.012	4.147	4.355
Body Mass Index (BMI) <18.5	0.153	0.005	6752	6765	1.140	0.033	0.143	0.163
Body Mass Index (BMI) ≥25	0.089	0.005	6752	6765	1.318	0.051	0.080	0.098
Prevalence of anaemia among all men 15-49	0.141	0.006	6009	6022	1.353	0.042	0.129	0.153
Had 2+ sexual partners in past 12 months	0.106	0.005	7104	7110	1.329	0.046	0.096	0.115
Condom use at last sex	0.331	0.020	719	751	1.142	0.061	0.291	0.372
Abstinence among youth (never had sex)	0.622	0.012	2792	2693	1.280	0.019	0.599	0.646
Sexually active in past 12 months among never-married youth	0.270	0.011	2792	2693	1.265	0.039	0.249	0.291
Paid for sexual intercourse in past 12 months	0.031	0.003	7104	7110	1.229	0.082	0.026	0.036
Had an HIV test and received results in past 12 months	0.205	0.008	7104	7110	1.739	0.041	0.188	0.221
Accepting attitudes towards people with HIV	0.390	0.007	6965	6998	1.202	0.018	0.376	0.404
HIV prevalence among all men 15-49	0.123	0.005	7104	6250	1.293	0.041	0.113	0.133
HIV prevalence among all men 15-54	0.127	0.005	7480	6584	1.283	0.039	0.117	0.136
HIV prevalence among young men 15-24	0.036	0.004	3180	2773	1.254	0.115	0.028	0.044
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.152	0.005	16275	13563	1.605	0.030	0.143	0.161

na = Not applicable

Table B.3 Sampling errors for urban sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Literacy	0.982	0.003	3437	3548	1.240	0.003	0.977	0.988
No education	0.008	0.002	3437	3548	1.238	0.240	0.004	0.011
Secondary education or higher	0.860	0.009	3437	3548	1.450	0.010	0.843	0.877
Net attendance ratio	0.880	0.010	1908	1865	1.208	0.011	0.861	0.899
Never married/in union	0.312	0.014	3437	3548	1.715	0.043	0.285	0.340
Currently married/in union	0.546	0.013	3437	3548	1.548	0.024	0.520	0.572
Married before age 20	0.412	0.012	2711	2803	1.276	0.029	0.388	0.436
Had sexual intercourse before age 18	0.266	0.011	2711	2803	1.258	0.040	0.245	0.287
Currently pregnant	0.073	0.007	3437	3548	1.577	0.096	0.059	0.087
Children ever born	1.571	0.035	3437	3548	1.284	0.022	1.501	1.640
Children surviving	1.457	0.030	3437	3548	1.179	0.020	1.398	1.516
Children ever born to women age 40-49	3.452	0.101	450	470	1.178	0.029	3.250	3.654
Know any contraceptive method	0.987	0.007	1835	1937	2.729	0.007	0.973	1.001
Know a modern method	0.987	0.007	1835	1937	2.694	0.007	0.972	1.001
Currently using any method	0.615	0.018	1835	1937	1.569	0.029	0.580	0.651
Currently using a modern method	0.604	0.017	1835	1937	1.513	0.029	0.569	0.638
Currently using a traditional method	0.011	0.003	1835	1937	1.096	0.238	0.006	0.017
Currently using pill	0.429	0.014	1835	1937	1.193	0.032	0.401	0.457
Currently using condoms	0.042	0.006	1835	1937	1.204	0.134	0.031	0.054
Currently using injectables	0.068	0.007	1835	1937	1.139	0.099	0.054	0.081
Currently using female sterilization	0.015	0.003	1835	1937	1.000	0.189	0.009	0.021
Currently using withdrawal	0.009	0.002	1835	1937	1.097	0.264	0.004	0.014
Used public sector source	0.564	0.019	1364	1382	1.418	0.034	0.526	0.602
Want no more children	0.408	0.016	1835	1937	1.398	0.039	0.376	0.440
Want to delay next birth at least 2 years	0.298	0.012	1835	1937	1.103	0.040	0.275	0.322
Ideal number of children	3.310	0.038	3412	3528	1.451	0.012	3.234	3.387
Mothers protected against tetanus for last birth	0.529	0.018	1339	1382	1.292	0.033	0.494	0.564
Births with skilled attendant at delivery	0.860	0.023	1611	1666	2.446	0.027	0.813	0.906
Had diarrhoea in the past 2 weeks	0.149	0.013	1503	1548	1.420	0.088	0.123	0.175
Treated with ORS	0.259	0.038	217	230	1.254	0.146	0.184	0.335
Sought medical treatment	0.372	0.046	217	230	1.392	0.122	0.281	0.463
Vaccination card seen	0.636	0.039	298	298	1.378	0.061	0.558	0.714
Received BCG vaccination	0.873	0.026	298	298	1.340	0.030	0.820	0.926
Received DPT or pentavalent vaccination (3 doses)	0.751	0.040	298	298	1.558	0.053	0.671	0.830
Received polio vaccination (3 doses)	0.773	0.034	298	298	1.387	0.044	0.705	0.842
Received measles vaccination	0.831	0.029	298	298	1.329	0.035	0.772	0.889
Received all vaccinations	0.699	0.039	298	298	1.425	0.055	0.622	0.776
Height-for-age (-2SD)	0.275	0.013	1323	1304	1.014	0.046	0.250	0.301
Weight-for-height (-2SD)	0.021	0.004	1323	1304	1.119	0.207	0.013	0.030
Weight-for-age (-2SD)	0.081	0.011	1323	1304	1.392	0.132	0.060	0.103
Body Mass Index (BMI) <18.5	0.053	0.005	2933	3030	1.161	0.091	0.043	0.062
Body Mass Index (BMI) ≥25	0.405	0.011	2933	3030	1.261	0.028	0.382	0.428
Prevalence of anaemia (children 6-59 months)	0.585	0.017	943	930	1.041	0.029	0.551	0.619
Prevalence of anaemia (women 15-49)	0.306	0.010	2867	2996	1.140	0.032	0.286	0.325
Had 2+ sexual partners in past 12 months	0.014	0.002	3437	3548	1.189	0.167	0.010	0.019
Condom use at last sex	0.666	0.086	47	51	1.233	0.129	0.495	0.838
Abstinence among youth (never had sex)	0.801	0.015	925	915	1.149	0.019	0.771	0.832
Sexually active in past 12 months among never-married youth	0.144	0.012	925	915	1.037	0.083	0.120	0.167
Had an HIV test and received results in past 12 months	0.331	0.010	3437	3548	1.276	0.031	0.310	0.351
Accepting attitudes towards people with HIV	0.462	0.012	3398	3514	1.448	0.027	0.437	0.486
HIV prevalence among all women 15-49	0.196	0.010	3437	2297	1.463	0.051	0.176	0.216
HIV prevalence among pregnant women 15-49	0.108	0.026	229	167	1.265	0.241	0.056	0.160
HIV prevalence among young women 15-24	0.090	0.010	1463	1006	1.401	0.117	0.069	0.111
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.405	0.016	1666	1695	1.329	0.039	0.373	0.437
Total fertility rate (3 years)	3.083	0.129	na	10042	1.456	0.048	2.826	3.341
Neonatal mortality rate (0-9) years)	27.532	5.233	2858	2969	1.592	0.190	17.066	37.997
Post-neonatal mortality rate (0-9 years)	25.236	3.096	2860	2972	1.085	0.123	19.043	31.429
Infant mortality rate (0-9 years)	52.768	6.018	2860	2972	1.392	0.114	40.732	64.803
Child mortality rate (0-9 years)	25.816	3.804	2871	2981	1.130	0.147	18.209	33.424
Under-five mortality rate (0-9 years)	77.222	7.491	2873	2984	1.402	0.097	62.239	92.204
MEN								
Literacy	0.991	0.002	2412	2621	0.974	0.002	0.987	0.994
No education	0.001	0.001	2412	2621	1.087	0.604	0.000	0.003
Secondary education or higher	0.920	0.011	2412	2621	1.917	0.012	0.899	0.941
Never married/in union	0.463	0.013	2412	2621	1.275	0.028	0.437	0.489
Currently married/in union	0.496	0.012	2412	2621	1.208	0.025	0.472	0.521
Had sexual intercourse before age 18	0.212	0.013	1890	2097	1.335	0.059	0.187	0.237
Know any contraceptive method	1.000	0.000	1163	1301	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	1163	1301	na	0.000	1.000	1.000
Want no more children	0.299	0.018	1163	1301	1.314	0.059	0.264	0.334
Ideal number of children	3.664	0.085	2391	2597	1.691	0.023	3.494	3.833
Body Mass Index (BMI) <18.5	0.130	0.006	2210	2416	0.887	0.049	0.118	0.143
Body Mass Index (BMI) ≥25	0.147	0.009	2210	2416	1.201	0.061	0.129	0.165
Prevalence of anaemia among all men 15-49	0.104	0.007	1848	2042	1.085	0.067	0.090	0.118
Had 2+ sexual partners in past 12 months	0.118	0.009	2412	2621	1.414	0.079	0.099	0.136
Condom use at last sex	0.403	0.033	265	309	1.100	0.082	0.337	0.469
Abstinence among youth (never had sex)	0.608	0.020	905	948	1.251	0.033	0.567	0.649
Sexually active in past 12 months among never-married youth	0.266	0.017	905	948	1.169	0.065	0.232	0.300
Paid for sexual intercourse in past 12 months	0.041	0.005	2412	2621	1.220	0.120	0.031	0.051
Had an HIV test and received results in past 12 months	0.221	0.009	2412	2621	1.074	0.041	0.203	0.239
Accepting attitudes towards people with HIV	0.436	0.012	2396	2607	1.198	0.028	0.412	0.460
HIV prevalence among all men 15-49	0.131	0.010	2412	1866	1.434	0.075	0.111	0.151
HIV prevalence among all men 15-54	0.136	0.010	2539	1966	1.427	0.071	0.116	0.155
HIV prevalence among young men 15-24	0.045	0.010	1003	787	1.47	0.214	0.026	0.064
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.167	0.008	5849	4163	1.664	0.049	0.151	0.183

na = Not applicable

Table B.4 Sampling errors for rural sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Literacy	0.910	0.006	5734	5623	1.659	0.007	0.897	0.922
No education	0.033	0.003	5734	5623	1.297	0.093	0.027	0.039
Secondary education or higher	0.594	0.012	5734	5623	1.925	0.021	0.569	0.619
Net attendance ratio	0.866	0.007	6313	6227	1.460	0.008	0.853	0.880
Never married/in union	0.194	0.008	5734	5623	1.460	0.039	0.178	0.209
Currently married/in union	0.670	0.010	5734	5623	1.546	0.014	0.651	0.689
Married before age 20	0.612	0.010	4480	4423	1.439	0.017	0.591	0.633
Had sexual intercourse before age 18	0.456	0.010	4480	4423	1.357	0.022	0.436	0.476
Currently pregnant	0.089	0.005	5734	5623	1.226	0.052	0.080	0.098
Children ever born	2.433	0.037	5734	5623	1.315	0.015	2.358	2.508
Children surviving	2.236	0.033	5734	5623	1.280	0.015	2.169	2.302
Children ever born to women age 40-49	5.012	0.087	909	881	1.134	0.017	4.839	5.185
Know any contraceptive method	0.993	0.002	3743	3766	1.365	0.002	0.989	0.997
Know a modern method	0.993	0.002	3743	3766	1.354	0.002	0.989	0.997
Currently using any method	0.570	0.010	3743	3766	1.217	0.017	0.550	0.590
Currently using a modern method	0.557	0.010	3743	3766	1.282	0.019	0.536	0.577
Currently using a traditional method	0.013	0.002	3743	3766	1.296	0.182	0.009	0.018
Currently using pill	0.405	0.009	3743	3766	1.140	0.023	0.387	0.423
Currently using condoms	0.025	0.003	3743	3766	1.150	0.118	0.019	0.031
Currently using injectables	0.091	0.006	3743	3766	1.341	0.069	0.079	0.104
Currently using female sterilization	0.009	0.002	3743	3766	1.055	0.178	0.006	0.013
Currently using withdrawal	0.011	0.002	3743	3766	1.368	0.215	0.006	0.015
Used public sector source	0.835	0.016	2338	2322	2.128	0.020	0.802	0.868
Want no more children	0.403	0.009	3743	3766	1.140	0.023	0.384	0.421
Want to delay next birth at least 2 years	0.353	0.010	3743	3766	1.221	0.027	0.334	0.372
Ideal number of children	4.093	0.045	5662	5561	1.779	0.011	4.004	4.182
Mothers protected against tetanus for last birth	0.541	0.013	3058	3044	1.466	0.024	0.514	0.567
Births with skilled attendant at delivery	0.579	0.017	3952	3930	1.952	0.029	0.545	0.612
Had diarrhoea in the past 2 weeks	0.125	0.006	3700	3660	1.163	0.051	0.112	0.138
Treated with ORS	0.184	0.021	457	458	1.201	0.117	0.141	0.227
Sought medical treatment	0.351	0.027	457	458	1.195	0.076	0.298	0.404
Vaccination card seen	0.696	0.020	761	736	1.179	0.029	0.656	0.736
Received BCG vaccination	0.867	0.018	761	736	1.400	0.020	0.832	0.903
Received DPT or pentavalent vaccination (3 doses)	0.721	0.023	761	736	1.370	0.032	0.675	0.766
Received polio vaccination (3 doses)	0.711	0.024	761	736	1.422	0.033	0.664	0.759
Received measles vaccination	0.775	0.019	761	736	1.247	0.025	0.737	0.814
Received all vaccinations	0.623	0.023	761	736	1.307	0.037	0.576	0.670
Height-for-age (-2SD)	0.334	0.008	3974	3956	1.093	0.025	0.317	0.351
Weight-for-height (-2SD)	0.032	0.003	3974	3956	1.048	0.092	0.027	0.038
Weight-for-age (-2SD)	0.102	0.005	3974	3956	1.091	0.052	0.091	0.113
Body Mass Index (BMI) <18.5	0.082	0.005	4999	4874	1.207	0.057	0.073	0.092
Body Mass Index (BMI) ≥25	0.255	0.008	4999	4874	1.312	0.032	0.239	0.272
Prevalence of anaemia (children 6-59 months)	0.557	0.012	3374	3291	1.373	0.022	0.532	0.581
Prevalence of anaemia (women 15-49)	0.269	0.009	5288	5173	1.418	0.032	0.251	0.286
Had 2+ sexual partners in past 12 months	0.009	0.001	5734	5623	1.033	0.145	0.006	0.011
Condom use at last sex	0.285	0.064	54	49	1.039	0.226	0.156	0.414
Abstinence among youth (never had sex)	0.836	0.012	1085	985	1.108	0.015	0.811	0.861
Sexually active in past 12 months among never-married youth	0.117	0.010	1085	985	1.005	0.084	0.097	0.136
Had an HIV test and received results in past 12 months	0.340	0.009	5734	5623	1.480	0.027	0.321	0.358
Accepting attitudes towards people with HIV	0.356	0.010	5550	5455	1.622	0.029	0.336	0.377
HIV prevalence among all women 15-49	0.168	0.007	5734	5015	1.350	0.040	0.155	0.182
HIV prevalence among pregnant women 15-49	0.123	0.016	494	439	1.069	0.129	0.091	0.155
HIV prevalence among young women 15-24	0.065	0.006	2332	2010	1.185	0.093	0.053	0.077
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.433	0.010	3616	3320	1.244	0.024	0.412	0.453
Total fertility rate (3 years)	4.757	0.103	na	15660	1.267	0.025	4.551	4.963
Neonatal mortality rate (0-9) years)	28.330	2.787	7172	7127	1.222	0.098	22.757	33.903
Post-neonatal mortality rate (0-9 years)	26.657	2.115	7177	7132	1.024	0.079	22.426	30.888
Infant mortality rate (0-9 years)	54.987	3.609	7177	7132	1.190	0.066	47.769	62.206
Child mortality rate (0-9 years)	23.931	2.358	7195	7153	1.152	0.099	19.215	28.647
Under-five mortality rate (0-9 years)	77.602	4.229	7200	7157	1.169	0.055	69.143	86.061
MEN								
Literacy	0.940	0.004	4692	4488	1.266	0.005	0.931	0.949
No education	0.012	0.002	4692	4488	1.221	0.164	0.008	0.015
Secondary education or higher	0.698	0.012	4692	4488	1.783	0.017	0.675	0.722
Never married/in union	0.447	0.010	4692	4488	1.351	0.022	0.428	0.467
Currently married/in union	0.509	0.010	4692	4488	1.305	0.019	0.490	0.528
Had sexual intercourse before age 18	0.210	0.009	3366	3278	1.291	0.043	0.192	0.228
Know any contraceptive method	0.999	0.001	2301	2283	0.859	0.001	0.998	1.000
Know a modern method	0.998	0.001	2301	2283	0.957	0.001	0.996	1.000
Want no more children	0.271	0.010	2301	2283	1.127	0.039	0.250	0.292
Ideal number of children	4.595	0.064	4636	4436	1.509	0.014	4.466	4.724
Body Mass Index (BMI) <18.5	0.166	0.007	4542	4349	1.271	0.042	0.152	0.180
Body Mass Index (BMI) ≥25	0.057	0.005	4542	4349	1.404	0.085	0.047	0.066
Prevalence of anaemia among all men 15-49	0.159	0.008	4161	3979	1.463	0.050	0.143	0.175
Had 2+ sexual partners in past 12 months	0.098	0.005	4692	4488	1.240	0.055	0.088	0.109
Condom use at last sex	0.281	0.025	454	442	1.200	0.090	0.231	0.332
Abstinence among youth (never had sex)	0.630	0.014	1887	1744	1.298	0.023	0.601	0.659
Sexually active in past 12 months among never-married youth	0.272	0.013	1887	1744	1.316	0.050	0.245	0.299
Paid for sexual intercourse in past 12 months	0.025	0.003	4692	4488	1.173	0.108	0.019	0.030
Had an HIV test and received results in past 12 months	0.195	0.012	4692	4488	2.102	0.062	0.171	0.219
Accepting attitudes towards people with HIV	0.363	0.009	4569	4391	1.238	0.024	0.345	0.380
HIV prevalence among all men 15-49	0.120	0.006	4692	4384	1.231	0.049	0.108	0.131
HIV prevalence among all men 15-54	0.123	0.006	4941	4618	1.221	0.046	0.111	0.134
HIV prevalence among young men 15-24	0.032	0.004	2177	1986	1.133	0.133	0.024	0.041
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.146	0.005	10426	9399	1.575	0.037	0.135	0.156

na = Not applicable

Table B.5 Sampling errors for Manicaland sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.203	0.022	1011	1227	1.764	0.110	0.159	0.248
Literacy	0.944	0.012	1011	1227	1.605	0.012	0.921	0.968
No education	0.019	0.006	1011	1227	1.397	0.318	0.007	0.031
Secondary education or higher	0.671	0.024	1011	1227	1.633	0.036	0.622	0.719
Net attendance ratio	0.872	0.021	953	1149	1.775	0.024	0.830	0.913
Never married/in union	0.202	0.021	1011	1227	1.698	0.106	0.159	0.245
Currently married/in union	0.651	0.025	1011	1227	1.641	0.038	0.602	0.700
Married before age 20	0.579	0.025	795	963	1.417	0.043	0.529	0.628
Had sexual intercourse before age 18	0.381	0.021	795	963	1.233	0.056	0.339	0.424
Currently pregnant	0.088	0.010	1011	1227	1.152	0.116	0.068	0.109
Children ever born	2.323	0.094	1011	1227	1.371	0.040	2.135	2.511
Children surviving	2.082	0.082	1011	1227	1.350	0.039	1.917	2.246
Children ever born to women age 40-49	4.860	0.216	154	187	1.032	0.044	4.428	5.292
Know any contraceptive method	0.991	0.004	656	798	1.066	0.004	0.983	0.999
Know a modern method	0.991	0.004	656	798	1.066	0.004	0.983	0.999
Currently using any method	0.562	0.027	656	798	1.390	0.048	0.508	0.616
Currently using a modern method	0.545	0.027	656	798	1.408	0.050	0.490	0.600
Currently using a traditional method	0.016	0.006	656	798	1.304	0.394	0.003	0.029
Currently using pill	0.358	0.020	656	798	1.055	0.055	0.319	0.398
Currently using condoms	0.039	0.008	656	798	1.002	0.195	0.024	0.054
Currently using injectables	0.108	0.014	656	798	1.147	0.129	0.081	0.136
Currently using female sterilization	0.013	0.005	656	798	1.078	0.374	0.003	0.022
Currently using withdrawal	0.013	0.006	656	798	1.267	0.425	0.002	0.025
Used public sector source	0.757	0.050	380	474	2.260	0.066	0.658	0.857
Want no more children	0.376	0.021	656	798	1.091	0.055	0.335	0.418
Want to delay next birth at least 2 years	0.371	0.019	656	798	1.027	0.052	0.333	0.410
Ideal number of children	4.285	0.112	1001	1217	1.673	0.026	4.060	4.510
Mothers protected against tetanus for last birth	0.489	0.030	517	628	1.347	0.061	0.430	0.548
Births with skilled attendant at delivery	0.605	0.040	695	843	1.904	0.066	0.525	0.685
Had diarrhoea in the past 2 weeks	0.158	0.015	629	766	1.037	0.094	0.128	0.188
Treated with ORS	0.195	0.049	103	121	1.224	0.250	0.097	0.292
Sought medical treatment	0.384	0.058	103	121	1.187	0.151	0.268	0.500
Vaccination card seen	0.549	0.050	145	175	1.202	0.092	0.448	0.650
Received BCG vaccination	0.711	0.058	145	175	1.507	0.082	0.595	0.827
Received DPT or pentavalent vaccination (3 doses)	0.529	0.056	145	175	1.345	0.107	0.416	0.641
Received polio vaccination (3 doses)	0.521	0.062	145	175	1.480	0.119	0.397	0.645
Received measles vaccination	0.650	0.053	145	175	1.309	0.081	0.544	0.756
Received all vaccinations	0.465	0.060	145	175	1.439	0.129	0.344	0.585
Height-for-age (-2SD)	0.337	0.015	646	786	0.764	0.043	0.308	0.366
Weight-for-height (-2SD)	0.021	0.006	646	786	1.020	0.275	0.010	0.033
Weight-for-age (-2SD)	0.081	0.013	646	786	1.175	0.157	0.056	0.107
Body Mass Index (BMI) <18.5	0.060	0.008	869	1052	1.051	0.142	0.043	0.076
Body Mass Index (BMI) ≥25	0.318	0.015	869	1052	0.920	0.046	0.289	0.347
Prevalence of anaemia (children 6-59 months)	0.614	0.032	533	644	1.410	0.052	0.551	0.678
Prevalence of anaemia (women 15-49)	0.307	0.021	903	1092	1.368	0.069	0.265	0.349
Had 2+ sexual partners in past 12 months	0.008	0.003	1011	1227	0.960	0.327	0.003	0.014
Abstinence among youth (never had sex)	0.914	0.019	187	228	0.936	0.021	0.875	0.952
Sexually active in past 12 months among never-married youth	0.076	0.017	187	228	0.850	0.217	0.043	0.109
Had an HIV test and received results in past 12 months	0.328	0.020	1011	1227	1.359	0.061	0.288	0.368
Accepting attitudes towards people with HIV	0.355	0.019	982	1194	1.272	0.055	0.316	0.394
HIV prevalence among all women 15-49	0.179	0.015	1011	1005	1.202	0.081	0.150	0.208
HIV prevalence among pregnant women 15-49	0.103	0.034	90	89	1.048	0.329	0.035	0.170
HIV prevalence among young women 15-24	0.045	0.012	410	411	1.156	0.264	0.021	0.069
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.491	0.021	636	721	1.079	0.044	0.449	0.534
Total fertility rate (3 years)	4.757	0.271	na	3419	1.406	0.068	4.215	5.300
Neonatal mortality rate (0-9) years)	38.465	5.601	1241	1507	0.895	0.146	27.264	49.666
Post-neonatal mortality rate (0-9 years)	22.947	4.749	1244	1511	1.124	0.207	13.449	32.444
Infant mortality rate (0-9 years)	61.412	6.549	1244	1511	0.897	0.107	48.314	74.509
Child mortality rate (0-9 years)	37.626	6.402	1249	1517	1.021	0.170	24.822	50.430
Under-five mortality rate (0-9 years)	96.727	9.839	1252	1521	1.047	0.102	77.049	116.406
MEN								
Urban residence	0.183	0.022	789	972	1.613	0.121	0.138	0.227
Literacy	0.960	0.008	789	972	1.208	0.009	0.943	0.977
No education	0.004	0.002	789	972	0.775	0.456	0.000	0.007
Secondary education or higher	0.787	0.022	789	972	1.484	0.027	0.744	0.830
Never married/in union	0.440	0.026	789	972	1.456	0.058	0.389	0.492
Currently married/in union	0.510	0.024	789	972	1.370	0.048	0.461	0.559
Had sexual intercourse before age 18	0.139	0.018	567	721	1.227	0.129	0.103	0.174
Know any contraceptive method	1.000	0.000	394	496	na	0.000	1.000	1.000
Know a modern method	0.998	0.002	394	496	0.916	0.002	0.994	1.002
Want no more children	0.269	0.024	394	496	1.077	0.089	0.221	0.318
Ideal number of children	4.720	0.180	784	966	1.598	0.038	4.359	5.080
Body Mass Index (BMI) <18.5	0.135	0.018	754	929	1.444	0.133	0.099	0.171
Body Mass Index (BMI) ≥25	0.080	0.013	754	929	1.282	0.159	0.054	0.105
Prevalence of anaemia among all men 15-49	0.160	0.023	685	847	1.615	0.143	0.114	0.206
Had 2+ sexual partners in past 12 months	0.122	0.015	789	972	1.311	0.125	0.091	0.152
Condom use at last sex	0.271	0.047	95	118	1.019	0.173	0.177	0.364
Abstinence among youth (never had sex)	0.652	0.044	304	358	1.603	0.067	0.565	0.740
Sexually active in past 12 months among never-married youth	0.265	0.044	304	358	1.725	0.165	0.178	0.353
Paid for sexual intercourse in past 12 months	0.038	0.008	789	972	1.107	0.198	0.023	0.053
Had an HIV test and received results in past 12 months	0.251	0.043	789	972	2.756	0.169	0.166	0.337
Accepting attitudes towards people with HIV	0.423	0.018	781	964	1.003	0.042	0.388	0.459
HIV prevalence among all men 15-49	0.098	0.014	789	886	1.310	0.142	0.070	0.126
HIV prevalence among all men 15-54	0.100	0.013	823	927	1.232	0.129	0.074	0.126
HIV prevalence among young men 15-24	0.022	0.010	349	390	1.217	0.433	0.003	0.041
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.141	0.012	1800	1891	1.487	0.086	0.117	0.166

