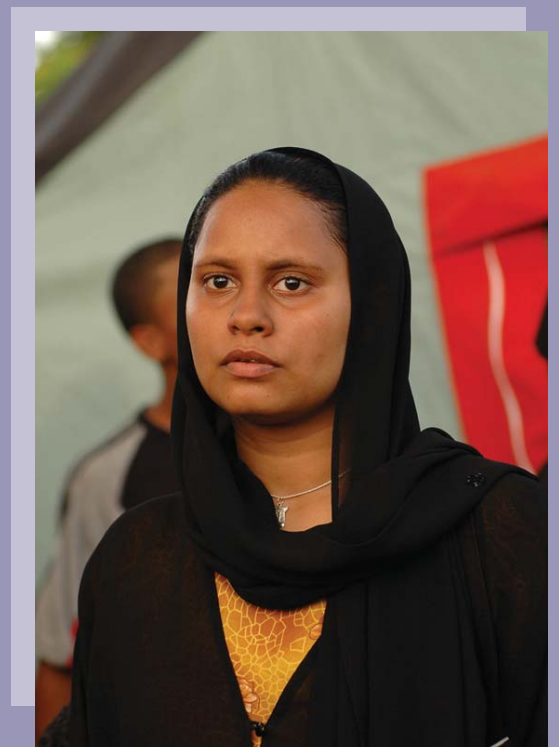




Women's Health in Tanzania

**Key Findings from the 2004-05
Tanzania Demographic and Health
Survey and the 2003-04 Tanzania
HIV/AIDS Indicator Survey**



This report summarizes key findings about women from the 2004-05 Tanzania Demographic and Health Survey (TDHS) and the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS). The Tanzania National Bureau of Statistics (NBS) conducted the 2004-05 TDHS, and the Tanzania Commission on AIDS (TACAIDS) together with the NBS conducted the THIS. Macro International Inc. provided technical assistance for the surveys through the MEASURE DHS project, which is primarily funded by the United States Agency for International Development (USAID). The project is designed to assist developing countries collect data on fertility, family planning and maternal and child health. The local costs of the TDHS were fully financed through the pooled fund of the Poverty Eradication Division (PED) in the Vice President's Office of Tanzania. Technical assistance was funded by USAID/Tanzania. The THIS was funded by USAID, the President's Emergency Plan for AIDS Relief, and the Irish Government. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the funders.

Information about the 2004-05 TDHS or the 2003-04 THIS may be obtained from the National Bureau of Statistics (NBS), P.O. Box 796, Dar es Salaam, Tanzania; (Telephone: 255-22-213-2549 or 213-2547; Fax: 255-22-213-0852; e-mail: dg@nbs.go.tz).

Additional input for this publication was provided by the Tanzania Gender Networking Programme (TGNP) and the Women's Dignity Project (WDP). For more information about gender programs in Tanzania, please visit TGNP's website www.tgnp.org or the Women's Dignity Project website www.womensdignity.org. Information about the MEASURE DHS project can be obtained from the website www.measuredhs.com or from Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705, USA; (Telephone: 301-572-0200, Fax: 301-572-0999).

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Introduction

What position do Tanzanian women hold in society? Do they have the same access to education as men? Can they make important decisions about their health care or about the money they earn? Do they have any say in their husbands' behaviour? The answers to these and other important questions can be found in the results of two recent surveys, the 2004-05 Tanzania Demographic and Health Survey and the 2003-04 Tanzania HIV/AIDS Indicator Survey.

These surveys provide valuable new information about the status and well-being of women in Tanzania. Unfortunately, the picture that emerges is not very positive. Women in Tanzania have worse health and fewer educational and economic opportunities than men. They are more likely to have HIV/AIDS, less likely to pursue higher education, less likely to access the media, and they have fewer decision-making powers. Pregnancy and childbearing continue to take a great toll on women in this country. And while poverty affects all Tanzanians, Tanzanian women have higher rates of poverty than do Tanzanian men.

This key findings report summarizes the major survey findings about women's education, status, fertility, health, and other significant measures of their empowerment. Clearly, there is much work to be done to help women in Tanzania, especially the poorest women. Thanks to these surveys, policy makers, community leaders, religious leaders, and educators now have better information to craft services and policies that will lift up women and improve their collective well-being. The time to empower Tanzanian women is now. To learn more, read on.

About the Surveys



Photo courtesy of R. Selgado

This key findings report presents an overall picture of women's health and well-being in Tanzania. The report is based on findings from the 2004-05 Tanzania Demographic and Health Survey (TDHS) and the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS).

2004-05 Tanzania Demographic and Health Survey

The 2004-05 Tanzania Demographic and Health Survey is the most recent in a series of national surveys conducted in Tanzania to measure levels, patterns, and trends in fertility, family planning, and health indicators. The previous surveys were carried out in 1991-92, 1994, 1996, and 1999. The 2004-05 TDHS was conducted by the National Bureau of Statistics (NBS).

The 2004-05 survey included a nationally representative sample of 10,329 women and 2,635 men from approximately 9,700 households. This sample provides estimates for Tanzania as a whole (including Zanzibar), for urban and rural areas, and, for most indicators, an estimate for each of the 26 administrative regions.

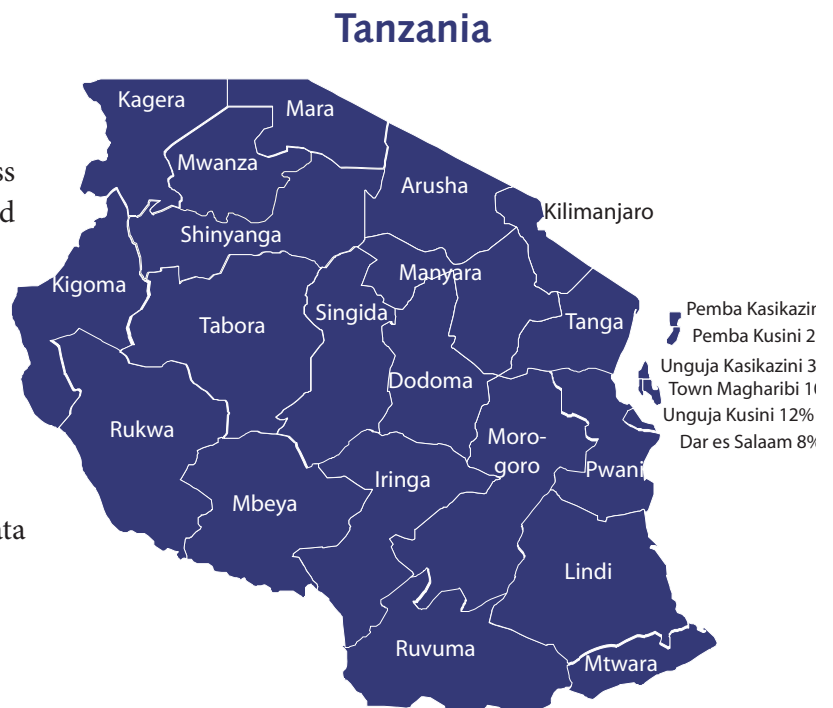
2003-04 Tanzania HIV/AIDS Indicator Survey

The 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) is the first nationally representative, population-based survey in Tanzania to include HIV testing. The THIS obtained national baseline data on the prevalence of HIV infection. In addition to measuring HIV prevalence among women and men age 15-49, the survey obtained information on knowledge, attitudes, and behaviour regarding HIV/AIDS, orphans and vulnerable children, and other indicators such as family planning.

