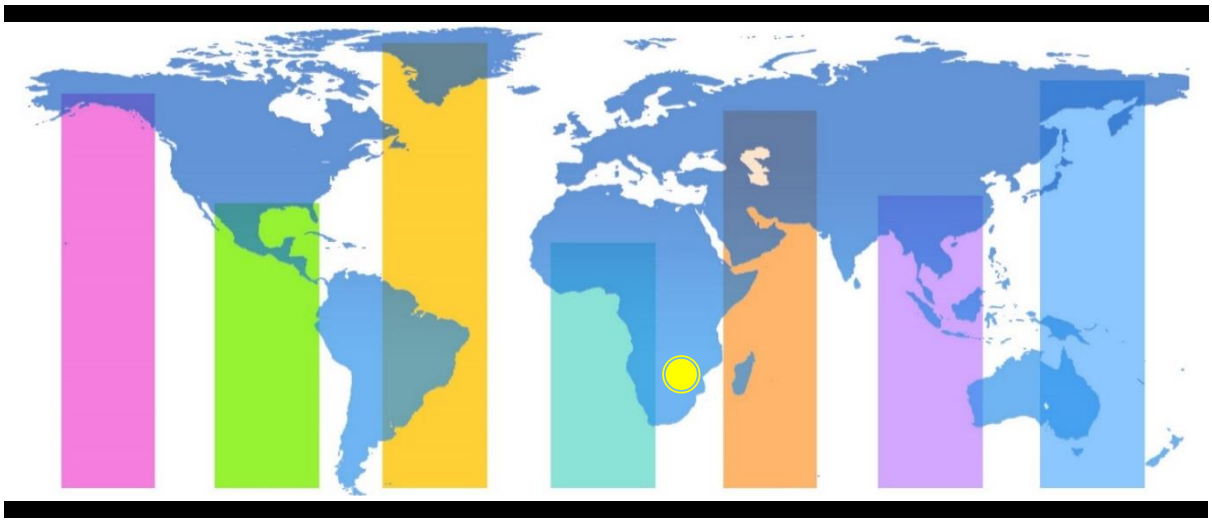
Zimbabwe



Demographic and Health Survey 2023–24

Key Indicators

GOVERNMENT OF ZIMBABWE

Zimbabwe

Demographic and Health Survey 2023–24

Key Indicators Report

Zimbabwe National Statistics Agency
Harare, Zimbabwe

The DHS Program
ICF
Rockville, Maryland, USA

October 2024

The 2023–24 Zimbabwe Demographic and Health Survey (ZDHS) was implemented by the Zimbabwe National Statistics Agency (ZIMSTAT). The funding for the 2023–24 ZDHS was provided by the Government of Zimbabwe and partners. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2023–24 ZDHS may be obtained from the Zimbabwe National Statistics Agency, P.O. Box CY 342, Causeway, Harare, Zimbabwe; telephone: +263-242-703971/7; email: mdg@zimstat.co.zw; internet: www.zimstat.co.zw.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

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TABLES AND FIGURES

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ANC	antenatal care
ARI	acute respiratory infection
ART	antiretroviral therapy
ASFR	age-specific fertility rate
BCG	bacille Calmette-Guérin
CAPI	computer-assisted personal interviewing
CBR	crude birth rate
CSPro	Census and Survey Processing
DHS	Demographic and Health Survey
DPT	diphtheria, pertussis, and tetanus
EA	enumeration area
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFR	general fertility rate
HepB	hepatitis B
Hib	*Haemophilus influenzae* type B
HIV	human immunodeficiency virus
HRF	Health Resilience Fund
IPTp	intermittent preventive treatment during pregnancy
IPV	inactivated poliomyelitis vaccine
ITN	insecticide-treated net
IUCD	intrauterine contraceptive device
IYCF	infant and young child feeding
LAM	lactational amenorrhoea method
LLIN	long-lasting insecticidal net
MoHCC	Ministry of Health and Child Care
MoWACSMED	Ministry of Women Affairs, Community, Small and Medium Enterprises Development
MR	measles-rubella
MRCZ	Medical Research Council Zimbabwe
OPV	oral polio vaccine
ORS	oral rehydration salts
PCV	pneumococcal conjugate vaccine
PNC	postnatal care
RV	rotavirus vaccine
SD	standard deviation
SDG	Sustainable Development Goal
SP	sulfadoxine-pyrimethamine
TFR	total fertility rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
ZIMSTAT	Zimbabwe National Statistics Agency

FOREWORD

The 2023–24 Zimbabwe Demographic and Health Survey (2023–24 ZDHS) presents the major findings of a nationally representative survey with a sample of more than 11,000 households. The 2023–24 ZDHS was conducted by the Zimbabwe National Statistics Agency (ZIMSTAT) in collaboration with the Ministry of Health and Child Care (MoHCC) from December 2023 through May 2024. The 2023–24 ZDHS is the seventh such survey to be conducted in Zimbabwe, as a follow-up to the 1988, 1994, 1999, 2005–06, 2010–11, and 2015 surveys. In the 2023–24 survey, tablets operating on Android software were used during data collection.

The primary objective of the 2023–24 ZDHS survey is to provide current demographic and health information for use by policymakers, planners, researchers, and programme managers. Specific topics covered in the survey include respondent demographic characteristics, reproductive and contraceptive history, fertility preferences, family planning methods, infant and child mortality, knowledge and attitudes about sexually transmitted infections, maternal health, breastfeeding and complementary feeding, ownership of mosquito nets, knowledge of HIV prevention among young people, and coverage of prior HIV testing.

ZIMSTAT is appreciative of the significant funding and material provisions availed to the agency by the Government of Zimbabwe, various development partners, and the donor community that facilitated the successful implementation of the survey. Specific mention is due to the following: the Ministry of Health and Child Care (MoHCC); the United States Agency for International Development (USAID); the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF); the Health Resilience Fund (HRF); and the United Nations Population Fund (UNFPA). ZIMSTAT is grateful to ICF for providing technical assistance at every stage of the survey.

Finally, ZIMSTAT would also like to thank all of the field personnel for their dedication to duty and commitment to high-quality work as well as the public for patience and cooperation during data collection.

Fadzayi Ndlovu
Acting Director General

1 INTRODUCTION

The 2023–24 Zimbabwe Demographic and Health Survey (2023–24 ZHDS) is the seventh Demographic and Health Survey conducted in Zimbabwe, following those conducted in 1988, 1994, 1999, 2005–06, 2010–11, and 2015. It was implemented by the Zimbabwe National Statistics Agency (ZIMSTAT) at the request of the Ministry of Health and Child Care (MoHCC). Data collection took place from 4 December 2023 to 29 May 2024. The survey protocol, including biomarker collection, was reviewed and approved by the ICF Institutional Review Board and the Medical Research Council Zimbabwe (MRCZ).

Financial support for the 2023–24 ZDHS was provided by the Government of Zimbabwe and partners. ICF provided technical assistance through The DHS Program, a USAID-funded project offering support and technical assistance in the implementation of population and health surveys in countries worldwide.

This Key Indicators Report presents a first look at selected findings from the 2023–24 ZDHS. A comprehensive analysis of the data will be presented in a final report in 2025.

The primary objective of the 2023–24 ZHDS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the survey collected information on fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of mothers and young children, early childhood mortality, maternal and child health, knowledge and behaviour related to HIV and other sexually transmitted infections (STIs), and use of malaria prevention methods.

The information collected through the 2023–24 ZDHS is intended to assist policymakers and programme managers in designing and evaluating programmes and strategies for improving the health of Zimbabwe's population. The survey also provides indicators for monitoring progress towards national goals and global commitments such as the Sustainable Development Goals (SDGs).

2 SURVEY IMPLEMENTATION

2.1 SAMPLE DESIGN

The 2023–24 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 10 provinces: Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Midlands, Masvingo, Harare, and Bulawayo. The 2022 Zimbabwe Population Census was used as the sampling frame for the 2023–24 ZDHS.

Administratively, each province in Zimbabwe is divided into districts, and each district is divided into smaller administrative units called wards. During the 2022 Zimbabwe Population Census, each ward was subdivided into convenient areas labelled census enumeration areas (EAs). The 2023–24 ZDHS sample was selected through a stratified, two-stage cluster design, with EAs as the sampling units for the first stage. The 2023–24 ZDHS sample included 400 EAs—167 in urban areas and 233 in rural areas.

The second stage of sampling included the listing exercises for all households in the survey sample. A complete listing of households was conducted for each of the 400 selected EAs in August 2023. Maps were drawn for each of the clusters, and all private households were listed. The listing excluded institutional living arrangements such as army barracks, hospitals, police camps, and boarding schools. A representative sample of 11,200 households was selected for the 2023–24 ZDHS.

Women age 15–49 and 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 for interviews. Anaemia testing and anthropometry measurements (height and weight) were performed in all households among eligible women age 15–49 and men age 15–54 who consented to testing. With the parent's or guardian's consent, children age 6–59 months were tested for anaemia in these households. In addition, one eligible woman in each household was randomly selected to be asked additional questions about domestic violence.

2.2 QUESTIONNAIRES

Four questionnaires were used for the 2023–24 ZDHS: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, and the Biomarker Questionnaire. The questionnaires, based on The DHS Program's model questionnaires, were adapted to reflect the population and health issues relevant to Zimbabwe. In addition, a self-administered Fieldworker Questionnaire collected information about the survey's fieldworkers.

Issues to include in the questionnaires were identified at a series of meetings with various stakeholders from government ministries and agencies, research and training institutions, nongovernmental organisations, and development partners. In addition to English, the questionnaires were translated into two major languages, Shona and Ndebele. The Household, Woman's, and Man's Questionnaires were programmed into tablet computers to facilitate computer-assisted personal interviewing (CAPI) for data collection, with the option to choose English, Shona, or Ndebele for each questionnaire.

The Household Questionnaire listed the usual members of and visitors to the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. For children under age 18, parents' survival status was determined. Data on the age and sex of household members obtained in the Household Questionnaire was used to identify women age 15–49 and men age 15–54 who were eligible for individual interviews, anthropometry measurements, and haemoglobin testing. The Household Questionnaire was also used to identify children age 6–59 months for anaemia testing and children age 0–59 months for anthropometry measurements. In addition, the 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, 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 women age 15–49 on the following topics:

- Background characteristics (including age, education, and media exposure)
- 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 related to HIV and other sexually transmitted infections (STIs)
- Domestic violence

The Man's Questionnaire was administered to men age 15–54 in half of the households in the 2023–24 ZDHS sample. The Man's Questionnaire collected much of the same information as in the Woman's Questionnaire but was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

The Biomarker Questionnaire recorded the results of the anthropometry measurements and haemoglobin testing results, as well as the signatures of the fieldworker and the respondent who gave consent. Separate consent forms were administered, signed, and archived to record each respondent's consent and signature.

The purpose of the Fieldworker Questionnaire was to collect basic background information on the people who were collecting data in the field, including the team supervisors, interviewers, and biomarker technicians.

The 2023–24 ZDHS interviewers used tablet computers to record all questionnaire responses during the interviews. The tablet computers were equipped with Bluetooth® technology to enable remote electronic transfer of files, such as assignment sheets from the team supervisor to the interviewers, Household Questionnaires among survey team members, and completed questionnaires from interviewers to the team supervisors. The tablet computer programming was created using the Census and Survey Processing System (CSPro), developed by The DHS Program in collaboration with the U.S. Census Bureau.

2.3 ANTHROPOMETRY AND ANAEMIA TESTING

The 2023–24 ZDHS incorporated anthropometry and anaemia testing. Data related to the coverage of the biomarker component, the anthropometric measures, and the results of the anaemia testing were recorded on paper Biomarker Questionnaires. The protocol for anaemia testing was reviewed and approved by MRCZ and the ICF Institutional Review Board.

Anthropometry. Weight measurements were taken using SECA scales with a digital display (model number SECA 874). Height and length were measured with a ShorrBoard® measuring board. Children younger than age 24 months were measured lying down (recumbent length), while older children and adults were measured standing (height).

To assess the precision of measurements, two children per cluster were randomly selected to be measured a second time. The DHS Program defines a difference of less than 1 centimetre between the two height

measurements as an acceptable level of precision. Children with a *z* score of less than −3 or more than 3 for height-for-age, weight-for-height, or weight-for-age were flagged and measured a second time. The remeasurement of flagged cases was performed to ensure accurate reporting of height.

For children, anthropometric data are used to calculate three indices that reflect nutritional status: height-for-age, weight-for-height, and weight-for-age. In presenting the anthropometric results, the height and weight of children in the survey population were compared with the 2006 WHO Child Growth Standards, which are based on an international sample of ethnically, culturally, and genetically diverse, healthy children living under optimum conditions conducive to achieving a child's full genetic growth potential (WHO 2006b). Children who were severely malnourished were referred to a local health facility for assessment and treatment. Biomarker technicians provided all households in the biomarker subsample with an informational pamphlet containing the height and weight of all eligible children and adults.

Anaemia. Blood specimens for anaemia testing were collected from women and men age 15–49 who consented to be tested. Blood specimens were also collected from children age 6–59 months whose parents or guardians had given consent to the testing. Blood samples were drawn from a drop of blood taken from a finger prick (or a heel prick in the case of children age 6–11 months) and collected in a microcuvette. Haemoglobin analysis was carried out on-site using a battery-operated portable HemoCue® 201+ device. Results were provided verbally and in writing to those being tested. Parents or guardians of children with a haemoglobin level below 8 g/dl were provided with a referral and instructed to take the child to a health facility for follow-up care. Likewise, adults were referred for follow-up care if their haemoglobin levels were below 8 g/dl. The results of the anaemia testing will be included in the final report.

2.4 TRAINING OF TRAINERS AND PRETEST

The 2023–24 ZDHS technical team, composed of ZIMSTAT staff and experts from MoHCC; the Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MoWACSMED); the United Nations Children's Fund (UNICEF); USAID; ICF; and other organisations, participated in a 5-day virtual training of trainers conducted from 5–9 June 2023.

The pretest training for the 2023–24 ZDHS was conducted from 19 June to 12 July for interviewers and 27 June to 12 July for biomarker technicians in Bulawayo, Zimbabwe. A total of 20 interviewers and 10 biomarker technicians attended the pretest. The pretest fieldwork was conducted in rural and urban clusters in and around Bulawayo that were not included in the 2023–24 ZDHS sample. Following field practice, a debriefing session was held with the pretest field staff, and modifications to the questionnaires were made based on lessons drawn from the exercise.