na = Not applicable

Table B.6 Sampling errors for Mashonaland Central sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.070	0.012	904	871	1.468	0.178	0.045	0.095
Literacy	0.858	0.019	904	871	1.646	0.022	0.820	0.897
No education	0.053	0.010	904	871	1.307	0.183	0.034	0.073
Secondary education or higher	0.537	0.037	904	871	2.224	0.069	0.464	0.611
Net attendance ratio	0.887	0.015	806	818	1.384	0.017	0.856	0.918
Never married/in union	0.160	0.017	904	871	1.408	0.107	0.126	0.195
Currently married/in union	0.719	0.021	904	871	1.385	0.029	0.678	0.760
Married before age 20	0.727	0.032	722	693	1.942	0.044	0.663	0.792
Had sexual intercourse before age 18	0.513	0.035	722	693	1.856	0.067	0.444	0.582
Currently pregnant	0.091	0.011	904	871	1.136	0.119	0.069	0.113
Children ever born	2.516	0.089	904	871	1.265	0.036	2.337	2.695
Children surviving	2.255	0.076	904	871	1.227	0.034	2.103	2.406
Children ever born to women age 40-49	5.011	0.240	140	137	1.288	0.048	4.531	5.492
Know any contraceptive method	0.998	0.002	640	626	1.143	0.002	0.994	1.002
Know a modern method	0.998	0.002	640	626	1.143	0.002	0.994	1.002
Currently using any method	0.638	0.027	640	626	1.406	0.042	0.584	0.691
Currently using a modern method	0.616	0.032	640	626	1.666	0.052	0.552	0.680
Currently using a traditional method	0.022	0.007	640	626	1.250	0.327	0.008	0.037
Currently using pill	0.499	0.028	640	626	1.400	0.055	0.444	0.555
Currently using condoms	0.029	0.006	640	626	0.936	0.215	0.016	0.041
Currently using injectables	0.059	0.013	640	626	1.389	0.219	0.033	0.085
Currently using female sterilization	0.013	0.005	640	626	1.046	0.366	0.003	0.022
Currently using withdrawal	0.018	0.007	640	626	1.418	0.414	0.003	0.033
Used public sector source	0.824	0.031	440	416	1.733	0.038	0.761	0.887
Want no more children	0.368	0.019	640	626	1.018	0.053	0.330	0.407
Want to delay next birth at least 2 years	0.395	0.023	640	626	1.193	0.058	0.348	0.441
Ideal number of children	4.320	0.099	888	855	1.628	0.023	4.122	4.519
Mothers protected against tetanus for last birth	0.509	0.029	482	471	1.299	0.058	0.450	0.568
Births with skilled attendant at delivery	0.514	0.046	612	603	2.119	0.090	0.421	0.607
Had diarrhoea in the past 2 weeks	0.142	0.014	570	563	1.000	0.102	0.113	0.171
Treated with ORS	0.251	0.056	79	80	1.175	0.224	0.139	0.364
Sought medical treatment	0.306	0.063	79	80	1.236	0.206	0.180	0.433
Vaccination card seen	0.826	0.045	91	91	1.156	0.055	0.735	0.917
Received BCG vaccination	0.903	0.025	91	91	0.811	0.027	0.853	0.953
Received DPT or pentavalent vaccination (3 doses)	0.784	0.044	91	91	1.043	0.057	0.695	0.873
Received polio vaccination (3 doses)	0.786	0.057	91	91	1.348	0.073	0.671	0.900
Received measles vaccination	0.810	0.037	91	91	0.901	0.045	0.737	0.883
Received all vaccinations	0.673	0.058	91	91	1.197	0.087	0.556	0.790
Height-for-age (-2SD)	0.329	0.022	564	576	1.100	0.067	0.285	0.373
Weight-for-height (-2SD)	0.038	0.008	564	576	1.035	0.214	0.022	0.054
Weight-for-age (-2SD)	0.120	0.018	564	576	1.264	0.146	0.085	0.155
Body Mass Index (BMI) <18.5	0.085	0.014	789	761	1.453	0.170	0.056	0.114
Body Mass Index (BMI) ≥25	0.224	0.022	789	761	1.460	0.097	0.180	0.267
Prevalence of anaemia (children 6-59 months)	0.554	0.028	465	476	1.218	0.051	0.498	0.610
Prevalence of anaemia (women 15-49)	0.232	0.025	825	796	1.734	0.110	0.181	0.282
Had 2+ sexual partners in past 12 months	0.005	0.002	904	871	0.912	0.419	0.001	0.010
Abstinence among youth (never had sex)	0.890	0.028	138	130	1.037	0.031	0.835	0.946
Sexually active in past 12 months among never-married youth	0.072	0.020	138	130	0.924	0.283	0.031	0.113
Had an HIV test and received results in past 12 months	0.359	0.023	904	871	1.445	0.064	0.313	0.405
Accepting attitudes towards people with HIV	0.346	0.023	901	868	1.470	0.067	0.300	0.393
HIV prevalence among all women 15-49	0.151	0.018	904	768	1.482	0.117	0.115	0.186
HIV prevalence among pregnant women 15-49	0.128	0.043	80	66	1.133	0.332	0.043	0.214
HIV prevalence among young women 15-24	0.066	0.016	352	299	1.221	0.245	0.034	0.099
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.564	0.028	604	540	1.363	0.049	0.509	0.619
Total fertility rate (3 years)	4.486	0.255	na	2440	1.294	0.065	3.975	4.996
Neonatal mortality rate (0-9) years)	36.677	6.517	1151	1139	1.037	0.178	23.643	49.711
Post-neonatal mortality rate (0-9 years)	33.010	5.962	1151	1139	0.893	0.181	21.085	44.935
Infant mortality rate (0-9 years)	69.687	10.475	1151	1139	1.167	0.150	48.737	90.637
Child mortality rate (0-9 years)	26.722	4.090	1155	1143	0.835	0.153	18.542	34.903
Under-five mortality rate (0-9 years)	94.547	11.667	1155	1143	1.127	0.123	71.212	117.882
MEN								
Urban residence	0.062	0.012	789	738	1.368	0.190	0.038	0.085
Literacy	0.953	0.009	789	738	1.140	0.009	0.936	0.971
No education	0.013	0.005	789	738	1.173	0.362	0.004	0.023
Secondary education or higher	0.680	0.034	789	738	2.025	0.050	0.612	0.747
Never married/in union	0.395	0.023	789	738	1.305	0.058	0.349	0.440
Currently married/in union	0.571	0.024	789	738	1.333	0.041	0.524	0.618
Had sexual intercourse before age 18	0.244	0.025	607	566	1.435	0.103	0.194	0.294
Know any contraceptive method	1.000	0.000	448	421	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	448	421	na	0.000	1.000	1.000
Want no more children	0.224	0.025	448	421	1.254	0.111	0.174	0.273
Ideal number of children	4.721	0.134	784	733	1.286	0.028	4.453	4.988
Body Mass Index (BMI) <18.5	0.190	0.017	756	708	1.161	0.087	0.157	0.223
Body Mass Index (BMI) ≥25	0.065	0.013	756	708	1.442	0.199	0.039	0.091
Prevalence of anaemia among all men 15-49	0.124	0.021	697	651	1.677	0.169	0.082	0.166
Had 2+ sexual partners in past 12 months	0.115	0.016	789	738	1.423	0.141	0.083	0.147
Condom use at last sex	0.263	0.059	85	85	1.232	0.225	0.145	0.382
Abstinence among youth (never had sex)	0.604	0.034	279	260	1.164	0.056	0.536	0.673
Sexually active in past 12 months among never-married youth	0.262	0.026	279	260	0.992	0.100	0.210	0.314
Paid for sexual intercourse in past 12 months	0.026	0.008	789	738	1.339	0.295	0.010	0.041
Had an HIV test and received results in past 12 months	0.219	0.028	789	738	1.914	0.129	0.163	0.276
Accepting attitudes towards people with HIV	0.328	0.019	786	736	1.157	0.059	0.289	0.366
HIV prevalence among all men 15-49	0.123	0.015	789	713	1.275	0.121	0.093	0.153
HIV prevalence among all men 15-54	0.124	0.015	828	746	1.278	0.118	0.094	0.153
HIV prevalence among young men 15-24	0.039	0.011	345	319	1.095	0.291	0.016	0.062
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.137	0.014	1693	1480	1.671	0.102	0.109	0.165

na = Not applicable

Table B.7 Sampling errors for Mashonaland East sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.144	0.039	847	824	3.217	0.270	0.066	0.221
Literacy	0.950	0.008	847	824	1.122	0.009	0.933	0.967
No education	0.020	0.005	847	824	1.076	0.256	0.010	0.031
Secondary education or higher	0.723	0.027	847	824	1.736	0.037	0.669	0.776
Net attendance ratio	0.862	0.015	895	903	1.187	0.017	0.832	0.892
Never married/in union	0.192	0.019	847	824	1.390	0.098	0.155	0.230
Currently married/in union	0.656	0.025	847	824	1.513	0.038	0.607	0.706
Married before age 20	0.600	0.027	679	664	1.427	0.045	0.547	0.654
Had sexual intercourse before age 18	0.452	0.028	679	664	1.444	0.061	0.397	0.508
Currently pregnant	0.073	0.010	847	824	1.080	0.133	0.053	0.092
Children ever born	2.192	0.082	847	824	1.247	0.037	2.028	2.356
Children surviving	2.054	0.080	847	824	1.306	0.039	1.893	2.214
Children ever born to women age 40-49	4.249	0.206	141	140	1.171	0.049	3.836	4.662
Know any contraceptive method	0.998	0.002	552	541	1.061	0.002	0.994	1.002
Know a modern method	0.998	0.002	552	541	1.061	0.002	0.994	1.002
Currently using any method	0.625	0.023	552	541	1.118	0.037	0.579	0.671
Currently using a modern method	0.608	0.026	552	541	1.267	0.043	0.555	0.660
Currently using a traditional method	0.017	0.008	552	541	1.482	0.480	0.001	0.033
Currently using pill	0.434	0.026	552	541	1.253	0.061	0.381	0.487
Currently using condoms	0.029	0.008	552	541	1.141	0.280	0.013	0.046
Currently using injectables	0.094	0.014	552	541	1.102	0.146	0.066	0.121
Currently using female sterilization	0.010	0.005	552	541	1.082	0.454	0.001	0.019
Currently using withdrawal	0.017	0.008	552	541	1.482	0.480	0.001	0.033
Used public sector source	0.852	0.031	379	365	1.699	0.036	0.790	0.914
Want no more children	0.446	0.030	552	541	1.424	0.068	0.386	0.506
Want to delay next birth at least 2 years	0.373	0.030	552	541	1.433	0.079	0.314	0.432
Ideal number of children	3.882	0.082	843	821	1.507	0.021	3.718	4.046
Mothers protected against tetanus for last birth	0.714	0.030	439	426	1.365	0.041	0.655	0.773
Births with skilled attendant at delivery	0.599	0.029	551	530	1.271	0.048	0.541	0.657
Had diarrhoea in the past 2 weeks	0.123	0.016	521	505	1.066	0.126	0.092	0.154
Treated with ORS	0.227	0.052	67	62	1.005	0.231	0.122	0.331
Sought medical treatment	0.496	0.069	67	62	1.095	0.138	0.359	0.633
Vaccination card seen	0.686	0.045	127	120	1.074	0.066	0.595	0.776
Received BCG vaccination	0.885	0.032	127	120	1.107	0.036	0.821	0.949
Received DPT or pentavalent vaccination (3 doses)	0.859	0.034	127	120	1.098	0.040	0.790	0.928
Received polio vaccination (3 doses)	0.849	0.035	127	120	1.077	0.041	0.779	0.919
Received measles vaccination	0.820	0.039	127	120	1.129	0.048	0.742	0.898
Received all vaccinations	0.796	0.039	127	120	1.077	0.049	0.717	0.874
Height-for-age (-2SD)	0.349	0.021	570	569	1.006	0.060	0.307	0.391
Weight-for-height (-2SD)	0.038	0.009	570	569	1.156	0.240	0.020	0.056
Weight-for-age (-2SD)	0.095	0.013	570	569	0.978	0.136	0.069	0.121
Body Mass Index (BMI) <18.5	0.062	0.012	750	734	1.356	0.191	0.039	0.086
Body Mass Index (BMI) ≥25	0.286	0.030	750	734	1.846	0.106	0.225	0.346
Prevalence of anaemia (children 6-59 months)	0.628	0.033	489	492	1.501	0.053	0.561	0.695
Prevalence of anaemia (women 15-49)	0.294	0.021	777	757	1.261	0.070	0.253	0.335
Had 2+ sexual partners in past 12 months	0.009	0.003	847	824	1.054	0.373	0.002	0.016
Abstinence among youth (never had sex)	0.874	0.025	146	142	0.893	0.028	0.824	0.923
Sexually active in past 12 months among never-married youth	0.101	0.021	146	142	0.844	0.209	0.059	0.143
Had an HIV test and received results in past 12 months	0.293	0.024	847	824	1.503	0.080	0.246	0.340
Accepting attitudes towards people with HIV	0.381	0.033	841	819	1.980	0.087	0.315	0.448
HIV prevalence among all women 15-49	0.178	0.016	847	740	1.220	0.090	0.146	0.210
HIV prevalence among pregnant women 15-49	0.153	0.050	64	53	1.100	0.326	0.053	0.253
HIV prevalence among young women 15-24	0.086	0.021	337	287	1.345	0.239	0.045	0.127
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.420	0.025	575	495	1.194	0.059	0.370	0.469
Total fertility rate (3 years)	4.463	0.296	na	2319	1.335	0.069	3.870	5.056
Neonatal mortality rate (0-9) years)	22.340	5.554	985	955	1.107	0.249	11.232	33.448
Post-neonatal mortality rate (0-9 years)	18.545	4.177	985	955	0.979	0.225	10.192	26.899
Infant mortality rate (0-9 years)	40.885	7.727	985	955	1.176	0.189	25.431	56.340
Child mortality rate (0-9 years)	17.281	4.691	985	955	0.971	0.271	7.898	26.664
Under-five mortality rate (0-9 years)	57.460	10.422	985	955	1.260	0.181	36.616	78.303
MEN								
Urban residence	0.138	0.044	714	667	3.397	0.318	0.050	0.225
Literacy	0.951	0.011	714	667	1.414	0.012	0.928	0.974
No education	0.003	0.002	714	667	0.975	0.712	0.000	0.006
Secondary education or higher	0.804	0.030	714	667	2.010	0.037	0.744	0.864
Never married/in union	0.456	0.019	714	667	1.037	0.042	0.418	0.495
Currently married/in union	0.501	0.018	714	667	0.947	0.035	0.466	0.536
Had sexual intercourse before age 18	0.209	0.019	525	493	1.073	0.091	0.171	0.247
Know any contraceptive method	1.000	0.000	358	334	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	358	334	na	0.000	1.000	1.000
Want no more children	0.276	0.033	358	334	1.387	0.119	0.210	0.341
Ideal number of children	4.501	0.216	696	651	1.542	0.048	4.069	4.933
Body Mass Index (BMI) <18.5	0.138	0.013	698	651	1.022	0.097	0.112	0.165
Body Mass Index (BMI) ≥25	0.060	0.015	698	651	1.630	0.245	0.031	0.089
Prevalence of anaemia among all men 15-49	0.181	0.023	613	574	1.512	0.127	0.135	0.227
Had 2+ sexual partners in past 12 months	0.093	0.011	714	667	0.999	0.117	0.071	0.114
Condom use at last sex	0.386	0.066	65	62	1.085	0.171	0.254	0.519
Abstinence among youth (never had sex)	0.659	0.028	278	261	0.997	0.043	0.603	0.716
Sexually active in past 12 months among never-married youth	0.246	0.029	278	261	1.129	0.119	0.188	0.304
Paid for sexual intercourse in past 12 months	0.029	0.008	714	667	1.320	0.286	0.012	0.046
Had an HIV test and received results in past 12 months	0.161	0.011	714	667	0.805	0.069	0.139	0.183
Accepting attitudes towards people with HIV	0.315	0.019	711	662	1.079	0.060	0.277	0.352
HIV prevalence among all men 15-49	0.132	0.013	714	660	1.029	0.099	0.106	0.158
HIV prevalence among all men 15-54	0.129	0.013	745	690	1.055	0.100	0.103	0.155
HIV prevalence among young men 15-24	0.055	0.019	316	299	1.448	0.337	0.018	0.093
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.157	0.011	1561	1401	1.237	0.073	0.134	0.179

na = Not applicable

Table B.8 Sampling errors for Mashonaland West sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.254	0.028	970	1026	2.030	0.112	0.197	0.311
Literacy	0.914	0.017	970	1026	1.886	0.019	0.880	0.948
No education	0.027	0.007	970	1026	1.333	0.256	0.013	0.041
Secondary education or higher	0.623	0.029	970	1026	1.850	0.046	0.565	0.680
Net attendance ratio	0.850	0.018	887	1008	1.365	0.021	0.814	0.886
Never married/in union	0.175	0.013	970	1026	1.051	0.073	0.150	0.201
Currently married/in union	0.700	0.020	970	1026	1.337	0.028	0.660	0.739
Married before age 20	0.653	0.020	787	832	1.190	0.031	0.613	0.694
Had sexual intercourse before age 18	0.441	0.019	787	832	1.077	0.043	0.403	0.479
Currently pregnant	0.085	0.007	970	1026	0.804	0.085	0.071	0.100
Children ever born	2.362	0.078	970	1026	1.186	0.033	2.206	2.518
Children surviving	2.139	0.060	970	1026	1.020	0.028	2.019	2.260
Children ever born to women age 40-49	4.956	0.173	127	136	0.831	0.035	4.610	5.303
Know any contraceptive method	0.987	0.004	668	718	0.978	0.004	0.978	0.995
Know a modern method	0.987	0.004	668	718	0.978	0.004	0.978	0.995
Currently using any method	0.621	0.018	668	718	0.966	0.029	0.585	0.658
Currently using a modern method	0.612	0.020	668	718	1.056	0.033	0.572	0.652
Currently using a traditional method	0.009	0.004	668	718	1.054	0.422	0.001	0.017
Currently using pill	0.460	0.019	668	718	0.973	0.041	0.423	0.498
Currently using condoms	0.033	0.009	668	718	1.288	0.271	0.015	0.051
Currently using injectables	0.090	0.014	668	718	1.289	0.159	0.061	0.118
Currently using female sterilization	0.003	0.002	668	718	1.061	0.743	0.000	0.008
Currently using withdrawal	0.007	0.003	668	718	1.078	0.513	0.000	0.013
Used public sector source	0.785	0.035	448	472	1.786	0.044	0.715	0.854
Want no more children	0.428	0.017	668	718	0.902	0.040	0.394	0.463
Want to delay next birth at least 2 years	0.289	0.020	668	718	1.116	0.068	0.250	0.328
Ideal number of children	3.770	0.125	961	1016	2.170	0.033	3.521	4.020
Mothers protected against tetanus for last birth	0.570	0.042	512	552	1.936	0.074	0.486	0.654
Births with skilled attendant at delivery	0.550	0.044	651	701	2.034	0.079	0.463	0.637
Had diarrhoea in the past 2 weeks	0.146	0.020	584	628	1.406	0.138	0.105	0.186
Treated with ORS	0.096	0.041	86	92	1.287	0.424	0.015	0.178
Sought medical treatment	0.213	0.050	86	92	1.154	0.236	0.113	0.314
Vaccination card seen	0.776	0.051	106	107	1.241	0.066	0.673	0.879
Received BCG vaccination	0.939	0.026	106	107	1.074	0.027	0.888	0.990
Received DPT or pentavalent vaccination (3 doses)	0.839	0.051	106	107	1.403	0.061	0.736	0.942
Received polio vaccination (3 doses)	0.818	0.055	106	107	1.434	0.067	0.708	0.928
Received measles vaccination	0.808	0.049	106	107	1.255	0.061	0.709	0.906
Received all vaccinations	0.731	0.051	106	107	1.147	0.069	0.630	0.832
Height-for-age (-2SD)	0.312	0.026	578	642	1.286	0.084	0.260	0.364
Weight-for-height (-2SD)	0.024	0.008	578	642	1.190	0.310	0.009	0.040
Weight-for-age (-2SD)	0.102	0.012	578	642	0.953	0.119	0.078	0.126
Body Mass Index (BMI) <18.5	0.075	0.011	854	897	1.243	0.150	0.053	0.098
Body Mass Index (BMI) ≥25	0.287	0.014	854	897	0.926	0.050	0.258	0.316
Prevalence of anaemia (children 6-59 months)	0.450	0.028	422	473	1.183	0.061	0.394	0.505
Prevalence of anaemia (women 15-49)	0.222	0.015	868	923	1.092	0.069	0.191	0.253
Had 2+ sexual partners in past 12 months	0.014	0.004	970	1026	1.094	0.298	0.006	0.022
Abstinence among youth (never had sex)	0.892	0.027	162	162	1.101	0.030	0.838	0.946
Sexually active in past 12 months among never-married youth	0.070	0.025	162	162	1.243	0.357	0.020	0.120
Had an HIV test and received results in past 12 months	0.378	0.028	970	1026	1.795	0.074	0.322	0.434
Accepting attitudes towards people with HIV	0.341	0.026	941	1002	1.702	0.077	0.288	0.394
HIV prevalence among all women 15-49	0.178	0.017	970	863	1.375	0.095	0.144	0.212
HIV prevalence among pregnant women 15-49	0.145	0.049	81	74	1.234	0.335	0.048	0.242
HIV prevalence among young women 15-24	0.063	0.016	388	337	1.314	0.258	0.030	0.095
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.467	0.020	639	625	1.028	0.043	0.426	0.508
Total fertility rate (3 years)	4.495	0.260	na	2885	1.284	0.066	3.975	5.016
Neonatal mortality rate (0-9) years)	37.648	10.239	1176	1280	1.460	0.272	17.169	58.126
Post-neonatal mortality rate (0-9 years)	32.006	4.486	1176	1280	0.888	0.140	23.033	40.978
Infant mortality rate (0-9 years)	69.653	11.481	1176	1280	1.393	0.165	46.691	92.616
Child mortality rate (0-9 years)	25.570	8.032	1180	1284	1.290	0.314	9.506	41.635
Under-five mortality rate (0-9 years)	93.442	11.362	1180	1284	1.173	0.122	70.718	116.167
MEN								
Urban residence	0.214	0.024	836	872	1.712	0.114	0.165	0.262
Literacy	0.978	0.005	836	872	1.046	0.005	0.968	0.989
No education	0.004	0.002	836	872	0.995	0.521	0.000	0.009
Secondary education or higher	0.742	0.018	836	872	1.170	0.024	0.707	0.778
Never married/in union	0.418	0.022	836	872	1.314	0.054	0.373	0.463
Currently married/in union	0.537	0.022	836	872	1.275	0.041	0.493	0.581
Had sexual intercourse before age 18	0.223	0.020	632	671	1.235	0.092	0.182	0.264
Know any contraceptive method	1.000	0.000	441	468	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	441	468	na	0.000	1.000	1.000
Want no more children	0.289	0.022	441	468	1.015	0.076	0.245	0.333
Ideal number of children	4.057	0.103	825	861	1.270	0.025	3.850	4.263
Body Mass Index (BMI) <18.5	0.149	0.015	823	859	1.194	0.100	0.119	0.178
Body Mass Index (BMI) ≥25	0.062	0.009	823	859	1.084	0.147	0.044	0.080
Prevalence of anaemia among all men 15-49	0.100	0.012	725	768	1.120	0.120	0.076	0.124
Had 2+ sexual partners in past 12 months	0.084	0.010	836	872	1.034	0.118	0.064	0.104
Condom use at last sex	0.299	0.072	67	73	1.285	0.242	0.154	0.443
Abstinence among youth (never had sex)	0.707	0.035	303	308	1.332	0.049	0.637	0.777
Sexually active in past 12 months among never-married youth	0.196	0.031	303	308	1.346	0.157	0.135	0.258
Paid for sexual intercourse in past 12 months	0.022	0.006	836	872	1.139	0.262	0.011	0.034
Had an HIV test and received results in past 12 months	0.221	0.020	836	872	1.395	0.091	0.181	0.261
Accepting attitudes towards people with HIV	0.439	0.020	832	868	1.172	0.046	0.399	0.480
HIV prevalence among all men 15-49	0.115	0.013	836	819	1.148	0.110	0.090	0.141
HIV prevalence among all men 15-54	0.120	0.013	884	865	1.152	0.105	0.095	0.145
HIV prevalence among young men 15-24	0.025	0.009	353	343	1.08	0.359	0.007	0.043
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.148	0.013	1806	1682	1.581	0.089	0.121	0.174