The THIS included a nationally representative sample of 6,863 women and 5,659 men from about 6,500 households from across Tanzania mainland. The THIS was conducted by the Tanzania Commission for AIDS (TACAIDS) and the NBS. Zanzibar was not included in the THIS.

Use of survey data in this report

This document refers to data from both of these surveys. Unless noted, however, the data discussed comes from the 2004-05 TDHS.



Women's Status

What position do women hold in Tanzanian society? Overall, the picture is mixed, at best. The results from the TDHS and THIS highlight several areas of inequality between men and women, such as education and decision-making. The results also point to key areas where women could be given more power to control and improve their lives. Fortunately, there is some evidence that younger generations are experiencing more opportunities than their mothers and grandmothers did.

Rural women have the least access to education. Almost 40 percent of them have never been to school, compared with 29 percent of rural men.

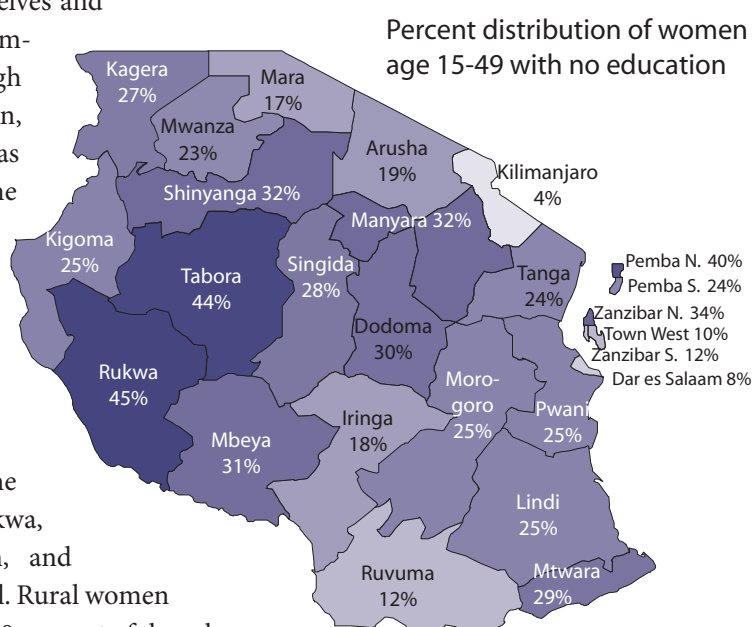
Education

Education is one of the most important ways to empower women – to give them the skills, knowledge, and confidence they need to take care of themselves and their families. Throughout Tanzania, women are less educated than men. Although most Tanzanians have some education, one out of three women (33 percent) has never attended school, compared with one out of four men (25 percent).

Men and women living in cities are more likely to have some education than rural residents. Women's levels of education, however, differ significantly among the regions. For example, between one third to one half of the women in Tabora, Dodoma, Mbeya, Rukwa, Shinyanga, Manyara, Zanzibar North, and Pemba North have never attended school. Rural women have the least access to education. Over 30 percent of them have never been to school, compared with 15 percent of rural men.

Fortunately, this educational imbalance is changing with the younger generations. More girls are now attending school. Nationwide, 75 percent of girls and 71 percent of boys age 7 to 13 attend primary school. Among children age 7 to 19, girls and boys are equally likely to attend primary or secondary school. Children living in urban areas, both girls and boys, are much more likely to attend school than children in rural areas.

Unfortunately, most young Tanzanians still do not attend secondary school. Only 7 percent of youth continue their education beyond primary school. Among the poorest households, boys are twice as likely to attend secondary school as girls.



Access to health care

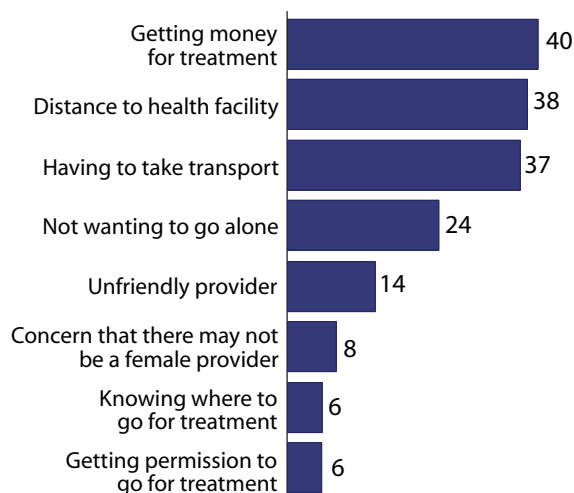
Over 60 percent of all women feel they face big barriers to accessing health care when they are sick. The most common problems are: getting money for treatment (40 percent); the distance to the health facility (38 percent); having to take transportation (37 percent); and not wanting to go alone (24 percent). Problems in accessing health care are felt most acutely by women with little or no education and women from poorer households.

Access to media

Television, radio, and newspapers can be important sources of information for women and men. Overall in Tanzania, there has been a significant increase in mass media exposure over the last five years. Women's experience with media, however, still lags behind men's in both urban and rural areas. One-third (33 percent) of women have no access to any media, compared to 17 percent of men. Radio is the most common form of media in Tanzania: 62 percent of women and 80 percent of men listen to the radio at least once a week.

Poor and rural women are least likely to be exposed to media. Among the poorest households in the country, 71 percent of women have no access to radio, newspapers, or television, compared with 38 percent of the poorest men.