2.5 TRAINING OF FIELD STAFF

The main training was held in Kadoma. Questionnaire and CAPI training was held in-person from 9–27 October and included 60 interviewers (45 women and 15 men), 15 supervisors (six women and nine men), and four reserve interviewers (three women and one man). Biomarker training, conducted from 16–27 October, included 30 biomarker technicians (20 women and 10 men) and two reserve technicians (one woman and one man).

The training course included instruction on interviewing techniques and field procedures, a detailed review of the questionnaire content, training on the CAPI application, and mock interviews between participants in the classroom. The biomarker technicians received training in anthropometry and finger prick blood collection for haemoglobin measurement. Main training participants conducted practice interviews and biomarker collection with respondents in households located outside the 2023–24 ZDHS sample EAs. Team supervisors were trained in data quality control procedures, fieldwork coordination, and the use of special programmes for tablet computers.

All 32 biomarker technician trainees were MoHCC personnel who had clinical backgrounds as nurses or midwives. Biomarker technicians were trained to measure the height and weight of children and adults. The training on child height measurement included standardisation exercises and restandardisation exercises for technicians who did not pass the standardisation exercises.

2.6 FIELDWORK

Fifteen interviewing teams conducted data collection for the 2023–24 ZDHS. Each team included one team supervisor, four interviewers (three female and one male), two biomarker technicians, and a driver. Electronic data files were transferred each day from each interviewer's tablet computer to the team supervisor's tablet computer. The field supervisors transferred data to the central data processing office. To facilitate communication and monitoring, each fieldworker was assigned a unique identification number. Senior technical staff members from ZIMSTAT coordinated and supervised fieldwork activities. An ICF technical specialist, a biomarker specialist, ZIMSTAT data processing staff, and representatives from MoHCC, MoWACSMED, the Zimbabwe National Family Planning Council, and USAID supported the fieldwork monitoring activities. Data collection took place from 4 December 2023 to 29 May 2024.

2.7 DATA PROCESSING

All electronic data files for the 2023–24 ZDHS were transferred via SynCloud to the ZIMSTAT central office in Harare, where they were stored on a password-protected computer. The data processing operation included secondary editing, which required resolution of computer-identified inconsistencies and coding of open-ended questions. Data editing was accomplished using CSPro software. During the duration of fieldwork, tables were generated to check various data quality parameters, and specific feedback was given to the teams to improve performance. Secondary editing and data processing were initiated in January and completed in July 2024.

3 KEY FINDINGS

3.1 RESPONSE RATES

Table 1 presents the response rates for the 2023–24 ZDHS. A total of 11,200 households were selected for the ZDHS sample, of which 10,805 were found to be occupied. Of the occupied households, 10,725 were successfully interviewed, yielding a response rate of 99%. In the interviewed households, 10,018 women age 15–49 were identified as eligible for individual interviews. Interviews were completed with 9,666 women, yielding a response rate of 97%. In the subsample of households selected for the male survey, 4,535 men age 15–54 were identified as eligible for individual interviews and 4,185 were successfully interviewed, yielding a response rate of 92%.

Table 1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Zimbabwe 2023–24

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	4,676	6,524	11,200
Households occupied	4,534	6,271	10,805
Households interviewed	4,472	6,253	10,725
Household response rate[1]	98.6	99.7	99.3
Interviews with women age 15–49			
Number of eligible women	4,674	5,344	10,018
Number of eligible women interviewed	4,479	5,187	9,666
Eligible women response rate[2]	95.8	97.1	96.5
Household interviews in subsample			
Households selected	2,338	3,262	5,600
Households occupied	2,252	3,139	5,391
Households interviewed	2,215	3,130	5,345
Household response rate in subsample[1]	98.4	99.7	99.1
Interviews with men age 15–54			
Number of eligible men	1,981	2,554	4,535
Number of eligible men interviewed	1,758	2,427	4,185
Eligible men response rate[2]	88.7	95.0	92.3

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

3.2 CHARACTERISTICS OF RESPONDENTS

Table 2 presents the weighted and unweighted numbers and percent distributions of women and men interviewed in the 2023–24 ZDHS by selected background characteristics. The results presented in this report are based on weighted data that are representative of the country as a whole, urban and rural areas separately, and each of the country's provinces.

- The most common religious affiliations are Pentecostal (24% of women and 17% of men) and other Apostolic sect, which refers to Apostolic sects other than Johane Marange and Johane Masowe (28% of women and 21% of men). Twenty-one percent of men and 6% of women have no religious affiliation.

- Sixty-two percent of women and 48% of men are married or living together with a partner as if married. Twenty-three percent of women and 45% of men have never been married.

- Forty-five percent of women and 43% of men live in urban areas. In the 2015 ZDHS, 39% of women and 36% of men lived in urban areas.

- The largest proportions of both women and men live in Harare (18% each), and the smallest proportions live in Bulawayo, Matabeleland North, and Matabeleland South (5% each).

- Only 1% of women and men have no education. Seventy percent of women and men have a secondary education, and 9% of women and 10% of men have more than a secondary education.

Table 2 Background characteristics of respondents

Percent distribution of women and men age 15–49 by selected background characteristics, Zimbabwe 2023–24

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15–19	20.3	1,959	1,981	25.0	975	984
20–24	17.0	1,640	1,642	17.2	671	676
25–29	15.3	1,477	1,451	14.3	558	549
30–34	12.0	1,159	1,170	11.2	438	426
35–39	13.6	1,312	1,289	11.2	437	445
40–44	12.6	1,220	1,239	11.8	462	468
45–49	9.3	899	894	9.4	367	358
Self-reported health status						
Very good	19.9	1,920	1,926	49.2	1,924	1,949
Good	44.8	4,329	4,304	39.0	1,523	1,536
Moderate	31.2	3,020	3,011	10.6	414	379
Bad	3.7	357	383	1.1	43	39
Very bad	0.4	40	42	0.1	4	3
Religion						
Traditional	0.5	45	51	2.3	92	104
Roman Catholic	3.9	372	403	5.3	207	206
Protestant	14.2	1,371	1,401	9.3	362	398
Pentecostal	23.6	2,280	2,240	16.6	650	662
Johane Marange	2.4	230	197	1.5	60	52
Johane Masowe	15.1	1,464	1,377	12.4	485	454
Other Apostolic sect	28.1	2,716	2,696	20.8	813	825
Other Christian	6.3	605	721	9.9	389	359
Muslim	0.5	48	45	0.6	24	23
Other	0.0	1	1	0.2	6	4
None	5.5	534	534	21.0	819	819
Marital status						
Never married	23.3	2,257	2,402	44.9	1,754	1,781
Married	58.4	5,649	5,496	46.8	1,830	1,807
Living together	3.2	308	326	1.3	52	45
Divorced/separated	11.7	1,134	1,134	6.4	252	254
Widowed	3.3	318	308	0.5	19	19
Residence						
Urban	45.4	4,391	4,479	43.0	1,682	1,641
Rural	54.6	5,275	5,187	57.0	2,226	2,265
Province						
Bulawayo	5.2	498	958	4.6	179	323
Manicaland	12.8	1,237	1,015	11.8	460	381
Mashonaland Central	8.0	777	982	8.4	330	414
Mashonaland East	11.2	1,085	919	11.5	449	389
Mashonaland West	13.7	1,320	1,116	14.8	576	491
Matabeleland North	4.6	447	801	4.9	192	352
Matabeleland South	4.7	457	748	5.2	204	339
Midlands	12.0	1,159	1,020	12.2	476	435
Masvingo	9.8	945	979	8.9	347	375
Harare	18.0	1,742	1,128	17.8	694	407
Education						
No education	0.8	81	76	0.6	23	24
Primary	20.3	1,960	2,000	19.7	769	826
Secondary	70.1	6,774	6,715	70.1	2,740	2,672
More than secondary	8.8	851	875	9.6	376	384
Wealth quintile						
Lowest	17.2	1,659	1,680	16.1	629	657
Second	16.9	1,638	1,569	18.1	708	707
Middle	18.5	1,786	1,710	20.5	802	781
Fourth	22.8	2,208	2,059	23.4	915	827
Highest	24.6	2,375	2,648	21.8	853	934
Total 15–49	100.0	9,666	9,666	100.0	3,907	3,906
50–54	na	na	na	na	278	279
Total 15–54	na	na	na	na	4,185	4,185

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

3.3 FERTILITY

Table 3 shows the total fertility rate (TFR) and age-specific fertility rates (ASFRs) among women by 5-year age groups for the 3-year period preceding the survey.

Total fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed pregnancy histories provided by women.

Sample: Women age 15–49

- If fertility were to remain constant at current levels, a woman in Zimbabwe would bear an average of 3.9 children in her lifetime.
- Fertility is higher in rural areas than in urban areas; on average, rural women give birth to 4.6 children in their lifetime, as compared with 3.1 children among urban women.
- Fertility is low among adolescents (111 births per 1,000 women age 15–19), peaks at 203 births per 1,000 among women age 20–24, and then decreases thereafter.

Table 3 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Zimbabwe 2023–24

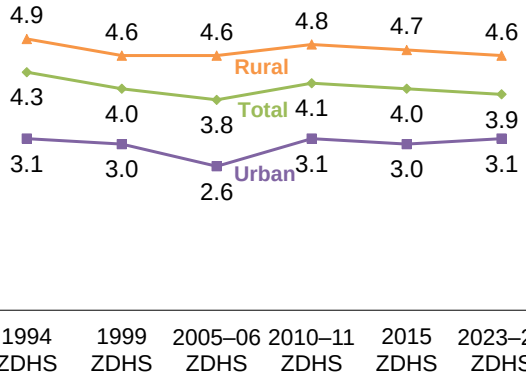
	Residence		
Age group	Urban	Rural	Total
10–14	[1]	[2]	[2]
15–19	69	147	111
20–24	168	238	203
25–29	149	184	166
30–34	127	196	164
35–39	77	116	99
40–44	30	44	38
45–49	[3]	[3]	[3]
TFR (15–49)	3.1	4.6	3.9
GFR	108	156	134
CBR	28.4	29.4	28.9

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.
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

Trends: As shown in **Figure 1**, the TFR declined from 4.3 children per woman in the 1994 ZDHS to 3.8 in the 2005–06 ZDHS. The TFR has remained relatively stable since the 2005–06 ZDHS and is 3.9 in the 2023–24 ZDHS. The TFR among women in rural areas decreased from 4.9 in the 1994 ZDHS to 4.6 in the 2023–24 ZDHS. The rural TFR has been relatively stable since the 1999 ZDHS. Among women in urban areas, the TFR decreased from 3.1 in the 1994 ZDHS to 2.6 in the 2005–06 ZDHS, increased to 3.1 in the 2010–11 ZDHS, and has since remained stable.

Figure 1 **Trends in fertility by residence**

TFR for the 3 years before each survey



3.4 TEENAGE FERTILITY

Teenage pregnancy

Percentage of women age 15–19 who have ever been pregnant.

Sample: Women age 15–19

Table 4 shows the percentage of women age 15–19 who have had a live birth, who have ever had a pregnancy loss, who are currently pregnant, and who have ever been pregnant according to background characteristics.

- Twenty-three percent of women age 15–19 have ever been pregnant.
- Seventeen percent of young women have had a live birth.
- Three percent of young women have had a pregnancy loss.
- Six percent of young women are currently pregnant.

Table 4 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Zimbabwe 2023–24

	Percentage of women age 15–19 who:				
Background characteristic	Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	Number of women
Age					
15	1.2	0.8	0.7	2.6	400
16	5.4	1.7	5.1	12.0	423
17	13.5	1.8	5.7	19.5	369
18	27.5	4.6	9.2	36.6	402
19	41.2	6.3	7.5	47.7	365
Residence					
Urban	11.0	3.1	2.5	14.6	862
Rural	22.2	2.9	8.1	29.9	1,097
Province					
Bulawayo	11.1	1.0	1.3	12.9	111
Manicaland	14.5	1.8	7.2	20.5	255
Mashonaland Central	29.0	4.5	9.5	37.2	142
Mashonaland East	14.4	4.3	5.0	20.8	215
Mashonaland West	25.4	3.5	6.3	30.9	255
Matabeleland North	18.6	1.1	7.2	25.3	92
Matabeleland South	18.7	3.1	7.0	25.7	99
Midlands	21.2	2.7	6.4	27.5	237
Masvingo	14.1	0.9	5.1	19.4	231
Harare	10.4	4.8	2.9	16.4	323
Education					
No education	*	*	*	*	6
Primary	38.0	6.0	10.6	47.3	258
Secondary	14.2	2.5	4.8	19.6	1,674
More than secondary	*	*	*	*	21
Wealth quintile					
Lowest	28.7	2.2	9.8	36.9	320
Second	23.1	5.8	8.5	32.3	336
Middle	20.9	4.3	6.6	29.0	389
Fourth	12.7	2.8	4.2	18.0	417
Highest	7.0	0.7	1.3	8.0	497
Total	17.3	3.0	5.6	23.2	1,959

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Stillbirth, miscarriage, or abortion

3.5 FERTILITY PREFERENCES

Desire for another child

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilised are assumed not to want any more children.

Sample: Currently married women age 15–49

Table 5 shows fertility preferences among currently married women age 15–49 by number of living children.

- Sixteen percent of women want another child soon (within the next 2 years), 33% want to have another child later (in 2 or more years), and 1% want another child but have not decided when.
- Forty-four percent of women want no more children, 1% are sterilised (or their partner has been sterilised), and 1% are infecund.
- The percentage of women who want no more children or are sterilised increases with number of living children, from 3% among those with no living children to 86% among those with six or more children.

Table 5 Fertility preferences by number of living children

Percent distribution of currently married women age 15–49 by desire for children, according to number of living children, Zimbabwe 2023–24

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	82.8	25.4	16.7	11.2	6.2	4.1	2.3	15.7
Have another later[3]	4.4	63.0	50.9	26.9	13.0	9.5	6.3	32.8
Have another, undecided when	0.5	1.9	0.9	0.9	0.4	0.3	0.3	0.9
Undecided	1.6	2.2	4.7	5.6	4.0	2.0	4.1	4.0
Want no more	2.8	6.7	25.3	52.5	73.3	80.0	84.4	44.1
Sterilised[4]	0.0	0.1	0.6	1.5	1.9	2.5	1.9	1.2
Declared infecund	8.0	0.6	1.0	1.3	1.2	1.6	0.6	1.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	228	1,024	1,416	1,405	995	500	389	5,957

[1] The number of living children includes a woman's 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 sterilisation

3.6 FAMILY PLANNING

3.6.1 Contraceptive Use

Contraceptive prevalence

Percentage of women who use any contraceptive method.