na = Not applicable

Table B.9 Sampling errors for Matabeleland North sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.185	0.044	767	443	3.165	0.240	0.096	0.274
Literacy	0.879	0.033	767	443	2.797	0.038	0.813	0.945
No education	0.045	0.013	767	443	1.772	0.295	0.018	0.071
Secondary education or higher	0.521	0.038	767	443	2.125	0.074	0.445	0.598
Net attendance ratio	0.848	0.015	864	477	1.233	0.018	0.817	0.878
Never married/in union	0.277	0.028	767	443	1.746	0.102	0.221	0.334
Currently married/in union	0.580	0.028	767	443	1.545	0.047	0.525	0.635
Married before age 20	0.483	0.030	590	343	1.475	0.063	0.422	0.543
Had sexual intercourse before age 18	0.505	0.021	590	343	1.043	0.043	0.462	0.547
Currently pregnant	0.077	0.021	767	443	2.152	0.270	0.035	0.118
Children ever born	2.335	0.107	767	443	1.374	0.046	2.120	2.550
Children surviving	2.229	0.101	767	443	1.356	0.045	2.027	2.431
Children ever born to women age 40-49	5.197	0.221	126	71	1.148	0.042	4.755	5.638
Know any contraceptive method	0.998	0.002	445	257	0.949	0.002	0.994	1.002
Know a modern method	0.998	0.002	445	257	0.949	0.002	0.994	1.002
Currently using any method	0.508	0.030	445	257	1.277	0.060	0.447	0.568
Currently using a modern method	0.493	0.028	445	257	1.181	0.057	0.437	0.549
Currently using a traditional method	0.014	0.006	445	257	1.126	0.442	0.002	0.027
Currently using pill	0.276	0.034	445	257	1.603	0.123	0.208	0.344
Currently using condoms	0.016	0.006	445	257	1.008	0.378	0.004	0.028
Currently using injectables	0.122	0.021	445	257	1.340	0.170	0.080	0.164
Currently using female sterilization	0.007	0.003	445	257	0.889	0.517	0.000	0.013
Currently using withdrawal	0.010	0.005	445	257	1.007	0.480	0.000	0.019
Used public sector source	0.901	0.021	282	168	1.154	0.023	0.860	0.942
Want no more children	0.436	0.035	445	257	1.495	0.081	0.366	0.506
Want to delay next birth at least 2 years	0.295	0.037	445	257	1.730	0.127	0.221	0.370
Ideal number of children	3.672	0.114	735	423	1.515	0.031	3.443	3.901
Mothers protected against tetanus for last birth	0.503	0.032	372	215	1.219	0.063	0.440	0.566
Births with skilled attendant at delivery	0.657	0.041	465	265	1.722	0.062	0.575	0.739
Had diarrhoea in the past 2 weeks	0.142	0.022	451	256	1.309	0.151	0.099	0.186
Treated with ORS	0.217	0.049	63	36	0.940	0.226	0.119	0.315
Sought medical treatment	0.600	0.062	63	36	0.994	0.104	0.476	0.724
Vaccination card seen	0.742	0.047	90	54	1.041	0.063	0.648	0.837
Received BCG vaccination	0.980	0.014	90	54	0.977	0.015	0.951	1.008
Received DPT or pentavalent vaccination (3 doses)	0.802	0.044	90	54	1.061	0.054	0.715	0.890
Received polio vaccination (3 doses)	0.814	0.050	90	54	1.237	0.061	0.715	0.914
Received measles vaccination	0.910	0.036	90	54	1.213	0.039	0.839	0.982
Received all vaccinations	0.657	0.042	90	54	0.853	0.064	0.573	0.741
Height-for-age (-2SD)	0.338	0.024	476	258	1.081	0.072	0.290	0.387
Weight-for-height (-2SD)	0.058	0.012	476	258	1.082	0.202	0.034	0.081
Weight-for-age (-2SD)	0.144	0.017	476	258	1.041	0.116	0.110	0.177
Body Mass Index (BMI) <18.5	0.149	0.016	669	384	1.168	0.108	0.117	0.181
Body Mass Index (BMI) ≥25	0.230	0.026	669	384	1.589	0.113	0.178	0.282
Prevalence of anaemia (children 6-59 months)	0.561	0.021	445	237	0.908	0.037	0.519	0.603
Prevalence of anaemia (women 15-49)	0.267	0.024	704	406	1.432	0.089	0.219	0.315
Had 2+ sexual partners in past 12 months	0.002	0.001	767	443	0.842	0.730	0.000	0.004
Abstinence among youth (never had sex)	0.578	0.052	183	99	1.420	0.090	0.474	0.682
Sexually active in past 12 months among never-married youth	0.320	0.035	183	99	1.000	0.108	0.250	0.389
Had an HIV test and received results in past 12 months	0.336	0.021	767	443	1.241	0.063	0.294	0.379
Accepting attitudes towards people with HIV	0.435	0.027	731	422	1.456	0.061	0.381	0.488
HIV prevalence among all women 15-49	0.202	0.024	767	353	1.663	0.120	0.153	0.250
HIV prevalence among pregnant women 15-49	0.155	0.061	53	28	1.209	0.391	0.034	0.276
HIV prevalence among young women 15-24	0.104	0.020	297	135	1.110	0.189	0.065	0.143
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.166	0.024	419	229	1.331	0.146	0.118	0.215
Total fertility rate (3 years)	4.060	0.293	na	1233	1.204	0.068	3.474	4.647
Neonatal mortality rate (0-9) years)	10.119	4.087	875	499	1.207	0.404	1.945	18.293
Post-neonatal mortality rate (0-9 years)	13.364	4.121	876	499	1.012	0.308	5.122	21.605
Infant mortality rate (0-9 years)	23.482	6.966	876	499	1.205	0.297	9.551	37.414
Child mortality rate (0-9 years)	12.985	4.413	877	500	1.036	0.340	4.159	21.811
Under-five mortality rate (0-9 years)	36.163	6.669	878	501	0.971	0.184	22.826	49.500
MEN								
Urban residence	0.215	0.051	557	349	2.928	0.237	0.113	0.317
Literacy	0.835	0.027	557	349	1.740	0.033	0.780	0.890
No education	0.058	0.017	557	349	1.671	0.285	0.025	0.091
Secondary education or higher	0.506	0.039	557	349	1.828	0.077	0.429	0.584
Never married/in union	0.503	0.026	557	349	1.203	0.051	0.452	0.554
Currently married/in union	0.460	0.024	557	349	1.145	0.053	0.411	0.508
Had sexual intercourse before age 18	0.250	0.022	404	252	1.021	0.088	0.206	0.294
Know any contraceptive method	0.992	0.005	245	160	0.986	0.006	0.981	1.003
Know a modern method	0.992	0.005	245	160	0.986	0.006	0.981	1.003
Want no more children	0.291	0.037	245	160	1.255	0.125	0.218	0.364
Ideal number of children	4.196	0.129	553	347	1.326	0.031	3.939	4.454
Body Mass Index (BMI) <18.5	0.235	0.020	514	322	1.067	0.085	0.195	0.275
Body Mass Index (BMI) ≥25	0.071	0.017	514	322	1.453	0.232	0.038	0.104
Prevalence of anaemia among all men 15-49	0.167	0.023	479	297	1.346	0.137	0.121	0.213
Had 2+ sexual partners in past 12 months	0.094	0.017	557	349	1.406	0.185	0.059	0.129
Condom use at last sex	0.286	0.087	49	33	1.339	0.305	0.112	0.461
Abstinence among youth (never had sex)	0.572	0.045	232	146	1.391	0.079	0.482	0.663
Sexually active in past 12 months among never-married youth	0.358	0.046	232	146	1.469	0.129	0.266	0.451
Paid for sexual intercourse in past 12 months	0.016	0.006	557	349	1.129	0.377	0.004	0.028
Had an HIV test and received results in past 12 months	0.150	0.022	557	349	1.452	0.146	0.106	0.194
Accepting attitudes towards people with HIV	0.242	0.026	499	316	1.358	0.108	0.190	0.294
HIV prevalence among all men 15-49	0.161	0.018	557	304	1.151	0.111	0.126	0.197
HIV prevalence among all men 15-54	0.167	0.019	590	322	1.237	0.114	0.129	0.205
HIV prevalence among young men 15-24	0.066	0.020	253	143	1.296	0.306	0.026	0.107
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.183	0.019	1324	657	1.822	0.106	0.144	0.222

na = Not applicable

Table B.10 Sampling errors for Matabeleland South sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.157	0.047	835	467	3.690	0.296	0.064	0.250
Literacy	0.929	0.014	835	467	1.583	0.015	0.901	0.957
No education	0.016	0.004	835	467	0.973	0.265	0.007	0.024
Secondary education or higher	0.627	0.031	835	467	1.853	0.049	0.565	0.689
Net attendance ratio	0.894	0.013	906	503	1.191	0.015	0.867	0.921
Never married/in union	0.379	0.023	835	467	1.348	0.060	0.334	0.424
Currently married/in union	0.492	0.021	835	467	1.209	0.043	0.450	0.534
Married before age 20	0.388	0.022	615	341	1.134	0.057	0.343	0.433
Had sexual intercourse before age 18	0.512	0.034	615	341	1.664	0.066	0.445	0.579
Currently pregnant	0.066	0.010	835	467	1.195	0.155	0.046	0.087
Children ever born	2.107	0.081	835	467	1.092	0.038	1.945	2.269
Children surviving	2.011	0.078	835	467	1.104	0.039	1.855	2.168
Children ever born to women age 40-49	4.600	0.262	144	83	1.286	0.057	4.076	5.124
Know any contraceptive method	0.998	0.002	411	230	0.813	0.002	0.995	1.002
Know a modern method	0.998	0.002	411	230	0.813	0.002	0.995	1.002
Currently using any method	0.462	0.034	411	230	1.378	0.073	0.394	0.530
Currently using a modern method	0.452	0.034	411	230	1.392	0.076	0.383	0.520
Currently using a traditional method	0.010	0.005	411	230	1.057	0.512	0.000	0.021
Currently using pill	0.198	0.032	411	230	1.616	0.161	0.134	0.261
Currently using condoms	0.043	0.009	411	230	0.923	0.216	0.024	0.061
Currently using injectables	0.157	0.023	411	230	1.285	0.147	0.111	0.204
Currently using female sterilization	0.012	0.005	411	230	0.991	0.436	0.002	0.023
Currently using withdrawal	0.003	0.003	411	230	1.203	1.010	0.000	0.010
Used public sector source	0.828	0.029	290	159	1.328	0.036	0.769	0.887
Want no more children	0.522	0.029	411	230	1.160	0.055	0.464	0.579
Want to delay next birth at least 2 years	0.280	0.028	411	230	1.281	0.102	0.223	0.337
Ideal number of children	3.484	0.066	830	465	1.044	0.019	3.352	3.615
Mothers protected against tetanus for last birth	0.828	0.022	386	213	1.147	0.027	0.783	0.872
Births with skilled attendant at delivery	0.716	0.028	496	273	1.262	0.039	0.660	0.772
Had diarrhoea in the past 2 weeks	0.075	0.015	481	263	1.211	0.200	0.045	0.106
Treated with ORS	0.123	0.048	35	20	0.908	0.393	0.026	0.220
Sought medical treatment	0.349	0.094	35	20	1.103	0.269	0.161	0.536
Vaccination card seen	0.618	0.063	113	62	1.364	0.102	0.491	0.744
Received BCG vaccination	0.956	0.016	113	62	0.840	0.017	0.923	0.989
Received DPT or pentavalent vaccination (3 doses)	0.828	0.039	113	62	1.088	0.047	0.750	0.906
Received polio vaccination (3 doses)	0.775	0.046	113	62	1.153	0.059	0.683	0.867
Received measles vaccination	0.854	0.039	113	62	1.156	0.046	0.777	0.932
Received all vaccinations	0.724	0.046	113	62	1.071	0.063	0.632	0.815
Height-for-age (-2SD)	0.307	0.021	560	304	1.007	0.068	0.265	0.349
Weight-for-height (-2SD)	0.041	0.009	560	304	1.027	0.228	0.022	0.059
Weight-for-age (-2SD)	0.120	0.012	560	304	0.884	0.101	0.096	0.144
Body Mass Index (BMI) <18.5	0.110	0.013	750	420	1.104	0.115	0.084	0.135
Body Mass Index (BMI) ≥25	0.252	0.016	750	420	1.003	0.063	0.221	0.284
Prevalence of anaemia (children 6-59 months)	0.604	0.033	517	279	1.474	0.054	0.538	0.669
Prevalence of anaemia (women 15-49)	0.446	0.024	766	429	1.308	0.053	0.399	0.493
Had 2+ sexual partners in past 12 months	0.030	0.007	835	467	1.148	0.226	0.016	0.043
Abstinence among youth (never had sex)	0.556	0.029	256	147	0.938	0.052	0.497	0.614
Sexually active in past 12 months among never-married youth	0.338	0.032	256	147	1.081	0.095	0.273	0.402
Had an HIV test and received results in past 12 months	0.389	0.018	835	467	1.084	0.047	0.353	0.426
Accepting attitudes towards people with HIV	0.412	0.036	809	454	2.081	0.087	0.340	0.484
HIV prevalence among all women 15-49	0.227	0.014	835	407	0.980	0.063	0.199	0.256
HIV prevalence among pregnant women 15-49	0.177	0.059	56	26	1.153	0.335	0.058	0.295
HIV prevalence among young women 15-24	0.112	0.015	372	190	0.923	0.135	0.082	0.143
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.357	0.025	399	202	1.034	0.070	0.308	0.407
Total fertility rate (3 years)	4.207	0.206	na	1258	0.959	0.052	3.794	4.620
Neonatal mortality rate (0-9) years)	8.647	3.417	881	483	1.091	0.395	1.813	15.482
Post-neonatal mortality rate (0-9 years)	19.888	5.229	882	484	0.979	0.263	9.430	30.346
Infant mortality rate (0-9 years)	28.535	6.352	882	484	1.042	0.223	15.831	41.239
Child mortality rate (0-9 years)	11.390	4.810	885	485	1.166	0.422	1.769	21.011
Under-five mortality rate (0-9 years)	39.600	8.727	886	486	1.177	0.220	22.145	57.054
MEN								
Urban residence	0.152	0.051	650	352	3.634	0.337	0.049	0.254
Literacy	0.915	0.016	650	352	1.439	0.017	0.884	0.947
No education	0.002	0.002	650	352	0.999	0.993	0.000	0.005
Secondary education or higher	0.597	0.037	650	352	1.902	0.061	0.524	0.670
Never married/in union	0.601	0.034	650	352	1.746	0.056	0.533	0.668
Currently married/in union	0.352	0.033	650	352	1.777	0.095	0.285	0.419
Had sexual intercourse before age 18	0.384	0.026	404	226	1.068	0.067	0.332	0.436
Know any contraceptive method	1.000	0.000	213	124	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	213	124	na	0.000	1.000	1.000
Want no more children	0.441	0.040	213	124	1.177	0.091	0.360	0.521
Ideal number of children	4.252	0.088	645	349	1.043	0.021	4.077	4.428
Body Mass Index (BMI) <18.5	0.231	0.021	620	337	1.222	0.089	0.190	0.273
Body Mass Index (BMI) ≥25	0.061	0.009	620	337	0.941	0.147	0.043	0.080
Prevalence of anaemia among all men 15-49	0.326	0.024	568	305	1.205	0.073	0.278	0.374
Had 2+ sexual partners in past 12 months	0.102	0.012	650	352	1.013	0.118	0.078	0.126
Condom use at last sex	0.407	0.077	64	36	1.243	0.189	0.253	0.560
Abstinence among youth (never had sex)	0.435	0.035	341	178	1.284	0.079	0.366	0.504
Sexually active in past 12 months among never-married youth	0.481	0.035	341	178	1.292	0.073	0.411	0.551
Paid for sexual intercourse in past 12 months	0.024	0.006	650	352	1.023	0.253	0.012	0.037
Had an HIV test and received results in past 12 months	0.166	0.027	650	352	1.879	0.165	0.111	0.221
Accepting attitudes towards people with HIV	0.353	0.023	633	344	1.227	0.066	0.306	0.400
HIV prevalence among all men 15-49	0.193	0.024	650	333	1.550	0.124	0.145	0.241
HIV prevalence among all men 15-54	0.191	0.023	674	346	1.546	0.122	0.144	0.238
HIV prevalence among young men 15-24	0.072	0.016	361	185	1.171	0.222	0.040	0.104
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.212	0.014	1485	739	1.349	0.068	0.183	0.240

na = Not applicable

Table B.11 Sampling errors for Midlands sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases Un-weighted (N)	Number of cases Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits R-2SE	Confidence limits R+2SE
WOMEN								
Urban residence	0.302	0.025	979	1123	1.709	0.083	0.252	0.353
Literacy	0.957	0.007	979	1123	1.148	0.008	0.943	0.972
No education	0.027	0.006	979	1123	1.145	0.220	0.015	0.039
Secondary education or higher	0.711	0.024	979	1123	1.666	0.034	0.663	0.759
Net attendance ratio	0.853	0.015	880	1041	1.274	0.018	0.822	0.884
Never married/in union	0.234	0.017	979	1123	1.235	0.071	0.201	0.268
Currently married/in union	0.619	0.020	979	1123	1.292	0.032	0.578	0.659
Married before age 20	0.555	0.024	762	866	1.314	0.043	0.508	0.602
Had sexual intercourse before age 18	0.366	0.020	762	866	1.149	0.055	0.326	0.406
Currently pregnant	0.076	0.011	979	1123	1.320	0.147	0.054	0.099
Children ever born	2.146	0.089	979	1123	1.328	0.041	1.968	2.323
Children surviving	2.001	0.080	979	1123	1.291	0.040	1.841	2.161
Children ever born to women age 40-49	4.776	0.200	146	170	1.063	0.042	4.376	5.176
Know any contraceptive method	1.000	0.000	618	695	na	0.000	1.000	1.000
Know a modern method	0.999	0.001	618	695	0.894	0.001	0.996	1.001
Currently using any method	0.585	0.020	618	695	0.984	0.033	0.546	0.624
Currently using a modern method	0.577	0.019	618	695	0.945	0.033	0.539	0.614
Currently using a traditional method	0.009	0.004	618	695	0.931	0.397	0.002	0.016
Currently using pill	0.417	0.021	618	695	1.054	0.050	0.375	0.459
Currently using condoms	0.019	0.007	618	695	1.214	0.349	0.006	0.033
Currently using injectables	0.102	0.015	618	695	1.246	0.149	0.072	0.133
Currently using female sterilization	0.008	0.003	618	695	0.950	0.438	0.001	0.014
Currently using withdrawal	0.006	0.003	618	695	0.959	0.495	0.000	0.012
Used public sector source	0.745	0.038	402	450	1.752	0.051	0.669	0.822
Want no more children	0.417	0.021	618	695	1.054	0.050	0.375	0.459
Want to delay next birth at least 2 years	0.329	0.019	618	695	0.989	0.057	0.292	0.366
Ideal number of children	3.717	0.077	977	1121	1.329	0.021	3.563	3.871
Mothers protected against tetanus for last birth	0.481	0.030	476	548	1.303	0.062	0.422	0.541
Births with skilled attendant at delivery	0.646	0.034	611	701	1.567	0.052	0.578	0.713
Had diarrhoea in the past 2 weeks	0.132	0.017	574	660	1.155	0.127	0.098	0.166
Treated with ORS	0.284	0.054	80	87	1.034	0.191	0.176	0.393
Sought medical treatment	0.307	0.058	80	87	1.077	0.189	0.191	0.423
Vaccination card seen	0.718	0.050	111	123	1.129	0.070	0.617	0.819
Received BCG vaccination	0.868	0.040	111	123	1.142	0.046	0.788	0.947
Received DPT or pentavalent vaccination (3 doses)	0.671	0.049	111	123	1.064	0.073	0.573	0.770
Received polio vaccination (3 doses)	0.699	0.051	111	123	1.121	0.073	0.597	0.801
Received measles vaccination	0.806	0.045	111	123	1.135	0.056	0.715	0.896
Received all vaccinations	0.578	0.052	111	123	1.067	0.089	0.475	0.682
Height-for-age (-2SD)	0.327	0.022	605	715	1.137	0.066	0.284	0.370
Weight-for-height (-2SD)	0.027	0.006	605	715	0.909	0.229	0.014	0.039
Weight-for-age (-2SD)	0.105	0.014	605	715	1.112	0.132	0.077	0.132
Body Mass Index (BMI) <18.5	0.069	0.009	852	979	1.080	0.135	0.051	0.088
Body Mass Index (BMI) ≥25	0.300	0.018	852	979	1.138	0.060	0.265	0.336
Prevalence of anaemia (children 6-59 months)	0.570	0.020	517	609	0.905	0.035	0.530	0.610
Prevalence of anaemia (women 15-49)	0.299	0.020	895	1033	1.290	0.066	0.259	0.338
Had 2+ sexual partners in past 12 months	0.010	0.003	979	1123	0.942	0.293	0.004	0.017
Abstinence among youth (never had sex)	0.884	0.023	204	239	1.031	0.026	0.837	0.930
Sexually active in past 12 months among never-married youth	0.074	0.019	204	239	1.009	0.250	0.037	0.112
Had an HIV test and received results in past 12 months	0.314	0.016	979	1123	1.106	0.052	0.281	0.346
Accepting attitudes towards people with HIV	0.415	0.024	956	1097	1.516	0.058	0.366	0.463
HIV prevalence among all women 15-49	0.174	0.017	979	939	1.427	0.099	0.140	0.209
HIV prevalence among pregnant women 15-49	0.135	0.039	78	69	0.992	0.286	0.058	0.212
HIV prevalence among young women 15-24	0.067	0.015	422	405	1.230	0.223	0.037	0.097
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.390	0.022	575	619	1.058	0.055	0.347	0.433
Total fertility rate (3 years)	4.215	0.250	na	3122	1.219	0.062	3.715	4.714
Neonatal mortality rate (0-9) years)	16.517	4.573	1094	1246	0.997	0.277	7.371	25.663
Post-neonatal mortality rate (0-9 years)	32.894	5.276	1094	1246	1.000	0.160	22.342	43.445
Infant mortality rate (0-9 years)	49.411	6.513	1094	1246	0.923	0.132	36.385	62.437
Child mortality rate (0-9 years)	29.229	6.834	1100	1252	1.220	0.234	15.562	42.896
Under-five mortality rate (0-9 years)	77.196	9.120	1100	1252	1.019	0.118	58.956	95.435
MEN								
Urban residence	0.285	0.023	808	885	1.460	0.082	0.238	0.331
Literacy	0.960	0.007	808	885	0.957	0.007	0.947	0.974
No education	0.006	0.003	808	885	1.169	0.523	0.000	0.013
Secondary education or higher	0.790	0.025	808	885	1.715	0.031	0.740	0.839
Never married/in union	0.430	0.024	808	885	1.387	0.056	0.382	0.479
Currently married/in union	0.508	0.024	808	885	1.389	0.048	0.459	0.557
Had sexual intercourse before age 18	0.200	0.018	601	654	1.107	0.090	0.163	0.236
Know any contraceptive method	0.998	0.002	414	450	0.915	0.002	0.994	1.002
Know a modern method	0.995	0.003	414	450	0.957	0.003	0.989	1.002
Want no more children	0.289	0.025	414	450	1.129	0.087	0.239	0.339
Ideal number of children	4.540	0.226	799	875	1.756	0.050	4.087	4.992
Body Mass Index (BMI) <18.5	0.168	0.014	781	857	1.056	0.084	0.140	0.196
Body Mass Index (BMI) ≥25	0.056	0.010	781	857	1.199	0.176	0.036	0.076
Prevalence of anaemia among all men 15-49	0.145	0.018	716	790	1.363	0.124	0.109	0.181
Had 2+ sexual partners in past 12 months	0.107	0.013	808	885	1.152	0.117	0.082	0.132
Condom use at last sex	0.318	0.055	90	95	1.114	0.173	0.208	0.429
Abstinence among youth (never had sex)	0.645	0.028	307	340	1.021	0.043	0.589	0.701
Sexually active in past 12 months among never-married youth	0.261	0.023	307	340	0.906	0.087	0.216	0.307
Paid for sexual intercourse in past 12 months	0.032	0.005	808	885	0.872	0.167	0.022	0.043
Had an HIV test and received results in past 12 months	0.184	0.016	808	885	1.146	0.085	0.152	0.215
Accepting attitudes towards people with HIV	0.363	0.020	778	851	1.181	0.056	0.322	0.404
HIV prevalence among all men 15-49	0.130	0.017	808	814	1.401	0.128	0.097	0.163
HIV prevalence among all men 15-54	0.138	0.016	855	860	1.338	0.114	0.106	0.17
HIV prevalence among young men 15-24	0.029	0.01	362	370	1.085	0.329	0.010	0.048
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.154	0.015	1787	1752	1.724	0.096	0.124	0.183