Problems Accessing Health Care



Percent of women who cite the above problems in accessing health care

Percentage of women who have no access to any media

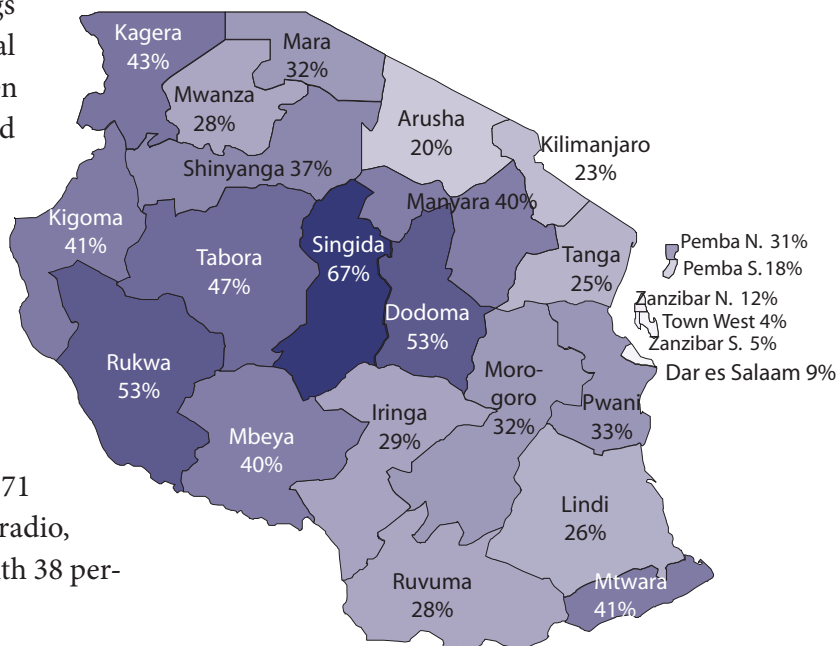


Photo courtesy of Unicef



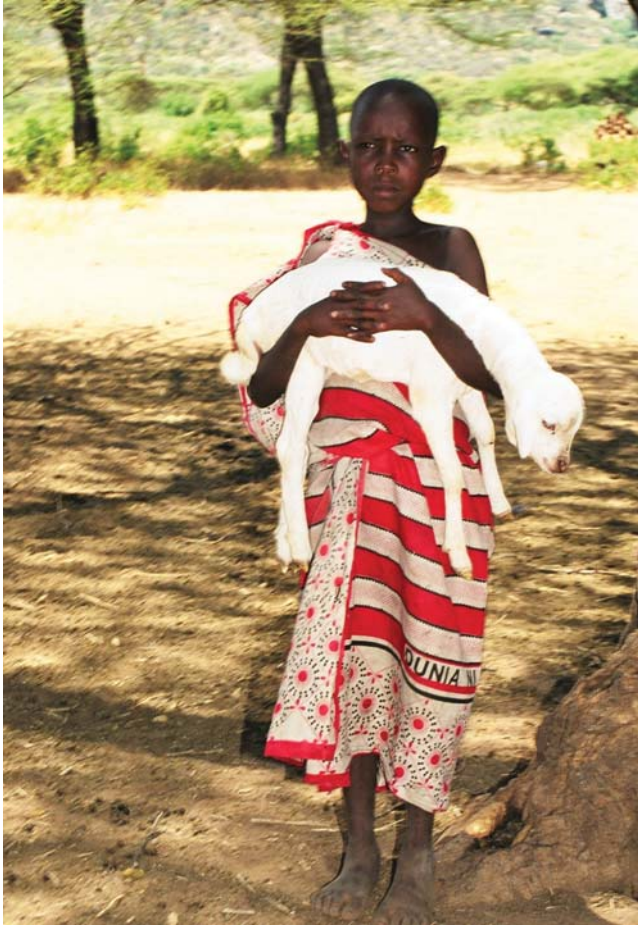


Photo courtesy of Concern

Employment

Employment can be an important way to empower women, especially when women can control their own money and resources. Women are more likely than men to have physically demanding work, which can have negative effects on their health. The vast majority of women (78 percent) work in agriculture. The next most common line of work for women is unskilled manual labour. Even the wealthiest women are more likely to work in unskilled manual labour (32 percent) and agriculture (23 percent) than in other occupations.

Agriculture is also the most common occupation for men (71 percent). Men, however, are far more likely to work in professional and skilled jobs. Almost 20 percent of men work in professional, clerical, sales, or skilled manual labour jobs, compared with 9 percent of women.

Men are far more likely than women to work in professional and skilled jobs. Almost 20 percent of men work in professional, clerical, sales, or skilled manual labor jobs, compared with 9 percent of women.

Household decision-making

A woman's ability to make decisions about her life is one way to measure her degree of empowerment. The TDHS asked women four questions about decision-making in their households: who has the final say about health care, large household purchases, visits to family and friends, and how many children to have and when? Only a quarter (26 percent) of women participate in all of these decisions, and 21 percent do not take part in any. Women's power to make decisions varies with the type of decision. For example, most married women (79 percent) decide what food to cook each day and make decisions about their own health care (59 percent). But they have less say in decisions to visit family or friends. Only a third have a say in large purchases. The amount of education a woman has does not appear to affect her participation in decision-making.

Marriage

Most Tanzanian women age 15 to 49 are married or in a relationship. Overall, about 60 percent of women and 50 percent of men are married. An additional 9 percent of women and 5 percent of men are in ‘informal’ unions. About a quarter of women (23 percent) have never been married. By contrast, 42 percent of men age 15 to 49 have never married. Ten percent of women are divorced, separated or widowed, which puts them at greater risk for being poor. Nearly half (46 percent) of all widowed women are denied their inheritance and dispossessed of their property.

Age at first marriage

Early marriage limits women’s access to education and job training. Among women age 25 to 49, half are married before age 19. Men, on the other hand, wait until they are older before they marry, on average five to six years later than women. Women who marry at a young age tend to have their first child earlier and give birth to more children than women who marry later.

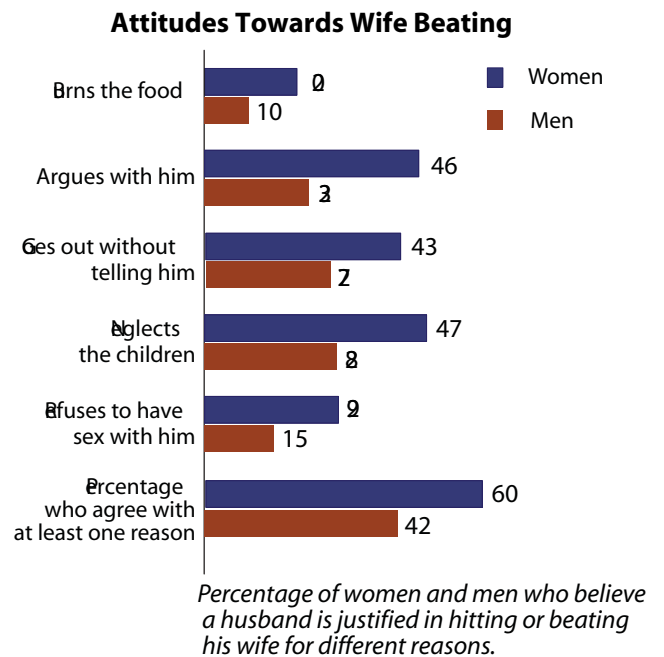
Polygyny (multiple wives)

Polygyny describes a marriage in which a man has more than one wife. In Tanzania, about one-fourth of married women are in polygynous marriages. Rural, less educated women and women of middle to lower economic status are more likely than other women to have one or more co-wives. There are clear regional differences. Polygyny is most common in Mara, Shinyanga, and Zanzibar North.

Wife beating

Many Tanzanian men and women believe that wife beating is acceptable under some circumstances. Women are more inclined than men to sanction domestic violence. Sixty percent of women and 42 percent of men believe that wife beating is justified in at least one of five situations: 1) a wife burns food; 2) a wife argues with her husband; 3) a wife goes out without telling her husband; 4) a wife neglects the children; or 5) a wife refuses to have sex with her husband.

There are, however, large differences among the regions. For example, over 80 percent of women from Kigoma, Mara, and Tabora agree with at least one reason for wife beating compared with only 33 percent of women in Kilimanjaro region.