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Modern methods

Include male and female sterilisation, injectables, intrauterine contraceptive devices (IUCDs), contraceptive pills, implants, female and male condoms, emergency contraception, and the lactational amenorrhoea method.

Table 6 presents data on contraceptive use among currently married women and sexually active unmarried women.

- Seventy percent of currently married women are using a contraceptive method, with 69% using a modern method and 1% using a traditional method. Thirty percent of currently married women are not using any contraceptive method.
- The most used contraceptive methods among currently married women are the pill (40%), injectables (12%), and implants (12%).
- Seventy-five percent of sexually active unmarried women are using a contraceptive method; 74% are using a modern method, and 1% are using a traditional method.
- Among sexually active unmarried women, the most common methods used are male condoms (22%), implants (19%), pills (16%), and injectables (12%).

Trends: The use of contraceptives among currently married women increased from 48% in 1994 to 70% in 2023–24. Over the same period, the use of modern contraception increased from 42% to 69%.

Table 6 Current use of contraception according to background characteristics

Percent distribution of currently married women and sexually active unmarried women age 15–49 by contraceptive method currently used, according to background characteristics, Zimbabwe 2023–24

Background characteristic	Any method	Any modern method	Modern method										Traditional method						
			Female sterilisation	Male sterilisation	IUCD	Injectables	Implants	Pill	Male condom	Female condom	Emergency contraception	LAM	Any traditional method	Rhythm	Withdrawal	Other	Not currently using	Total	Number of women
CURRENTLY MARRIED WOMEN																			
Number of living children																			
0	6.5	5.2	0.0	0.0	0.0	1.5	0.0	2.5	1.3	0.0	0.0	0.0	1.3	0.3	1.0	0.0	93.5	100.0	375
1–2	69.9	69.2	0.4	0.1	1.4	10.8	11.9	42.5	2.0	0.0	0.0	0.3	0.7	0.0	0.5	0.1	30.1	100.0	2,401
3–4	79.4	78.0	1.7	0.0	2.5	12.8	12.8	44.9	2.4	0.0	0.1	0.6	1.4	0.3	1.1	0.0	20.6	100.0	2,334
5+	73.0	69.7	2.4	0.0	3.8	14.6	12.1	34.1	2.7	0.0	0.0	0.1	3.3	0.4	2.7	0.1	27.0	100.0	848
Age																			
15–19	48.7	46.4	0.0	0.0	0.0	11.9	8.6	24.7	1.0	0.0	0.0	0.1	2.3	0.3	2.0	0.0	51.3	100.0	367
20–24	66.9	65.5	0.1	0.0	0.4	12.5	10.1	40.9	1.2	0.0	0.0	0.4	1.4	0.1	1.2	0.2	33.1	100.0	961
25–29	73.8	72.6	0.2	0.0	1.5	13.0	14.9	41.5	0.9	0.0	0.0	0.6	1.1	0.0	1.0	0.1	26.2	100.0	1,076
30–34	72.3	71.6	0.6	0.1	2.0	13.5	11.9	41.4	1.3	0.0	0.1	0.8	0.6	0.2	0.5	0.0	27.7	100.0	914
35–39	76.7	75.2	1.5	0.1	1.6	11.7	13.7	43.5	2.7	0.0	0.1	0.3	1.4	0.3	1.1	0.0	23.3	100.0	1,040
40–44	75.6	73.9	2.4	0.0	4.3	11.1	9.0	43.3	3.7	0.0	0.0	0.1	1.7	0.4	1.3	0.0	24.4	100.0	950
45–49	59.1	57.5	3.5	0.0	4.4	5.3	9.6	30.1	4.6	0.0	0.0	0.0	1.6	0.5	1.0	0.2	40.9	100.0	649
Residence																			
Urban	71.8	70.8	1.8	0.0	2.9	6.5	13.7	43.6	1.9	0.0	0.0	0.3	0.9	0.3	0.6	0.0	28.2	100.0	2,459
Rural	68.9	67.2	0.7	0.0	1.5	15.1	10.0	37.0	2.4	0.0	0.0	0.5	1.7	0.1	1.4	0.1	31.1	100.0	3,498
Province																			
Bulawayo	68.9	67.5	3.5	0.2	4.1	4.7	21.2	28.9	4.0	0.0	0.5	0.3	1.4	0.5	0.9	0.0	31.1	100.0	210
Manicaland	67.0	63.6	1.9	0.0	1.5	12.6	9.4	35.1	2.5	0.0	0.0	0.7	3.4	0.0	3.2	0.2	33.0	100.0	798
Mashonaland Central	71.4	70.3	0.5	0.0	0.5	15.7	8.6	43.2	1.6	0.0	0.0	0.1	1.1	0.3	0.8	0.0	28.6	100.0	561
Mashonaland East	69.5	68.7	1.0	0.0	2.2	12.5	7.0	44.6	1.3	0.0	0.0	0.1	0.8	0.0	0.8	0.0	30.5	100.0	689
Mashonaland West	68.0	66.8	0.9	0.0	0.5	9.4	10.7	41.9	2.9	0.0	0.0	0.5	1.1	0.0	1.0	0.2	32.0	100.0	865
Matabeleland North	74.4	73.0	1.5	0.0	1.3	18.8	16.3	29.9	3.8	0.0	0.0	1.3	1.3	0.6	0.8	0.0	25.6	100.0	270
Matabeleland South	69.8	68.9	2.1	0.0	1.9	21.2	12.4	27.7	3.6	0.0	0.0	0.0	0.9	0.0	0.9	0.0	30.2	100.0	245
Midlands	73.0	72.1	0.7	0.1	2.1	13.7	11.9	42.2	1.4	0.0	0.0	0.1	0.9	0.4	0.5	0.0	27.0	100.0	732
Masvingo	67.3	66.1	0.3	0.0	2.1	12.7	11.1	36.6	2.6	0.0	0.2	0.6	1.2	0.2	0.8	0.2	32.7	100.0	594
Harare	72.8	71.7	1.3	0.0	4.6	4.5	15.2	44.2	1.5	0.0	0.0	0.3	1.1	0.5	0.6	0.0	27.2	100.0	993
Education																			
No education	66.6	64.5	2.0	0.0	0.0	12.4	13.8	34.5	1.9	0.0	0.0	0.0	2.1	0.0	2.1	0.0	33.4	100.0	61
Primary	67.1	64.5	1.5	0.0	1.3	13.7	12.2	32.9	2.6	0.0	0.0	0.3	2.6	0.2	2.3	0.1	32.9	100.0	1,412
Secondary	70.9	70.0	0.8	0.0	2.0	11.5	11.4	41.8	2.1	0.0	0.0	0.3	0.9	0.2	0.7	0.1	29.1	100.0	3,972
More than secondary	72.8	71.4	2.8	0.1	5.1	6.0	10.5	43.3	2.3	0.0	0.1	1.2	1.5	0.5	0.9	0.0	27.2	100.0	513
Wealth quintile																			
Lowest	66.3	63.6	0.6	0.0	0.7	16.1	11.1	32.6	2.2	0.0	0.0	0.3	2.7	0.1	2.2	0.3	33.7	100.0	1,182
Second	67.6	66.4	0.4	0.0	1.8	14.8	10.0	36.5	2.4	0.0	0.0	0.5	1.2	0.1	1.1	0.0	32.4	100.0	1,078
Middle	70.6	69.5	0.9	0.1	1.2	12.7	9.8	42.1	2.2	0.0	0.1	0.5	1.1	0.1	1.0	0.0	29.4	100.0	1,145
Fourth	71.9	71.0	1.3	0.0	2.5	8.5	12.4	43.7	2.3	0.0	0.0	0.2	0.9	0.2	0.7	0.0	28.1	100.0	1,337
Highest	73.5	72.5	2.4	0.0	4.1	6.6	14.0	42.9	1.8	0.0	0.1	0.4	1.0	0.5	0.5	0.0	26.5	100.0	1,216
Total	70.1	68.7	1.2	0.0	2.1	11.6	11.5	39.7	2.2	0.0	0.0	0.4	1.4	0.2	1.1	0.1	29.9	100.0	5,957
SEXUALLY ACTIVE UNMARRIED WOMEN[1]																			
Residence																			
Urban	75.6	74.5	0.9	0.0	3.1	8.0	21.3	10.3	26.3	0.7	3.8	0.0	1.1	0.0	1.1	0.0	24.4	100.0	246
Rural	74.4	74.4	0.6	0.0	0.9	17.3	15.7	23.4	15.2	0.7	0.6	0.0	0.0	0.0	0.0	0.0	25.6	100.0	182
Total	75.1	74.4	0.8	0.0	2.2	11.9	18.9	15.9	21.6	0.7	2.5	0.0	0.6	0.0	0.6	0.0	24.9	100.0	428

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = lactational amenorrhoea method
[1] Women who have had sexual intercourse within 30 days preceding the survey

3.6.2 Need and Demand for Family Planning

Table 7 presents data on unmet need, met need, and total demand for family planning among currently married and sexually active unmarried women. These indicators help evaluate the extent to which family planning programmes in Zimbabwe are meeting the demand for services.

Unmet need for family planning

Percentage of women who (1) are not pregnant and not postpartum amenorrhoeic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrhoeic and their most recent birth in the past 2 years was mistimed or unwanted.

Met need for family planning

Current contraceptive use (any method).

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Demand for family planning: Unmet need for family planning + met need (current contraceptive use [any method])

Proportion of demand satisfied:

$$\frac{\text{Current contraceptive use (any method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

Proportion of demand satisfied by modern methods:

$$\frac{\text{Current contraceptive use (any modern method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

- Nine percent of currently married women have an unmet need for family planning, and 87% have their demand for family planning satisfied by modern methods.
- Fourteen percent of sexually active unmarried women have an unmet need for family planning, and 83% have their demand for family planning satisfied by modern methods.

Trends: Total demand for family planning among currently married women has increased from 67% to 79% since 1994 (**Figure 2**). Over this same period, unmet need has declined from 19% to 9%.

Figure 2 **Trends in use of, need for, and demand for family planning**

Percentage of currently married women age 15–49

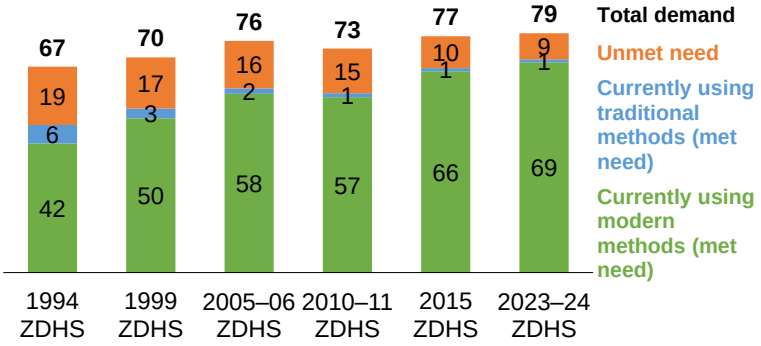


Table 7 Need and demand for family planning among currently married women and sexually active unmarried women

Percentage of currently married women age 15–49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, according to background characteristics, Zimbabwe 2023–24

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
CURRENTLY MARRIED WOMEN							
Age							
15–19	14.6	48.7	46.4	63.2	367	77.0	73.4
20–24	8.6	66.9	65.5	75.5	961	88.7	86.8
25–29	7.3	73.8	72.6	81.1	1,076	91.0	89.6
30–34	8.4	72.3	71.6	80.6	914	89.6	88.8
35–39	7.5	76.7	75.2	84.2	1,040	91.1	89.4
40–44	8.5	75.6	73.9	84.1	950	89.9	87.9
45–49	8.9	59.1	57.5	68.0	649	86.9	84.5
Residence							
Urban	7.2	71.8	70.8	78.9	2,459	90.9	89.7
Rural	9.5	68.9	67.2	78.4	3,498	87.9	85.8
Province							
Bulawayo	12.7	68.9	67.5	81.6	210	84.4	82.7
Manicaland	10.7	67.0	63.6	77.8	798	86.2	81.8
Mashonaland Central	7.0	71.4	70.3	78.4	561	91.1	89.7
Mashonaland East	6.6	69.5	68.7	76.1	689	91.3	90.3
Mashonaland West	8.8	68.0	66.8	76.7	865	88.6	87.1
Matabeleland North	7.0	74.4	73.0	81.3	270	91.4	89.8
Matabeleland South	8.8	69.8	68.9	78.6	245	88.8	87.7
Midlands	9.6	73.0	72.1	82.5	732	88.4	87.3
Masvingo	10.5	67.3	66.1	77.9	594	86.5	84.9
Harare	6.2	72.8	71.7	79.0	993	92.1	90.8
Education							
No education	6.9	66.6	64.5	73.5	61	90.6	87.8
Primary	11.0	67.1	64.5	78.0	1,412	85.9	82.6
Secondary	8.0	70.9	70.0	78.9	3,972	89.8	88.7
More than secondary	5.7	72.8	71.4	78.6	513	92.7	90.8
Wealth quintile							
Lowest	12.2	66.3	63.6	78.5	1,182	84.5	81.1
Second	9.2	67.6	66.4	76.8	1,078	88.0	86.4
Middle	8.9	70.6	69.5	79.5	1,145	88.8	87.4
Fourth	6.3	71.9	71.0	78.2	1,337	91.9	90.8
Highest	6.4	73.5	72.5	79.9	1,216	92.0	90.7
Total	8.5	70.1	68.7	78.6	5,957	89.2	87.4
SEXUALLY ACTIVE UNMARRIED WOMEN[4]							
Residence							
Urban	13.7	75.6	74.5	89.2	246	84.7	83.5
Rural	15.1	74.4	74.4	89.5	182	83.1	83.1
Total	14.3	75.1	74.4	89.3	428	84.0	83.3

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.
[1] Percentage of demand satisfied is met need divided by total demand.
[2] Modern methods include female sterilisation, male sterilisation, IUCD, injectables, implants, pill, male condom, female condom, emergency contraception, lactational amenorrhoea method (LAM), and other modern methods.
[3] Total demand is the sum of unmet need and met need.
[4] Women who have had sexual intercourse within 30 days preceding the survey

3.7 EARLY CHILDHOOD MORTALITY

Neonatal mortality: The probability of dying within the first month of life.

Postneonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

Child mortality: The probability of dying between the first and the fifth birthday.

Under-5 mortality: The probability of dying between birth and the fifth birthday.

Table 8 presents estimates of childhood mortality for three successive 5-year periods prior to the 2023–24 ZDHS. The rates were estimated directly from information collected as part of a retrospective pregnancy history in which female respondents listed all of the children to whom they have given birth, along with each child's date of birth, survivorship status, and current age or age at death.

Table 8 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Zimbabwe 2023–24

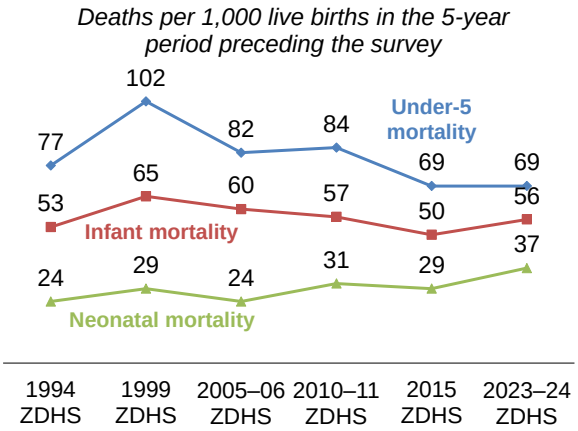
Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0–4	37	19	56	13	69
5–9	33	18	51	13	64
10–14	29	29	57	23	79

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

- During the 5 years immediately preceding the survey, the neonatal mortality rate was 37 deaths per 1,000 live births.
- The infant mortality rate was 56 deaths per 1,000 live births.
- The child mortality rate was 13 deaths per 1,000 children surviving to age 12 months, while the overall under-5 mortality rate was 69 deaths per 1,000 live births.

Trends: Under-5 mortality for the 5-year period preceding each survey increased from 77 deaths per 1,000 live births in the 1994 ZDHS to 102 deaths per 1,000 live births in the 1999 ZDHS before declining sharply to 69 deaths per 1,000 live births in the 2023–24 ZDHS (**Figure 3**). Infant mortality rose from 53 deaths per 1,000 live births in the 1994 ZDHS to 65 deaths per 1,000 live births in the 1999 ZDHS, declined to 50 deaths per 1,000 live births in the 2015 ZDHS, and increased again to 56 deaths per 1,000 live births in the 2023–24 ZDHS. Neonatal mortality in the 2023–24 ZDHS was the highest ever measured in the ZDHS, at 37 deaths per 1,000 live births.

***Figure 3* Trends in early childhood mortality rates**



3.8 MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. **Table 9** presents key indicators related to maternal care.

3.8.1 Antenatal Care

Antenatal care from a skilled provider

Pregnancy care received from skilled providers, such as doctors and nurses/midwives.

Sample: Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce morbidity and mortality risks for the mother and child during pregnancy, at delivery, and during the postnatal period.

Table 9 Maternal care indicators

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth, percentage with four or more ANC visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Zimbabwe 2023–24

	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
Background characteristic	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supple-ments during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
					LIVE BIRTHS					
Mother's age at birth										
<20	93.6	69.1	86.5	36.3	389	87.1	86.9	397	66.6	389
20–34	91.2	71.9	84.0	39.7	1,455	84.5	83.6	1,511	68.3	1,455
35–49	91.9	69.5	84.7	47.6	314	81.5	80.0	321	68.3	314
Residence										
Urban	95.3	69.9	86.2	33.9	787	93.6	93.8	810	77.5	787
Rural	89.7	71.7	83.6	43.8	1,371	79.4	77.9	1,420	62.6	1,371
Province										
Bulawayo	90.8	59.2	88.8	15.1	75	95.6	95.6	77	81.1	75
Manicaland	77.5	68.5	71.7	52.6	310	68.0	66.6	325	49.8	310
Mashonaland Central	91.8	70.5	87.5	54.9	227	84.2	82.6	234	65.9	227
Mashonaland East	92.4	71.1	77.9	28.3	250	85.1	84.8	254	74.5	250
Mashonaland West	91.9	67.9	88.1	45.6	313	82.2	81.6	323	57.7	313
Matabeleland North	97.9	77.5	95.0	36.5	96	94.1	92.2	98	89.8	96
Matabeleland South	96.5	76.8	89.9	15.8	105	88.8	87.2	109	70.0	105
Midlands	94.7	75.2	90.2	53.4	277	84.3	82.5	287	71.1	277
Masvingo	95.4	78.4	86.9	42.6	190	86.0	86.0	199	63.1	190
Harare	96.7	67.9	84.2	24.0	315	95.6	95.5	325	82.4	315
Mother's education										
No education	*	*	*	*	18	*	*	20	*	18
Primary	82.8	63.6	78.4	42.1	505	69.8	67.8	515	55.1	505
Secondary	94.1	72.6	86.6	39.9	1,502	88.3	87.8	1,556	71.0	1,502
More than secondary	99.6	83.5	84.6	35.5	134	97.8	98.1	138	82.0	134
Wealth quintile										
Lowest	83.8	67.1	78.2	46.1	530	73.1	71.0	549	56.0	530
Second	90.6	70.9	84.7	41.5	411	76.9	76.2	424	59.9	411
Middle	94.5	74.5	88.9	43.2	417	88.3	87.3	434	70.4	417
Fourth	95.3	68.8	83.5	35.9	475	92.1	91.9	492	76.7	475
Highest	97.2	76.5	90.5	31.6	325	97.2	97.2	330	82.0	325
Total	91.7	71.0	84.5	40.2	2,158	84.6	83.6	2,229	68.0	2,158
					STILLBIRTHS					
Total	(96.9)	(75.4)	(84.7)	na	37	(82.7)	(80.5)	40	(63.9)	37
					LIVE BIRTHS AND STILLBIRTHS[5]					
Total	91.8	71.2	84.5	na	2,187	84.5	83.6	2,269	67.8	2,187

Note: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are foetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are foetal deaths in pregnancies lasting 7 or more months. 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] Skilled provider includes doctor and nurse/midwife.

[2] Iron and folic acid tablets

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

[4] Includes women who received a check from a doctor, nurse/midwife, community health worker, or traditional birth attendant

[5] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data on antenatal care and postnatal checks are tabulated for the most recent birth only.

- Ninety-two percent of women who had a live birth in the 2 years preceding the survey received antenatal care from skilled providers.
- Seventy-one percent of women had four or more ANC visits during their most recent pregnancy resulting in a live birth.
- Most (85%) women who had a live birth in the 2 years preceding the survey took some form of iron supplementation during their pregnancy.

Trends: The proportion of women age 15–49 in Zimbabwe who had four or more ANC visits during their most recent pregnancy resulting in a live birth decreased from 73% in 2015 to 71% in 2023–24.

3.8.2 Tetanus Toxoid

Protection against neonatal tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

Sample: Women age 15–49 with a live birth in the 2 years before the survey

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many countries. Neonatal tetanus is often caused by failure to observe hygienic procedures during delivery.

- Four in 10 women with a live birth in the 2 years before the survey received a sufficient number of tetanus toxoid injections to protect their baby against neonatal tetanus.

3.8.3 Delivery Care

Institutional deliveries

Deliveries that occur in a health facility.

Sample: All live births and/or stillbirths in the 2 years before the survey

Skilled assistance during delivery

Births delivered with the assistance of doctors and nurses/midwives.

Sample: All live births and/or stillbirths in the 2 years before the survey

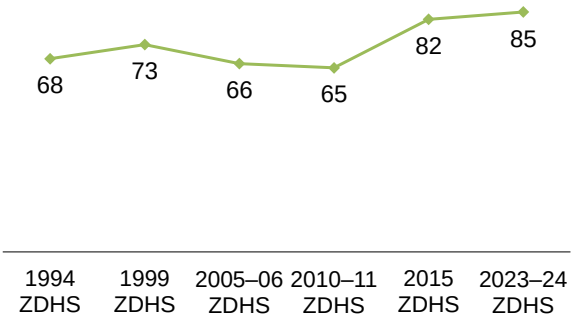
Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for the mother, baby, or both (Van Lerberghe and De Brouwere 2001; WHO 2006a).

- Overall, 85% of live births were assisted during delivery by a skilled provider.
- Eighty-four percent of live births took place in a health facility.

Trends: As shown in **Figure 4**, the percentage of live births that were assisted by a skilled provider increased from 68% in the 1994 ZDHS to 85% in the 2023–24 ZDHS.

***Figure 4* Trends in delivery assistance**

Percentage of live births in the 2 years preceding the survey delivered by a skilled provider



3.8.4 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) for both the mother and the child is important to treat any 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 of their health during the first 2 days after delivery.

- Among women who had a live birth in the 2 years preceding the survey, 68% had a postnatal check during the first 2 days following the birth.
- The percentage of women who had a postnatal check during the 2 days following their most recent live birth varies by province, from 50% in Manicaland to 90% in Matabeleland North.

3.9 VACCINATION COVERAGE

Universal immunisation of children against common vaccine-preventable diseases is crucial in reducing infant and child morbidity and mortality. In Zimbabwe, routine childhood vaccines include bacille Calmette-Guérin (BCG) (tuberculosis), HepB (hepatitis B), oral polio vaccine (OPV) or inactivated polio vaccine (IPV), pentavalent or DPT-HepB-Hib (diphtheria, pertussis, and tetanus; hepatitis B; and *Haemophilus influenzae* type b), pneumococcal conjugate vaccine (PCV), rotavirus vaccine (RV), and measles-rubella vaccine (MR).

Information on vaccination coverage was obtained in two ways in the 2023–24 Zimbabwe DHS: from written vaccination records, including vaccination or health cards, and from verbal reports. Overall, 79% of children age 12–23 months and 65% of children age 24–35 months had a vaccination card that was seen during the interview (data not shown). **Table 10** presents vaccination coverage among children age 12–23 months and 24–35 months by background characteristics.

Table 10 Vaccinations by background characteristics

Percentage of children age 12–23 months and children age 24–35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage fully vaccinated (basic antigens), percentage fully vaccinated according to the national schedule, and percentage who received no vaccinations, according to background characteristics, Zimbabwe 2023–24