na = Not applicable

Table B.12 Sampling errors for Masvingo sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	0.091	0.014	816	909	1.348	0.149	0.064	0.118
Literacy	0.911	0.013	816	909	1.316	0.014	0.885	0.937
No education	0.024	0.007	816	909	1.237	0.275	0.011	0.037
Secondary education or higher	0.618	0.033	816	909	1.922	0.053	0.553	0.683
Net attendance ratio	0.879	0.016	875	1020	1.349	0.018	0.848	0.910
Never married/in union	0.182	0.019	816	909	1.373	0.102	0.145	0.219
Currently married/in union	0.689	0.023	816	909	1.426	0.034	0.642	0.735
Married before age 20	0.541	0.024	640	721	1.239	0.045	0.492	0.590
Had sexual intercourse before age 18	0.375	0.026	640	721	1.363	0.070	0.323	0.427
Currently pregnant	0.111	0.014	816	909	1.263	0.125	0.083	0.139
Children ever born	2.257	0.100	816	909	1.395	0.044	2.057	2.458
Children surviving	2.087	0.091	816	909	1.369	0.044	1.905	2.270
Children ever born to women age 40-49	4.609	0.250	102	119	1.127	0.054	4.109	5.110
Know any contraceptive method	0.985	0.009	562	626	1.645	0.009	0.968	1.002
Know a modern method	0.984	0.009	562	626	1.603	0.009	0.967	1.001
Currently using any method	0.542	0.028	562	626	1.337	0.052	0.485	0.598
Currently using a modern method	0.540	0.028	562	626	1.320	0.051	0.485	0.596
Currently using a traditional method	0.002	0.002	562	626	0.971	1.006	0.000	0.005
Currently using pill	0.414	0.025	562	626	1.198	0.060	0.364	0.464
Currently using condoms	0.017	0.006	562	626	1.031	0.336	0.005	0.028
Currently using injectables	0.076	0.016	562	626	1.469	0.216	0.043	0.109
Currently using female sterilization	0.012	0.005	562	626	0.988	0.379	0.003	0.021
Currently using withdrawal	0.002	0.002	562	626	0.971	1.006	0.000	0.005
Used public sector source	0.878	0.027	326	363	1.503	0.031	0.824	0.933
Want no more children	0.371	0.022	562	626	1.083	0.059	0.327	0.415
Want to delay next birth at least 2 years	0.361	0.022	562	626	1.103	0.062	0.316	0.405
Ideal number of children	4.148	0.091	814	907	1.433	0.022	3.967	4.330
Mothers protected against tetanus for last birth	0.457	0.030	447	496	1.251	0.065	0.398	0.516
Births with skilled attendant at delivery	0.752	0.040	560	627	1.937	0.053	0.673	0.831
Had diarrhoea in the past 2 weeks	0.085	0.014	527	588	1.176	0.169	0.056	0.114
Treated with ORS	0.141	0.046	48	50	0.902	0.325	0.049	0.233
Sought medical treatment	0.461	0.069	48	50	0.945	0.149	0.323	0.598
Vaccination card seen	0.711	0.039	101	110	0.845	0.054	0.634	0.788
Received BCG vaccination	0.884	0.030	101	110	0.940	0.034	0.824	0.945
Received DPT or pentavalent vaccination (3 doses)	0.693	0.063	101	110	1.356	0.091	0.567	0.819
Received polio vaccination (3 doses)	0.692	0.054	101	110	1.153	0.078	0.584	0.799
Received measles vaccination	0.779	0.044	101	110	1.056	0.057	0.691	0.867
Received all vaccinations	0.559	0.058	101	110	1.164	0.104	0.442	0.675
Height-for-age (-2SD)	0.307	0.022	539	618	1.063	0.071	0.263	0.350
Weight-for-height (-2SD)	0.021	0.006	539	618	1.032	0.299	0.008	0.034
Weight-for-age (-2SD)	0.065	0.009	539	618	0.869	0.141	0.047	0.084
Body Mass Index (BMI) <18.5	0.055	0.009	678	758	1.082	0.172	0.036	0.074
Body Mass Index (BMI) ≥25	0.289	0.018	678	758	1.041	0.063	0.253	0.325
Prevalence of anaemia (children 6-59 months)	0.497	0.033	412	471	1.289	0.066	0.431	0.563
Prevalence of anaemia (women 15-49)	0.224	0.020	734	824	1.288	0.088	0.185	0.264
Had 2+ sexual partners in past 12 months	0.001	0.001	816	909	0.951	1.010	0.000	0.003
Abstinence among youth (never had sex)	0.933	0.026	137	149	1.194	0.027	0.882	0.984
Sexually active in past 12 months among never-married youth	0.032	0.012	137	149	0.826	0.393	0.007	0.056
Had an HIV test and received results in past 12 months	0.330	0.017	816	909	1.050	0.052	0.295	0.364
Accepting attitudes towards people with HIV	0.360	0.022	766	853	1.276	0.061	0.316	0.404
HIV prevalence among all women 15-49	0.163	0.018	816	757	1.385	0.110	0.127	0.199
HIV prevalence among pregnant women 15-49	0.121	0.031	93	88	0.907	0.254	0.060	0.183
HIV prevalence among young women 15-24	0.063	0.017	334	295	1.259	0.266	0.029	0.096
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.401	0.028	528	524	1.292	0.069	0.346	0.456
Total fertility rate (3 years)	4.659	0.307	na	2559	1.275	0.069	4.044	5.274
Neonatal mortality rate (0-9) years)	24.417	5.757	1004	1134	1.090	0.236	12.903	35.931
Post-neonatal mortality rate (0-9 years)	30.578	6.213	1006	1136	1.044	0.203	18.151	43.005
Infant mortality rate (0-9 years)	54.995	7.576	1006	1136	0.947	0.138	39.842	70.147
Child mortality rate (0-9 years)	20.117	4.553	1006	1136	1.009	0.226	11.011	29.222
Under-five mortality rate (0-9 years)	74.005	7.528	1008	1138	0.825	0.102	58.948	89.062
MEN								
Urban residence	0.085	0.017	517	585	1.421	0.205	0.050	0.120
Literacy	0.949	0.012	517	585	1.186	0.012	0.926	0.972
No education	0.013	0.006	517	585	1.131	0.430	0.002	0.025
Secondary education or higher	0.763	0.038	517	585	2.015	0.049	0.687	0.838
Never married/in union	0.423	0.024	517	585	1.114	0.057	0.375	0.472
Currently married/in union	0.547	0.021	517	585	0.963	0.039	0.504	0.589
Had sexual intercourse before age 18	0.177	0.022	384	430	1.104	0.122	0.134	0.220
Know any contraceptive method	1.000	0.000	286	320	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	286	320	na	0.000	1.000	1.000
Want no more children	0.251	0.026	286	320	1.002	0.103	0.199	0.302
Ideal number of children	4.490	0.143	512	580	1.367	0.032	4.204	4.777
Body Mass Index (BMI) <18.5	0.111	0.012	492	559	0.860	0.109	0.087	0.136
Body Mass Index (BMI) ≥25	0.104	0.020	492	559	1.458	0.193	0.064	0.144
Prevalence of anaemia among all men 15-49	0.138	0.023	435	493	1.297	0.166	0.092	0.184
Had 2+ sexual partners in past 12 months	0.099	0.017	517	585	1.266	0.168	0.066	0.132
Condom use at last sex	0.254	0.058	53	58	0.968	0.230	0.137	0.371
Abstinence among youth (never had sex)	0.688	0.039	187	217	1.157	0.057	0.609	0.767
Sexually active in past 12 months among never-married youth	0.201	0.031	187	217	1.071	0.156	0.138	0.264
Paid for sexual intercourse in past 12 months	0.019	0.006	517	585	0.921	0.290	0.008	0.030
Had an HIV test and received results in past 12 months	0.182	0.019	517	585	1.139	0.106	0.143	0.220
Accepting attitudes towards people with HIV	0.424	0.029	508	575	1.340	0.069	0.365	0.483
HIV prevalence among all men 15-49	0.118	0.016	517	525	1.122	0.135	0.086	0.149
HIV prevalence among all men 15-54	0.129	0.016	553	566	1.154	0.128	0.096	0.162
HIV prevalence among young men 15-24	0.026	0.012	226	220	1.135	0.464	0.002	0.050
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.144	0.015	1333	1282	1.576	0.105	0.114	0.175

na = Not applicable

Table B.13 Sampling errors for Harare sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	1.000	0.000	1196	1722	na	0.000	1.000	1.000
Literacy	0.986	0.004	1196	1722	1.179	0.004	0.978	0.994
No education	0.007	0.003	1196	1722	1.228	0.416	0.001	0.013
Secondary education or higher	0.871	0.014	1196	1722	1.484	0.017	0.842	0.900
Net attendance ratio	0.878	0.014	636	860	1.046	0.016	0.851	0.906
Never married/in union	0.288	0.024	1196	1722	1.863	0.085	0.239	0.337
Currently married/in union	0.564	0.024	1196	1722	1.654	0.042	0.517	0.612
Married before age 20	0.405	0.020	969	1385	1.244	0.048	0.366	0.444
Had sexual intercourse before age 18	0.235	0.017	969	1385	1.213	0.070	0.202	0.268
Currently pregnant	0.084	0.012	1196	1722	1.539	0.147	0.059	0.108
Children ever born	1.569	0.057	1196	1722	1.266	0.037	1.454	1.683
Children surviving	1.456	0.049	1196	1722	1.166	0.034	1.358	1.554
Children ever born to women age 40-49	3.522	0.157	162	229	1.184	0.044	3.209	3.835
Know any contraceptive method	0.979	0.014	663	972	2.447	0.014	0.951	1.006
Know a modern method	0.979	0.014	663	972	2.447	0.014	0.951	1.006
Currently using any method	0.594	0.030	663	972	1.565	0.050	0.534	0.654
Currently using a modern method	0.582	0.028	663	972	1.480	0.049	0.525	0.638
Currently using a traditional method	0.012	0.005	663	972	1.070	0.372	0.003	0.022
Currently using pill	0.458	0.022	663	972	1.119	0.047	0.415	0.502
Currently using condoms	0.032	0.009	663	972	1.277	0.272	0.015	0.050
Currently using injectables	0.035	0.010	663	972	1.339	0.274	0.016	0.054
Currently using female sterilization	0.011	0.004	663	972	0.992	0.368	0.003	0.019
Currently using withdrawal	0.010	0.004	663	972	1.075	0.409	0.002	0.019
Used public sector source	0.461	0.032	442	632	1.336	0.069	0.397	0.524
Want no more children	0.363	0.026	663	972	1.381	0.071	0.311	0.414
Want to delay next birth at least 2 years	0.300	0.019	663	972	1.047	0.062	0.263	0.337
Ideal number of children	3.333	0.064	1191	1715	1.568	0.019	3.205	3.462
Mothers protected against tetanus for last birth	0.490	0.026	471	689	1.127	0.053	0.439	0.542
Births with skilled attendant at delivery	0.835	0.044	567	826	2.550	0.053	0.747	0.923
Had diarrhoea in the past 2 weeks	0.156	0.021	523	761	1.339	0.137	0.113	0.199
Treated with ORS	0.277	0.067	78	119	1.293	0.243	0.143	0.412
Sought medical treatment	0.329	0.070	78	119	1.319	0.214	0.188	0.469
Vaccination card seen	0.573	0.068	100	143	1.368	0.119	0.437	0.710
Received BCG vaccination	0.857	0.040	100	143	1.134	0.047	0.778	0.937
Received DPT or pentavalent vaccination (3 doses)	0.701	0.070	100	143	1.527	0.100	0.560	0.842
Received polio vaccination (3 doses)	0.729	0.058	100	143	1.289	0.079	0.613	0.844
Received measles vaccination	0.811	0.048	100	143	1.208	0.059	0.715	0.906
Received all vaccinations	0.677	0.070	100	143	1.482	0.103	0.537	0.817
Height-for-age (-2SD)	0.290	0.021	442	601	0.931	0.073	0.248	0.332
Weight-for-height (-2SD)	0.028	0.008	442	601	1.002	0.283	0.012	0.043
Weight-for-age (-2SD)	0.089	0.020	442	601	1.394	0.224	0.049	0.129
Body Mass Index (BMI) <18.5	0.053	0.007	1034	1465	1.064	0.142	0.038	0.068
Body Mass Index (BMI) ≥25	0.430	0.020	1034	1465	1.264	0.046	0.390	0.469
Prevalence of anaemia (children 6-59 months)	0.575	0.025	299	408	0.859	0.044	0.524	0.625
Prevalence of anaemia (women 15-49)	0.272	0.014	1034	1482	0.993	0.051	0.244	0.299
Had 2+ sexual partners in past 12 months	0.017	0.004	1196	1722	1.133	0.251	0.008	0.025
Abstinence among youth (never had sex)	0.842	0.026	293	404	1.194	0.030	0.790	0.893
Sexually active in past 12 months among never-married youth	0.099	0.021	293	404	1.183	0.208	0.058	0.141
Had an HIV test and received results in past 12 months	0.332	0.018	1196	1722	1.290	0.053	0.297	0.367
Accepting attitudes towards people with HIV	0.454	0.020	1189	1713	1.418	0.045	0.413	0.495
HIV prevalence among all women 15-49	0.167	0.015	1196	1122	1.361	0.088	0.137	0.196
HIV prevalence among pregnant women 15-49	0.052	0.026	88	95	1.087	0.495	0.001	0.104
HIV prevalence among young women 15-24	0.082	0.016	483	486	1.266	0.193	0.051	0.114
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.403	0.024	591	839	1.207	0.060	0.354	0.452
Total fertility rate (3 years)	3.108	0.222	na	4901	1.418	0.080	2.665	3.552
Neonatal mortality rate (0-9) years)	34.978	9.657	994	1451	1.561	0.276	15.664	54.291
Post-neonatal mortality rate (0-9 years)	22.087	4.912	994	1451	1.076	0.222	12.262	31.912
Infant mortality rate (0-9 years)	57.064	11.227	994	1451	1.434	0.197	34.611	79.518
Child mortality rate (0-9 years)	22.133	5.150	996	1456	1.010	0.233	11.834	32.432
Under-five mortality rate (0-9 years)	77.935	13.266	996	1456	1.429	0.170	51.402	104.467
MEN								
Urban residence	1.000	0.000	894	1307	na	0.000	1.000	1.000
Literacy	0.992	0.003	894	1307	0.917	0.003	0.986	0.997
No education	0.002	0.002	894	1307	0.983	0.713	0.000	0.005
Secondary education or higher	0.932	0.018	894	1307	2.172	0.020	0.895	0.968
Never married/in union	0.467	0.019	894	1307	1.148	0.041	0.429	0.505
Currently married/in union	0.499	0.019	894	1307	1.107	0.037	0.462	0.536
Had sexual intercourse before age 18	0.201	0.020	720	1073	1.366	0.101	0.160	0.242
Know any contraceptive method	1.000	0.000	438	653	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	438	653	na	0.000	1.000	1.000
Want no more children	0.272	0.026	438	653	1.222	0.096	0.220	0.325
Ideal number of children	3.561	0.084	883	1290	1.382	0.024	3.392	3.730
Body Mass Index (BMI) <18.5	0.115	0.009	835	1207	0.818	0.079	0.097	0.134
Body Mass Index (BMI) ≥25	0.159	0.015	835	1207	1.191	0.095	0.129	0.189
Prevalence of anaemia among all men 15-49	0.081	0.009	721	1037	0.912	0.111	0.063	0.099
Had 2+ sexual partners in past 12 months	0.120	0.015	894	1307	1.378	0.125	0.090	0.150
Condom use at last sex	0.390	0.050	102	157	1.027	0.128	0.291	0.490
Abstinence among youth (never had sex)	0.610	0.032	327	462	1.181	0.052	0.546	0.674
Sexually active in past 12 months among never-married youth	0.242	0.026	327	462	1.087	0.107	0.190	0.293
Paid for sexual intercourse in past 12 months	0.050	0.008	894	1307	1.118	0.162	0.034	0.067
Had an HIV test and received results in past 12 months	0.210	0.012	894	1307	0.879	0.057	0.186	0.234
Accepting attitudes towards people with HIV	0.428	0.019	891	1303	1.162	0.045	0.390	0.467
HIV prevalence among all men 15-49	0.093	0.012	894	919	1.273	0.133	0.069	0.118
HIV prevalence among all men 15-54	0.097	0.012	939	967	1.293	0.129	0.072	0.122
HIV prevalence among young men 15-24	0.029	0.011	365	378	1.276	0.388	0.007	0.051
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.134	0.011	2090	2041	1.510	0.084	0.111	0.156

na = Not applicable

Table B.14 Sampling errors for Bulawayo sample, Zimbabwe 2010-11

Variable	Value (R)	Standard Error (SE)	Number of cases: Un-weighted (N)	Number of cases: Weighted (WN)	Design effect (DEFT)	Rela-tive error (SE/R)	Confidence limits: R-2SE	Confidence limits: R+2SE
WOMEN								
Urban residence	1.000	0.000	846	558	na	0.000	1.000	1.000
Literacy	0.984	0.005	846	558	1.073	0.005	0.974	0.993
No education	0.011	0.003	846	558	0.887	0.286	0.005	0.018
Secondary education or higher	0.861	0.011	846	558	0.956	0.013	0.838	0.884
Net attendance ratio	0.893	0.017	519	315	1.087	0.019	0.859	0.927
Never married/in union	0.441	0.018	846	558	1.074	0.042	0.404	0.478
Currently married/in union	0.429	0.018	846	558	1.046	0.041	0.394	0.465
Married before age 20	0.307	0.021	632	417	1.118	0.067	0.266	0.348
Had sexual intercourse before age 18	0.272	0.019	632	417	1.088	0.071	0.233	0.310
Currently pregnant	0.048	0.005	846	558	0.727	0.111	0.037	0.059
Children ever born	1.435	0.061	846	558	1.113	0.042	1.313	1.557
Children surviving	1.356	0.057	846	558	1.108	0.042	1.241	1.471
Children ever born to women age 40-49	3.247	0.218	117	79	1.243	0.067	2.810	3.684
Know any contraceptive method	0.997	0.003	363	239	1.024	0.003	0.991	1.003
Know a modern method	0.997	0.003	363	239	1.024	0.003	0.991	1.003
Currently using any method	0.610	0.030	363	239	1.179	0.050	0.550	0.671
Currently using a modern method	0.592	0.029	363	239	1.131	0.049	0.533	0.650
Currently using a traditional method	0.018	0.007	363	239	0.979	0.375	0.005	0.032
Currently using pill	0.339	0.026	363	239	1.032	0.076	0.288	0.390
Currently using condoms	0.078	0.014	363	239	0.969	0.175	0.051	0.105
Currently using injectables	0.065	0.012	363	239	0.943	0.188	0.040	0.089
Currently using female sterilization	0.046	0.011	363	239	1.011	0.243	0.023	0.068
Currently using withdrawal	0.016	0.006	363	239	0.981	0.408	0.003	0.029
Used public sector source	0.521	0.033	313	205	1.150	0.062	0.456	0.586
Want no more children	0.504	0.027	363	239	1.039	0.054	0.450	0.559
Want to delay next birth at least 2 years	0.286	0.022	363	239	0.939	0.078	0.242	0.331
Ideal number of children	3.091	0.055	834	550	1.139	0.018	2.980	3.201
Mothers protected against tetanus for last birth	0.524	0.033	295	189	1.135	0.064	0.457	0.591
Births with skilled attendant at delivery	0.884	0.021	355	227	1.139	0.024	0.841	0.927
Had diarrhoea in the past 2 weeks	0.097	0.018	343	219	1.097	0.188	0.060	0.133
Treated with ORS	0.104	0.044	35	21	0.828	0.420	0.017	0.191
Sought medical treatment	0.340	0.071	35	21	0.861	0.207	0.199	0.481
Vaccination card seen	0.776	0.047	75	49	0.968	0.060	0.683	0.870
Received BCG vaccination	0.950	0.024	75	49	0.946	0.025	0.902	0.998
Received DPT or pentavalent vaccination (3 doses)	0.893	0.038	75	49	1.063	0.043	0.816	0.969
Received polio vaccination (3 doses)	0.893	0.038	75	49	1.055	0.042	0.818	0.969
Received measles vaccination	0.880	0.037	75	49	0.981	0.042	0.806	0.954
Received all vaccinations	0.833	0.044	75	49	1.021	0.053	0.744	0.921
Height-for-age (-2SD)	0.262	0.024	317	191	0.962	0.093	0.213	0.310
Weight-for-height (-2SD)	0.023	0.008	317	191	0.962	0.356	0.007	0.039
Weight-for-age (-2SD)	0.079	0.014	317	191	0.890	0.177	0.051	0.107
Body Mass Index (BMI) <18.5	0.065	0.008	687	454	0.875	0.126	0.049	0.082
Body Mass Index (BMI) ≥25	0.362	0.025	687	454	1.369	0.069	0.312	0.412
Prevalence of anaemia (children 6-59 months)	0.597	0.031	218	132	0.907	0.051	0.536	0.658
Prevalence of anaemia (women 15-49)	0.379	0.021	649	428	1.095	0.055	0.337	0.421
Had 2+ sexual partners in past 12 months	0.014	0.005	846	558	1.138	0.332	0.005	0.023
Abstinence among youth (never had sex)	0.674	0.033	304	200	1.218	0.049	0.608	0.739
Sexually active in past 12 months among never-married youth	0.250	0.024	304	200	0.949	0.094	0.203	0.297
Had an HIV test and received results in past 12 months	0.329	0.018	846	558	1.089	0.053	0.294	0.365
Accepting attitudes towards people with HIV	0.510	0.016	832	549	0.900	0.031	0.479	0.541
HIV prevalence among all women 15-49	0.211	0.018	846	360	1.274	0.085	0.176	0.247
HIV prevalence among pregnant women 15-49	0.093	0.064	40	18	1.379	0.690	0.000	0.221
HIV prevalence among young women 15-24	0.088	0.017	400	171	1.173	0.189	0.054	0.121
Ever experienced physical and/or sexual violence by current/most recent husband/partner	0.292	0.036	316	221	1.411	0.124	0.219	0.364
Total fertility rate (3 years)	2.790	0.173	na	1564	1.127	0.079	2.444	3.137
Neonatal mortality rate (0-9) years)	15.183	4.661	629	403	0.951	0.307	5.861	24.506
Post-neonatal mortality rate (0-9 years)	25.588	6.313	629	403	1.014	0.247	12.962	38.214
Infant mortality rate (0-9 years)	40.771	7.354	629	403	0.934	0.180	26.064	55.479
Child mortality rate (0-9 years)	21.329	5.929	633	406	0.940	0.278	9.470	33.187
Under-five mortality rate (0-9 years)	61.231	9.506	633	406	0.966	0.155	42.219	80.242
MEN								
Urban residence	1.000	0.000	550	382	na	0.000	1.000	1.000
Literacy	0.985	0.005	550	382	0.917	0.005	0.976	0.995
No education	0.000	0.000	550	382	na	na	0.000	0.000
Secondary education or higher	0.904	0.017	550	382	1.333	0.019	0.871	0.938
Never married/in union	0.541	0.028	550	382	1.307	0.051	0.486	0.597
Currently married/in union	0.415	0.024	550	382	1.140	0.058	0.367	0.463
Had sexual intercourse before age 18	0.240	0.024	412	288	1.150	0.101	0.192	0.289
Know any contraceptive method	1.000	0.000	227	159	na	0.000	1.000	1.000
Know a modern method	1.000	0.000	227	159	na	0.000	1.000	1.000
Want no more children	0.403	0.031	227	159	0.948	0.077	0.341	0.465
Ideal number of children	3.525	0.100	546	380	1.403	0.028	3.326	3.725
Body Mass Index (BMI) <18.5	0.177	0.017	479	335	0.961	0.094	0.144	0.211
Body Mass Index (BMI) ≥25	0.146	0.016	479	335	0.984	0.109	0.114	0.177
Prevalence of anaemia among all men 15-49	0.128	0.019	370	260	1.173	0.148	0.090	0.166
Had 2+ sexual partners in past 12 months	0.090	0.013	550	382	1.086	0.148	0.063	0.116
Condom use at last sex	0.543	0.074	49	34	1.029	0.136	0.395	0.691
Abstinence among youth (never had sex)	0.514	0.040	234	163	1.208	0.077	0.435	0.593
Sexually active in past 12 months among never-married youth	0.352	0.034	234	163	1.081	0.096	0.285	0.420
Paid for sexual intercourse in past 12 months	0.012	0.005	550	382	1.072	0.420	0.002	0.022
Had an HIV test and received results in past 12 months	0.247	0.021	550	382	1.140	0.085	0.205	0.289
Accepting attitudes towards people with HIV	0.477	0.022	546	380	1.017	0.046	0.434	0.521
HIV prevalence among all men 15-49	0.165	0.021	550	277	1.354	0.130	0.123	0.208
HIV prevalence among all men 15-54	0.170	0.022	589	295	1.394	0.127	0.127	0.214
HIV prevalence among young men 15-24	0.021	0.011	250	128	1.200	0.519	0.000	0.043
MEN AND WOMEN								
HIV prevalence (men and women 15-49)	0.191	0.015	1396	637	1.401	0.077	0.162	0.221

na = Not applicable

DATA QUALITY TABLES

Appendix C

Table C.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Zimbabwe 2010-11

	Female		Male			Female		Male	
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent
0	709	3.3	730	3.8	36	218	1.0	250	1.3
1	575	2.7	562	2.9	37	189	0.9	168	0.9
2	582	2.7	596	3.1	38	227	1.1	192	1.0
3	592	2.8	564	3.0	39	152	0.7	138	0.7
4	537	2.5	514	2.7	40	216	1.0	204	1.1
5	496	2.3	549	2.9	41	122	0.6	129	0.7
6	563	2.7	596	3.1	42	161	0.8	173	0.9
7	617	2.9	573	3.0	43	123	0.6	112	0.6
8	561	2.6	519	2.7	44	114	0.5	83	0.4
9	557	2.6	569	3.0	45	149	0.7	106	0.6
10	658	3.1	640	3.4	46	133	0.6	92	0.5
11	536	2.5	567	3.0	47	150	0.7	100	0.5
12	553	2.6	582	3.0	48	142	0.7	106	0.6
13	609	2.9	545	2.9	49	105	0.5	62	0.3
14	461	2.2	545	2.9	50	195	0.9	99	0.5
15	435	2.0	369	1.9	51	137	0.6	88	0.5
16	444	2.1	470	2.5	52	171	0.8	84	0.4
17	383	1.8	400	2.1	53	124	0.6	78	0.4
18	421	2.0	446	2.3	54	150	0.7	66	0.3
19	399	1.9	309	1.6	55	116	0.5	97	0.5
20	422	2.0	365	1.9	56	115	0.5	137	0.7
21	414	1.9	290	1.5	57	121	0.6	94	0.5
22	412	1.9	318	1.7	58	132	0.6	103	0.5
23	389	1.8	325	1.7	59	63	0.3	62	0.3
24	354	1.7	289	1.5	60	111	0.5	78	0.4
25	400	1.9	323	1.7	61	80	0.4	53	0.3
26	423	2.0	288	1.5	62	94	0.4	74	0.4
27	351	1.6	307	1.6	63	93	0.4	86	0.5
28	355	1.7	319	1.7	64	73	0.3	56	0.3
29	282	1.3	245	1.3	65	75	0.4	92	0.5
30	378	1.8	274	1.4	66	61	0.3	39	0.2
31	262	1.2	223	1.2	67	67	0.3	40	0.2
32	262	1.2	205	1.1	68	64	0.3	66	0.3
33	267	1.3	212	1.1	69	34	0.2	38	0.2
34	263	1.2	247	1.3	70+	712	3.3	536	2.8
35	339	1.6	239	1.3					
					Total	21,249	100.0	19,094	100.0

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview.