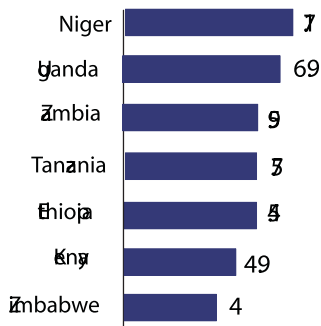
Refusal to have sex

The degree to which a woman can control when and with whom she has sex has a direct effect on her fertility and reproductive health. Most women (63 percent) and men (59 percent) agree that a woman is justified in refusing sex with her husband if she: knows her husband has a sexually transmitted infection (STI); knows her husband had sex with another woman; has recently given birth; or is tired or not in the mood. Still, nearly 40 percent of men and women do not believe these are valid reasons to refuse sex. These types of attitudes and behaviours increase women’s risks of contracting STIs, including HIV/AIDS, and having unwanted pregnancies.

Fertility and Family Planning

The total number of children a woman bears during her lifetime (the total fertility rate) affects her health and economic status, as well as the health of her children. It is well documented that children have a higher risk of dying if their mothers already have many children. In Tanzania, the average woman will give birth to 5.7 children in her life. This is virtually the same rate as 1996, meaning there has been no decline in fertility in almost a decade. Poor women and women with no education have twice as many children as wealthier, more educated women.

Fertility in Sub-Saharan Africa



Average number of births per woman

Fertility by Women's Educ



Average number of births per woman

More than 50 percent of married women with secondary school education use contraceptives, compared with 13 percent of married women with no education.

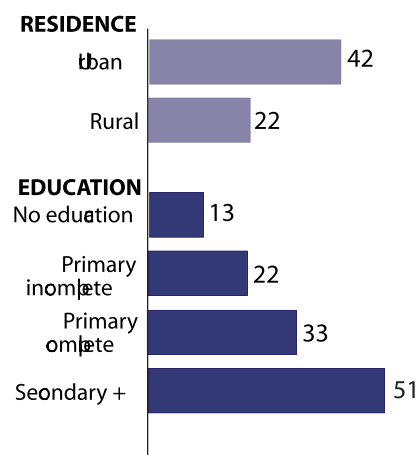
Contraceptive use

Contraception helps women and their partners decide when to have children and how many to have. Overall, about a quarter (26 percent) of married women use some form of contraception. Twenty percent are using a modern method, such as injectables or the pill. Only six percent of married women rely on traditional methods, such as withdrawal. Since 1999, modern contraceptive use among married women has increased only slightly, from 17 to 20 percent.

Married women from urban areas, wealthier households, and with some education are much more likely to use family planning than other women. For example, over 50 percent of married women with secondary school education use contraceptives compared to 13 percent of married women with no education.

Sexually active unmarried women are more likely than married women to use modern contraception. Among unmarried women, 41 percent use contraception. Male condoms (15 percent) and injectables (12 percent) are most common.

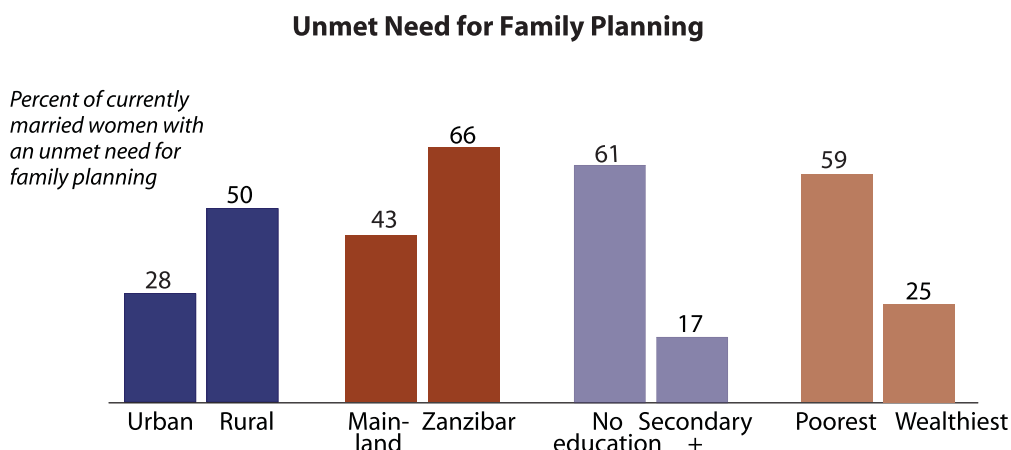
Current Contraceptives



Percent of currently married women 15-49 who are currently using any method of contraception

Need for contraception

More than one in five (22 percent) married women in Tanzania would like to delay their next birth or stop having children altogether, but are not using contraception for a variety of reasons, such as they don't know about it, can't afford it, or don't have access to it. These women are considered to have an unmet need for family planning. Unmet need is highest among the poorest women, among women with no education, and among women living in Zanzibar.



Nutrition

A woman's nutritional status is a sign of her overall health. Good nutrition is especially important for pregnant and nursing women. Nutritional status can be measured through a woman's height and body mass index. Acute malnutrition is highest in women age 15 to 19 (19 percent), among women with no education or with incomplete primary education (11 percent), and among poorer women.



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Being overweight can also lead to serious health problems, such as diabetes or heart disease. In Tanzania, 18 percent of women are overweight or obese. Urban women are more than twice as likely to be overweight as rural women.

Anaemia

Anaemia, which is characterized by a low level of haemoglobin in the blood, is a serious problem in Tanzania. About half of Tanzanian women suffer from anaemia, which may be an underlying or contributing cause to serious complications, such as maternal mortality, spontaneous abortions, premature births, and low birth weight. Pregnant women are more likely to be anaemic than non-pregnant women. There is little difference in anaemia levels between women in urban and rural areas. More women from Zanzibar, however, tend to be anaemic than women from elsewhere in Tanzania.

Anaemia is often exacerbated during pregnancy, but taking iron tablets for at least three months helps pregnant women to boost their iron levels. In Tanzania, however, only 10 percent of pregnant women took iron tablets for 90 or more days, as recommended by the World Health Organization.

Pregnancy

Antenatal visits

According to the World Health Organization, a pregnant woman should visit a trained provider for antenatal care at least four times before she gives birth, starting before the fourth month of pregnancy. Almost all women (94 percent) who gave birth in the five years before the 2004-05 TDHS saw a health professional at least once during their pregnancy, while 62 percent made four or more visits. More than eight women in ten, however, are making their first visit later than recommended. One-third of women do not seek antenatal care until their sixth month or later.

