CHAPTER 1

INTRODUCTION

1.1 History, Geography, and Economy

Geography

The United Republic of Tanzania is the largest country in East Africa, covering 940,000 square kilometers, 60,000 of which is inland water. Tanzania lies south of the Equator and shares borders with eight countries: Kenya and Uganda to the north; Rwanda, Burundi, Zaire, and Zambia to the west; and Malawi and Mozambique to the South.

Tanzania has an abundance of inland water with several large lakes and rivers. Lake Tanganyika runs along the western border and is Africa's deepest and longest freshwater lake, and the world's second deepest lake. Lake Victoria is the world's second largest lake and drains into the Nile river. The Rufiji is Tanzania's largest river and drains into the Indian Ocean south of Dar es Salaam. Of all the rivers in Tanzania, only the Rufiji and the Kagera are navigable by anything larger than a canoe.

One of Tanzania's most distinctive geological features is the Great Rift Valley, which was caused by faulting throughout eastern Africa and is associated with volcanic activity in the North-Eastern regions of the country. Two branches of the Rift Valley run through Tanzania. The western branch holds Lakes Tanganyika, Rukwa, and Nyasa; the eastern branch ends in northern Tanzania and includes Lakes Natron, Manyara, and Eyasi.

Except for a narrow belt of 900 square kilometres along the coast, most of Tanzania lies above 200 metres in altitude, and much of the country is higher than 1000 metres above sea level. In the north, Mount Kilimanjaro rises to over 5000 metres with the highest peak, Kibo, reaching 5,895 metres. This is the highest point in Africa. Tanzania has a diversity of landscape.

The main climatic feature for most of the country is the long dry spell from May to October, followed by a period of rainfall during November/December. The main rainy season along the coast and the areas around Mt. Kilimanjaro is from March to May, with short rains between October and December. In the western part of the country, around lake Victoria, rainfall is well distributed throughout the year, with the peak between March and May.

Administratively, Tanzania mainland is divided into 20 regions, and Zanzibar into five. The regions are subdivided into districts.

History

Tanganyika became an independent nation from British rule on December 9th, 1961. One year later, on December 9th, 1962, it became a republic, severing all links with the British crown except for its membership in the Commonwealth. Zanzibar became independent on January 12th, 1964, after the overthrow of the rule of the Sultanate. On April 26th, 1964, Tanganyika and Zanzibar joined to form the United Republic of Tanzania.

Economy

Tanzania has a mixed economy in which agriculture plays a key role. Agriculture, which comprises crop, animal husbandry, forestry, fishery, and hunting subsectors, contributes the largest share of any sector to the Gross Domestic Product (GDP).

The GDP increased by 3.8 percent in 1991 compared to 3.6 percent in 1990 and 3.3 percent in 1989. Economic growth in the last 5 years follows the implementation of structural adjustment policies over the last 7-8 years.

The economic growth rate attained in 1991 is higher than the annual population growth rate of 2.8 percent. However, as in the previous years, it is lower than the targeted growth rates of 4.5 and 5.0 percent as envisioned in the Second Economic Recovery Programme and the Second Five-Year Development Plan, respectively.

1.2 Population

The 1967 Tanzania census reported a total population of 12.3 million. According to the 1988 census the population had increased to 23.1 million (see Table 1.1). Tanzania is still sparsely populated, though the population density is high in some parts of the country and has been increasing over time. In 1967, the average population density was 14 persons per square kilometer; by 1988 it had increased to 26 persons per square kilometer.

Although the population is still predominantly rural, the proportion of urban residents has been increasing steadily, increasing from 6 percent in 1967 to 18 percent in 1988. Life expectancy rose from 41 years in 1967 to 48 years in 1988. The intercensal growth rate between 1978 and 1988 was 2.8 percent, compared to 3.2 percent between 1967 and 1978.

Table 1.1 Demographic indicators, Tanzania, 1967, 1978, and 1988

Indicator	Census 1967	1978	1988
Population (millions)	12.3	17.5	23.1
Density (pop./sq.km)	14	20	26
Percent urban	6.39	13.78	18.33
Crude birth rate	47	49	46
Crude death rate	24.4	19.0	15.0
Total fertility rate	6.6	6.9	6.5
Infant mortality rate (per 1000)	155	137	115
Life expectancy at birth	41	44	48

Source: Bureau of Statistics, 1967; 1978; 1988

1.3 Population and Family Planning Policies and Programmes

Population Policy

The population of Tanzania has trebled from 7.7 million in 1948 to 23.1 million in 1988. At this rate of growth, it is estimated that by the year 2000 the population will be about 33 million. However, the national economy did not grow significantly in the last decade due to various constraints, and the resources available per head declined by between 7.5-10 percent during 1980-1985 and increased by 1.0 percent per annum between 1985 and 1991. As in other countries in sub-Saharan Africa, rapid population growth has been associated with poor economic performance. The consequences of rapid population growth are felt acutely and visibly in the public budgets for health, education, and related fields of human resource development. It is obvious that expansion of and improvements in the quality of these services is unlikely to happen without first controlling the rapid population growth.

It is against this background that Tanzania formulated the 1992 National Population Policy. The major objective of this policy is to reinforce national development by developing available resources in order to improve the quality of life of the people. The main emphasis is regulation of population growth and improvement of the health and welfare of women and children.

With specific reference to family planning, the goals of the policy are to lower the annual population growth rate through a reduction in the numbers of births and an increase in voluntary fertility regulation. Other specific objectives related to population regulation include making family planning services available to all who want them, encouraging every family to space births at least two years apart, and supporting family life education programmes for youth and family planning for men as well as women.