Table C.2.1 Age distribution of eligible and interviewed women

De facto household population of women age 10-54 and interviewed women age 15-49, and percent distribution and percentage of eligible women who were interviewed (weighted), by five-year age groups, Zimbabwe 2010-11

Age group	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
		Number	Percentage	
10-14	2,818	na	na	na
15-19	2,081	1,937	21.0	93.1
20-24	1,992	1,855	20.1	93.1
25-29	1,810	1,699	18.4	93.9
30-34	1,432	1,329	14.4	92.8
35-39	1,125	1,060	11.5	94.2
40-44	736	690	7.5	93.8
45-49	678	641	7.0	94.5
50-54	777	na	na	na
15-49	9,854	9,212	100.0	93.5

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of women and interviewed women are household weights. Age is based on the Household Questionnaire.
na = Not applicable

Table C.2.2 Age distribution of eligible and interviewed men

De facto household population of men age 10-59 and interviewed men age 15-54, and percent distribution and percentage of eligible men who were interviewed (weighted), by five-year age groups, Zimbabwe 2010-11

Age group	Household population of men age 10-59	Interviewed men age 15-54		Percentage of eligible men interviewed
		Number	Percent	
10-14	2,879	na	na	na
15-19	1,995	1,757	23.2	88.1
20-24	1,587	1,384	18.3	87.2
25-29	1,481	1,260	16.6	85.1
30-34	1,161	987	13.0	85.0
35-39	986	838	11.1	85.0
40-44	701	579	7.6	82.7
45-49	467	399	5.3	85.5
50-54	416	370	4.9	89.0
55-59	494	na	na	na
15-54	8,794	7,574	100.0	86.1

Note: The de facto population includes all residents and nonresidents who stayed in the household the night before the interview. Weights for both household population of men and interviewed men are household weights. Age is based on the Household Questionnaire.
na = Not applicable

Table C.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Zimbabwe 2010-11

Subject	Reference group	Percentage with information missing	Number of cases
Birth date	Births in the 15 years preceding the survey		
Month only		0.56	13,844
Month and year		0.25	13,844
Age at death	Deceased children born in the 15 years preceding the survey	0.00	1,020
Age/date at first union[1]	Ever-married women age 15-49	0.09	6,974
	Ever-married men age 15-54	0.48	4,252
Respondent's education	All women age 15-49	0.00	9,171
	All men age 15-54	0.00	7,480
Diarrhoea in past 2 weeks	Living children age 0-59 months	2.91	5,208
Anthropometry	Living children age 0-59 months (from the Household Questionnaire)		
Height		7.87	5,976
Weight		7.30	5,976
Height or weight		7.94	5,976
Anaemia			
Children	Living children age 6-59 months (from the Household Questionnaire)	19.67	5,255
Women	All women (from the Household Questionnaire)	15.95	9,854
Men	All men (from the Household Questionnaire)	26.03	8,794

[1] Both year and age missing

Table C.4 Births by calendar years

Number of births, percentage with complete birth date, sex ratio at birth, and calendar year ratio by calendar year, according to living, dead, and total children (weighted), Zimbabwe 2010-11

	Number of births			Percentage with complete birth date[1]			Sex ratio at birth[2]			Calendar year ratio[3]		
Calendar year	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total	Living	Dead	Total
2011	56	2	58	100.0	100.0	100.0	57.9	na	55.4	na	na	na
2010	1,305	76	1,381	100.0	100.0	100.0	102.5	124.0	103.6	na	na	na
2009	1,025	80	1,105	99.9	98.1	99.8	100.0	147.3	102.8	88.8	96.4	89.4
2008	1,002	91	1,092	100.0	97.7	99.8	112.9	113.8	113.0	99.8	120.3	101.2
2007	983	71	1,054	99.7	98.0	99.6	88.3	172.1	92.3	106.8	91.1	105.6
2006	839	64	904	99.3	96.9	99.1	92.9	148.9	96.0	93.9	82.2	93.0
2005	804	86	891	99.7	93.2	99.1	107.7	128.2	109.5	90.6	109.6	92.1
2004	937	93	1,030	99.1	97.6	99.0	95.7	103.4	96.3	112.0	127.0	113.2
2003	869	60	929	99.3	95.3	99.1	92.1	118.1	93.6	103.1	79.8	101.2
2002	750	57	807	99.1	96.2	98.9	92.6	163.3	96.4	91.6	105.1	92.5
2007-2011	4,370	319	4,689	99.9	98.4	99.8	100.0	134.0	102.0	na	na	na
2002-2006	4,200	361	4,561	99.3	95.8	99.0	96.0	127.5	98.1	na	na	na
1997-2001	3,666	296	3,963	99.3	92.0	98.7	101.0	135.5	103.2	na	na	na
1992-1996	2,588	199	2,787	98.8	95.8	98.6	99.4	111.7	100.2	na	na	na
≤1991	2,918	337	3,256	98.1	93.4	97.6	100.1	104.2	100.5	na	na	na
All	17,742	1,513	19,255	99.2	95.1	98.8	99.2	122.4	100.8	na	na	na

na = Not applicable
[1] Both year and month of birth given
[2] $(B_m/B_f)x100$, where B_m and B_f are the numbers of male and female births, respectively
[3] $[2B_x/(B_{x-1}+B_{x+1})]x100$, where B_x is the number of births in calendar year x

Table C.5 Reporting of age at death in days

Distribution of reported deaths under age one month by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods of birth preceding the survey (weighted), Zimbabwe 2010-11

	Number of years preceding the survey				Total
Age at death (days)	0-4	5-9	10-14	15-19	0-19
<1	82	53	49	14	199
1	18	10	6	5	40
2	16	13	5	5	38
3	13	6	7	1	27
4	4	1	1	2	8
5	1	1	2	0	5
6	3	2	0	0	5
7	8	5	9	2	23
8	0	1	2	0	2
9	2	0	0	0	2
10	3	2	1	0	6
11	0	2	0	0	2
12	0	0	1	0	1
13	0	0	0	1	1
14	10	10	5	5	30
17	2	0	0	0	2
18	0	0	2	0	2
21	8	3	5	2	18
30	1	0	0	0	1
Total 0-30	171	110	95	36	412
Percentage early neonatal[1]	80.5	79.1	74.3	73.4	78.1

[1] ≤ 6 days / ≤ 30 days

Table C.6 Reporting of age at death in months

Distribution of reported deaths under age two by age at death in months and the percentage of infant deaths reported to occur at under age one month, for five-year periods of birth preceding the survey (weighted), Zimbabwe 2010-11

Age at death (months)	Number of years preceding the survey				Total
	0-4	5-9	10-14	15-19	0-19
<1[a]	171	110	95	36	412
1	20	18	10	7	56
2	13	12	8	2	34
3	25	25	11	8	69
4	10	13	7	9	38
5	12	11	11	6	39
6	11	14	5	0	30
7	9	4	6	6	25
8	7	4	5	3	20
9	12	12	9	10	44
10	4	1	1	4	10
11	8	5	4	2	19
12	3	4	2	2	11
13	4	1	2	3	10
14	4	9	4	1	17
15	8	3	2	0	12
16	4	1	3	1	8
17	2	4	1	2	8
18	8	9	13	7	37
19	3	6	3	3	14
20	7	4	1	1	14
21	0	0	0	1	2
22	2	1	1	0	4
23	4	1	1	1	6
Total 0-11	302	230	172	92	797
Percentage neonatal[1]	56.4	47.9	55.1	39.3	51.7

[a] Includes deaths under one month reported in days
[1] Under one month / under one year

Table C.7 Nutritional status of children based on NCHS/CDC/WHO international reference population

Percentage of children under age five classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, based on the NCHS/CDC/WHO international reference population, Zimbabwe 2010-11

	Height-for-age			Weight-for-height				Weight-for-age				
Background characteristic	Percentage below -3 SD	Percentage below -2SD[1]	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	Percentage below -3 SD	Percentage below -2 SD[1]	Percentage above +2 SD	Mean Z-score (SD)	Number of children
Age in months												
<6	1.7	5.8	-0.3	0.9	2.0	12.0	0.4	1.1	2.0	6.6	0.3	575
6-8	1.1	8.8	-0.6	0.0	2.4	5.5	0.1	0.0	3.5	2.3	-0.3	319
9-11	5.5	14.7	-1.0	0.5	6.5	5.3	-0.2	2.8	16.6	1.8	-0.9	314
12-17	8.4	27.8	-1.4	0.5	5.2	4.0	-0.4	2.7	19.5	1.3	-1.2	604
18-23	15.0	45.7	-1.8	1.6	7.6	4.9	-0.3	3.8	21.6	2.8	-1.2	443
24-35	10.5	34.3	-1.6	0.3	1.7	1.6	-0.1	3.1	17.1	0.9	-1.1	1,075
36-47	9.9	29.4	-1.5	0.0	0.8	1.9	-0.2	1.2	12.4	0.6	-1.0	1,058
48-59	4.8	23.3	-1.4	0.0	1.2	1.5	-0.3	0.8	10.5	0.4	-1.1	929
Sex												
Male	8.5	27.7	-1.4	0.3	3.0	3.6	-0.2	1.7	14.0	1.6	-0.9	2,635
Female	6.9	24.0	-1.2	0.5	2.3	3.9	-0.1	2.1	12.4	1.9	-0.9	2,681
Birth interval in months[2]												
First birth[3]	7.0	24.5	-1.2	0.7	3.1	3.8	-0.1	1.7	11.0	1.2	-0.8	1,313
<24	10.7	27.3	-1.4	0.0	2.4	3.0	0.0	1.7	17.2	2.1	-0.8	227
24-47	7.8	27.7	-1.3	0.4	3.0	4.8	0.0	2.2	14.6	2.0	-0.8	1,313
48+	6.9	22.6	-1.1	0.3	2.4	3.8	-0.1	1.3	13.2	1.9	-0.7	1,458
Size at birth[2]												
Very small	16.9	42.9	-1.8	0.9	3.9	1.4	-0.4	6.0	27.7	0.0	-1.4	116
Small	10.7	33.7	-1.5	1.7	5.6	3.4	-0.4	4.3	24.3	0.2	-1.3	367
Average or larger	6.8	23.5	-1.1	0.3	2.5	4.2	0.0	1.4	11.6	2.0	-0.7	3,732
Mother's interview status												
Interviewed	7.4	25.0	-1.2	0.4	2.8	4.1	0.0	1.7	13.2	1.7	-0.8	4,312
Not interviewed but in household	8.4	22.8	-2.4	0.0	2.1	4.3	-1.5	3.3	9.4	3.6	-2.1	222
Not interviewed and not in household[4]	9.0	31.6	-1.5	0.2	2.0	1.9	-0.3	2.6	14.4	1.1	-1.1	782
Mother's nutritional status[5]												
Thin (BMI<18.5)	14.0	34.8	-1.4	0.6	8.5	2.1	-0.7	6.4	29.5	1.0	-1.4	278
Normal (BMI 18.5-24.9)	7.7	25.8	-1.2	0.5	2.9	3.8	-0.1	1.7	13.7	1.5	-0.8	2,835
Overweight/obese (BMI ≥25)	6.0	21.2	-1.1	0.1	1.4	5.4	0.2	1.0	8.7	2.6	-0.5	1,258
Residence												
Urban	6.4	21.4	-1.3	0.6	2.3	3.6	-0.3	1.4	9.9	1.8	-0.9	1,342
Rural	8.1	27.3	-1.3	0.3	2.8	3.8	-0.1	2.1	14.3	1.7	-0.9	3,975
Province												
Manicaland	6.2	26.3	-1.4	0.2	2.2	5.7	0.0	1.7	11.9	1.9	-0.8	793
Mashonaland Central	6.6	25.6	-1.2	0.0	2.2	1.9	-0.3	2.5	15.0	1.7	-1.0	576
Mashonaland East	10.2	28.1	-1.3	0.6	3.6	3.5	-0.2	2.8	16.3	2.3	-0.9	573
Mashonaland West	8.7	25.6	-1.2	0.3	2.5	5.3	0.0	1.3	14.4	1.9	-0.8	642
Matabeleland North	8.4	28.2	-1.4	0.5	5.4	3.8	-0.4	2.2	18.3	1.1	-1.1	262
Matabeleland South	10.2	24.7	-1.3	0.5	3.6	3.6	-0.2	2.3	14.5	1.8	-0.9	304
Midlands	8.6	26.6	-1.3	0.4	2.3	2.5	-0.2	1.7	14.1	0.9	-0.9	718
Masvingo	5.8	25.5	-1.2	0.2	2.0	3.6	0.0	1.3	9.2	2.1	-0.7	625
Harare	8.3	25.1	-1.4	1.0	3.0	2.9	-0.3	2.4	10.6	1.7	-1.0	622
Bulawayo	2.7	18.5	-1.5	0.0	1.2	5.1	-0.5	0.7	8.3	1.7	-1.1	202
Mother's education[6]												
No education	9.2	36.1	-1.6	0.0	3.5	1.9	-0.4	1.6	11.4	3.5	-1.2	94
Primary	8.5	27.3	-1.3	0.2	2.3	3.4	-0.1	2.0	15.3	1.3	-0.9	1,500
Secondary	7.0	23.6	-1.2	0.5	3.1	4.1	-0.1	1.7	12.2	1.9	-0.8	2,826
More than secondary	4.4	15.2	-0.8	0.0	1.0	12.8	0.4	1.0	3.1	4.6	-0.2	114
Wealth quintile												
Lowest	8.7	30.7	-1.4	0.4	3.1	3.1	-0.2	2.2	15.7	1.4	-1.0	1,256
Second	8.0	26.1	-1.2	0.3	2.9	2.6	-0.2	2.4	15.2	1.4	-0.9	1,176
Middle	9.9	29.7	-1.3	0.6	2.5	3.7	-0.1	2.5	14.2	1.5	-0.9	1,095
Fourth	6.1	22.3	-1.2	0.3	3.1	4.8	-0.1	1.3	11.5	1.8	-0.8	1,040
Highest	4.5	16.5	-1.3	0.3	1.4	5.5	-0.2	0.7	6.6	2.7	-0.8	749
Total	7.7	25.8	-1.3	0.4	2.7	3.8	-0.1	1.9	13.2	1.7	-0.9	5,317

Notes: Table is based on children who slept in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO international reference population. Table is based on children with valid dates of birth (month and year) and valid measurement of both height and weight. Total includes 97 cases with information missing on size at birth that are not shown separately.

[1] Includes children who are below -3 standard deviations from the international reference population median

[2] Excludes children whose mothers were not interviewed

[3] First-born twins (triplets, etc.) are counted as first births because they do not have a previous birth interval.

[4] Includes children whose mothers are deceased

[5] Excludes children whose mothers were not weighed and measured. Mother's nutritional status in terms of BMI (body mass index) is presented in Table 11.10.1.

[6] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire

PERSONS INVOLVED IN THE 2010-11 ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY

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Andrew Tangwena, MOHCW, National Malaria Control Program
Siboniso Chigova, MOHCW, Nutrition Department
Winston Chirombe, MOHCW, Reproductive Health Unit
Ngwarai Sithole, ZNFPC, Monitoring & Evaluation

Field Teams

Manicaland Team 1

Supervisor: Memory Chikwenjere
Deputy Supervisor: Shupikai Kwembeya
Driver: Solomon Gavaza
Interviewers:
Jestina Muchedzi
Ruvarashe Matare
Kudakwashe Muridzi
Joseph Nyakuchena
Festus Mukanangana
Stephen Nherudzo

Manicaland Team 2

Supervisor: Romana Katekwe
Deputy Supervisor: Precious Nyakatawa
Driver: After Jeche
Interviewers:
Shylet Seremana
Margaret Chikuni
Laura Moyo
Tatenda Mhuru
Marshall Gorogodo
Nesbert Makondo

Masvingo 1

Supervisor: Fadzai Ndoro
Deputy Supervisor: Patson Samkange
Driver: Brian Nyakabawo
Interviewers:
Thelma Mahachi
Majury Musakuro
Pride Muromo
Polite Mazivire
Charles Musvosvo
Lyton Mafuva

Masvingo 2

Supervisor: Happiness Mudavanhu
Deputy Supervisor: Jane Murenga
Driver: Dzingai Gurumani
Interviewers:
Sandra Chidawanyika
Shareen Garecha
Linda Manjengwa
Paddington Marimbire
Shingayi Mhishi
Ardonia Gundani

Midlands Team 1

Supervisor: Susan Mavhunga
Deputy Supervisor: Munyaradzi Gwazane
Driver: Biggy Chibupwe
Interviewers:
Gladmore Kwiri
Sibongile Ndlovu
Runyararo Mazhange
Prosper Mapuza
Brilliant Mashora
Sitariko Jack

Midlands Team 2

Supervisor: Simon Takawira
Deputy Supervisor: Vimbai Moyo
Driver: James Chitakunye
Interviewers:
Sharon Mada
Tsitsi Kaseke
Luwiza Mwanza
Abraham Mapfumo
Murukai Gumbo-Mberi
Trevor Chinduli

Mashonaland Central

Supervisor: Fungai Matarise
Deputy Supervisor: Martha Pamire
Driver: Gift Chigwenhese
Interviewers:
Jane Madondo
Chipo Jambaya
Caroline Muzirikazi
Romeo Jonga
Josphat Jekera
Elphas Manjeru

Mashonaland East

Supervisor: Rumbidzai Chipwere
Deputy Supervisor: Elliot Chikaka
Driver: Steady Mudzamiri
Interviewers:
Rutendo Mbetsa
Rudo Nyamutswa
Kudakwashe Katonha
Godfrey Khudhu
Roy Matangira
Lazarus Mazarura

Mashonaland West

Supervisor: Michelle Madiro
Deputy Supervisor: Moreblessing Samkange
Driver: Shepherd Chigwedu
Interviewers:
Melody Chipanera
Tendai Mushariwa
Simelane Mlilwane
Silas Anali
Kudzai Ndemera
Alfred Zvoushe

Matabelaland North

Supervisor: Shanthani Shoko
Deputy Supervisor: Nkosilathi Munsaka
Driver: George Mhlanga
Interviewers:
Mercy Nyathi
Angel Dube
Joylyn Change
Abel Mudimba
Deighton Dlamini
Misheck Mudimba

Matabelaland South

Supervisor: Yvonne Buzwane
Deputy Supervisor: Leoh Ndlovu
Driver: Iden Gadaga
Interviewers:
Sisanda Dube
Linderrose Moyo
Petronella Dube
Nqabutho Nyathi
Professor Ngwenya
Bekezela Moyo

Bulawayo Team

Supervisor: Sinikiwe Mlilo
Deputy Supervisor: Orliata Chisvo
Driver: Raymond Tsiga
Interviewers:
Nosikelelo Ndlovu
Catherine Muchineripi
Khayelihle Dlodlo
Bhekimpilo Nyoni
Tafadzwanashe Muneri
Nkosentsha Mpofu

Harare Team 1

Supervisors: Priscilla Jaramba
Deputy Supervisor: Paul Elijah
Driver: Jealous Jackson
Interviewers:
Cecilia Chirongwe
Rudo Mupunga
Rumbidzai Govo-Kahuni
Sharleen Makondo
Kevin Chiramba
Collet Muza
Mkululi Moyo
Sandisiwe Ndhlovu

Harare Team 2

Supervisor: Matilda Tshaka
Deputy Supervisor: Tatenda Mugadza
Driver: Pascal Shonhiwa
Interviewers:
Vimbai Hariye
Tsitsi Bhiza
Julia Munyanyi
Bertha Chigariro
Farai Zininga
Gift Farau
Rocky Musinga
Varaidzo Mhunza

Harare Team 3

Supervisor: Naume Watyoka
Deputy Supervisor: Sheona Pedzapasi
Driver: Douglas Chipere
Interviewers:
Doreen Duri
Netsai Mavhondo
Charlene Mutema
Memory Chirimuuta
Biggie Mandikuwaza
Clemence Mwanditani

ICF International Inc.

Joanna Lowell, Country Manager
Alfredo Aliaga, Sampling Specialist
Datla Vishnu Raju, Data Processing Specialist
Ladys Ortiz, Data Processing Specialist
Jeanne Cushing, Data Processing Specialist
Velma Lopez, Biomarker Specialist and Technical Reviewer
Dean Garrett, Biomarker Specialist
Mercy Guech-Ongey, Biomarker Specialist
Peter Katambarare, Consultant
Blake Zachary, GIS Specialist
Chris Gramer, Report Production Specialist
Audrey Shenett, Report Production Specialist
Greg Edmondson, Editor
Nancy Johnson, Editor
He Rim Kim, Dissemination Specialist
Bernard Barrere, Technical Reviewer
Anne Cross, Technical Reviewer
Sunita Kishor, Technical Reviewer
Monica Kothari, Technical Reviewer
Anjushree Pradhan, Technical Reviewer
Sri Poedjastoeti, Technical Reviewer
Kia Reinis, Technical Reviewer
Gulnara Semenov, Technical Reviewer
Ann Way, Technical Reviewer

QUESTIONNAIRES

Appendix **E**

12 September 2010

2010 DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE (ENGLISH)

ZIMBABWE
ZIMSTAT

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | |

HOUSEHOLD NUMBER . . . . . | | | |

INTERVIEWER VISITS

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

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

HH-1

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.
In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		01	01	01
02			1 2	1 2	1 2			02	02	02
03			1 2	1 2	1 2			03	03	03
04			1 2	1 2	1 2			04	04	04
05			1 2	1 2	1 2			05	05	05
06			1 2	1 2	1 2			06	06	06
07			1 2	1 2	1 2			07	07	07
08			1 2	1 2	1 2			08	08	08
09			1 2	1 2	1 2			09	09	09
10			1 2	1 2	1 2			10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGIS-TRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the Births and Deaths Registry? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
01	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	LEVEL GRADE	Y N 1 2 NEXT LINE	LEVEL GRADE	
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
06	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
07	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
08	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
09	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
10	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19)
1 = PRIMARY	
2 = SECONDARY	
3 = HIGHER	
8 = DON'T KNOW	98 = DON'T KNOW

							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	2	3	4	5	6	7	8	9	10	11
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		11	11	11
12			1 2	1 2	1 2			12	12	12
13			1 2	1 2	1 2			13	13	13
14			1 2	1 2	1 2			14	14	14
15			1 2	1 2	1 2			15	15	15
16			1 2	1 2	1 2			16	16	16
17			1 2	1 2	1 2			17	17	17
18			1 2	1 2	1 2			18	18	18
19			1 2	1 2	1 2			19	19	19
20			1 2	1 2	1 2			20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE NO ☐

2B) 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 ☐ → ADD TO TABLE NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGIS-TRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2010 school year?	During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the Births and Deaths Registry? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW
11	Y N DK 1 2 8 GO TO 14		Y N DK 1 2 8 GO TO 16		Y N 1 2 NEXT LINE	LEVEL GRADE	Y N 1 2 NEXT LINE	LEVEL GRADE	
12	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
13	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
14	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
15	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
16	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
17	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
18	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
19	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		
20	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 NEXT LINE		1 2 NEXT LINE		

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
0 = PRE-SCHOOL	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 17 ONLY.
2 = SECONDARY	THIS CODE IS NOT ALLOWED
3 = HIGHER	FOR Q. 19)
8 = DON'T KNOW	98 = DON'T KNOW

SELECTION OF RESPONDENT FOR SECTION ON HOUSEHOLD RELATIONS

21 ONLY ONE WOMAN PER HOUSEHOLD SHOULD BE SELECTED FOR HR MODULE.

USE THE TABLE BELOW TO SELECT THE WOMAN IN THIS HOUSEHOLD TO BE INTERVIEWED WITH HR MODULE.

HOUSEHOLD LINE NUMBER . . . . . | | |

NAME . . . . . _____

GO TO COLUMN 9 IN THE HOUSEHOLD SCHEDULE AND WRITE 'HR' NEXT TO THE LINE NUMBER OF THE WOMAN

HOW TO USE THE TABLE FOR SELECTION OF RESPONDENT FOR HR MODULE

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE NUMBER ON THE COVER SHEET. THIS IS THE NUMBER OF THE ROW YOU SHOULD CIRCLE. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD CIRCLE. FIND THE BOX WHERE THE CIRCLED ROW AND THE CIRCLED COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE HOUSEHOLD RELATIONS QUESTIONS. GO TO COLUMN 9 OF THE HOUSEHOLD SCHEDULE AND PUT A 'HR' NEXT TO THE LINE NUMBER OF THE SELECTED ELIGIBLE WOMAN. RECORD HER NAME AND LINE NUMBER IN THE SPACE PROVIDED ABOVE.