Quality of antenatal care

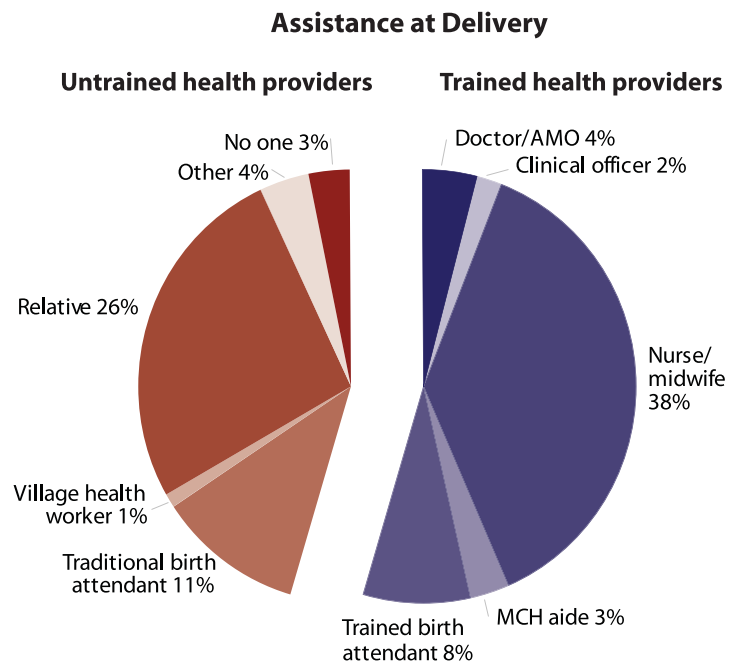
Many women are not receiving the best quality of antenatal care. For example, few women are given iron tablets to prevent anaemia. Anaemia can increase health risks during childbirth. It is recommended that all pregnant women take iron tablets, but only 10 percent of pregnant women took iron tablets for at least 90 days during pregnancy. Nearly 40 percent of pregnant women received no iron tablets at all. Antenatal counselling is also lacking in some regions. Less than half the women who gave birth in the five years before the 2004-05 TDHS survey were counselled during their visits about signs and symptoms of pregnancy complications. Counselling varied greatly by region, from a low of 15 percent in Rukwa to a high of 68 percent in Dar es Salaam.

In contrast, many women receive tetanus toxoid injections, which prevent neonatal tetanus. A baby is protected when the mother receives two injections. Eighty percent of women who had a live birth in the five years preceding the TDHS had received at least one tetanus toxoid injection during their pregnancies.

Delivery

Proper medical attention and clean conditions during delivery greatly reduce illness and death among mothers and their newborns. Health professionals – doctors, clinical officers, nurses, midwives, and maternal and child health aides – help women give birth in almost half (46 percent) of births. Just under half of all Tanzanian women (47 percent) give birth in a health facility, while 53 percent deliver at home. Delivery practices vary significantly by region. In Dar es Salaam, 9 percent of women give birth at home, compared to more than two-thirds of women in Manyara, Kagera and Mara.

Only 3 percent of babies born in Tanzania are delivered by caesarean section (C-section). The World Health Organization, UNICEF, and other international safe motherhood organizations recommend that caesarean section rates should not be less than five percent or more than 15 percent. The 2004-05 TDHS data, therefore, suggest that many Tanzanian mothers with complicated pregnancies are not getting an essential maternal health service. Further, wealthy and urban women are far more likely than poor, rural women to have access to C-sections and other more sophisticated maternal health services.



Percent distribution of live births in the 5 years before the survey



Photo courtesy of Concern

Postnatal care

Postnatal care, that is, medical care within the first two days after delivery, helps prevent complications from childbirth. In fact, most maternal and newborn deaths occur within 48 hours after delivery. In Tanzania, only 13 percent of women who gave birth at home were examined by a trained health care professional within two days of delivering. In addition, only 20 percent of women received vitamin A supplementation within two months of childbirth. Vitamin A supplementation prevents night blindness in women and malnutrition among their breastfed babies.

Teenage pregnancy

Many Tanzanian women are sexually active before marriage. Among women age 20-49, half started having sex by the age of 17. One-fourth of women age 15-19 are pregnant or have already given birth. Adolescent mothers, especially those under the age of 18, have been shown to be more likely than older mothers to suffer from pregnancy and delivery complications, affecting the health of both the mother and the child. Having a child during the teenage years can also limit women's opportunities for better education, jobs, and income.

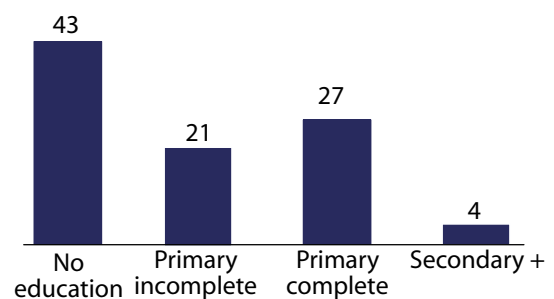
Malaria and pregnancy

Malaria during pregnancy leads to multiple problems for the mother and the baby - low birth weight, infant mortality, maternal anaemia, spontaneous abortion, and stillbirth. Only 18 percent of all women and 16 percent of pregnant women sleep under insecticide-treated mosquito nets (ITNs). Treated bed nets are far more available in cities than in rural areas. As a result, urban households are three times more likely to own ITNs than rural households.

As a protective measure, it is recommended that all pregnant women in Tanzania receive intermittent preventive treatment for malaria twice or more during the second and third trimester of pregnancy. More than half (53 percent) of pregnant women report having taken at least one dose of the medicine. Only 22 percent, however, received the recommended two or more doses.

Adolescent Childbearing by Education

Percent of women age 15-19 who are either pregnant or already mothers



Female Genital Cutting

Female genital cutting (FGC) can cause serious health problems for girls and women, including complications during childbirth and, occasionally, death from haemorrhage and infection. For these reasons, FGC, also known as female circumcision or female genital mutilation, has been challenged in Tanzania. The 1998 Tanzanian Special Provision Act specifically outlawed female circumcision throughout the country.

Prevalence of FGC

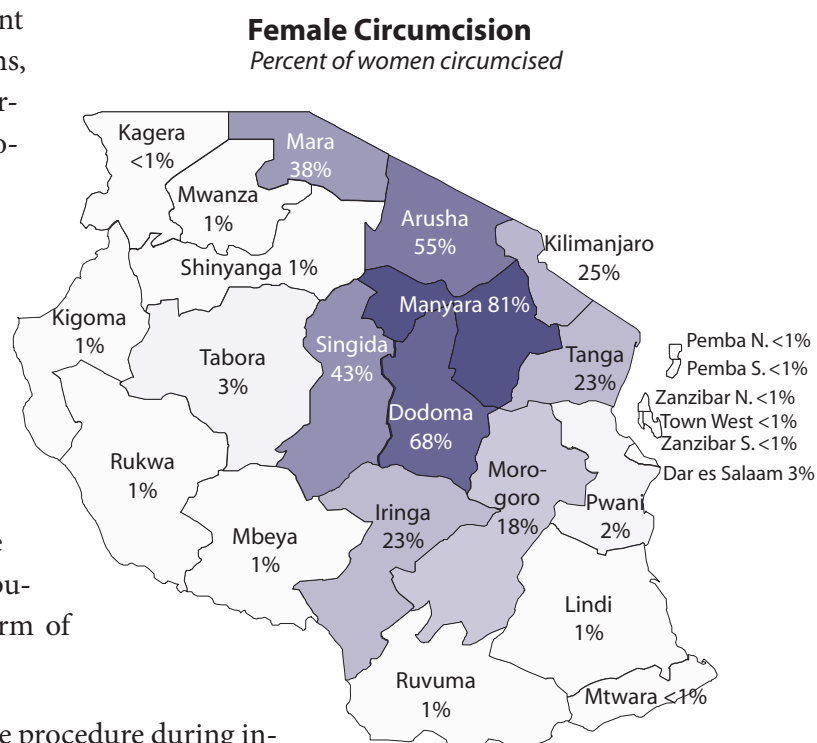
In most regions of the country, less than 3 percent of women have undergone FGC. In a few regions, however, more than 50 percent of women are circumcised, including Manyara (81 percent), Dodoma (68 percent), and Arusha (55 percent).