	Children age 12–23 months																			Children age 24–35 months				
		DPT-HepB-Hib			OPV			IPV		Pneumococcal			Rotavirus											
Background characteristic	BCG	1	2	3	1	2	3	1	2	1	2	3	1	2	Measles-rubella 1	Fully vaccinated (basic antigens)[1]	Fully vaccinated according to national schedule[2]	No vaccinations	Number of children	DPT booster	OPV booster	Measles-rubella 2	Fully vaccinated according to national schedule[3]	Number of children
Sex																								
Male	87.6	90.7	88.9	81.4	91.8	89.1	80.9	88.3	70.7	89.9	87.5	79.4	76.3	60.4	84.6	69.8	40.6	7.7	519	68.3	55.7	68.3	36.2	526
Female	88.3	90.3	88.5	82.4	91.5	89.2	82.0	88.2	73.6	89.1	87.0	81.4	79.5	60.4	84.5	73.1	44.9	7.4	521	72.9	58.8	72.5	38.8	564
Birth order																								
1	92.1	94.1	93.0	84.3	95.8	95.0	86.9	91.1	76.0	93.1	89.9	81.1	81.0	59.2	87.8	73.7	39.6	3.3	265	71.8	56.1	72.0	37.2	305
2–3	89.8	92.9	90.6	84.2	93.8	90.5	82.0	91.2	74.6	91.7	89.2	83.0	80.3	63.1	87.5	73.5	45.1	5.4	496	72.3	59.9	71.8	39.0	483
4–5	88.9	90.0	89.7	82.0	90.9	89.0	82.3	87.6	71.0	89.9	89.6	82.5	77.6	62.2	82.3	71.1	46.8	7.9	201	71.0	59.4	72.0	38.1	217
6+	59.6	63.7	59.6	58.3	65.5	61.1	56.7	61.3	46.6	62.6	59.6	56.4	53.0	42.1	60.4	51.3	27.4	34.5	78	56.5	41.8	53.6	28.9	85
Vaccination card[4]																								
Seen	98.2	98.8	98.0	95.3	99.1	97.5	91.6	95.9	78.1	99.0	98.3	94.6	87.2	68.2	92.7	84.4	51.2	0.0	825	80.9	77.1	82.8	52.3	709
Not seen or no longer has	67.5	82.2	73.9	43.1	86.8	79.6	59.1	83.0	70.0	74.3	62.9	36.5	59.1	42.3	72.3	31.2	14.4	13.2	149	61.7	23.2	57.3	9.9	302
Never had	5.0	4.8	4.8	1.5	8.5	4.8	3.4	3.2	1.7	4.8	3.4	1.6	3.2	3.2	8.5	0.0	0.0	89.9	65	13.3	10.3	11.0	10.3	79
Residence																								
Urban	93.7	94.0	92.1	82.4	95.1	91.8	83.6	92.6	78.2	92.4	90.2	80.6	82.2	62.9	85.8	72.4	47.6	3.0	386	77.4	60.3	76.1	43.8	444
Rural	84.5	88.4	86.7	81.6	89.6	87.6	80.1	85.7	68.6	87.8	85.5	80.4	75.4	58.9	83.7	70.9	39.9	10.2	654	66.0	55.3	66.6	33.2	646
Province																								
Bulawayo	100.0	98.8	97.2	86.8	100.0	98.4	89.7	98.4	93.1	100.0	98.4	86.9	96.3	86.8	93.1	80.3	69.6	0.0	41	84.4	70.1	81.1	57.8	46
Manicaland	78.0	78.8	77.4	73.4	80.6	78.4	74.9	77.4	62.2	78.8	77.4	73.8	73.4	54.1	77.7	67.0	42.8	18.2	157	50.6	47.5	55.6	33.0	151
Mashonaland Central	82.2	85.4	85.4	80.1	87.6	87.6	82.0	83.9	67.9	85.4	84.7	79.6	66.9	53.6	84.4	71.7	37.6	12.4	110	69.1	56.2	68.8	34.8	82
Mashonaland East	88.4	92.1	90.2	81.9	92.1	89.8	80.0	89.0	75.9	86.4	85.5	79.1	70.5	52.4	83.6	68.6	36.1	5.7	118	78.0	60.3	72.7	42.6	119
Mashonaland West	86.2	88.6	86.0	74.2	89.3	87.8	76.7	85.8	67.1	87.4	82.8	71.1	64.7	43.8	83.2	65.1	24.8	9.0	147	74.0	56.6	66.3	29.0	151
Matabeleland North	95.8	97.5	94.5	88.7	98.8	97.5	88.6	97.3	77.4	97.8	95.8	89.0	89.1	70.1	96.4	81.6	51.6	1.2	41	83.6	66.5	85.2	47.5	59
Matabeleland South	90.5	96.6	91.1	86.7	97.8	92.4	82.7	95.5	70.9	97.8	91.5	85.9	81.7	74.6	82.1	68.5	50.5	2.2	54	70.3	61.0	66.4	32.5	48
Midlands	89.7	94.7	92.9	89.4	96.4	93.0	85.8	91.4	79.1	93.9	90.4	87.7	89.5	77.6	90.8	75.4	52.3	3.6	129	72.9	58.5	74.4	42.0	160
Masvingo	91.1	91.2	89.5	87.6	93.1	88.5	81.5	85.7	67.7	90.8	88.9	85.7	82.8	66.4	81.9	72.5	45.0	6.9	96	58.9	56.7	65.6	28.7	96
Harare	94.3	96.8	95.8	84.7	96.8	93.7	85.2	96.0	78.2	95.7	94.6	82.4	87.3	60.9	85.4	76.4	47.1	2.2	147	77.5	56.7	78.7	40.1	178
Mother's education																								
No education	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	13	*	*	*	*	8
Primary	80.2	81.8	80.1	74.8	84.7	82.3	73.5	79.2	60.1	81.9	79.2	72.4	72.4	58.6	78.6	64.4	36.6	14.3	264	61.4	48.4	59.4	28.4	260
Secondary	90.2	93.3	91.4	84.0	94.1	91.5	84.0	91.3	75.3	91.8	89.5	83.1	79.7	60.8	86.1	73.2	44.2	5.6	690	72.4	58.4	71.9	38.2	736
More than secondary	97.4	96.6	96.6	90.7	96.6	94.5	89.9	95.2	89.2	96.6	96.6	85.5	84.8	65.2	91.3	85.8	53.8	1.4	73	82.2	74.5	91.2	59.8	86
Religion																								
Traditional	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	5	*	*	*	*	4
Roman Catholic	(96.4)	(96.4)	(96.4)	(89.6)	(96.4)	(96.4)	(93.0)	(93.1)	(72.5)	(93.1)	(93.1)	(91.4)	(82.9)	(60.5)	(89.9)	(84.6)	(46.3)	(3.6)	32	(80.9)	(68.0)	(82.2)	(45.2)	37
Protestant	91.6	95.7	93.9	89.6	98.3	96.5	93.6	93.4	76.7	92.9	91.4	87.3	88.5	68.2	88.3	77.9	46.7	1.7	121	76.2	60.4	75.1	45.6	145
Pentecostal	95.3	96.5	95.4	86.4	96.5	94.1	85.4	94.8	76.4	95.4	94.5	85.0	78.0	60.5	88.7	76.6	45.7	2.1	192	72.0	57.0	74.7	37.8	237
Johane Marange	(6.3)	(4.3)	(4.3)	(4.3)	(6.8)	(4.3)	(4.3)	(4.3)	(1.6)	(4.3)	(4.3)	(4.3)	(4.3)	(4.3)	(6.8)	(4.3)	(1.6)	(91.3)	55	(0.0)	(0.0)	(0.0)	(0.0)	53
Johane Masowe	88.0	91.5	89.4	80.7	92.7	90.2	81.9	89.5	73.0	89.9	85.8	79.5	71.7	57.4	85.3	70.3	43.0	6.6	175	69.7	54.4	64.4	30.7	158
Other Apostolic sect	93.3	96.8	94.5	88.3	97.2	94.6	85.1	93.1	76.4	96.4	92.9	86.3	86.8	66.2	90.1	75.0	43.8	1.8	328	75.7	65.6	77.3	41.7	318
Other Christian	89.5	90.9	87.7	85.2	95.4	92.3	85.4	91.2	77.9	90.9	90.9	87.3	90.8	71.7	86.2	76.0	53.1	4.6	54	73.7	59.5	77.0	39.1	64
Muslim	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	5	*	*	*	*	3
Other	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	0	*	*	*	*	1
None	98.4	96.0	96.0	85.8	98.4	95.9	85.3	95.5	79.0	96.9	96.3	86.9	81.7	65.7	95.1	78.5	47.8	1.6	72	76.9	58.3	74.0	39.8	71

Continued...

Table 10—*Continued*

Background characteristic	Children age 12–23 months																		Children age 24–35 months				
		DPT-HepB-Hib			OPV			IPV		Pneumococcal			Rotavirus										
	BCG	1	2	3	1	2	3	1	2	N1	N2	N3	R1	R2	Measles-rubella 1	Fully vaccinated (basic antigens)[1]	Fully vaccinated according to national schedule[2]	No vaccinations	Number of children	DPT booster	OPV booster	Measles-rubella 2	Fully vaccinated according to national schedule[3]	Number of children
Wealth quintile																							
Lowest	82.5	84.2	82.9	75.6	86.4	84.1	77.1	82.5	62.5	84.3	81.1	72.9	72.3	54.2	80.4	68.0	37.4	13.6	262	64.8	51.9	63.0	29.7	238
Second	82.9	86.0	83.0	78.3	86.8	84.7	76.1	83.6	69.5	84.9	83.4	79.8	72.1	59.3	79.2	65.4	39.6	11.9	189	71.0	62.0	70.8	40.0	203
Middle	89.8	94.3	93.2	90.9	95.0	93.6	84.8	90.4	73.7	93.4	90.5	86.7	83.3	65.7	90.9	78.3	44.3	5.0	196	64.8	56.5	69.9	32.5	202
Fourth	90.9	94.6	92.5	81.9	95.3	91.2	84.5	92.7	76.2	92.3	90.3	82.1	80.1	60.2	81.9	68.8	45.3	3.2	227	70.8	55.6	68.9	39.1	226
Highest	96.2	95.5	94.0	85.4	96.7	94.2	86.3	94.1	83.3	94.7	93.3	83.4	84.2	65.4	93.2	79.3	49.5	1.8	165	81.9	61.4	80.5	46.6	221
Total	88.0	90.5	88.7	81.9	91.7	89.2	81.4	88.3	72.2	89.5	87.2	80.4	77.9	60.4	84.5	71.5	42.7	7.5	1,040	70.7	57.3	70.5	37.5	1,090

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination. 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.
BCG = bacille Calmette-Guérin
DPT = diphtheria-pertussis-tetanus
HepB = hepatitis B
Hib = *Haemophilus influenzae* type b
OPV = oral polio vaccine
IPV = inactivated polio vaccine
[1] BCG, three doses of DPT-HepB-Hib (pentavalent), three doses of polio vaccine, and one dose of measles-rubella vaccine
[2] BCG, three doses of DPT-HepB-Hib (pentavalent), three doses of OPV, two doses of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles-rubella vaccine
[3] BCG, three doses of DPT-HepB-Hib (pentavalent), four doses of OPV, two doses of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, two doses of measles-rubella vaccine, and one booster dose of DPT
[4] Vaccination card, booklet, or other home-based record

3.9.1 Basic Antigen Coverage

Fully vaccinated: basic antigens

Percentage of children who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have received all basic antigens, a child must receive at least:

- One dose of BCG vaccine, which protects against tuberculosis
- Three doses of polio vaccine given as oral polio vaccine (OPV), inactivated polio vaccine (IPV), or a combination of OPV and IPV
- Three doses of DPT-containing vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus
- One dose of measles-containing vaccine given as measles-rubella (MR)

Sample: Children age 12–23 months

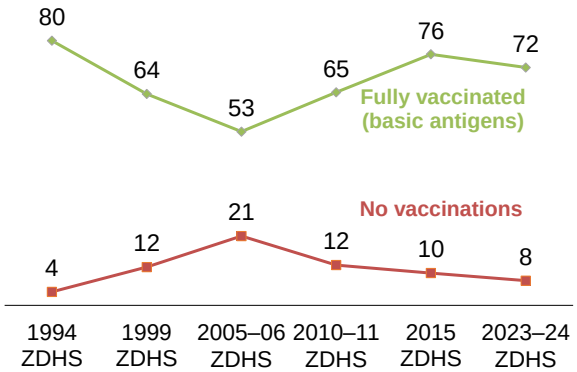
Historically, an important measure of vaccination coverage has been the proportion of children receiving all "basic" antigens. Children are considered fully vaccinated against all basic antigens if they have received the BCG vaccine, three doses each of polio vaccine (OPV or IPV) and DPT-containing vaccine, and a single dose of measles-containing vaccine. In Zimbabwe, the BCG vaccine is usually given at birth or at first clinic contact, while the polio and DPT-containing vaccines are given at approximately age 6, 10, and 14 weeks. A first measles-containing vaccination should be given at or soon after age 9 months.

- Overall, 72% of children age 12–23 months are fully vaccinated with basic antigens: 88% received the BCG vaccine, 82% received three doses of DPT-containing vaccine, 81% received the third dose of OPV, and 85% received an MR vaccination.
- The percentage of children age 12–23 months who are fully vaccinated with basic antigens is highest in Matabeleland North (82%) and lowest in Mashonaland West (65%).
- The percentage of children age 12–23 months who have no vaccinations ranges from 0% in Bulawayo to 18% in Manicaland.

Trends: **Figure 5** presents vaccination coverage trends among children age 12–23 months between the 1994 and 2023–24 ZDHS surveys. After decreasing steadily between 1994 and 2005–06 (from 80% to 53%), coverage of all basic vaccinations among children age 12–23 months in Zimbabwe increased to 65% in 2010–11 and 76% in 2015. In 2023–24, coverage declined to 72%. The percentage of children with no vaccinations declined from 21% in 2005–06 to 8% in 2023–24.

Figure 5 **Trends in childhood vaccinations**

Percentage of children age 12–23 months



3.9.2 Vaccination Coverage according to National Schedule

A second measure of vaccination coverage is the percentage of children age 12–23 months and 24–35 months who are fully vaccinated according to the national schedule. In this report, a child age 12–23 months is considered to be fully vaccinated according to the national schedule if the child has received all basic antigens as well as two doses of IPV, three doses of HepB and Hib (given as part of DPT-containing vaccine), three doses of PCV, and two doses of rotavirus vaccine. Children age 24–35 months are considered fully vaccinated according to the national schedule if they receive a second dose of the measles-

rubella vaccine, an OPV booster, and a DPT booster in addition to all of the vaccinations relevant for a child age 12–23 months.

Table 10 shows that 43% of children age 12–23 months are fully vaccinated according to the national schedule. Coverage varies widely by province, ranging from 25% in Mashonaland West to 70% in Bulawayo.

- Among children age 12–23 months, 60% received two doses of rotavirus and 80% received three doses of PCV.
- Thirty-eight percent of children age 24–35 months are fully vaccinated according to the national schedule.
- Among children age 24–35 months, 71% received a second dose of MR vaccine, 71% received a DPT booster, and 57% received an OPV booster.

3.10 CARE SEEKING FOR AND TREATMENT OF CHILD ILLNESS

Acute respiratory infection (ARI), fever, and dehydration from diarrhoea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is, therefore, crucial in reducing child deaths. **Table 11** presents information on care seeking for ill children in Zimbabwe. Overall, 3% of children under age 5 showed symptoms of an ARI, 21% had a fever, and 15% experienced diarrhoea in the 2 weeks preceding the survey (data not shown).

- Advice or treatment was sought for 45% of children with symptoms of ARI in the 2 weeks preceding the survey (**Table 11**).
- Advice or treatment was sought for 36% of children with a fever in the 2 weeks preceding the survey.
- Advice or treatment was sought for 40% of children with diarrhoea in the 2 weeks preceding the survey.
- Thirty-four percent of children with diarrhoea received oral rehydration salts (ORS) or prepackaged ORS fluid, 20% received zinc supplements, 15% received ORS and zinc supplements, and 10% received ORS, zinc supplements, and continued feeding.

Table 11 Treatment for acute respiratory infection, fever, and diarrhoea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had a fever during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, and among children under age 5 who had diarrhoea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given a fluid made from oral rehydration salt (ORS) packets or given prepackaged ORS fluid, percentage given zinc, percentage given ORS and zinc, and percentage given ORS, zinc, and continued feeding, according to background characteristics, Zimbabwe 2023–24

	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
Background characteristic	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet or pre-packaged ORS fluid	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Age in months										
<6	*	11	35.4	87	(6.8)	(4.0)	(1.1)	(1.1)	(0.0)	52
6–11	(53.3)	36	34.5	173	35.0	21.9	15.5	9.0	6.0	132
12–23	(54.4)	34	39.5	274	49.5	43.8	25.9	20.0	12.2	257
24–35	(42.0)	28	36.6	231	44.6	40.2	22.7	18.5	13.1	159
36–47	*	21	35.0	189	34.2	30.1	16.7	12.1	9.9	130
48–59	(35.5)	26	32.0	155	42.8	39.0	20.5	16.7	11.6	79
Sex										
Male	47.8	84	36.0	556	38.9	34.5	18.9	14.8	9.8	412
Female	40.5	71	36.0	553	41.9	34.1	21.1	15.5	10.5	397
Residence										
Urban	65.0	58	43.3	393	38.0	36.8	25.2	18.4	13.4	306
Rural	32.4	98	31.9	716	41.7	32.8	16.8	13.1	8.2	503
Province										
Bulawayo	*	8	(45.3)	22	(28.2)	(26.7)	(21.0)	(16.7)	(10.8)	24
Manicaland	*	14	33.2	124	39.3	33.2	28.0	28.0	20.3	78
Mashonaland Central	*	12	38.9	109	46.2	43.3	15.4	10.9	5.1	82
Mashonaland East	*	7	33.7	106	43.3	28.1	18.0	13.2	4.2	92
Mashonaland West	(48.2)	37	36.1	223	37.3	30.4	15.5	12.2	9.1	160
Matabeleland North	*	7	54.0	36	56.8	35.3	13.0	9.1	7.1	29
Matabeleland South	*	4	54.3	40	(39.8)	(13.5)	(6.2)	(0.0)	(0.0)	30
Midlands	(35.8)	42	28.7	197	33.1	28.9	8.7	5.0	3.9	113
Masvingo	*	10	21.6	96	53.0	44.1	28.5	23.6	13.4	75
Harare	*	15	45.4	155	36.6	43.8	34.8	23.7	19.6	126
Mother's education										
No education	*	2	*	10	*	*	*	*	*	8
Primary	(29.3)	40	27.2	302	37.0	32.7	15.1	10.8	6.1	230
Secondary	48.2	105	37.7	738	41.9	35.1	21.8	17.0	12.1	543
More than secondary	*	8	62.9	59	(36.6)	(28.6)	(26.2)	(14.1)	(4.6)	28
Wealth quintile										
Lowest	36.8	53	32.6	292	37.1	32.7	15.3	11.4	6.5	205
Second	*	23	28.3	207	42.1	29.5	16.8	13.4	9.0	160
Middle	*	17	30.6	210	47.9	38.9	21.3	15.5	9.4	151
Fourth	(52.0)	36	42.1	255	35.7	37.1	23.6	18.4	13.1	199
Highest	(76.4)	27	50.9	144	42.2	32.5	25.8	18.7	15.4	93
Total	44.5	156	36.0	1,109	40.3	34.3	20.0	15.1	10.2	809

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 include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.
[2] Includes advice or treatment from the following sources: public sector, mission hospital/clinic, and private medical sector. Excludes advice or treatment from a church or friend/relative.
[3] Continued feeding includes children who were given more, the same as usual, or somewhat less food during the diarrhoea episode.