FOR EXAMPLE, IF THE QUESTIONNAIRE NUMBER IS 3716, GO TO ROW 6 AND CIRCLE THE ROW NUMBER ('6'). IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN 3 AND CIRCLE THE COLUMN NUMBER ('3'). DRAW LINES FROM ROW 6 AND COLUMN 3, FIND THE BOX WHERE THE TWO LINES MEET, AND CIRCLE THE NUMBER IN IT ('2'). THIS MEANS THAT YOU HAVE TO SELECT THE SECOND ELIGIBLE WOMAN. SUPPOSE THE HOUSEHOLD LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THEN THE ELIGIBLE WOMAN FOR THE HOUSEHOLD RELATION QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN WITH HOUSEHOLD LINE NUMBER '03'. PUT A 'HR' NEXT TO THIS WOMAN'S LINE NUMBER IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE AND ALSO ENTER THE TWO DIGIT LINE NUMBER AND THE WOMAN'S NAME IN THE SPACE PROVIDED AT THE TOP OF THIS PAGE.

TABLE FOR SELECTION OF RESPONDENTS FOR HOUSEHOLD RELATIONS MODULE

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN 15-49 IN THE HOUSEHOLD (COLUMN)							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less often than once a month, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 LESS OFTEN THAN ONCE A MONTH . . . . . 4 NEVER 5	
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/PLOT . . . . . 12 → 105 PUBLIC TAP/STANDPIPE . . . . . 13 TUBE WELL OR BOREHOLE . . . . . 21 DUG WELL PROTECTED WELL . . . . . 31 UNPROTECTED WELL . . . . . 32 WATER FROM SPRING PROTECTED SPRING . . . . . 41 UNPROTECTED SPRING . . . . . 42 RAINWATER . . . . . 51 → 105 TANKER TRUCK . . . . . 61 CART WITH SMALL TANK . . . . . 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) . . . . . 81 BOTTLED WATER . . . . . 91 OTHER _____ 96 (SPECIFY)	
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 → 105 ELSEWHERE 3	
104	How long does it take to go there, get water, and come back?	MINUTES . . . . . ☐☐☐ DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink? IF YES, PROBE: Always or sometimes?	YES, ALWAYS . . . . . 1 YES, SOMETIMES . . . . . 2 NO . . . . . 3 DON'T KNOW . . . . . 8 → 107	
106	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL . . . . . A ADD BLEACH/CHLORINE . . . . . B STRAIN THROUGH A CLOTH . . . . . C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) . . . . . D SOLAR DISINFECTION . . . . . E LET IT STAND AND SETTLE . . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM . . . . . 11 FLUSH TO SEPTIC TANK . . . . . 12 FLUSH TO PIT LATRINE . . . . . 13 FLUSH TO SOMEWHERE ELSE . . . . . 14 FLUSH, DON'T KNOW WHERE . . . . . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP)/BLAIR TOILET . . . 21 PIT LATRINE WITH SLAB . . . . . 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT . . . . . 23 BUCKET TOILET . . . . . 41 NO FACILITY/BUSH/FIELD . . . . . 61 OTHER _____ (SPECIFY) 96	→ 110
108	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
110	Does your dwelling unit/household have: Electricity that is connected? A battery or generator for power? A solar panel for power? A radio in working condition? A television in working condition? A mobile telephone in working condition? A non-mobile telephone? A refrigerator in working condition? A computer in working condition?	YES NO ELECTRICITY . . . . . 1 2 BATTERY/GENERATOR . . . . . 1 2 SOLAR PANEL . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 MOBILE TELEPHONE . . . . . 1 2 NON-MOBILE TELEPHONE . . . 1 2 REFRIGERATOR . . . . . 1 2 COMPUTER 1 2	
111	What type of fuel/energy does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LIQUID PROPANE GAS (LPG) . . . . . 02 NATURAL GAS . . . . . 03 BIOGAS . . . . . 04 PARAFFIN/KEROSENE . . . . . 05 JELLY . . . . . 06 COAL, LIGNITE . . . . . 07 CHARCOAL . . . . . 08 WOOD . . . . . 09 STRAW/SHRUBS/GRASS . . . . . 10 MAIZE/AGRICULTURAL CROP WASTE . . . 11 ANIMAL DUNG . . . . . 12 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ (SPECIFY) 96	→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . . 1 IN A SEPARATE BUILDING . . . . . 2 OUTDOORS . . . . . 3 OTHER _____ 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
114	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)	
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH . . . . . 12 RUDIMENTARY ROOFING RUSTIC MAT . . . . . 21 WOOD PLANKS . . . . . 23 FINISHED ROOFING METAL . . . . . 31 WOOD . . . . . 32 ASBESTOS . . . . . 33 TILES . . . . . 34 CEMENT . . . . . 35 OTHER _____ 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NATURAL WALLS CANE/TRUNKS . . . . . 12 MUD . . . . . 13 RUDIMENTARY WALLS STONE WITH MUD . . . . . 22 PLYWOOD . . . . . 24 CARTON . . . . . 25 REUSED WOOD . . . . . 26 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
117	How many rooms in this household are used for sleeping?	ROOMS	☐☐		
118	Does any member of this household own:		YES	NO	
	A watch?	WATCH	1	2	
	A bicycle?	BICYCLE	1	2	
	A motorcycle or motor scooter?	MOTORCYCLE/SCOOTER . . .	1	2	
	An animal-drawn cart?	ANIMAL-DRAWN CART	1	2	
	A car or truck?	CAR/TRUCK	1	2	
	A tractor?	TRACTOR	1	2	
	A boat with a motor?	BOAT WITH MOTOR	1	2	
	A wheelbarrow?	WHEELBARROW	1	2	
119	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2			→ 121
120	How many acres of agricultural land do members of this household own?	ACRES	☐☐.☐		
	IF 95 OR MORE, CIRCLE '950'.	95 OR MORE ACRES . . . . . 950 DON'T KNOW 998			
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2			→ 123
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.				
	Cattle?	CATTLE	☐☐		
	Horses?	HORSES	☐☐		
	Donkeys or mules?	DONKEYS/MULES	☐☐		
	Goats?	GOATS	☐☐		
	Sheep?	SHEEP	☐☐		
	Chickens or other poultry?	CHICKENS/POULTRY	☐☐		
	Rabbits?	RABBITS	☐☐		
	Pigs?	PIGS	☐☐		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does any member of this household have a bank account?	YES . . . . . 1 NO 2	
124	At any time in the past 12 months, has anyone come to your dwelling to spray the interior walls and outside eaves against mosquitoes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 126
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . . A PRIVATE COMPANY . . . . . B NONGOVERNMENTAL ORGANIZATION (NGO) . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Y	
126	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 137
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . ☐	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 6 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . 12 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'PRETREATED' NET KO TAB123 . . . 21 IRONET . . . . . 22 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . 12 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'PRETREATED' NET KO TAB123 . . . 21 IRONET . . . . . 22 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . 12 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'PRETREATED' NET KO TAB123 . . . 21 IRONET . . . . . 22 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF NEXT PAGE FOR NEXT NET; OR, IF NO MORE NETS GO TO 137.

		NET #4	NET #5	NET #6
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . 12 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'PRETREATED' NET KO TAB123 . . . 21 IRONET . . . . . 22 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . 12 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'PRETREATED' NET KO TAB123 . . . 21 IRONET . . . . . 22 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11 PERMANET . . . 12 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'PRETREATED' NET KO TAB123 . . . 21 IRONET . . . . . 22 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . [ ][ ] MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8

		NET #4	NET #5	NET #6
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
		NAME_____ LINE NO.	NAME_____ LINE NO.	NAME_____ LINE NO. . . . .
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.

137	Please show me where members of your household most often wash their hands.	OBSERVED . . . . . 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT . . . . . 2 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 3 NOT OBSERVED, OTHER REASON . . . . . 4 (SKIP TO 140)
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . . 1 WATER IS NOT AVAILABLE 2
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . . . A ASH, MUD, SAND . . . . . B NONE . . . . . Y
140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT . . . . . 1 NO IODINE . . . . . 2 NO SALT IN HOUSEHOLD . . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)

BIOMARKER DATA COLLECTION FORM

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

CLUSTER NUMBER ☐☐☐ HOUSEHOLD NUMBER ☐☐ NAME OF HH HEAD: _____

		CHILD 1	CHILD 2	CHILD 3
201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	CONSENT FORM SIGNED 1 (SIGN) REFUSED 2	CONSENT FORM SIGNED 1 (SIGN) REFUSED 2	CONSENT FORM SIGNED 1 (SIGN) REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

BIOMARKER DATA COLLECTION FORM

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2005 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214.)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214.) OLDER 2	0-5 MONTHS . . . . . 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214.) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
210	ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	PROVIDE PARENT/RESPONSIBLE ADULT WITH PARENTAL CONSENT FORM.		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	CONSENT FORM SIGNED 1 _____ (SIGN) REFUSED 2	CONSENT FORM SIGNED 1 _____ (SIGN) REFUSED 2	CONSENT FORM SIGNED 1 _____ (SIGN) REFUSED 2
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

BIOMARKER DATA COLLECTION FORM

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

CLUSTER NUMBER ☐☐☐ HOUSEHOLD NUMBER ☐☐ NAME OF HH HEAD: _____

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
216	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
218	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 229.)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 229.)	15-17 YEARS . . . . . 1 18-49 YEARS . . . . . 2 (GO TO 229.)
219	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2 (GO TO 229.)	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2 (GO TO 229.)	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . . 2 (GO TO 229.)
220	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT (FROM COL. 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
221	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR ADOLESCENT AND FROM ADOLESCENT.	PROVIDE PARENT/RESPONSIBLE ADULT AND ADOLESCENT WITH PARENTAL CONSENT AND ADOLESCENT ASSENT FORM.		
		ANEMIA TEST		
222	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 225.)
		ANEMIA TEST		
223	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 225.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 225.)

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
224	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
		DBS COLLECTION FOR HIV TESTING		
225	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 235.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 235.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 235.)
		DBS COLLECTION FOR HIV TESTING		
226	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 235.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 235.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 235.)
		ADDITIONAL TESTING		
227	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)
		ADDITIONAL TESTING		
228	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 235.)
229	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM RESPONDENT.	PROVIDE ADULT CONSENT FORM.		

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____	LINE NUMBER . . . . . [ ][ ] NAME _____
		ANEMIA TEST		
230	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 232.)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 232.)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 232.)
231	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8	YES . . . . . 1 NO . . . . . 2 DK 8
		DBS COLLECTION FOR HIV TESTING		
232	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) [ ][ ][ ] (IF REFUSED, GO TO 235.)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) [ ][ ][ ] (IF REFUSED, GO TO 235.)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) [ ][ ][ ] (IF REFUSED, GO TO 235.)
		ADDITIONAL TESTING		
233	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)
234	ADDITIONAL TESTS	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 233: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
235	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT FORMS HAVE BEEN SIGNED AND PROCEED WITH THE TEST(S).			
236	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL . . . . . [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL . . . . . [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL . . . . . [ ][ ].[ ] NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996
237	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
238	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243.			

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-54

CLUSTER NUMBER ☐☐☐ HOUSEHOLD NUMBER ☐☐ NAME OF HH HEAD: _____

243	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
244	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
245	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
246	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. . . . . ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
247	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . . 1 18-54 YEARS . . . . . 2 (GO TO 257.)	15-17 YEARS . . . . . 1 18-54 YEARS . . . . . 2 (GO TO 257.)	15-17 YEARS . . . . . 1 18-54 YEARS . . . . . 2 (GO TO 257.)
248	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 257.)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 257.)	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . . 2 (GO TO 257.)
249	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT (FROM COL. 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
250	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR ADOLESCENT AND FROM ADOLESCENT.	PROVIDE PARENT/RESPONSIBLE ADULT AND ADOLESCENT WITH PARENTAL CONSENT AND ADOLESCENT ASSENT FORM.		
		ANEMIA TEST		
251	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 253.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 253.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 253.)
		ANEMIA TEST		
252	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN)

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
		DBS COLLECTION FOR HIV TESTING		
253	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 262.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 262.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 262.)
		DBS COLLECTION FOR HIV TESTING		
254	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 262.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 262.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 262.)
		ADDITIONAL TESTING		
255	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	**DID PARENT/OTHER RESPONSIBLE ADULT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)
		ADDITIONAL TESTING		
256	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)	**DID ADOLESCENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 ADOLESCENT REFUSED . . . . . 2 _____ (SIGN) (IF REFUSED, WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. GO TO 262.)
257	ASK CONSENT FOR ANEMIA TEST, DBS COLLECTION AND ADDITIONAL TESTING FROM RESPONDENT.	PROVIDE ADULT CONSENT FORM.		

		MAN 1	MAN 2	MAN 3
	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
		ANEMIA TEST		
258	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)
		DBS COLLECTION FOR HIV TESTING		
259	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 262.)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 262.)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 262.)
		ADDITIONAL TESTING		
260	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)	**DID RESPONDENT GRANT CONSENT?** CONSENT FORM SIGNED . . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN)
261	ADDITIONAL TESTS	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 260: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
262	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT FORMS HAVE BEEN SIGNED AND PROCEED WITH THE TEST(S).			
263	RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996	G/DL . . . . . ☐☐.☐ NOT PRESENT . . . . . 994 REFUSED . . . . . 995 OTHER 996
264	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER . . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
265	GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			

Telephone No. . . .706681/8
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E-mail: director@cso.zarnet.ac.zw
Telegraphic Address **"GOVSTAT"**

All communications should be
Addressed to **"THE DIRECTOR"**

MRCZ/A/1563

CENTRAL STATISTICAL OFFICE
P.O Box CY342
Causeway
Zimbabwe

Cluster Number: __ __ __
Household Number __ __ __
Line Number __ __

Zimbabwe Demographic and Health Survey
Principal Investigator: Portia Manangazira, *M.D.*
Phone number: 0912 711 060

ADULT CONSENT FORM

ANAEMIA TESTING

PURPOSE
As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. You are one of several thousand men, women and children selected at random as a possible participant in this study.

PROCEDURES AND DURATION
If you decide to have an anaemia test, you will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.

RISKS AND DISCOMFORTS
The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.

BENEFITS
We cannot offer you any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you to the nearest health facility.

CONFIDENTIALITY
If you indicate your willingness to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.

VOLUNTARY PARTICIPATION
You can say yes to the test or you can say no. If you decide not to be tested, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.

QUESTIONS
Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
You are making a decision whether or not to be tested for anaemia. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.

Name of respondent (please print) Date/Time

Signature of respondent or legally authorized representative

HIV TESTING

PURPOSE
As part of this survey, we are asking people all over the country to provide a blood sample for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. You are one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.

PROCEDURES AND DURATION
If you decide to provide a blood sample for HIV testing, you will undergo a finger prick in which a few drops of blood will be collected on a card. The HIV test will be done in the National Microbiology Reference Laboratory in Harare. Because the card used to collect your blood will be labeled using a code and not your name, no one will be able to know your HIV test results. We will not be able to tell you the results of the test.

RISKS AND DISCOMFORTS
The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. You will experience a slight pain during the finger prick.

BENEFITS
We cannot offer you any direct benefits from the testing. However, the results of the survey will assist in planning HIV/AIDS programs in Zimbabwe.

CONFIDENTIALITY
If you are willing to provide a blood sample for HIV testing, the results will not be linked to you and will be strictly confidential. You are assured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.

VOLUNTARY PARTICIPATION
You can say yes or no to having your blood collected and tested for HIV. If you decide not to give a sample for HIV testing, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.

QUESTIONS
Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
You are making a decision whether or not to provide a blood sample for HIV testing. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.

Name of respondent (please print) Date/Time

Signature of respondent or legally authorized representative

ADDITIONAL TESTING

PURPOSE
As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected for HIV testing for additional testing or research. We are not certain about what additional tests might be done.

PROCEDURES AND DURATION
If you decide to participate, any blood collected for HIV testing that remains following the study will be stored for additional testing at the National Microbiology Reference Laboratory in Harare for up to five years. The blood sample will not have any name or other data attached to it that could identify you. The results of the additional tests will not be returned to you.

BENEFITS
We cannot offer you any direct benefits from the testing.

CONFIDENTIALITY
If you are willing for your blood sample to be stored and used for additional testing, the results of any tests will not be linked to you and will remain strictly confidential. You are ensured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.

VOLUNTARY PARTICIPATION
You can say yes or no to having your blood stored for additional testing. If you decide not to allow your blood sample to be stored for additional testing, your decision will not affect your future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.

QUESTIONS
Before you sign this form, please ask any questions on any aspect of the storage of the blood sample for additional testing that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
You are making a decision whether or not to allow your blood sample to be stored and used for additional testing or research. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.

Name of respondent (please print) Date/Time

Signature of respondent or legally authorized representative

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Washington Mapeta (telephone: 793967) or Mr. Godfrey Matsinde (telephone: 794757), or the Medical Research Council of Zimbabwe (telephone: 791792 or 791193).

Cluster Number: __ __ __
Household Number __ __ __
Child's Line Number __ __

Zimbabwe Demographic and Health Survey
Principal Investigator: Portia Manangazira, *M.D.*
Phone number: 0912 711 060

PARENTAL CONSENT AND ADOLESCENT ASSENT FORM

ANAEMIA TESTING

PURPOSE
As part of the survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. The purpose of the anaemia testing is to establish the size of this problem in Zimbabwe. Your child is one of several thousand men, women and children selected at random as a possible participant in this study.

PROCEDURES AND DURATION
If you decide to allow your child to have an anaemia test, your child will undergo a finger prick in which a few drops of blood will be collected. The blood will be tested for anaemia immediately, and the result told to you right away.

RISKS AND DISCOMFORTS
The risks associated with procedure are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. Your child will experience a slight pain during the finger prick.

BENEFITS
We cannot offer you or your child any direct benefits from the testing. However, if we find that the test results indicate that medical attention is required, we will refer you and your child to the nearest health facility.

CONFIDENTIALITY
If you indicate your willingness for your child to be tested for anaemia by signing this document, any information that is obtained in connection with this study that can be identified with you will remain confidential and will not be disclosed to anyone other than members of our survey team.

VOLUNTARY PARTICIPATION
You can say yes to the test or you can say no. If you decide not to allow your child to be tested, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.

QUESTIONS
Before you sign this form, please ask any questions on any aspect of the anaemia testing that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
You are making a decision whether or not to allow your child to be tested for anaemia. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to allow your child to participate.

Name of child (please print) Date/Time

Name of parent (please print)

Signature of parent or legally authorized representative

Relationship to child

For children 15-17 years old:
My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.

Signature of child

HIV TESTING (CHILDREN AGE 15-17 ONLY)

PURPOSE
As part of this survey, we are asking people all over the country to provide a blood sample that will be used for HIV testing. HIV is the virus that causes AIDS. AIDS is a very serious health problem that has affected a lot of people in Zimbabwe. The purpose of the HIV testing is to find out how big this problem in Zimbabwe. Your child is one of several thousand men and women selected at random as a possible participant in providing a blood sample that will be used for HIV testing.

PROCEDURES AND DURATION
If you decide to allow your child to provide a blood sample for HIV testing, your child will undergo a finger prick in which a few drops of blood will be collected on a card. The HIV test will be done in the National Microbiology Reference Laboratory in Harare. Because the card used to collect your child's blood will be labeled using a code and not your child's name, no one will be able to know your child's HIV test results. We will not be able to tell you the results of your child's test.

RISKS AND DISCOMFORTS
The risks associated with procedure, including the risks to pregnant women, are minimal. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. Your child will experience a slight pain during the finger prick.

BENEFITS
We cannot offer you or your child any direct benefits from the testing. However, the results of the survey will assist in planning HIV/AIDS programs in Zimbabwe.

CONFIDENTIALITY
If you are willing for your child to provide a blood sample for HIV testing, the results will not be linked to your child and will be strictly confidential. Your child is assured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.

VOLUNTARY PARTICIPATION
You can say yes or no to having your child's blood collected and tested for HIV. If you decide not to allow your child to give a sample for HIV testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.

QUESTIONS
Before you sign this form, please ask any questions on any aspect of the blood sample collection that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
You are making a decision whether or not to allow your child to provide a blood sample for HIV testing. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to participate.

Name of child (please print) Date/Time

Name of parent (please print)

Signature of parent or legally authorized representative

Relationship to child

For children 15-17 years old:
My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.

Signature of child

ADDITIONAL TESTING (CHILDREN AGE 15-17 ONLY)

PURPOSE
As part of the survey, we are asking you to allow the National Microbiology Reference Laboratory to store part of the blood sample collected from your child for HIV testing for additional testing or research. We are not certain about what additional tests might be done.

PROCEDURES AND DURATION
If you decide to allow your child to participate, any blood collected for HIV testing that remains following the study will be stored for additional testing at the National Microbiology Reference Laboratory in Harare for up to five years. The blood sample will not have any name or other data attached to it that could identify your child. The results of the additional tests will not be returned to you or your child.

BENEFITS
We cannot offer your child any direct benefits from the testing.

CONFIDENTIALITY
If you are willing for your child's blood sample to be stored and used for additional testing, the results of any tests will not be linked to your child and will remain strictly confidential. Your child is ensured of this confidentiality through provisions of the Census and Statistics Act Chapter 10:29.

VOLUNTARY PARTICIPATION
You can say yes or no to having your child's blood stored for additional testing. If you decide not to allow your child's blood sample to be stored for additional testing, your decision will not affect your child's future relations with the Ministry of Health and Child Welfare, its personnel, and associated hospitals or with the Zimbabwe National Statistics Agency.

QUESTIONS
Before you sign this form, please ask any questions on any aspect of the storage of the blood sample for additional testing that is unclear to you. You may take as much time as necessary to think it over.

AUTHORIZATION
You are making a decision whether or not to allow your child's blood sample to be stored and used for additional testing or research. Your signature indicates that you have understood the information provided above, have had all your questions answered, and have decided to allow your child to participate.

Name of child (please print) Date/Time

Name of parent (please print)

Signature of parent or legally authorized representative

Relationship to child

For children 15-17 years old:
My participation in this research study is voluntary. I have read and understood the above information, asked any questions which I may have and have agreed to participate. I will be given a copy of this form to keep.

Signature of child

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research subject or research-related injuries; or if you feel that you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel free to contact ZIMSTAT officials Mr. Washington Mapeta (telephone: 793967) or Mr. Godfrey Matsinde (telephone: 794757), or the Medical Research Council of Zimbabwe (telephone: 791792 or 791193).

12 September 2010

2010 DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE (ENGLISH)

ZIMBABWE
ZIMSTAT

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . . . | | | |

HOUSEHOLD NUMBER . . . . . | | | |

NAME AND LINE NUMBER OF WOMAN _____ | | |

CHECK QUESTION 21 IN HOUSEHOLD QUESTIONNAIRE:
IS THIS WOMAN SELECTED FOR THE HOUSEHOLD RELATIONS MODULE? (YES = 1; NO = 2) . . . . . | |

INTERVIEWER VISITS

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

*RESULT CODES:

1	COMPLETED	4	REFUSED		
2	NOT AT HOME	5	PARTLY COMPLETED	7	OTHER _____ (SPECIFY)
3	POSTPONED	6	INCAPACITATED		

LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH
LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER
LANGUAGE OF RESPONDENT: A SHONA B NDEBELE C ENGLISH X OTHER
TRANSLATOR USED? 1 YES 2 NO

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR . . . . . ☐☐	
107	CHECK 105: PRIMARY ☐ ↓ SECONDARY OR HIGHER ☐ →		110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' CIRCLED ☐ → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
113	What is your religion?	TRADITIONAL . . . . . 1 ROMAN CATHOLIC . . . . . 2 PROTESTANT . . . . . 3 PENTECOSTAL . . . . . 4 APOSTOLIC SECT . . . . . 5 OTHER CHRISTIAN . . . . . 6 MUSLIM . . . . . 7 NONE . . . . . 8 OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

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 currently 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 . . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
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 . . . . . ☐☐ DAUGHTERS ELSEWHERE . . . ☐☐	
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 did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . ☐☐ GIRLS DEAD . . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . . ☐☐	
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 ☐ NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐ → 226		

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 ROWS.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: 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.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (NEXT BIRTH)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

212 What name was given to your next baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: 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.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES . . . . . 1 NO 2
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE)	
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2005 OR LATER.	NUMBER OF BIRTHS . . . . . ☐ NONE . . . . . 0 → 226

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	**C** FOR EACH BIRTH SINCE JANUARY 2005, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. 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.)		
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 230
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . . ☐☐	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER . . . . . 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . . 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
232	CHECK 231: LAST PREGNANCY ENDED IN JAN. 2005 OR LATER ☐↓ LAST PREGNANCY ENDED BEFORE JAN. 2005 ☐		→ 238

232A	232B In what month and year did that pregnancy end? MONTH YEAR	233 How many months pregnant were you when that pregnancy ended? MONTHS	234 Since January 2005, have you had any other pregnancies that did not result in a live birth?	
01		☐☐	YES . . . . . 1 NO 2	→ 235
02	☐☐ ☐☐☐☐	☐☐	YES . . . . . 1 NO 2	→ 235
03	☐☐ ☐☐☐☐	☐☐	YES . . . . . 1 NO 2	→ 235
04	☐☐ ☐☐☐☐	☐☐	YES . . . . . 1 NO 2	→ 235

IF THERE ARE MORE THAN FOUR PREGNANCIES SINCE JANUARY 2005 THAT DID NOT RESULT IN A LIVE BIRTH, GO TO 232A ROW 02 IN A NEW QUESTIONNAIRE.