In Tanzania, the overall prevalence of FGC is 15 percent, down slightly from 18 percent in 1999. In Singida region, however, the practice increased from 25 percent in 1996 to 43 percent in 2004-05. For the overwhelming majority of circumcised women (91 percent), circumcision involved cutting and removal of flesh. For 2 percent of women, the procedure included sewing up the vaginal opening (infibulation), which is the most radical and risky form of FGC.

About half of circumcised women underwent the procedure during infancy or young childhood. It is more common among poorer women and slightly more common among Protestants than other religious groups.

Attitudes towards FGC

Most Tanzanians say they disapprove of FGC. Nine out of ten Tanzanian women and men who had heard of FGC believe that the practice should be discontinued. Disapproval of FGC is greatest among women and men in urban areas, and those with higher education and household wealth. Only a small minority of women (5 percent) believe the practice should be continued. These women are more likely to be circumcised themselves and to live in rural areas, including the Manyara and Arusha regions. Nearly 9 percent of men believe the practice should be continued. Again, these men are more likely to live in rural areas.



Sexual Behaviour

Early sexual activity

Nationwide, 12 percent of young women and 7 percent of young men have had sex by age 15. Early sexual activity is more common among less educated young women and among rural women. Starting sexual activity early is more common on the mainland of Tanzania than in Zanzibar.

Indicators from several TDHS surveys suggest that the percentage of young people having sex at an early age is declining. By waiting longer to become sexually active, women reduce their chances of acquiring STIs and having unwanted pregnancies.

Nationwide, 12 percent of young women and 7 percent of young men have had sex by age 15. Early sexual activity is more common among less educated young women.

Premarital sex

Many Tanzanians are sexually active before marriage. Among women age 20 to 49, half started having sex by age 17, and the median age of marriage for women is 19. Most men start having sex between the ages of 18 and 19.

Among never-married women and men age 15 to 24, about a third (29 percent) of women and 43 percent of men were sexually active or had intercourse in the past 12 months. More than one-third of these women and almost half of these men reported using condoms during their last sexual intercourse.

Age-mixing in sexual relationships

In the year prior to the TDHS, nearly 10 percent of women age 15 to 19 had had sex with a man 10 or more years older than themselves. Sex with older men can put young women at risk for STIs, including HIV/AIDS. In these types of relationships, young women can feel powerless to ask their older partners to use condoms. Women with some schooling and those in urban areas are more likely than other women to engage in these sexual partnerships.

HIV/AIDS

HIV/AIDS is one of the most serious public health challenges in Tanzania. Women are especially at risk, for both biological and social reasons. Women are more likely than men to contract HIV after a single exposure. The cervix is particularly vulnerable because it is made up of cells that can be easily damaged. In many sexual relationships, women are less able than men to refuse sex and less able to insist on condom use or fidelity.

On mainland Tanzania, seven percent of adults age 15-49 are infected with HIV. HIV prevalence among women is higher (8 percent) than among men (6 percent). HIV prevalence data from the THIS is not available for Zanzibar.

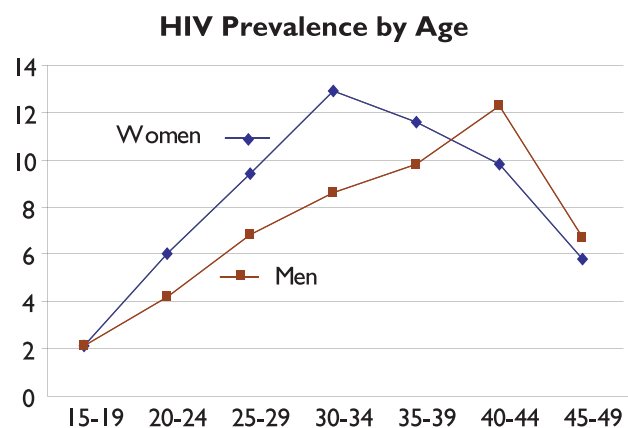
The HIV epidemic varies widely throughout the mainland. As in neighbouring countries, HIV prevalence is more common in urban than rural areas. Infection rates are highest in Mbeya (13 percent), Iringa (13 percent), and Dar es Salaam (11 percent). They are lowest in Manyara (2 percent) and Kigoma (2 percent). The difference in infection rates between women and men is particularly pronounced in Pwani region, where almost three times as many women are infected as men, and in Tanga, Singida, and Tabora regions where HIV prevalence among women is twice that of men.

Women also get infected with HIV at earlier ages than men do. Infection rates peak at ages 30-34 for women and ages 40-44 for men.

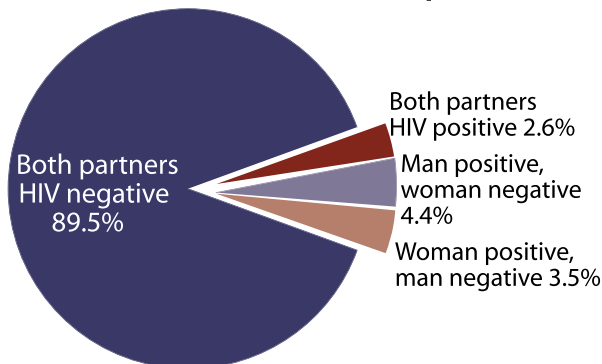
HIV testing

Overall, only 14 percent of adults in Tanzania have ever been tested for HIV. HIV testing is far more common among the most educated and wealthy and among residents of urban areas. HIV testing rates are similar among women and men.

Because many women visit antenatal clinics when they are pregnant, these visits are opportunities to provide HIV testing and counselling as well as to educate women on ways to prevent mother to child transmission of HIV. Unfortunately, few women receive HIV testing and counselling during pregnancy. Overall, only 5 percent of women who had a baby in the two years before the survey had received HIV counselling, been tested for HIV, and received results during ANC visits, according to the THIS.



HIV Prevalence in Couples



HIV prevalence among couples

Most Tanzanian couples are free from HIV infection. Eight percent of couples living together, however, are discordant; that is, one partner is infected and the other is not. This finding underscores the importance of couples talking with each other about HIV prevention and condom use.