Family Planning

The Family Planning Association of Tanzania (UMATI) introduced family planning services to Tanzania in 1959. During the early years most services were concentrated in the urban areas. With the expansion of UMATI in the early seventies, services were extended to cover all regions in the country. The government became actively involved in service provision in 1974 following the launching of the integrated Maternal and Child Health (MCH) programme. Although family planning services were provided as part of the integrated programme, contraceptive use continued to be low in the country. In 1984, the government started a National Childspacing Programme with support from the United Nations Population Fund (UNFPA). Evaluation of the National Childspacing Programme in 1987 indicated only a slight increase in contraceptive prevalence and identified lack of trained service providers and poor logistic support as the major constraints to expansion of services.

The findings and recommendations from this evaluation were used to plan a five-year National Family Planning Programme (NFFP). The implementation of this programme began in 1989 with the broad objective of raising the contraceptive acceptance rate from about 7 to 25 percent by 1993. Other specific objectives of the programme are to:

- Improve the quality of family planning services through training of service providers, improvement of supervision, and upgrading of the logistic system,
- Improve accessibility of family planning services by increasing the proportion of health units providing family planning services,
- Improve general health of mothers and children, and
- Raise awareness and demand for family planning services.

1.4 Health Priorities and Programmes

The government of Tanzania emphasises equity in the distribution of health services and views access to services as a basic human right. In response to the worldwide efforts to attain the social goal of "Health for All" by the year 2000, Tanzania's health strategy focuses on the delivery of primary health care services. In 1991 a new primary health care (PHC) strategy was developed by the Ministry of Health. As the primary objectives, the PHC strategy focuses on strengthening district management capacity, multisectoral collaboration, and community involvement. At the central, regional, and district level, PHC steering committees have been established.

About 60 percent of health services are provided by the government and the remainder are provided by nongovernmental organisations. Tanzania has an extensive network of health facilities. At the national level there are four major referral hospitals, one of which is the university teaching hospital. Most regions have a regional hospital and there are a total of 152 hospitals in 106 districts. At the divisional level there

are about 273 rural health centres and at the ward level there are about 3000 dispensaries. At the village level there are village health posts staffed by two village health workers. It is estimated that there are currently around 5550 village health workers in the country.

1.5 Objectives and Organisation of the Survey

The Tanzania Demographic and Health Survey (TDHS) is a national sample survey of women of reproductive ages (15-49) and men aged 15 to 60. The survey was designed to collect data on socio-economic characteristics, marriage patterns, birth history, breastfeeding, use of contraception, immunisation of children, accessibility to health and family planning services, treatment of children during times of illness, and the nutritional status of children and their mothers.

The TDHS is part of a worldwide programme that is being funded by the United States Agency for International Development (USAID). The primary objectives of the TDHS were to:

- Collect data for the evaluation of family planning and health programmes,
- Determine the contraceptive prevalence rate, which will help in the design of future national family planning programmes, and
- Assess the demographic situation of the country.

The TDHS involved various institutions and individuals. The Bureau of Statistics had the responsibility of running the project and the Ministry of Health provided technical advice and logistical support. Local UNFPA and UNICEF offices provided advisory and logistic support.

Financial support was provided by USAID and administered by Macro International. The funds were used to meet expenses related to salaries, allowances for survey personnel, data processing, anthropometric equipment, printing of questionnaires, maintenance of vehicles, fuel, and publication of reports. The Bureau of Statistics provided ten vehicles for the fieldwork and its supervision.

The entire work was under the supervision of the survey director who was closely assisted by survey statisticians and the field teams. The supervisors were recruited from both the Bureau of Statistics and the Planning Commission. The Ministry of Health provided male and female nurses who worked as field interviewers. The Census Office prepared the sample frame in conjunction with a sampling expert from Macro International. The questionnaire design and translation (into Kiswahili), the pretest, and the training for the main survey were carried out by the survey statisticians.

1.6 Fieldwork

The TDHS field staff consisted of eight teams, each composed of six female interviewers and one male interviewer, a field editor, a supervisor and a driver. Interviewers were recruited from the Ministry of Health and all of them were trained nurses. The fieldwork was conducted during the rainy season (between October 1991 and March 1992). The persons involved in the survey are listed in Appendix A, and a detailed account of the fieldwork is presented in Appendix B.

Table 1.2 shows the results of the household and individual interviews. Out of the 9282 households selected for interview, 8561 households could be located and 8327 were actually interviewed. The shortfall between selected and interviewed households was largely due to the fact that many dwellings were either vacant or destroyed or no competent respondents were present at the time of the interview. A total of 9647 eligible women (i.e., women age 15-49 who spent the night before the interview in a sampled household)

were identified for interview, and 9238 women were actually interviewed (96 percent response rate). The main reason for non-interview was absence from the home or incapacitation.

The TDHS male survey covered men aged between 15 and 60 years who were living in selected households (every fourth household of the female survey). The results of the survey show that 2392 eligible men were identified and 2114 men were interviewed (88 percent response rate). Men were generally not interviewed because they were either incapacitated or not at home during the time of the survey.

Table 1.2 Results of the household and individual interviews

Number of households, number of interviews, and response rates, Tanzania 1991/92

Result	Total
Household interviews	
Households sampled	9282
Households found	8561
Households interviewed	8327
Household response rate	97.3
Individual interviews	
Number of eligible women	9647
Number of eligible women interviewed	9238
Eligible women response rate	95.8
Number of eligible men	2392
Number of eligible men interviewed	2114
Eligible men response rate	88.3