235	**C** FOR EACH PREGNANCY THAT DID NOT RESULT IN A LIVE BIRTH IN JANUARY 2005 OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
236	Did you have any miscarriages, abortions or stillbirths that ended before 2005?	YES . . . . . 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2005 end?	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . . 994 BEFORE LAST BIRTH . . . . . 995 NEVER MENSTRUATED 996	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	**IUD (Loop)**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	**Injectables (Depo)**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	**Male Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	**Lactational Amenorrhea Method (LAM)**.	YES . . . . . 1 NO 2	
10	**Rhythm Method (Safe days)**. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get	YES . . . . . 1 NO 2	
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	**Emergency Contraception (Morning-after pill)**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	
302	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ → 311		
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM . . . . . G FEMALE CONDOM . . . . . H DIAPHRAGM . . . . . I FOAM/JELLY . . . . . J LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 308A → 306 → 308A
305	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	OVRETTE SECURE . . . . . 01 LO-FEMENAL CONTROL . . . . . 02 MICRONOR . . . . . 03 MICRONOVUM . . . . . 04 MARVELLON . . . . . 05 DUOFEM . . . . . 06 EXLUTON . . . . . 07 TRINODIAL . . . . . 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308A
306	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MALE CONDOMS CHOICE ASSORTED . . . . . 01 DUREX . . . . . 02 ECSTASY . . . . . 03 PROTECTOR PLUS . . . . . 04 PUBLIC SECTOR DIST. (PANTHER OR KAREX) . . . . . 05 ROUGH RIDER . . . . . 06 OTHER _____ 07 (SPECIFY) MALE CONDOM, DON'T KNOW . . . 08 FEMALE CONDOMS CARE . . . . . 11 FEMIDOM . . . . . 12 OTHER _____ 13 (SPECIFY) FEMALE CONDOM, DON'T KNOW 18	→ 308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . 11 PROVINCIAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 RURAL HOSPITAL . . . . . 14 ZNFPC CLINIC . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 31 PRIVATE DOCTOR'S SURGERY . . . 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the sterilization performed?		
308A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
309	CHECK 308/308A, 215 AND 231: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES ☐↓ NO ☐↓	
310	CHECK 308/308A: YEAR IS 2005 OR LATER ☐↓ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. YEAR IS 2004 OR EARLIER ☐↓ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2005. THEN SKIP TO → 322		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	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.		
C	USE CALENDAR TO PROBE FOR EARLIER INTERVALS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2005. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.		

311A	INTERVAL OF USE OR NON-USE	COLUMN 1	COLUMN 2	COLUMN 3
311B	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH YEAR	MONTH YEAR	MONTH YEAR
311C	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your (husband/partner) use any method of contraception?	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . 2 (GO TO 311B OF NEXT COL.)	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . 2 (GO TO 311B OF NEXT COL.)	YES, USED A METHOD . . . . . 1 NO, DID NOT USE A METHOD . . . 2 (GO TO 311B OF NEXT COL.)
311D	Which method was that? SEE CALENDAR FOR CODES.	METHOD	METHOD	METHOD
311E	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? RECORD 95 IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS (GO TO 311G) DATE GIVEN 95	IMMEDIATELY 00 MONTHS (GO TO 311G) DATE GIVEN 95	IMMEDIATELY 00 MONTHS (GO TO 311G) DATE GIVEN 95
311F	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH YEAR	MONTH YEAR	MONTH YEAR
311G	For how many months did you use (METHOD)? RECORD 95 IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE	MONTHS (GO TO 311J) DATE GIVEN 95	MONTHS (GO TO 311J) DATE GIVEN 95	MONTHS (GO TO 311J) DATE GIVEN 95
311H	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH YEAR	MONTH YEAR	MONTH YEAR
311J	Why did you stop using (METHOD)? SEE CALENDAR FOR CODES.	REASON STOPPED GOTO 311B IN NEXT COLUMN.	REASON STOPPED GOTO 311B IN NEXT COLUMN.	REASON STOPPED GOTO 311B IN NEXT COLUMN OF NEW QUESTIONNAIRE.

312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH. NO METHOD USED ↓ ANY METHOD USED →		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326
315	You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . 11 RURAL/MUNICIPAL CLINIC . . . . . 12 RURAL HEALTH CENTRE . . . . . 13 ZNFPC CLINIC . . . . . 14 MOH MOBILE CLINIC . . . . . 15 ZNFPC CBD/DEPOT HOLDER . . . . . 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) MISSION HOSPITAL/CLINIC 21	
315A	Where did you learn how to use the rhythm/lactational amenorrhea method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 31 PHARMACY . . . . . 32 PRIVATE DOCTOR . . . . . 33 CBD . . . . . 34 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . 41 SUPERMARKET . . . . . 42 TUCK SHOP . . . . . 43 SERVICE STATION . . . . . 44 OTHER RETAIL _____ 46 (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . 51 FRIENDS/RELATIVES . . . . . 52 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD 12	→ 323 → 320 → 326 → 326
317	At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?		
318	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 320
319	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
320	CHECK 317: CODE '1' CIRCLED → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED → When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 DIAPHRAGM . . . . . 09 FOAM/JELLY . . . . . 10 LACTATIONAL AMEN. METHOD . . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD . . . 96	→ 326 → 326 → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . 11 RURAL/MUNICIPAL CLINIC . . . . . 12 RURAL HEALTH CENTRE . . . . . 13 ZNFPC CLINIC . . . . . 14 MOH MOBILE CLINIC . . . . . 15 ZNFPC CBD/DEPOT HOLDER . . . . . 16 OTHER PUBLIC SECTOR _____ 17 (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 31 PHARMACY . . . . . 32 PRIVATE DOCTOR . . . . . 33 CBD . . . . . 34 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . 41 SUPERMARKET . . . . . 42 TUCK SHOP . . . . . 43 SERVICE STATION . . . . . 44 OTHER RETAIL _____ 46 (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . 51 FRIENDS/RELATIVES . . . . . 52 OTHER _____ 96 (SPECIFY)	→ 326
324	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	→ 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . A RURAL/MUNICIPAL CLINIC . . . . . B RURAL HEALTH CENTRE . . . . . C ZNFPC CLINIC . . . . . D MOH MOBILE CLINIC . . . . . E ZNFPC CBD/DEPOT HOLDER . . . . . F OTHER PUBLIC SECTOR _____ G (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . I PHARMACY . . . . . J PRIVATE DOCTOR . . . . . K CBD . . . . . L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . N SUPERMARKET . . . . . O TUCK SHOP . . . . . P SERVICE STATION . . . . . Q OTHER RETAIL _____ R (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . S FRIENDS/RELATIVES . . . . . T OTHER _____ X (SPECIFY)	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . . 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2005 OR LATER ☐ ↓ NO BIRTHS IN 2005 OR LATER ☐ → 556			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . . 1 (SKIP TO 408) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 408) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE MIDWIFE B NURSE . . . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER . . . E OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S). IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME YOUR HOME . . . A OTHER HOME . . . B PUBLIC SECTOR CENTRAL HSP C PROVINCIAL HOSPITAL . . . D DISTRICT HSP . . . E RURAL HSP . . . F URBAN MUNCPL CLINIC . . . . . G RURAL HEALTH CENTRE . . . . . H OTHER PUBLIC SECTOR _____ I (SPECIFY) MISSION HSP/ CLINIC . . . . . J PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . K OTHER PRIVATE MED. SECTOR _____ L (SPECIFY) OTHER_____ X (SPECIFY)		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES ☐☐ DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO BP . . . . . 1 2 URINE . . . . . 1 2 BLOOD . . . 1 2		
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
415	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 418) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . ☐☐ DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES ☐ → (SKIP TO 421) OTHER ☐ →		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) ← DON'T KNOW . . . 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐☐ DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 423) ← DON'T KNOW 8		
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS ☐☐☐ DON'T KNOW . . . 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 430) ← DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . A CHLOROQUINE . . . B COARTEMETHER C DELTAPRIM . . . . . D OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 430)		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . . ☐☐		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', 'B' OR 'C' CIRCLED ☐ OTHER ☐ (SKIP TO 430)		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . . 2 OTHER SOURCE 6		
430	When (NAME) was born, was he/she very big, bigger than average, average, smaller than average, or very small?	VERY BIG . . . . . 1 BIGGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY BIG . . . . . 1 BIGGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY BIG . . . . . 1 BIGGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) DON'T KNOW 8
432	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
433	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE MIDWIFE B NURSE . . . . . C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER . . . E OTHER PERSON RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE MIDWIFE B NURSE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER . . . E OTHER PERSON RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE MIDWIFE B NURSE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D VILLAGE HEALTH WORKER . . . E OTHER PERSON RELATIVE/FRIEND F OTHER _____ X (SPECIFY) NO ONE ASSISTED Y
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 (SKIP TO 438) OTHER HOME . . . 12 PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL . . . 22 DISTRICT HSP 23 RURAL HSP . . . 24 URBAN MUNCPL CLINIC . . . . . 25 RURAL HEALTH CENTRE . . . . . 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY) MISSION HSP/CLIN 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SKIP TO 438)	HOME YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL . . . 22 DISTRICT HSP 23 RURAL HSP . . . 24 URBAN MUNCPL CLINIC . . . . . 25 RURAL HEALTH CENTRE . . . . . 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY) MISSION HSP/CLIN 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)	HOME YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL . . . 22 DISTRICT HSP 23 RURAL HSP . . . 24 URBAN MUNCPL CLINIC . . . . . 25 RURAL HEALTH CENTRE . . . . . 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY) MISSION HSP/CLIN 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
436	After you gave birth to (NAME), did anyone check on your health while you were still in the facility?	YES . . . . . 1 (SKIP TO 439) NO 2		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	Did anyone check on your health after you left the facility?	YES . . . . . 1 (SKIP TO 439) NO . . . . . 2 (SKIP TO 446)		
438	After you gave birth to (NAME), did anyone check on your health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442)		
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE MIDWIFE 12 NURSE . . . . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 VILLAGE HEALTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)		
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 DAYS 2 WEEKS 3 DON'T KNOW . . . 998		
441	CHECK 437:	YES NOT ASKED (SKIP TO 446)		
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 446) DON'T KNOW 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 DAYS AFTER BIRTH . . 2 WKS AFTER BIRTH . . 3 DON'T KNOW . . . 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE MIDWIFE 12 NURSE . . . . . 13 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 VILLAGE HEALTH WORKER . . . 22 OTHER _____ 96 (SPECIFY)		
445	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 OTHER HOME . . . 12 PUBLIC SECTOR CENTRAL HSP 21 PROVINCIAL HOSPITAL . . . 22 DISTRICT HSP . . . 23 RURAL HSP . . . 24 URBAN MUNCPL CLINIC . . . . . 25 RURAL HEALTH CENTRE . . . . . 26 OTHER PUBLIC SECTOR _____ 27 (SPECIFY) MISSION HSP/CLIN 31 PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . 41 OTHER PRIVATE MED. SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)		
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 449) NO . . . . . 2 (SKIP TO 450)		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT ☐ → (SKIP TO 451) PREGNANT OR UNSURE ☐ → (SKIP TO 452)		
451	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)		
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES . . . . . 1 (SKIP TO 455) NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
454	CHECK 404: IS CHILD LIVING?	LIVING ☐ → (SKIP TO 460) DEAD ☐ → (GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 501)		
455	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 ☐☐ DAYS 2 ☐☐		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 458)		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA G TEA/INFUSIONS . . . H COFFEE . . . . . I HONEY . . . . . J OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
458	CHECK 404: IS CHILD LIVING?	LIVING ☐ → DEAD ☐ → (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ → DEAD ☐ → (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ → DEAD ☐ → (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES . . . . . 1 NO 2		
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. CHILD IMMUNIZATION, HEALTH AND NUTRITION

501 ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2005 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER . . . . .
503	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . . 1 (SKIP TO 509) ← NO 2	YES . . . . . 1 (SKIP TO 509) ← NO 2	YES . . . . . 1 (SKIP TO 509) ← NO 2

506 (1) COPY DATES FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR		NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR		SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR
BCG				BCG				BCG			
POLIO 1				P1				P1			
POLIO 2				P2				P2			
POLIO 3				P3				P3			
POLIO (BOOSTER)				P4				P4			
DPT-HEPB-HIB 1 (PENTAVALENT 1)				PV1				PV1			
DPT-HEPB-HIB 2 (PENTAVALENT 2)				PV2				PV2			
DPT-HEPB-HIB 3 (PENTAVALENT 3)				PV3				PV3			
DPT 1				D1				D1			
DPT 2				D2				D2			
DPT 3				D3				D3			
DPT (BOOSTER)				D4				D4			
MEASLES				MEA				MEA			
VITAMIN A MOST RECENT DOSE				VIT A				VIT A			

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
507	CHECK 506:	BCG TO MEASLES ALL RECORDED ☐ (GO TO 511) OTHER ☐ (GO TO 508)	BCG TO MEASLES ALL RECORDED ☐ (GO TO 511) OTHER ☐ (GO TO 508)	BCG TO MEASLES ALL RECORDED ☐ (GO TO 511) OTHER ☐ (GO TO 508)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 511) DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar and is given at birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510E) DON'T KNOW 8
510D	How many times was the polio vaccine given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES . . . . .
510E	A pentavalent or DPT vaccination - that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 510G) DON'T KNOW 8
510F	How many times was the pentavalent or DPT vaccination given?	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES . . . . .

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
513A	Has (NAME) ever had worms in his/her stool?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
514	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8
515	Was there any blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
516	Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
517	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522)
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL . . . B DISTRICT HSP . . . C RURAL HSP . . . D RURAL HEALTH CENTRE . . . . . E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . J PHARMACY . . . K PVT DOCTOR . . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O MARKET . . . . . P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL . . . B DISTRICT HSP . . . C RURAL HSP . . . D RURAL HEALTH CENTRE . . . . . E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . J PHARMACY . . . K PVT DOCTOR . . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O MARKET . . . . . P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL . . . B DISTRICT HSP . . . C RURAL HSP . . . D RURAL HEALTH CENTRE . . . . . E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . J PHARMACY . . . K PVT DOCTOR . . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O MARKET . . . . . P OTHER _____ X (SPECIFY)
520	CHECK 519:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 522)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 522)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 522)
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called an ORS sachet? b) A homemade sugar-salt-water solution (SSS)?	YES NO DK FLUID FROM ORS PKT 1 2 8 SSS 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 SSS 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 SSS 1 2 8
523	Was anything (else) given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8
524	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC . . . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) . . . . . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)
530	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much fluid (including breastmilk) (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL . . . B DISTRICT HSP . . . C RURAL HSP . . . D RURAL HEALTH CENTRE . . . . . E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . J PHARMACY . . . K PVT DOCTOR . . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O MARKET . . . . . P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL . . . B DISTRICT HSP . . . C RURAL HSP . . . D RURAL HEALTH CENTRE . . . . . E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . J PHARMACY . . . K PVT DOCTOR . . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O MARKET . . . . . P OTHER _____ X (SPECIFY)	PUBLIC SECTOR CENTRAL HSP A PROVINCIAL HOSPITAL . . . B DISTRICT HSP . . . C RURAL HSP . . . D RURAL HEALTH CENTRE . . . . . E URB MUNCPL CLIN F COMMUN/VILLAGE HEALTH WORKER . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HSP/CLINIC I PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . J PHARMACY . . . K PVT DOCTOR . . . L OTHER PRIVATE MED. SECTOR _____ M (SPECIFY) OTHER SOURCE SHOP . . . . . N TRADITIONAL PRACTITIONER O MARKET . . . . . P OTHER _____ X (SPECIFY)
535	CHECK 534:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 537)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 537)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 537)
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . .	FIRST PLACE . . .	FIRST PLACE . . .
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE B QUININE . . . . . C COARTEMETHER D OTHER ANTI-MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . F INJECTION . . . G OTHER DRUGS ASPIRIN . . . . . H ACETAMINOPHEN/ PARACETAMOL/ PANADOL . . . I IBUPROFEN . . . J OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B QUININE . . . . . C COARTEMETHER D OTHER ANTI-MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . F INJECTION . . . G OTHER DRUGS ASPIRIN . . . . . H ACETAMINOPHEN/ PARACETAMOL/ PANADOL . . . I IBUPROFEN . . . J OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE B QUININE . . . . . C COARTEMETHER D OTHER ANTI-MALARIAL _____ E (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . F INJECTION . . . G OTHER DRUGS ASPIRIN . . . . . H ACETAMINOPHEN/ PARACETAMOL/ PANADOL . . . I IBUPROFEN . . . J OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
539	CHECK 538: ANY CODE A-E CIRCLED?	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES ☐ NO ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)	CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ (SKIP TO 542)
541	How long after the fever started did (NAME) first take (SP/Fansidar)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED / CODE 'B' NOT CIRCLED → (SKIP TO 546)	CODE 'B' CIRCLED / CODE 'B' NOT CIRCLED → (SKIP TO 546)	CODE 'B' CIRCLED / CODE 'B' NOT CIRCLED → (SKIP TO 546)
543	How long after the fever started did (NAME) first take chloroquine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
546	CHECK 538: QUININE ('C') GIVEN	CODE 'C' CIRCLED / CODE 'C' NOT CIRCLED → (SKIP TO 548)	CODE 'C' CIRCLED / CODE 'C' NOT CIRCLED → (SKIP TO 548)	CODE 'C' CIRCLED / CODE 'C' NOT CIRCLED → (SKIP TO 548)
547	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
548	CHECK 538: COARTEMETHER ('D') GIVEN	CODE 'D' CIRCLED / CODE 'D' NOT CIRCLED → (SKIP TO 550)	CODE 'D' CIRCLED / CODE 'D' NOT CIRCLED → (SKIP TO 550)	CODE 'D' CIRCLED / CODE 'D' NOT CIRCLED → (SKIP TO 550)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
549	How long after the fever started did (NAME) first take coartemether?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
550	CHECK 538: OTHER ANTIMALARIAL ('E') GIVEN	CODE 'E' CIRCLED CODE 'E' NOT CIRCLED (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'E' CIRCLED CODE 'E' NOT CIRCLED (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	CODE 'F' CIRCLED CODE 'E' NOT CIRCLED (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVER . . . . . 3 DON'T KNOW . . . 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2005 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 556 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	
555	CHECK 522(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 557		
556	Have you ever heard of a special product called an ORS sachet you can get for the treatment of diarrhea?	YES . . . . . 1 NO 2	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2008 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 601 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
558	Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.		

Did (NAME FROM 557) (drink/eat):		YES	NO	DK
a) Plain water?	**a)**	1	2	8
b) Juice or juice drinks?	**b)**	1	2	8
c) Soup?	**c)**	1	2	8
d) Milk such as tinned, powdered, or fresh animal milk?	**d)**	1	2	8
IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK	☐		
e) Infant formula?	**e)**	1	2	8
IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA	☐		
f) Any other liquids, freezes, fizzy drinks or maheu?	**f)**	1	2	8
g) Yogurt or lacto/sourmilk?	**g)**	1	2	8
IF YES: How many times did (NAME) eat yogurt or lacto/sourmilk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT/LACTO/SOURMILK	☐		
h) Any Cerelec, Proneutro or other commercially fortified baby food?	**h)**	1	2	8
i) Sadza, maize or mealie-meal porridge or gruel, bread, rice, noodles or other foods made from grains?	**i)**	1	2	8
j) Pumpkin, carrots, squash, sweet potatoes, butternuts, or yams that are yellow or orange inside?	**j)**	1	2	8
k) White potatoes, white yams, cassava, or any other foods made from roots?	**k)**	1	2	8
l) Any dark green, leafy vegetables such as spinach, pumpkin, covo, nyevhe, or okra leaves?	**l)**	1	2	8
m) Ripe mangoes, paw paw, mazhanje, matunduru, or masawu?	**m)**	1	2	8
n) Any other fruits or vegetables?	**n)**	1	2	8
o) Liver, kidney, heart or other organ meats?	**o)**	1	2	8
p) Any meat, such as beef, pork, lamb, goat, chicken, duck, or game?	**p)**	1	2	8
q) Eggs?	**q)**	1	2	8
r) Fresh, dried, canned fish or matemba?	**r)**	1	2	8
s) Any foods made from sugar beans, cowpeas, other peas, lentils, or nuts including bambara nuts?	**s)**	1	2	8
t) Cheese or other food made from milk?	**t)**	1	2	8
u) Any insects, such as locust, mopane worms, ishwa harurwa, crickets, or mandere?	**u)**	1	2	8
v) Any other solid, semi-solid, or soft food?	**v)**	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "g" THROUGH "v"): NOT A SINGLE "YES" ☐ ↓ AT LEAST ONE "YES" ☐ → 561		
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . . 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) ← NO . . . . . 2 → 601	
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN . . . . . 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
606	Does your (husband/partner) have other wives, does he live with other women as if married, or does he maintain a small house?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . DON'T KNOW 98	
608	Are you the first, second, … wife?	RANK	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 [ ][ ] WEEKS AGO . . . . . 2 [ ][ ] MONTHS AGO . . . . . 3 [ ][ ] YEARS AGO . . . . . 4 [ ][ ]	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 619)
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622)
620	CHECK 609:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE (SKIP TO 622)
621	CHECK 613:	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND OTHER (SKIP TO 623)
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES
624	How old is this person?	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98	AGE OF PARTNER DON'T KNOW 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 627)	YES . . . . . 1 (GO BACK TO 616 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 627)	
626	In total, with how many people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	In total, with how many people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get male condoms?	YES . . . . . 1 NO 2	→ 632
630	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL/CLINIC . . . . . A RURAL/MUNICIPAL CLINIC . . . . . B RURAL HEALTH CENTRE . . . . . C ZNFPC CLINIC . . . . . D MOH MOBILE CLINIC . . . . . E ZNFPC CBD/DEPOT HOLDER . . . . . F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . J PHARMACY . . . . . K PRIVATE DOCTOR . . . . . L CBD . . . . . M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . O SUPERMARKET . . . . . P TUCK SHOP . . . . . Q SERVICE STATION . . . . . R OTHER RETAIL _____ S (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . T BAR . . . . . U FRIENDS/RELATIVES . . . . . V PUBLIC TOILET . . . . . W OTHER _____ X (SPECIFY)	
631	If you wanted to, could you yourself get a male condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
632	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL/CLINIC . . . . . A RURAL/MUNICIPAL CLINIC . . . . . B RURAL HEALTH CENTRE . . . . . C ZNFPC CLINIC . . . . . D MOH MOBILE CLINIC . . . . . E ZNFPC CBD/DEPOT HOLDER . . . . . F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . J PHARMACY . . . . . K PRIVATE DOCTOR . . . . . L CBD . . . . . M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . O SUPERMARKET . . . . . P TUCK SHOP . . . . . Q SERVICE STATION . . . . . R OTHER RETAIL _____ S (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . T FRIENDS/RELATIVES . . . . . U OTHER _____ X (SPECIFY)	
634	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→ 712
702	CHECK 226: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐		→ 704
703	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 ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	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?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE . . . . . 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ 712
708	CHECK 705: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	CHECK 703 AND 704: WANTS TO HAVE A/ANOTHER CHILD → You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? WANTS NO MORE/ NONE → You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A FERTILITY-RELATED REASONS NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOMY D CAN'T GET PREGNANT . . . . . E NOT MENSTRUATED SINCE LAST BIRTH . . . . . F BREASTFEEDING . . . . . G UP TO GOD/FATALISTIC . . . . . H OPPOSITION TO USE RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N METHOD-RELATED REASONS SIDE EFFECTS/HEALTH CONCERNS . . . . . O LACK OF ACCESS/TOO FAR . . . . . P COSTS TOO MUCH . . . . . Q PREFERRED METHOD NOT AVAILABLE . . . . . R NO METHOD AVAILABLE . . . . . S INCONVENIENT TO USE . . . . . T INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . U OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ASKED NO, NOT CURRENTLY USING YES, CURRENTLY USING		→ 712
711	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
712	CHECK 216: HAS LIVING CHILDREN → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN → 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.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 714 → 714