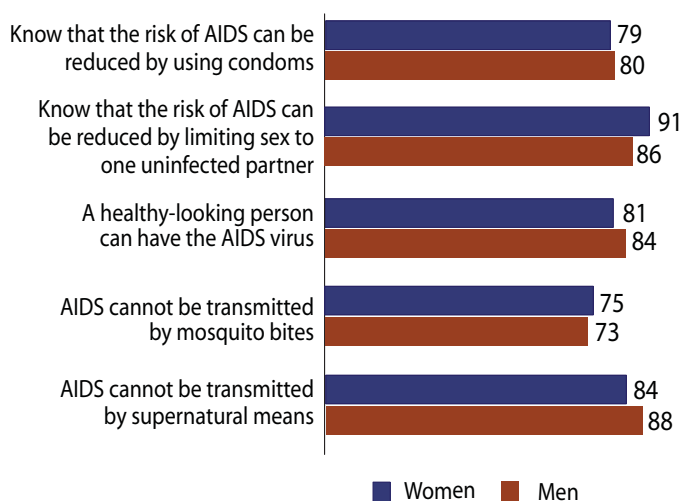
Knowledge of HIV/AIDS transmission

Almost all adults and youth in Tanzania have heard of HIV/AIDS. Far fewer people, however, are well informed about how HIV is transmitted and how to prevent becoming infected. Overall, 79 percent of women and 80 percent of men know that using condoms can reduce the risk of getting HIV. Similarly, 91 percent of women and 86 percent of men know that limiting sex to one uninfected partner can also reduce the risk. Slightly fewer women (75 percent) and men (72 percent), however, know two ways to prevent getting HIV – using condoms or limiting sex to one uninfected partner.

In general, less than half of Tanzanian adults have comprehensive knowledge of HIV/AIDS and its transmission. According to the TDHS, comprehensive knowledge is defined as: knowing that both condom use or limiting sex to one uninfected partner are HIV prevention methods; being aware that a healthy-looking person can have HIV; and rejecting the two most common local misconceptions: that HIV/AIDS can be transmitted through mosquito bites and by sharing food.

Most Tanzanians do reject the common myths about AIDS. Many women (81 percent) and men (84 percent) know that a healthy-looking person can have AIDS. Similarly, 75 percent of women and 73 percent of men know that AIDS cannot be transmitted by mosquito bites.

Men’s and Women’s Knowledge and Beliefs about AIDS



Knowledge about preventing mother-to-child transmission of HIV (PMTCT)

According to the THIS, many Tanzanian women (69 percent) and men (63 percent) know that HIV can be transmitted through breastfeeding. Only 17 percent of women and 19 percent of men, however, know that pregnant women can take special drugs (anti-retrovirals) to reduce the risk of HIV transmission. It is notable that the percentage of women who know that HIV/AIDS can be transmitted from mother to child by breastfeeding has not changed since 1999 (69 percent). This finding points to a need for increased efforts to educate women about this means of HIV transmission.

Higher-risk sex

Most HIV infections in Tanzania are contracted through heterosexual intercourse. Higher-risk sex is sexual intercourse with a non-marital, non-cohabitating (live-in) partner. Certain sexual behaviours, such as sex with multiple partners, or with a partner who is not a spouse or a live-in partner, can increase the risk of contracting HIV/AIDS.

Men are much more likely (30 percent) than women (4 percent) to report having more than one sexual partner.

Twenty-two percent of men who are currently married or cohabiting had sex with someone other than their spouse in the past 12 months, compared with 9 percent of women. Even women who do not engage in higher-risk sex themselves may still be at risk of getting HIV if their husbands engage in higher-risk sex.

Just over half of men (51 percent) and one-fourth of women (28 percent) used a condom the last time they had sex with a non-marital, non-cohabitating partner. Urban women are twice as likely as rural women to use a condom during higher-risk sex.

Conclusions and Recommendations

Progress

The 2004 Demographic and Health Survey and the 2003-4 Tanzania HIV/AIDS Indicator Survey reveal several positive trends for Tanzanian women:

- For the first time in the country's history, girls and boys are attending primary school at approximately the same rate, with 3 out of 4 young children in school, regardless of sex.
- Pregnant Tanzanian women have very high rates of health care use: 95 percent of women who gave birth in the previous five years made at least one visit to a health care provider during their pregnancy, and 62 percent made four or more visits prior to childbirth.
- Rates of female genital cutting (FGC) declined slightly, from 18 percent of women in the 1990s to 15 percent in 2004, and public disapproval of FGC is high. In 1998, legislation banned FGC throughout the country.
- Almost all Tanzanians have heard of HIV/AIDS, and approximately 80 percent of citizens, both women and men, know of at least one way to protect themselves from acquiring the virus.

Challenges

Despite these positive developments, however, the health and social status of many Tanzanian women remains grim. Specific concerns include:

- Among adults, many more women than men are uneducated: one in three women, compared with one in four men, never attended school.
- Women have much more limited access to media than men: about one-third of women do not read newspapers, watch television, or listen to the radio, compared to only one-fifth of men. Access to media is a crucial way to obtain information about important health and social issues. Without access to media, women are missing out on vital information to help themselves and their families.
- The average number of children per woman has declined only slightly over the past eight years, and still remains high at almost 6 children per woman.
- Early marriage and early childbearing continue to be common in Tanzania. Over 50 percent of women are married by age 19. Twenty-five percent of women between the ages of 15 to 19 are pregnant or already have children. Early marriage and childbearing increases the risk of pregnancy complications and contributes to higher rates of infant mortality. Early marriage also limits women's access to higher education, better incomes, and more control over their lives.
- There is a large unmet need for family planning services in Tanzania. Many married women say that they would like to delay their next pregnancy or have no more children, but they do not have access to modern contraceptive methods. Over 80 percent of women did not discuss family planning with a health care provider in the year before the TDHS, despite the fact that child spacing improves the health of mothers and babies.
- Although pregnant women in Tanzania are likely to see a health care provider during pregnancy, the care these women receive is often inadequate. Generally, pregnant women do not receive treatment to prevent anaemia, and they do not receive recommended antenatal counselling. They do not receive

insecticide-treated bed nets or treatment for malaria, nor are they offered HIV testing or given information about preventing mother-to-child transmission of HIV. Finally, as the time for childbirth nears, women are often not informed clearly about the signs and symptoms that can indicate a health risk for the mother or baby, and expectant mothers are not told what they should do if they have these problems.

- A majority of women in Tanzania do not give birth under hygienic conditions or receive adequate attention from health care professionals.
- A large majority of Tanzanian women and their babies, especially those delivered at home, do not receive recommended postpartum health care in the days and months following childbirth.
- Women have higher rates of HIV infection than men (8 percent for women compared with 6 percent for men). Women also tend to acquire the virus at a younger age than men. Although testing for HIV allows people to know their status so that they can take appropriate prevention measures or seek antiretroviral treatment as needed, only 5 percent of women and 7 percent of men were tested and received their results in the year preceding the THIS.
- Young women begin having sex at earlier ages than young men, and 10 percent of women age 15 to 19 have sexual relationships with much older men. Having early sexual relationships and engaging in “intergenerational sex” puts young women at risk for a host of social and health problems, including school dropout, HIV and other STIs, and unwanted pregnancies.