3.11 CHILD NUTRITIONAL STATUS

Anthropometry is commonly used to measure child nutritional status. Anthropometric measurements are used to report on child growth indicators. The distribution of height and weight for children under age 5 was compared with the WHO Child Growth Standards reference population (WHO 2006b). The distribution of a well-nourished population will be similar to that of the reference population, while the distribution of a poorly nourished population will not. The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (*z* scores) from the median of the reference population. Values that are greater than two standard deviations below the median of the WHO Child Growth Standards are used to define malnutrition.

Stunting (assessed via height-for-age)

Height-for-age is a measure of growth faltering. 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). Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely stunted.

Sample: Children under age 5

Wasting (assessed via weight-for-height)

The weight-for-height index measures body mass in relation to body height or length and describes acute undernutrition. Children whose weight-for-height *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered thin (wasted). Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely wasted.

Sample: Children under age 5

Underweight (assessed via weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are classified as underweight. Children whose *z* score is below minus three standard deviations (−3 SD) from the median are considered severely underweight.

Sample: Children under age 5

Overweight (assessed via weight-for-height)

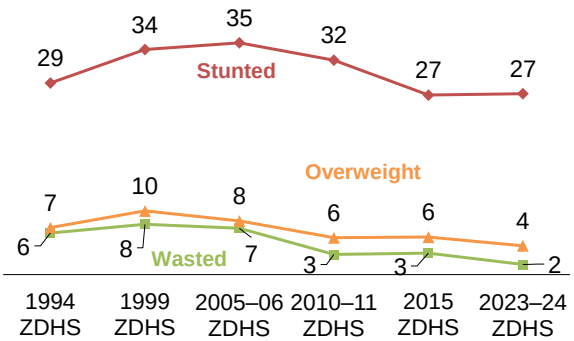
Children whose weight-for-height *z* score is more than two standard deviations (+2 SD) above the median of the reference population are considered overweight.

Sample: Children under age 5

The 2023–24 ZDHS identified a total of 2,886 children under age 5 who were eligible for height and weight measurements. The percentages with valid data for height-for-age, weight-for-height, and weight-for-age were 95%, 96%, and 95%, respectively (data not shown). Among children under age 5, 27% are stunted, 2% are wasted, 4% are overweight, and 8% are underweight (**Table 12**).

Figure 6 **Trends in nutritional status of children**

Percentage of children under age 5 who are malnourished



Trends: A comparison of anthropometric measurements from previous ZDHS surveys shows that the prevalence of stunting increased from 29% in 1994 to 35% in 2005–06 and has since declined (27% in 2015 and 2023–24) (**Figure 6**). The prevalence of overweight decreased from 10% in 1999 to 4% in 2023–24, and the percentage of children who are wasted declined from 8% to 2% over the same period.

Table 12 Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of child growth: height-for-age, weight-for-height, and weight-for-age, according to background characteristics, Zimbabwe 2023–24

Background characteristic	Height-for-age[1]				Weight-for-height					Weight-for-age			
	Percent-age below −3 SD	Percent-age below −2 SD[2]	Mean *z* score (SD)	Number of children	Percent-age below −3 SD	Percent-age below −2 SD[2]	Percent-age above +2 SD	Mean *z* score (SD)	Number of children	Percent-age below −3 SD	Percent-age below −2 SD[2]	Mean *z* score (SD)	Number of children
Age in months													
<6	0.2	9.8	−0.6	257	0.4	1.1	11.7	0.5	256	0.5	3.9	−0.1	257
6–11	3.1	15.2	−0.9	254	0.5	4.7	5.9	0.1	254	2.1	9.4	−0.4	254
12–23	6.0	33.6	−1.4	509	0.2	2.3	3.2	−0.0	513	1.2	7.1	−0.7	509
24–35	12.2	39.3	−1.7	584	0.0	0.7	4.8	0.4	597	1.3	8.1	−0.7	584
36–47	6.3	28.4	−1.5	574	0.0	0.5	3.5	0.3	591	0.7	7.8	−0.7	577
48–59	3.7	20.2	−1.2	573	0.3	1.4	1.7	−0.0	580	1.4	8.7	−0.8	573
0–23	3.8	23.0	−1.1	1,020	0.3	2.6	6.0	0.2	1,023	1.2	6.9	−0.5	1,020
24–59	7.4	29.4	−1.5	1,731	0.1	0.9	3.3	0.2	1,768	1.1	8.2	−0.7	1,734
Sex													
Male	6.8	29.6	−1.4	1,347	0.1	1.7	4.6	0.2	1,358	0.9	7.6	−0.6	1,348
Female	5.4	24.6	−1.3	1,404	0.2	1.4	4.1	0.2	1,433	1.4	7.8	−0.6	1,406
Mother's interview status													
Interviewed	5.7	25.2	−1.3	2,272	0.2	1.7	4.5	0.2	2,270	1.2	6.9	−0.6	2,273
Not interviewed but in household	(9.2)	(32.1)	(−1.4)	44	0.0	0.0	7.9	0.3	56	(2.7)	(10.8)	(−0.5)	44
Not interviewed, not in household[3]	8.0	36.2	−1.6	436	0.0	1.0	2.8	0.2	465	0.6	11.4	−0.8	437
Residence													
Urban	5.2	23.5	−1.2	914	0.2	1.0	5.5	0.3	930	0.7	5.9	−0.5	917
Rural	6.5	28.8	−1.4	1,837	0.1	1.8	3.7	0.1	1,861	1.4	8.6	−0.7	1,837
Province													
Bulawayo	7.9	21.5	−1.1	93	1.1	2.3	7.0	0.3	93	1.6	5.7	−0.4	93
Manicaland	8.4	30.9	−1.4	399	0.0	0.8	2.8	0.3	404	1.4	7.1	−0.6	399
Mashonaland Central	8.2	29.9	−1.4	270	0.0	0.4	5.1	0.2	272	0.6	7.6	−0.7	270
Mashonaland East	5.4	27.0	−1.4	327	0.0	1.4	6.2	0.3	333	0.6	5.1	−0.6	327
Mashonaland West	5.3	24.3	−1.3	380	0.6	2.5	4.8	0.1	387	0.6	9.3	−0.7	381
Matabeleland North	5.8	22.8	−1.3	163	0.0	2.8	2.1	−0.0	164	1.0	9.2	−0.7	163
Matabeleland South	6.3	32.8	−1.4	137	0.0	0.9	4.9	0.1	138	1.7	6.9	−0.7	137
Midlands	5.5	27.3	−1.3	371	0.5	2.0	2.6	0.1	371	2.8	10.1	−0.7	371
Masvingo	4.0	24.5	−1.3	276	0.0	3.0	2.6	0.2	281	1.2	8.1	−0.6	276
Harare	5.2	26.1	−1.3	337	0.0	0.0	6.4	0.3	349	0.5	6.5	−0.5	338
Mother's education[4]													
No education	*	*	*	23	*	*	*	*	23	*	*	*	23
Primary	7.5	28.9	−1.5	575	0.0	1.3	3.1	0.1	577	2.0	7.7	−0.8	575
Secondary	5.3	25.1	−1.3	1,570	0.3	1.8	5.2	0.2	1,575	1.2	7.3	−0.6	1,572
More than secondary	2.5	14.9	−0.9	148	0.0	1.1	4.5	0.3	152	0.0	2.6	−0.3	148
Wealth quintile													
Lowest	9.5	32.8	−1.5	682	0.2	2.1	2.6	0.0	692	2.5	11.9	−0.8	682
Second	5.6	28.0	−1.3	585	0.0	1.3	4.6	0.2	590	0.6	7.1	−0.6	585
Middle	5.2	27.2	−1.4	575	0.2	2.4	3.4	0.2	581	1.1	8.3	−0.7	575
Fourth	5.4	27.3	−1.3	510	0.3	0.9	6.5	0.3	524	0.8	4.7	−0.5	510
Highest	3.0	15.2	−1.0	399	0.1	0.4	5.4	0.3	404	0.2	4.5	−0.3	402
Total	6.1	27.0	−1.3	2,752	0.2	1.5	4.3	0.2	2,791	1.2	7.7	−0.6	2,754

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards. 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] Recumbent length is measured for children under age 2; standing height is measured for all other children.

[2] Includes children who are below −3 SD from the WHO Child Growth Standards population median

[3] Includes children whose mothers are deceased

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

3.12 INFANT AND YOUNG CHILD FEEDING

Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Recommended IYCF practices include early initiation of breastfeeding (within the first hour of life), exclusive breastfeeding for the first 6 months of life, and feeding children a diet that meets a minimum diversity standard (WHO and UNICEF 2021).

Early initiation of breastfeeding

Percentage of children born in the past 2 years who were put to the breast within 1 hour of birth.

Sample: Children born in the past 2 years

Exclusive breastfeeding under 6 months

Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day.

Sample: Youngest children age 0–5 months living with their mother

Minimum dietary diversity

Percentage of children age 6–23 months who were fed a minimum of five out of eight defined food groups during the previous day. The eight food groups are as follows: breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yogurt, and cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Sample: Youngest children age 6–23 months living with their mother

Key IYCF indicators are presented in **Table 13**.

- Sixty-seven percent of children born in the past 2 years were breastfed within 1 hour of birth.
- Twenty-five percent of children age 6–23 months are fed with a minimum dietary diversity.
- Forty-two percent of children under age 6 months are exclusively breastfed.

Trends: Exclusive breastfeeding among children age 0–5 months increased from 11% in 1994 to 48% in 2015 before declining slightly to 42% in 2023–24 (**Figure 7**).

Table 13 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Zimbabwe 2023–24

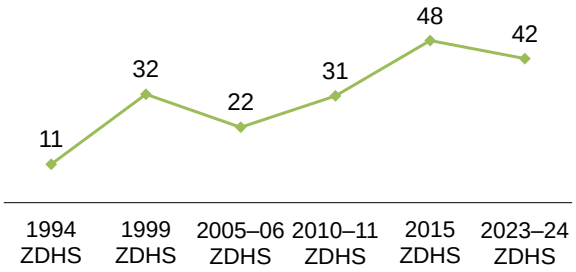
Indicator numerator and denominator	Value
Percentage of children born in the past 2 years who were put to the breast within 1 hour of birth	67.4
Number of children born in the past 2 years	2,229
Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day	42.4
Number of youngest children age 0–5 months living with their mother	498
Percentage of children age 6–23 months who were fed foods and beverages from at least five out of eight defined food groups during the previous day	24.7
Number of youngest children age 6–23 months living with their mother	1,502
Percentage of children age 6–23 months who were given a sweet beverage during the previous day	58.2
Number of youngest children age 6–23 months living with their mother	1,502
Percentage of children age 6–23 months fed unhealthy foods during the previous day	25.0
Number of youngest children age 6–23 months living with their mother	1,502

Note: Table includes children born in the 2 years preceding the survey regardless of whether the children were living or dead at the time of the interview.

Unhealthy infant and young child feeding practices should be avoided because they can promote unhealthy weight gain and replace nutritious foods that provide important nutrients for children. For infants and young children, consumption of sweet foods and beverages increases the risk of dental caries and childhood obesity. The indicator definition below for unhealthy food consumption describes sentinel unhealthy foods, foods high in sugar, salt, or unhealthy fats that are commonly consumed by infants and young children (WHO and UNICEF 2021).

Figure 7 **Trends in exclusive breastfeeding**

Percentage of children age 0–5 months



Sweet beverage consumption

Percentage of children age 6–23 months who were given a sweet beverage during the previous day.

Unhealthy food consumption

Percentage of children age 6–23 months who were fed sentinel unhealthy foods during the previous day.

Sample: Youngest children age 6–23 months living with their mother

- Fifty-eight percent of children age 6–23 months were fed a sweet beverage during the previous day.
- Twenty-five percent of children age 6–23 months consumed unhealthy foods during the previous day.

3.13 MALARIA

3.13.1 Ownership and Use of Insecticide-treated Nets

Insecticide-treated nets (ITNs) repel and kill mosquitoes, thus providing protection against mosquito bites and reducing the transmission of malaria parasites. When high coverage of ITNs is achieved, ITNs help decrease malaria risk at the individual level as well as at the community level by reducing the vector population. The distribution and use of ITNs is one of the core interventions for preventing malaria infection in Zimbabwe.

Ownership of insecticide-treated nets

Households that have at least one insecticide-treated net (ITN). An ITN is a factory-treated net that does not require any further treatment.

Sample: Households

Full household ITN coverage

Percentage of households with at least one ITN for every two people.