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER [ ][ ][ ][ ][ ][ ] OTHER _____ 96 (SPECIFY)	
714	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Received pamphlets or posters on family planning?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2 PAMPHLETS OR POSTERS . . . 1 2	
715	How would you prefer to get information on family planning? PROBE: Over the radio, on television, in print, or by speaking to someone?	RADIO . . . . . 1 TELEVISION . . . . . 2 PRINT . . . . . 3 SPEAKING WITH SOMEONE . . . . . 4 DON'T KNOW 8	
716	CHECK 601: YES, CURRENTLY MARRIED ☐ ↓ YES, LIVING WITH A MAN ☐ ↓ NO, NOT IN UNION ☐ → 801		
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING ☐ ↓ NOT CURRENTLY USING OR NOT ASKED ☐ → 720		
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT . . . . . 1 MAINLY HUSBAND/PARTNER . . . . . 2 JOINT DECISION . . . . . 3 OTHER _____ 6 (SPECIFY)	
719	CHECK 304: NEITHER STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ → 801		
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . . 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ → 803 NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ → 807		
802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) (husband/partner) ever attend school?	YES . . . . . 1 NO . . . . . 2 → 806	
804	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER . . . . . 3 DON'T KNOW . . . . . 8 → 806	
805	What was the highest (grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ What was your (last) (husband's/ partner's) occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . . 1 NO . . . . . 2 → 811	
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . . 1 NO . . . . . 2 → 811	
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES . . . . . 1 NO . . . . . 2 → 811	
810	Have you done any work in the last 12 months?	YES . . . . . 1 NO . . . . . 2 → 815	
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
812	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
813	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	
814	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	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT IN UNION ☐		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED ☐ OTHER ☐		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . . . . 1 LESS THAN HIM . . . . . 2 ABOUT THE SAME . . . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . . 4 OTHER _____ 6 (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . . . . 1 HUSBAND/PARTNER . . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 SOMEONE ELSE . . . . . 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . . . . 1 2 3 HUSBAND . . . . . 1 2 3 OTHER MALES . . . . . 1 2 3 OTHER FEMALES . . . 1 2 3	
826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food? If she commits infidelity?	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 INFIDELITY 1 2 8	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 937
902	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
905	Can people get HIV by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
906	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
909	CHECK 908: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 911
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
911	CHECK 208 AND 215: NO BIRTHS ☐ LAST BIRTH SINCE JANUARY 2008 ☐ LAST BIRTH BEFORE JANUARY 2008 ☐		→ 926 → 926
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE ☐ NO ANTENATAL CARE ☐		→ 920
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
914	During any of the antenatal visits for your last birth were you given any information about: Babies getting HIV from their mother? Things that you can do to prevent getting HIV? Getting tested for HIV?	YES NO DK HIV FROM MOTHER 1 2 8 THINGS TO DO 1 2 8 TESTED FOR AIDS 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Were you offered a test for HIV as part of your antenatal care?	YES . . . . . 1 NO 2	
916	I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES . . . . . 1 NO 2	→ 920
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . 11 PROVINCIAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 RURAL HOSPITAL . . . . . 14 RURAL HEALTH CEN/COUNCIL CLIN 15 URBAN MUNICIPAL CLINIC . . . . . 16 FAMILY PLANNING CLINIC . . . . . 17 SCHOOL BASED CLINIC . . . . . 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 31 NEW START CENTRE . . . . . 32 SCHOOL BASED CLINIC . . . . . 33 OTHER PRIVATE VCT CENTRE _____ 36 (SPECIFY) OTHER SOURCE MOBILE VCT . . . . . 41 HOME . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE 21-46 CIRCLED ☐ OTHER ☐		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for HIV?	YES . . . . . 1 NO 2	
922	I don't want to know the results, but were you tested for HIV at that time?	YES . . . . . 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
924	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 927

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	→ 932
926	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES . . . . . 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . 11 PROVINCIAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 RURAL HOSPITAL . . . . . 14 RURAL HEALTH CEN/COUNCIL CLIN 15 URBAN MUNICIPAL CLINIC . . . . . 16 FAMILY PLANNING CLINIC . . . . . 17 SCHOOL BASED CLINIC . . . . . 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 31 NEW START CENTRE . . . . . 32 SCHOOL BASED CLINIC . . . . . 33 OTHER PRIVATE VCT CENTRE _____ 36 (SPECIFY) OTHER SOURCE MOBILE VCT . . . . . 41 HOME . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 OTHER _____ 96 (SPECIFY)	→ 932
930	Do you know of a place where people can go to get tested for HIV?	YES . . . . . 1 NO 2	→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . A PROVINCIAL HOSPITAL . . . . . B DISTRICT HOSPITAL . . . . . C RURAL HOSPITAL . . . . . D RURAL HEALTH CEN/COUNCIL CLIN E URBAN MUNICIPAL CLINIC . . . . . F FAMILY PLANNING CLINIC . . . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . J NEW START CENTRE . . . . . K OTHER PRIVATE VCT CENTRE _____ L (SPECIFY) OTHER SOURCE MOBILE VCT . . . . . M OTHER _____ X (SPECIFY)	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
933	If a member of your family got infected with HIV, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
935	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
935A	In your opinion, if a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937	CHECK 901: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE NEVER HAD SEXUAL INTERCOURSE		→ 946
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO		→ 941
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW		→ 946
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 946

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . A PROVINCIAL HOSPITAL . . . . . B DISTRICT HOSPITAL . . . . . C RURAL HOSPITAL . . . . . D RURAL HEALTH CEN/COUNCIL CLIN E URBAN MUNICIPAL CLINIC . . . . . F FAMILY PLANNING CLINIC . . . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . J PHARMACY . . . . . K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) OTHER SOURCE MOBILE VCT . . . . . M SHOP . . . . . N TRADITIONAL HERBALIST . . . . . 0 OTHER _____ X (SPECIFY)	
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
947	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN ↓ NOT IN UNION →		1001
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . . . . 1 NO . . . . . 2 DEPENDS/NOT SURE 8	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1004	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . . ☐☐	
1006	Do you currently smoke or use any (other) type of tobacco?	YES . . . . . 1 NO 2	→ 1008
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A SNUFF . . . . . B OTHER _____ X (SPECIFY)	
1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?	BIG PROB-LEM / NOT A BIG PROB-LEM	
	Getting permission to go to the doctor?	PERMISSION TO GO . . . 1 2	
	Getting money needed for advice or treatment?	GETTING MONEY 1 2	
	The distance to the health facility?	DISTANCE 1 2	
	Not wanting to go alone?	GO ALONE 1 2	
1009	Are you covered by any medical aid?	YES . . . . . 1 NO 2	→ 1101

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	What type of medical aid are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B SOCIAL SECURITY . . . . . C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	

SECTION 11. ADULT AND MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	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	
1102	CHECK 1101: TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH (RESPONDENT ONLY) ☐ → 1201		
1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1105	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
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (2)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (3)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (4)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (5)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (6)	YES . . . 1 NO . . . 2 → GO TO 1108 DK . . . 8 → GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2	YES . . . 1 → GO TO 1113 NO . . . 2
1112	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
1113	Was (NAME)'s death due to an accident or violence?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1114	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1201.

1104	What was the name given to your next oldest brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	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
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (8)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (9)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (10)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (11)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (12)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (13)
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1112	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
1113	Was (NAME)'s death due to an accident or violence?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1114	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
IF NO MORE BROTHERS OR SISTERS, GO TO 1201.							

SECTION 12. HOUSEHOLD RELATIONS MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK COVER PAGE OF THE QUESTIONNAIRE: WOMAN SELECTED FOR THIS SECTION WOMAN NOT SELECTED		1236
1202	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 PRIVACY NOT POSSIBLE 2		1235
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Zimbabwe. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else will know that you were asked these questions.		
1203	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE) NEVER MARRIED/ NEVER LIVED WITH A MAN		1215
1204	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?	YES NO DK	
	a) He (is/was) jealous or angry if you (talk/talked) to other men?	JEALOUS 1 2 8	
	b) He frequently (accuses/accused) you of being unfaithful?	ACCUSES 1 2 8	
	c) He (does/did) not permit you to meet your female friends?	NOT MEET FRIENDS 1 2 8	
	d) He (tries/tried) to limit your contact with your family?	NO FAMILY 1 2 8	
	e) He (insists/insisted) on knowing where you (are/were) at all times?	WHERE YOU ARE 1 2 8	
	f) He (does/did) not trust you with any money?	MONEY 1 2 8	
1205	Now if you will permit me, I need to ask some more questions about your relationship with your (last) (husband/partner). If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.		
	A (Does/did) your (last) (husband/partner) ever:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?	
		OFTEN / SOME-TIMES / NOT AT ALL	
	a) Say or do something to humiliate you in front of others?	YES 1 → 1 2 3 NO 2	
	b) Threaten to hurt or harm you or someone close to you?	YES 1 → 1 2 3 NO 2	
	c) Insult you or make you feel bad about yourself?	YES 1 → 1 2 3 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1206	A (Does/did) your (last) (husband/partner) ever do any of the following things to you: B How often did this happen during the last 12 months: often, only sometimes, or not at all?		

			OFTEN	SOME-TIMES	NOT AT ALL
a)	Push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3
b)	Slap you?	YES 1 → NO 2 ↓	1	2	3
c)	Twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3
d)	Punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3
e)	Kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3
f)	Try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3
g)	Threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3
h)	Physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	1	2	3
i)	Force you to perform any sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3

1207	CHECK 1206A (a-i): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1210
1208	How long after you first (got married to/started living with) your (last) (husband/partner) did (this thing/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS . . . . . ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95	
1209	Did the following ever happen as a result of what your (last) (husband/partner) did to you:		
	a) You had cuts, bruises or aches?	YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . . 1 NO 2	
1210	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?	YES . . . . . 1 NO 2	→ 1213

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1212	In the last 12 months, how often have you done this to your (husband/partner): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1213	(Does/Did) your (husband/partner) drink alcohol?	YES . . . . . 1 NO 2	→ 1215
1214	How often (does/did) he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
1215	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN → From the time you were 15 years old has anyone other than your (current/last) (husband/partner) hit, slapped, kicked, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A MAN → From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1218
1216	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E FORMER HUSBAND/ LIVE-IN PARTNER . . . . . F CURRENT BOYFRIEND . . . . . G FORMER BOYFRIEND . . . . . H MOTHER-IN-LAW . . . . . I FATHER-IN-LAW . . . . . J OTHER IN-LAW . . . . . K TEACHER . . . . . L EMPLOYER/SOMEONE AT WORK . . . . . M POLICE/SOLDIER . . . . . N OTHER _____ (SPECIFY) X	
1217	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by (this person/these persons): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1218	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) NEVER BEEN PREGNANT		→ 1221
1219	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . . . . 1 NO 2	→ 1221

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1220	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/ LIVE-IN PARTNER . . . . . A MOTHER/STEP-MOTHER . . . . . B FATHER/STEP-FATHER . . . . . C SISTER/BROTHER . . . . . D DAUGHTER/SON . . . . . E OTHER RELATIVE . . . . . F FORMER HUSBAND/ LIVE-IN PARTNER . . . . . G CURRENT BOYFRIEND . . . . . H FORMER BOYFRIEND . . . . . I MOTHER-IN-LAW . . . . . J FATHER-IN-LAW . . . . . K OTHER IN-LAW . . . . . L TEACHER . . . . . M EMPLOYER/SOMEONE AT WORK . . . . . N POLICE/SOLDIER . . . . . O OTHER _____ X (SPECIFY)	
1221	CHECK 613: EVER HAD SEX? HAS EVER HAD SEX ☐ ↓ NEVER HAD SEX ☐ →		1226
1222	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . . 1 FORCED TO . . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	
1223	CHECK 601 AND 602: EVER MARRIED/LIVED WITH A MAN: In the last 12 months, has anyone other than your (current/last) (husband/partner) forced you to have sexual intercourse against your will? NEVER MARRIED/ NEVER LIVED WITH A MAN: In the last 12 months has anyone forced you to have sexual intercourse against your will?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	
1224	CHECK 1222 AND 1223: 1222 ='1' OR '3' **AND** 1223 ='2' OR '3' ☐ ↓ OTHER ☐ →		1227
1225	CHECK 1206A(h) and 1206A(i): 1206A(h) IS NOT '1' **AND** 1206A(i) IS NOT '1' ☐ ↓ OTHER ☐ →		1229
1226	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1229
1227	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . . . . . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1228	Who was the person who was forcing you at that time?	CURRENT HUSBAND/ LIVE-IN PARTNER . . . . . 01 FORMER HUSBAND/ LIVE-IN PARTNER . . . . . 02 CURRENT/FORMER BOYFRIEND . . . . . 03 FATHER . . . . . 04 STEP-FATHER . . . . . 05 OTHER RELATIVE . . . . . 06 IN-LAW . . . . . 07 OWN FRIEND/ACQUAINTANCE . . . . . 08 FAMILY FRIEND . . . . . 09 TEACHER . . . . . 10 EMPLOYER/SOMEONE AT WORK . . . . . 11 POLICE/SOLDIER . . . . . 12 PRIEST/RELIGIOUS LEADER . . . . . 13 STRANGER . . . . . 14 OTHER _____ 96 (SPECIFY)	
1229	CHECK 1206A (a-i), 1215, 1219, 1222, 1223 AND 1226: AT LEAST ONE 'YES' OR 1222=2 ☐ ↓ NOT A SINGLE 'YES' AND 1222 IS NOT EQUAL TO 2 ☐ →		1233
1230	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES . . . . . 1 NO 2	→ 1232
1231	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A HUSBAND/LIVE-IN PARTNER'S FAMILY . . . . . B CURRENT/LAST/LATE HUSBAND/LIVE-IN PARTNER . . . . . C CURRENT/FORMER BOYFRIEND . . . . . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . . . . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . . . . K OTHER _____ X (SPECIFY)	→ 1233
1232	Have you ever told any one else about this?	YES . . . . . 1 NO 2	
1233	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.		
1234	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES ONCE / YES, MORE THAN ONCE / NO HUSBAND . . . . . 1 / 2 / 3 OTHER MALE ADULT . . . . . 1 / 2 / 3 FEMALE ADULT . . . . . 1 / 2 / 3	
1235	INTERVIEWER'S COMMENTS ON THE DOMESTIC VIOLENCE MODULE ONLY.		
1236	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD/LOOP
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____ (SPECIFY)
- Z DON'T KNOW

				1	2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
1	06	JUN	07			1
1	05	MAY	08			1
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
1	06	JUN	19			1
0	05	MAY	20			0
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
0	06	JUN	31			0
9	05	MAY	32			9
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
0	06	JUN	43			0
8	05	MAY	44			8
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
0	06	JUN	55			0
7	05	MAY	56			7
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
0	06	JUN	67			0
6	05	MAY	68			6
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			
	12	DEC	73			
	11	NOV	74			
	10	OCT	75			
	09	SEP	76			
2	08	AUG	77			2
0	07	JUL	78			0
0	06	JUN	79			0
5	05	MAY	80			5
	04	APR	81			
	03	MAR	82			
	02	FEB	83			
	01	JAN	84			

12 September 2010

2010 DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE (ENGLISH)

ZIMBABWE
ZIMSTAT

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER ..... | | | |

HOUSEHOLD NUMBER ..... | | | |

NAME AND LINE NUMBER OF MAN _____ | | |

INTERVIEWER VISITS

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

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: 1 SHONA 2 NDEBELE 3 ENGLISH
LANGUAGE USED FOR INTERVIEW: A SHONA B NDEBELE C ENGLISH X OTHER
LANGUAGE OF RESPONDENT: A SHONA B NDEBELE C ENGLISH X OTHER
TRANSLATOR USED? 1 YES 2 NO

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Central Statistical Office/ZIMSTAT. We are conducting a survey about health all over Zimbabwe. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. It's up to you if you want to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY . . . . . 1 SECONDARY . . . . . 2 HIGHER 3	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY ☐ SECONDARY OR HIGHER ☐ → 110		
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' CIRCLED ☐ → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
113	What is your religion?	TRADITIONAL . . . . . 1 ROMAN CATHOLIC . . . . . 2 PROTESTANT . . . . . 3 PENTECOSTAL . . . . . 4 APOSTOLIC SECT . . . . . 5 OTHER CHRISTIAN . . . . . 6 MUSLIM . . . . . 7 NONE . . . . . 8 OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE . . . . . 00 → 201	
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE . . . [ ][ ]	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . . [ ][ ]	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD → 212 HAS NOT HAD ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . [ ][ ]	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . . [ ][ ]	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ↓ NO LIVING CHILDREN → 301		
214	How old is your (youngest) child?	AGE IN YEARS . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS ☐ ↓ OTHER ☐ →		301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	
220	When a child has diarrhea, how much fluid should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL . . . . . 1 ABOUT THE SAME . . . . . 2 LESS THAN USUAL . . . . . 3 NOTHING TO DRINK . . . . . 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	**IUD (Loop)**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	**Injectables (Depo)**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	**Implants (Norplant)**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	**Male Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	**Lactational Amenorrhea Method (LAM)**.	YES . . . . . 1 NO 2	
10	**Rhythm Method (Safe days)**. PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . . 1 NO 2	
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	**Emergency Contraception (Morning-after pill)**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine? Received pamphlets or posters on family planning?	YES NO RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2 PAMPHLETS OR POSTERS . . . 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	AGREE / DISAGREE / DK CONTRACEPTION WOMAN'S BUSINESS 1 2 8 WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM YES ↓ NO →		→ 311
308	Do you know of a place where a person can get male condoms?	YES . . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL/CLINIC . . . . . A RURAL/MUNICIPAL CLINIC . . . . . B RURAL HEALTH CENTRE . . . . . C ZNFPC CLINIC . . . . . D MOH MOBILE CLINIC . . . . . E ZNFPC CBD/DEPOT HOLDER . . . . . F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . J PHARMACY . . . . . K PRIVATE DOCTOR . . . . . L CBD . . . . . M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . O SUPERMARKET . . . . . P TUCK SHOP . . . . . Q SERVICE STATION . . . . . R OTHER RETAIL _____ S (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . T BAR . . . . . U FRIENDS/RELATIVES . . . . . V PUBLIC TOILET . . . . . W OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	If you wanted to, could you yourself get a male condom?	YES . . . . . 1 NO 2	
311	CHECK 301 (08): KNOWS FEMALE CONDOM YES ☐ NO ☐ → 401		
312	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 401
313	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/CLINIC . . . . . A RURAL/MUNICIPAL CLINIC . . . . . B RURAL HEALTH CENTRE . . . . . C ZNFPC CLINIC . . . . . D MOH MOBILE CLINIC . . . . . E ZNFPC CBD/DEPOT HOLDER . . . . . F VILLAGE/FARM HEALTH WORKER G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . J PHARMACY . . . . . K PRIVATE DOCTOR . . . . . L CBD . . . . . M OTHER PRIVATE MEDICAL SECTOR _____ N (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . O SUPERMARKET . . . . . P TUCK SHOP . . . . . Q SERVICE STATION . . . . . R OTHER RETAIL _____ S (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . T FRIENDS/RELATIVES . . . . . U OTHER _____ X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 NO, NOT IN UNION 3	→ 404
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A WOMAN . . . . . 2 NO 3	→ 413
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 410
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . . 1 STAYING ELSEWHERE 2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) . . . . . 1 NO (ONLY ONE) 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . [ ][ ]	
407	CHECK 405: ONE WIFE/ PARTNER [ ] ↓ Please tell me the name of (your wife/the woman you are living with as if married). MORE THAN ONE WIFE/ PARTNER [ ] ↓ Please tell me the name of each of your wives or each woman you are living with as if married. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. 408 ASK 408 FOR EACH PERSON.	NAME / LINE NUMBER / 408 How old was (NAME) on her last birthday? AGE _____ [ ][ ] [ ][ ] _____ [ ][ ] [ ][ ] _____ [ ][ ] [ ][ ] _____ [ ][ ] [ ][ ]	
409	CHECK 407: ONE WIFE/ PARTNER [ ] ↓ MORE THAN ONE WIFE/ PARTNER [ ]		→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	→ 411A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH . . . . . 98 YEAR	→ 413
		DON'T KNOW YEAR 9998	
412	How old were you when you first started living with her?	AGE	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.	NEVER HAD SEXUAL INTERCOURSE 00	→ 501
	How old were you when you had sexual intercourse for the very first time?	AGE IN YEARS	
		FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	
415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO 4	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . . 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)
421	CHECK 410:	MARRIED ONLY ONCE / BLANK OR MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE / BLANK OR MARRIED MORE THAN ONCE (SKIP TO 423)	MARRIED ONLY ONCE / BLANK OR MARRIED MORE THAN ONCE (SKIP TO 423)
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) / OTHER	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) / OTHER	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424) / OTHER
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 (GO BACK TO 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	YES . . . . . 1 (GO BACK TO 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	
427	In total, with how many people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐ → 430		
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ → 433 OTHER ☐ → 434		
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
434	In total, with how many people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): NOT ASKED ☐ → 438 CONDOM USED ☐ NO CONDOM USED ☐ → 438		
436	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	MALE CONDOMS CHOICE ASSORTED . . . . . 01 DUREX . . . . . 02 ECSTASY . . . . . 03 PROTECTOR PLUS . . . . . 04 PUBLIC SECTOR DIST. (PANTHER OR KAREX) . . . . . 05 ROUGH RIDER . . . . . 06 OTHER _____ 07 (SPECIFY) MALE CONDOM, DON'T KNOW . . . 08 FEMALE CONDOMS CARE . . . . . 11 FEMIDOM . . . . . 12 OTHER _____ 13 (SPECIFY) FEMALE CONDOM, DON'T KNOW 18	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT HOSPITAL/CLINIC . . . . . 11 RURAL/MUNICIPAL CLINIC . . . . . 12 RURAL HEALTH CENTRE . . . . . 13 ZNFPC CLINIC . . . . . 14 MOH MOBILE CLINIC . . . . . 15 ZNFPC CBD/DEPOT HOLDER . . . . . 16 VILLAGE/FARM HEALTH WORKER 17 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 31 PHARMACY . . . . . 32 PRIVATE DOCTOR . . . . . 33 CBD . . . . . 34 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) RETAIL OUTLET GENERAL DEALER . . . . . 41 SUPERMARKET . . . . . 42 TUCK SHOP . . . . . 43 SERVICE STATION . . . . . 44 OTHER RETAIL _____ 46 (SPECIFY) OTHER PRIVATE SOURCE CHURCH . . . . . 51 BAR . . . . . 52 FRIENDS/RELATIVES . . . . . 53 PUBLIC TOILET . . . . . 61 OTHER _____ 96 (SPECIFY)	
438	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 501
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F FEMALE CONDOM . . . . . G DIAPHRAGM . . . . . H FOAM/JELLY . . . . . I LAM . . . . . J RHYTHM METHOD . . . . . K WITHDRAWAL . . . . . L OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐		→ 509
502	CHECK 439: MAN NOT STERILIZED ☐ MAN STERILIZED ☐		→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	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?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS COUPLE CAN'T GET PREGNANT . . . . . 3 WIFE (WIVES)/PARTNER(S) STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ☐ How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT ☐ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 COUPLE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ → If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN ☐ → 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.	NONE . . . . . 00 NUMBER . . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 601 → 601
510	How many of these children would you wish to be boys, how many would you wish to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . . 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED ☐ ↓ OTHER ☐		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTLY . . . . . 3 OTHER _____ 6 SPECIFY	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTLY . . . . . 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 SPECIFY	
611	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/PARTNER JOINTLY . . . . . 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES NO DK	
	If she goes out without telling him?	GOES OUT 1 2 8	
	If she neglects the children?	NEGL. CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	
	If she commits infidelity?	INFIDELITY 1 2 8	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 723
702	Can people reduce their chance of getting HIV, the virus that causes AIDS, by having just one uninfected sex partner who has no other sex partners?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
703	Can people get HIV from mosquito bites?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
705	Can people get HIV by sharing food with a person who has AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
706	Can people get HIV because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
708	Can HIV be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
709	CHECK 708: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 711
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES . . . . . 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	
714	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . 11 PROVINCIAL HOSPITAL . . . . . 12 DISTRICT HOSPITAL . . . . . 13 RURAL HOSPITAL . . . . . 14 RURAL HEALTH CEN/COUNCIL CLIN 15 URBAN MUNICIPAL CLINIC . . . . . 16 FAMILY PLANNING CLINIC . . . . . 17 SCHOOL BASED CLINIC . . . . . 18 OTHER PUBLIC SECTOR _____ 19 (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . 31 NEW START CENTRE . . . . . 32 SCHOOL BASED CLINIC . . . . . 33 OTHER PRIVATE VCT CENTRE _____ 36 (SPECIFY) OTHER SOURCE MOBILE VCT . . . . . 41 HOME . . . . . 42 CORRECTIONAL FACILITY . . . . . 43 OTHER _____ 96 (SPECIFY)	→ 718
716	Do you know of a place where people can go to get tested for HIV?	YES . . . . . 1 NO 2	→ 718
717	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . A PROVINCIAL HOSPITAL . . . . . B DISTRICT HOSPITAL . . . . . C RURAL HOSPITAL . . . . . D RURAL HEALTH CEN/COUNCIL CLIN E URBAN MUNICIPAL CLINIC . . . . . F FAMILY PLANNING CLINIC . . . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . J NEW START CENTRE . . . . . K OTHER PRIVATE VCT CENTRE _____ L (SPECIFY) OTHER SOURCE MOBILE VCT . . . . . M OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
719	If a member of your family got infected with HIV, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
721	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
721A	In your opinion, if a male teacher has HIV but is not sick, should he be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . . 1 SHOULD NOT BE ALLOWED . . . . . 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT AIDS → Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS → Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE HAS NOT HAD SEXUAL INTERCOURSE → 732		
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES NO → 727		
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') ↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW →		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 732
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR CENTRAL HOSPITAL . . . . . A PROVINCIAL HOSPITAL . . . . . B DISTRICT HOSPITAL . . . . . C RURAL HOSPITAL . . . . . D RURAL HEALTH CEN/COUNCIL CLIN E URBAN MUNICIPAL CLINIC . . . . . F FAMILY PLANNING CLINIC . . . . . G OTHER PUBLIC SECTOR _____ H (SPECIFY) MISSION HOSPITAL/CLINIC . . . . . I PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . J PHARMACY . . . . . K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) OTHER SOURCE MOBILE VCT . . . . . M SHOP . . . . . N TRADITIONAL HERBALIST . . . . . O OTHER _____ X (SPECIFY)	
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 802 → 805
801A	If circumcision were available for free and was safe, would you want to be circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS . . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS) 96 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY MEMBER/FRIEND . . . . . 1 HEALTH WORKER/PROFESSIONAL 2 OTHER . . . . . 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY . . . . . 1 HOME OF A HEALTH WORKER/ PROFESSIONAL . . . . . 2 CIRCUMCISION DONE AT HOME . . . 3 RITUAL SITE . . . . . 4 OTHER HOME/PLACE . . . . . 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . . [ ][ ]	
810	Do you currently smoke or use any (other) type of tobacco?	YES . . . . . 1 NO 2	→ 812
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A SNUFF . . . . . B OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Are you covered by any medical aid?	YES . . . . . 1 NO 2	→ 814
813	What type of medical aid are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B SOCIAL SECURITY . . . . . C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER _____ X (SPECIFY)	
814	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

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 SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____