The TDHS and THIS results clearly show that women are disadvantaged across a range of health and social welfare issues when compared with men. Poor, rural women with little or no education are particularly likely to have little exposure to media, to hold low social status, to have large numbers of children, and to have limited or no access to family planning. They are also most likely to marry and have children early, to give birth in unsafe conditions, and to lack access to adequate health care.

Conclusions and Recommendations

1. Education is the foundation for human development, and it is integral to promoting gender equity and equality. Education contributes to the empowerment of women:

- at the household level with respect to use of resources for maintenance of the household;
- in accessing health services, particularly family planning services;
- in protecting themselves against HIV/AIDS;
- in fighting sexual violence and unsafe cultural practices; and
- in changing widespread social norms and perceptions about women’s roles and status.

The Government of Tanzania is to be commended for helping to ensure educational parity for the youngest generation of Tanzanians. Now, efforts are needed to help female students continue their educations past primary school and especially through university. For older Tanzanians, adult education programs, especially for rural women, could help correct past inequalities.

2. Improvements in reproductive health are fundamental to advancing women’s health, economic and educational opportunities, and status in Tanzania.

- Given the health concerns about early sexual activity and childbearing, a more concerted advocacy ef-

fort is needed to pass legislation that would hasten the process of amending the 1971 Marriage Act and bar marriage before age 16.

- The Ministry of Health and Social Welfare should invest in mass media campaigns to promote modern family planning, ensure that adequate contraceptive supplies are available to meet increased demand, and ensure that health care providers are trained to discuss family planning whenever women seek care for themselves or their children.
- Development partners should continue to support local initiatives through non-governmental organizations, civil society organizations, and community-based organizations, to build skills that will address the issues related to HIV/AIDS, family planning/reproductive health, and female genital cutting.

3. Women have less power than men in making household and personal decisions.

Government decision-making bodies at all levels should be made up of both women and men. Whenever legislation or regulatory changes are contemplated, the impact these changes would have on women should be considered explicitly. All Tanzanians should give thought to helping change attitudes and behaviours that give the perception that women's wants and needs are subordinate to those of men. Women's voices should be heard and respected in Parliament, in the State House, and in *every* household.

4. Most pregnant women in Tanzania go to antenatal care. Unfortunately, the care they receive both during pregnancy and after delivery is inadequate. Government and health care professionals at all levels need to dedicate themselves to alleviating the scourge of maternal morbidity and mortality that plagues Tanzania. Specifically,

- The Ministry of Health and Social Welfare and the Medical Stores Department should make sure that all health providers have adequate supplies of iron tablets and medication for intermittent preventive treatment (IPT) for malaria. Health providers should receive training in the importance of providing all pregnant women with full access to these recommended treatments.
- Health providers should improve their knowledge and their counselling skills, especially in talking to women about risk factors and the danger signs of a troubled pregnancy or delivery, and in promoting postnatal family planning to prevent unplanned pregnancies.
- The number of women delivering babies in unclean surroundings and/or without adequate care from health professionals is too high, especially in rural areas. The government should take immediate measures to improve labour-related and maternity services nationally and to increase the number of health care providers in rural and underserved areas.

5. Almost all Tanzanians know at least one way to prevent the sexual transmission of HIV. Mainstream HIV/AIDS prevention programmes should move beyond merely providing information to actively promoting behaviour change, especially among men who usually wield the most power in intimate relationships. Government and non-government programmes should call for greater involvement and responsibility for safe sex. This includes always using condoms outside of marriage and avoiding sexual relations with very young women. HIV prevention should not be women's burden alone. All Tanzanians should recognize and change social norms sanctioning high-risk sexual practices and should work together to protect the most vulnerable members of society.

A Note to the Reader:

How to Use this Book

This report tells a story of women's lives in Tanzania. Like any story, it describes both the good and the bad. While women are making progress in some areas, such as education, they also face many formidable challenges: poor access to health care, harmful traditional practices like female genital cutting, and early marriage and childbearing that limit life opportunities and choices.

How can you, the reader, use the information in this report?

First, read it carefully and make sure you understand the survey results and their implications for women's lives and health.

Second, share this information with your family, your neighbors, your colleagues at work, and with your community. Talk to people who can make a difference:

- Health care providers
- Teachers
- Religious leaders
- Local chiefs
- Council representatives
- District health medical teams
- Journalists
- NGOs

Finally, use the information in this report to work for change—change that will make women's lives safer, healthier, and happier. Policymakers and planners are more inclined to listen to requests based on survey results and statistics. You can use the facts in this report for:

- advocacy activities with stakeholders
- educational programs with women
- background for journalists
- writing proposals for funding
- identifying priorities for your organization
- training

Changing long-held traditions and cultural norms takes time and involves many small steps. Increasing awareness and understanding of women's needs is a vital place to begin.

Tanzania Gender Profile

	Female	Male
Background Characteristics		
Population age 15-49 that cannot read at all (%)	33	20
Population age 20-24 that has secondary education or higher (%)	10	12
Population age 15-49 that is not regularly exposed to any media (%)	33	17
Population age 25-49 (age 30-59 for men) that was married by age 18 (%)	43	12
Population age 15-49 that works in agriculture (%)	79	71
Population age 15-49 that works in professional or skilled labour (%)	9	20
Primary school age population (6-13) that is attending primary school (%)	75	71
Secondary school age population (14-19 years) that is attending secondary school (%)	8	7
Women's Empowerment		
Population age 15-49 with no control over their own earnings among those employed for cash (%)	16	-
Currently married women age 15-49 who have the final say in the following decisions (%):		
own health care	56	-
making large purchases	33	-
making daily purchases	44	-
visits to friends or relatives	47	-
what food to cook	67	-
none of the above decisions	21	-
Population age 15-49 who agree that a husband is justified in beating his wife if (%):		
she burns the food	20	11
she argues with him	46	23
she goes out without telling him	43	27
she neglects the children	47	28
she refuses to have sex with him	29	15
Fertility and Family Planning		
Total fertility rate (number of births a woman has in her lifetime)	5.7	-
Women age 15-19 who have begun childbearing	26	-
Mean ideal number of children among currently married population age 15-49	5.4	5.0
Currently married women age 15-49 currently using a modern method of contraception (%)	20	-
HIV/AIDS		
Population age 15-49 who are HIV positive (%)	7.7	6.3
Population age 15-49 that knows the following ways of reducing the risk of getting AIDS: (%)		
using condoms	79	80
limiting sex to one uninfected faithful partner	91	86
abstaining from sex	93	89
Population age 15-49 that agrees that if the wife knows that her husband has an STI:		
she can refuse him sex (%)	88	90
she can ask him to use a condom (%)	75	83
Population age 15-49 that had sex with more than one partner in the 12 months preceding the survey (among those who had sex during the period) (%)	4	30
Mean lifetime number of sexual partners among those who have ever had sex	n/a	5.7
Population age 15-49 that engaged in higher-risk sex in the 12 months before the survey (%)	24	45
Population age 15-49 that used a condom at last higher-risk sex in the 12 months before the survey (among those who had higher-risk sex) (%)	28	51