Sample: Households (with at least one person who stayed in the household the night before the survey)

Table 14 presents information on household ownership of ITNs.

- Overall, 39% of households own at least one ITN. In the ITN zone, 58% of households own at least one ITN.
- Twenty percent of households have full ITN coverage.

Table 14 Household possession of insecticide-treated nets

Percentage of households with at least one insecticide-treated net (ITN), average number of ITNs per household, and percentage of households with at least one ITN per two persons who stayed in the household last night, according to background characteristics, Zimbabwe 2023–24

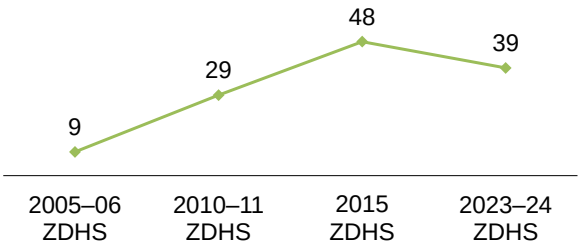
Background characteristic	Percentage of households with at least one ITN[1]	Average number of ITNs[1] per household	Number of households	Percentage of households with at least one ITN[1] for every two persons who stayed in the household last night[2]	Number of households with at least one person who stayed in the household last night
Residence					
Urban	31.8	0.5	4,355	15.5	4,311
Rural	43.1	0.8	6,370	22.9	6,305
Province					
Bulawayo	27.0	0.4	477	13.6	475
Manicaland	25.0	0.4	1,435	11.7	1,421
Mashonaland Central	55.5	1.0	896	29.4	891
Mashonaland East	35.2	0.6	1,334	16.6	1,326
Mashonaland West	47.6	0.9	1,370	24.5	1,356
Matabeleland North	47.8	0.9	556	26.0	546
Matabeleland South	40.6	0.9	555	25.6	552
Midlands	42.3	0.8	1,270	21.8	1,260
Masvingo	47.9	0.9	1,098	27.9	1,076
Harare	27.2	0.4	1,735	12.0	1,713
Malaria programmatic zone[3]					
ITN zone	58.2	1.2	3,683	33.0	3,647
IRS zone	26.3	0.4	2,144	11.5	2,124
Wealth quintile					
Lowest	37.4	0.7	2,019	16.7	2,001
Second	40.5	0.7	2,041	20.9	2,027
Middle	44.0	0.8	2,096	24.2	2,074
Fourth	38.7	0.6	2,399	20.2	2,365
Highest	32.2	0.6	2,170	17.4	2,150
Malaria programmatic zones[3]	46.5	0.9	5,826	25.1	5,771
Total	38.5	0.7	10,725	19.9	10,616

IRS = indoor residual spraying
[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2010–11 ZDHS and 2015 ZDHS, this was known as a long-lasting insecticidal net (LLIN).
[2] De facto household members
[3] Excludes households that are in neither an ITN zone nor an IRS zone

Trends: The percentage of households owning at least one ITN increased from 9% in 2005–06 to 48% in 2015 and then declined to 39% in 2023–24 (**Figure 8**).

Figure 8 **Trends in household ownership of ITNs**

Percentage of households owning at least one insecticide-treated net (ITN)



Note: The definition of an ITN in surveys conducted prior to the 2023–24 ZDHS included nets that had been soaked with insecticides within the past 12 months.

ITNs act as both a physical and a chemical barrier against mosquitoes. By reducing the vector population, ITNs can help reduce malaria risk at the community level as well as among individuals who use them. **Table 15** presents data on use of ITNs by children under age 5 and by pregnant women.

- Thirteen percent of children under age 5 slept under an ITN the night before the survey.
- Similarly, 13% of pregnant women age 15–49 slept under an ITN the night before the survey.
- In the ITN zone, 21% of children under age 5 and 22% of pregnant women slept under an ITN the night before the survey.

Trends: The percentages of children under age 5 and pregnant women who slept under an ITN the night before the survey increased from 9% and 6%, respectively, in 2015 to 13% in 2023–24.

Table 15 Use of insecticide-treated nets by children and pregnant women

Percentage of children under age 5 who slept under an insecticide-treated net (ITN) the night before the survey; among children under age 5 in households with at least one ITN, percentage who slept under an ITN the night before the survey; percentage of pregnant women age 15–49 who slept under an ITN the night before the survey; and among pregnant women age 15–49 in households with at least one ITN, percentage who slept under an ITN the night before the survey, according to background characteristics, Zimbabwe 2023–24

	Children under age 5 in all households		Children under age 5 in households with at least one ITN[1]		Pregnant women age 15–49 in all households		Pregnant women age 15–49 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of pregnant women	Percentage who slept under an ITN[1] last night	Number of pregnant women
Residence								
Urban	11.7	2,007	32.6	720	6.9	228	25.6	62
Rural	14.3	3,808	33.3	1,636	16.1	380	36.2	169
Province								
Bulawayo	8.0	191	29.5	52	(0.0)	18	*	4
Manicaland	6.2	847	27.7	190	3.9	90	*	22
Mashonaland Central	23.2	575	41.9	318	31.5	65	48.0	43
Mashonaland East	8.8	690	24.1	251	8.4	61	*	16
Mashonaland West	18.5	826	35.8	426	18.6	104	(42.4)	46
Matabeleland North	16.9	303	34.7	147	(12.3)	22	*	11
Matabeleland South	4.0	285	9.9	116	(10.5)	22	*	8
Midlands	17.2	771	37.7	352	8.6	68	(18.1)	32
Masvingo	17.8	570	37.0	275	19.5	65	(45.6)	28
Harare	8.9	757	29.5	229	5.2	92	*	21
Malaria programmatic zone[2]								
ITN zone	21.2	2,206	36.1	1,292	21.7	243	37.5	141
IRS zone	8.9	1,353	33.6	357	11.0	142	(42.1)	37
Wealth quintile								
Lowest	17.2	1,441	43.5	570	22.4	145	49.7	65
Second	12.3	1,204	30.4	488	9.7	115	(30.4)	37
Middle	13.3	1,134	29.1	517	13.9	128	30.4	59
Fourth	12.4	1,128	30.3	463	10.6	130	(30.6)	45
Highest	10.1	907	28.7	318	1.8	89	(6.5)	25
Malaria programmatic zones[2]	16.5	3,558	35.6	1,649	17.8	386	38.4	178
Total	13.4	5,815	33.0	2,356	12.7	608	33.4	231

Note: Table is based on children and pregnant 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.
IRS = indoor residual spraying
[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2010–11 ZDHS and 2015 ZDHS, this was known as a long-lasting insecticidal net (LLIN).
[2] Excludes households that are in neither an ITN zone nor an IRS zone

3.13.2 Malaria in Pregnancy

Intermittent preventive treatment (IPTp) during pregnancy

Percentage of women who took at least three doses of sulfadoxine-pyrimethamine (SP)/Fansidar during their most recent pregnancy.

Sample: Women age 15–49 with a live birth or a stillbirth in the 2 years before the survey

Malaria infection during pregnancy is a major public health problem in Zimbabwe, with substantial risks for the mother, her foetus, and the neonate. Intermittent preventive treatment of malaria in pregnancy (IPTp) is a full therapeutic course of antimalarial medicine given to pregnant women at routine antenatal care visits to prevent malaria. IPTp helps prevent maternal malaria episodes, maternal and foetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality.

Table 16 presents data on use of IPTp by women during pregnancy.

- Ten percent of women age 15–49 with a live birth in the 2 years preceding the survey received three or more doses of IPTp.
- In the IPTp malaria programmatic zone, 22% of women received three or more doses of IPTp.

Table 16 Use of intermittent preventive treatment (IPTp) by women during pregnancy

Percentage of women age 15–49 with a live birth and/or a stillbirth in the 2 years preceding the survey who received one or more doses of SP/Fansidar, received two or more doses of SP/Fansidar, and received three or more doses of SP/Fansidar during the pregnancy that resulted in the most recent live birth or stillbirth, according to background characteristics, Zimbabwe 2023–24

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth and/or a stillbirth in the 2 years preceding the survey
LIVE BIRTHS				
Residence				
Urban	18.6	10.1	5.6	787
Rural	38.1	25.1	12.5	1,371
Province				
Bulawayo	0.7	0.7	0.7	75
Manicaland	61.7	43.2	24.2	310
Mashonaland Central	55.4	39.0	18.8	227
Mashonaland East	27.1	20.6	12.1	250
Mashonaland West	37.8	19.9	8.6	313
Matabeleland North	31.3	21.7	11.0	96
Matabeleland South	1.5	0.5	0.5	105
Midlands	11.0	5.4	1.6	277
Masvingo	40.7	24.6	11.3	190
Harare	8.2	1.0	1.0	315
Malaria programmatic zone[1]				
IPTp	61.0	41.7	21.8	843
Wealth quintile				
Lowest	36.7	22.4	10.5	530
Second	36.5	27.1	13.9	411
Middle	36.6	24.8	12.3	417
Fourth	24.0	11.1	6.1	475
Highest	17.8	11.4	7.0	325
Total	31.0	19.6	10.0	2,158
STILLBIRTHS				
Total	(27.4)	(13.8)	(8.8)	37
LIVE BIRTHS AND STILLBIRTHS[2]				
Total	30.9	19.5	9.9	2,187

Note: Stillbirths are foetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are foetal deaths in pregnancies lasting 7 or more months. Figures in parentheses are based on 25–49 unweighted cases.
[1] Malaria programmatic zones do not cover the entire country.
[2] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

3.13.3 Case Management of Malaria in Children

Care seeking for children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey for whom advice or treatment was sought from a health provider, a health facility, or a pharmacy.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Diagnosis of malaria in children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey who had blood taken from a finger or heel for testing. This is a proxy measure of diagnostic testing for malaria.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Artemisinin-based combination therapy (ACT) for children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey who received ACT.

Sample: Children under age 5 with a fever in the 2 weeks before the survey who took any antimalarial drug

Table 17 presents data on children with fever and care seeking for, diagnosis of, and treatment of fever.

- Twenty-one percent of children under age 5 had a fever in the 2 weeks before the survey.
- Among children with a fever, 36% were taken for advice or treatment and 7% had blood taken for testing.

Trends: The percentage of children with fever for whom advice or treatment was sought declined from 51% in 2015 to 36% in 2023–24.

Table 17 Children with fever and care seeking for, diagnosis of, and treatment of fever

Percentage of children under age 5 with a fever in the 2 weeks preceding the survey, and among children under age 5 with fever, percentage for whom advice or treatment was sought and percentage who had blood taken from a finger or heel for testing, according to background characteristics, Zimbabwe 2023–24

	Children under age 5		Children under age 5 with fever		
Background characteristic	Percentage with a fever in the 2 weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage who had blood taken from a finger or heel for testing	Number of children
Residence					
Urban	19.5	2,013	43.3	3.3	393
Rural	22.0	3,256	31.9	8.3	716
Province					
Bulawayo	11.9	189	(45.3)	(4.3)	22
Manicaland	16.7	742	33.2	5.5	124
Mashonaland Central	21.3	514	38.9	14.9	109
Mashonaland East	17.5	602	33.7	2.3	106
Mashonaland West	28.7	775	36.1	6.6	223
Matabeleland North	14.2	255	54.0	12.3	36
Matabeleland South	16.8	235	54.3	4.8	40
Midlands	28.4	693	28.7	6.0	197
Masvingo	20.3	473	21.6	10.3	96
Harare	19.7	790	45.4	2.0	155
Malaria programmatic zone[2]					
ITN zone	21.9	1,923	30.7	6.9	421
IRS zone	21.1	1,191	37.9	11.4	252
Wealth quintile					
Lowest	23.6	1,239	32.6	10.1	292
Second	20.2	1,021	28.3	5.3	207
Middle	21.3	988	30.6	7.7	210
Fourth	22.8	1,121	42.1	1.8	255
Highest	16.0	901	50.9	7.9	144
Malaria programmatic zones[2]	21.6	3,114	33.4	8.6	672
Total	21.0	5,269	36.0	6.5	1,109

Note: Figures in parentheses are based on 25–49 unweighted cases.
IRS = indoor residual spraying
[1] Includes advice or treatment from the following sources: public sector, mission hospital/clinic, and private medical sector. Excludes advice or treatment from a church or friend/relative.
[2] Excludes households that are in neither an ITN zone nor an IRS zone

3.14 HIV

3.14.1 Prevention Knowledge among Young People

Knowledge about HIV prevention

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 two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Sample: Women and men age 15–24

Knowledge of how HIV is transmitted is crucial in 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. The 2023–24 ZDHS collected information on HIV knowledge and attitudes from women and men age 15–24.

- Half of young women (50%) and men (49%) have knowledge about HIV prevention (**Table 18**).
- Knowledge of HIV prevention is lowest among women in Matabeleland North (39%) and among men in Matabeleland South (25%). Levels of knowledge increase with increasing education and generally increase with increasing household wealth.

Table 18 Knowledge about HIV prevention methods among young people

Percentage of young women and young men age 15–24 with knowledge about HIV prevention, according to background characteristics, Zimbabwe 2023–24

Background characteristic	Women age 15–24		Men age 15–24	
	Percentage with knowledge about HIV prevention[1]	Number of women	Percentage with knowledge about HIV prevention[1]	Number of men
Age				
15–19	44.0	1,959	43.9	975
15–17	41.0	1,192	42.3	617
18–19	48.5	768	46.8	358
20–24	56.7	1,640	57.3	671
20–22	55.2	963	58.5	417
23–24	58.9	677	55.3	254
Marital status				
Never married	48.1	1,974	48.1	1,463
Ever had sex	54.4	429	50.4	635
Never had sex	46.4	1,545	46.4	828
Ever married	51.7	1,624	59.2	183
Residence				
Urban	54.5	1,673	55.0	651
Rural	45.6	1,925	45.7	995
Province				
Bulawayo	64.6	202	36.8	78
Manicaland	46.9	443	40.6	213
Mashonaland Central	52.0	276	56.2	123
Mashonaland East	42.7	389	58.8	200
Mashonaland West	48.3	509	45.2	224
Matabeleland North	39.1	164	39.1	76
Matabeleland South	43.8	183	24.5	101
Midlands	56.0	425	43.4	203
Masvingo	47.2	350	69.4	171
Harare	53.1	656	57.7	258
Education				
No education	*	15	*	9
Primary	30.5	485	30.3	304
Secondary	52.0	2,932	53.4	1,263
More than secondary	68.4	166	63.0	71

Continued…

Table 18—*Continued*

Background characteristic	Women age 15–24		Men age 15–24	
	Percentage with knowledge about HIV prevention[1]	Number of women	Percentage with knowledge about HIV prevention[1]	Number of men
Wealth quintile				
Lowest	39.5	605	34.9	238
Second	43.5	597	45.0	321
Middle	50.0	674	51.4	385
Fourth	52.7	816	55.7	355
Highest	57.9	906	54.5	347
Total	49.8	3,599	49.4	1,646

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Knowledge about HIV prevention means knowing that consistent use of condoms 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 two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

3.14.2 Sexual Behaviour

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of HIV.

- Two percent of women and 17% of men age 15–49 reported having two or more sexual partners during the 12 months prior to the survey (**Table 19.1** and **Table 19.2**).
- Among the 14% of women who had a partner in the past 12 months who neither was their husband nor someone they lived with, 64% reported using a condom during their most recent sexual intercourse with such a partner.
- Among the 31% of men who had a partner in the past 12 months who neither was their husband nor someone they lived with, 83% reported using a condom during their last sexual intercourse with such a partner.
- Among women who have ever had sexual intercourse, the mean number of lifetime sexual partners is 2.3; among men, the mean is 7.6.

Table 19.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them; among women having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among women who had sexual intercourse in the past 12 months with a person who neither was their husband nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Zimbabwe 2023–24

	All women			Women who had 2+ partners in the past 12 months		Women who had intercourse in the past 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had inter-course in the past 12 months with a person who neither was their husband nor lived with them	Number of women	Percentage who reported using a condom during most recent sexual inter-course	Number of women	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Age									
15–24	1.9	13.2	3,599	58.7	70	56.7	474	1.9	2,047
15–19	0.8	8.3	1,959	*	16	47.9	163	1.4	629
20–24	3.3	18.9	1,640	(58.0)	54	61.3	311	2.1	1,419
25–29	4.5	18.0	1,477	60.8	66	70.2	265	2.8	1,418
30–39	2.7	13.5	2,471	57.0	67	63.0	333	2.5	2,446
40–49	1.6	11.1	2,119	(71.4)	33	72.2	234	2.3	2,111
Marital status									
Never married	1.9	20.5	2,257	(69.8)	43	57.7	462	2.7	637
Married/living together	0.9	1.2	5,957	22.2	57	71.4	72	1.8	5,945
Divorced/separated/ widowed	9.4	53.3	1,452	73.7	136	66.7	773	4.4	1,441
Residence									
Urban	2.9	15.6	4,391	70.1	128	65.7	685	2.6	3,486
Rural	2.0	11.8	5,275	49.3	107	61.7	622	2.1	4,537
Province									
Bulawayo	1.8	25.6	498	*	9	56.1	128	2.9	381
Manicaland	2.0	9.6	1,237	*	24	66.8	119	2.0	1,022
Mashonaland Central	1.5	8.9	777	*	12	71.3	69	1.9	684
Mashonaland East	1.5	10.9	1,085	*	16	64.6	118	2.2	901
Mashonaland West	2.4	11.2	1,320	(54.7)	31	68.8	148	2.0	1,117
Matabeleland North	2.9	20.8	447	*	13	57.6	93	2.7	390
Matabeleland South	1.5	28.6	457	*	7	52.0	131	3.0	395
Midlands	4.8	13.4	1,159	62.4	56	71.4	155	3.3	977
Masvingo	1.7	10.8	945	*	16	68.9	102	1.8	772
Harare	3.0	14.1	1,742	(71.9)	52	62.7	245	2.3	1,385
Education									
No education	0.0	8.1	81	*	0	*	7	2.1	75
Primary	2.6	11.8	1,960	(59.4)	51	67.0	232	2.7	1,837
Secondary	2.5	13.5	6,774	61.5	168	63.3	916	2.2	5,376
More than secondary	1.9	17.8	851	*	16	61.5	152	2.1	735
Wealth quintile									
Lowest	1.7	9.0	1,659	(47.5)	28	61.1	150	2.0	1,468
Second	2.5	13.2	1,638	(51.8)	41	67.1	216	2.2	1,428
Middle	2.4	12.9	1,786	(55.4)	43	64.7	231	2.3	1,506
Fourth	3.0	15.6	2,208	71.5	65	63.7	343	2.8	1,845
Highest	2.4	15.4	2,375	64.7	58	62.5	366	2.4	1,776
Total	2.4	13.5	9,666	60.6	236	63.8	1,307	2.3	8,023

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 19.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among all men age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them; among men having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among men who had sexual intercourse in the past 12 months with a person who neither was their wife nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among men who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Zimbabwe 2023–24

	All men			Men who had 2+ partners in the past 12 months		Men who had intercourse in the past 12 months with a person who neither was their wife nor lived with them		Men who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had inter-course in the past 12 months with a person who neither was their wife nor lived with them	Number of men	Percentage who reported using a condom during most recent sexual inter-course	Number of men	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Age									
15–24	12.0	33.1	1,646	72.5	198	82.4	545	5.0	813
15–19	4.7	20.6	975	73.7	46	76.8	201	3.4	259
20–24	22.6	51.4	671	72.1	151	85.8	345	5.7	554
25–29	23.3	44.1	558	42.5	130	81.2	246	8.4	521
30–39	22.9	30.0	875	32.7	201	82.2	262	8.3	840
40–49	17.0	20.2	829	22.5	141	87.4	167	9.1	799
Marital status									
Never married	13.1	39.9	1,754	81.5	231	82.6	700	5.3	882
Married/living together	18.9	16.8	1,882	12.9	355	85.9	316	8.0	1,828
Divorced/separated/ widowed	30.8	75.5	271	74.2	83	78.7	204	12.9	262
Type of union									
In polygynous union	70.3	19.1	89	5.5	63	*	17	12.1	85
Not in polygynous union	16.3	16.7	1,793	14.5	292	86.7	299	7.8	1,743
Not currently in union	15.5	44.7	2,025	79.6	314	81.8	904	7.1	1,145
Residence									
Urban	17.1	32.2	1,682	48.1	288	83.9	542	8.4	1,317
Rural	17.1	30.5	2,226	41.2	381	81.9	679	7.0	1,656
Province									
Bulawayo	23.4	40.3	179	53.9	42	77.8	72	9.8	138
Manicaland	11.9	20.5	460	(37.2)	55	86.1	94	5.8	317
Mashonaland Central	17.8	28.2	330	24.3	59	86.3	93	7.9	264
Mashonaland East	13.8	27.8	449	62.2	62	89.6	125	6.8	310
Mashonaland West	16.6	31.4	576	32.9	96	82.8	181	6.9	462
Matabeleland North	32.5	46.9	192	46.3	62	74.6	90	8.0	161
Matabeleland South	23.2	46.8	204	43.4	47	72.3	95	7.5	164
Midlands	25.7	37.9	476	48.9	122	84.3	181	9.3	353
Masvingo	11.5	26.9	347	(42.6)	40	84.0	93	5.8	251
Harare	12.2	28.2	694	(50.2)	85	84.2	196	8.7	554
Education									
No education	*	*	23	*	2	*	5	*	17
Primary	16.3	31.0	769	30.0	125	73.0	238	6.9	603
Secondary	17.3	31.3	2,740	46.8	474	84.6	857	7.6	2,008
More than secondary	18.1	32.0	376	51.8	68	88.8	120	9.0	345
Wealth quintile									
Lowest	14.4	25.6	629	29.7	90	80.4	161	7.0	488
Second	20.1	33.5	708	45.7	142	79.6	237	7.7	533
Middle	17.4	31.2	802	38.5	139	83.3	251	6.6	580
Fourth	15.9	32.3	915	50.8	145	84.3	295	7.3	728
Highest	17.8	32.4	853	50.3	152	85.0	277	9.4	645
Total 15–49	17.1	31.2	3,907	44.2	669	82.8	1,221	7.6	2,973
50–54	10.9	11.3	278	(30.5)	30	(76.4)	31	6.6	268
Total 15–54	16.7	29.9	4,185	43.6	699	82.7	1,252	7.5	3,240

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.

3.14.3 Prior HIV Testing

HIV testing programmes diagnose people living with HIV so that they can be linked to care and access antiretroviral therapy (ART). Knowledge of HIV status helps HIV-negative individuals reduce risk and remain negative.

- Eighty-three percent of women and 71% of men age 15–49 have ever been tested for HIV and received the results; 1% of women and men have been tested and did not receive the results (**Table 20.1** and **Table 20.2**).

- Forty-six percent of women and 33% of men were tested for HIV in the past 12 months and received the results of the most recent test.

Table 20.1 Coverage of prior HIV testing: Women

Percent distribution of women age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of women ever tested, and percentage of women who were tested in the past 12 months and received the results of the most recent test, according to background characteristics, Zimbabwe 2023–24

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the most recent test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of women
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age							
15–24	62.2	1.1	36.7	100.0	63.3	37.8	3,599
15–19	41.3	1.4	57.2	100.0	42.8	24.0	1,959
20–24	87.1	0.8	12.1	100.0	87.9	54.3	1,640
25–29	95.5	0.4	4.1	100.0	95.9	55.7	1,477
30–39	96.3	0.4	3.2	100.0	96.8	55.1	2,471
40–49	95.3	0.3	4.4	100.0	95.6	44.2	2,119
Marital status							
Never married	44.6	1.2	54.2	100.0	45.8	24.5	2,257
Ever had sex	80.6	1.2	18.2	100.0	81.8	53.7	639
Never had sex	30.3	1.3	68.4	100.0	31.6	13.0	1,618
Married or living together	94.7	0.5	4.8	100.0	95.2	52.7	5,957
Divorced/separated/ widowed	96.3	0.6	3.1	100.0	96.9	54.6	1,452
Residence							
Urban	82.9	0.6	16.5	100.0	83.5	45.7	4,391
Rural	83.6	0.7	15.7	100.0	84.3	47.0	5,275
Province							
Bulawayo	81.5	0.1	18.4	100.0	81.6	46.8	498
Manicaland	76.8	0.8	22.4	100.0	77.6	44.3	1,237
Mashonaland Central	86.0	0.8	13.2	100.0	86.8	48.4	777
Mashonaland East	86.9	0.7	12.4	100.0	87.6	48.3	1,085
Mashonaland West	84.3	0.3	15.5	100.0	84.5	47.6	1,320
Matabeleland North	86.2	0.9	13.0	100.0	87.0	47.0	447
Matabeleland South	85.1	0.5	14.4	100.0	85.6	46.9	457
Midlands	85.5	0.7	13.9	100.0	86.1	46.5	1,159
Masvingo	81.8	0.7	17.5	100.0	82.5	45.6	945
Harare	82.2	0.9	16.9	100.0	83.1	44.9	1,742
Education							
No education	79.7	2.7	17.6	100.0	82.4	45.3	81
Primary	85.5	0.9	13.6	100.0	86.4	44.3	1,960
Secondary	81.6	0.6	17.8	100.0	82.2	46.2	6,774
More than secondary	91.6	0.4	7.9	100.0	92.1	53.1	851
Wealth quintile							
Lowest	81.2	0.7	18.1	100.0	81.9	43.7	1,659
Second	84.9	0.5	14.6	100.0	85.4	48.2	1,638
Middle	84.6	1.1	14.3	100.0	85.7	48.7	1,786
Fourth	85.9	0.4	13.7	100.0	86.3	48.2	2,208
Highest	80.1	0.7	19.2	100.0	80.8	43.6	2,375
Total	83.3	0.7	16.1	100.0	83.9	46.4	9,666

[1] Includes respondents who refused to answer questions on testing

Table 20.2 Coverage of prior HIV testing: Men

Percent distribution of men age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of men ever tested, and percentage of men who were tested in the past 12 months and received the results of the most recent test, according to background characteristics, Zimbabwe 2023–24

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the most recent test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of men
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age							
15–24	45.7	1.4	52.9	100.0	47.1	19.6	1,646
15–19	27.7	1.3	71.0	100.0	29.0	9.9	975
20–24	71.9	1.5	26.6	100.0	73.4	33.8	671
25–29	88.2	0.8	11.0	100.0	89.0	45.4	558
30–39	90.2	0.6	9.2	100.0	90.8	42.7	875
40–49	91.3	0.5	8.2	100.0	91.8	39.2	829
Marital status							
Never married	47.4	1.3	51.4	100.0	48.6	19.7	1,754
Ever had sex	67.7	1.6	30.7	100.0	69.3	32.8	894
Never had sex	26.2	0.9	72.8	100.0	27.2	6.1	860
Married or living together	91.5	0.7	7.9	100.0	92.1	43.9	1,882
Divorced/separated/ widowed	87.7	0.6	11.8	100.0	88.2	37.9	271
Residence							
Urban	75.5	0.6	23.9	100.0	76.1	32.6	1,682
Rural	68.3	1.2	30.6	100.0	69.4	32.6	2,226
Province							
Bulawayo	75.8	0.6	23.6	100.0	76.4	27.7	179
Manicaland	63.6	0.5	35.9	100.0	64.1	29.3	460
Mashonaland Central	72.6	1.7	25.8	100.0	74.2	33.1	330
Mashonaland East	71.1	0.0	28.9	100.0	71.1	29.6	449
Mashonaland West	75.8	0.2	24.0	100.0	76.0	31.9	576
Matabeleland North	79.0	0.3	20.7	100.0	79.3	38.7	192
Matabeleland South	60.4	4.1	35.5	100.0	64.5	32.3	204
Midlands	68.6	2.0	29.5	100.0	70.5	33.5	476
Masvingo	68.3	0.8	30.9	100.0	69.1	36.2	347
Harare	76.0	0.8	23.2	100.0	76.8	34.4	694
Education							
No education	*	*	*	100.0	*	*	23
Primary	64.4	2.1	33.5	100.0	66.5	29.7	769
Secondary	70.9	0.7	28.3	100.0	71.7	32.0	2,740
More than secondary	89.3	0.1	10.6	100.0	89.4	43.8	376
Wealth quintile							
Lowest	68.8	2.0	29.2	100.0	70.8	30.8	629
Second	68.8	0.7	30.5	100.0	69.5	32.1	708
Middle	67.9	1.6	30.5	100.0	69.5	31.1	802
Fourth	77.1	0.1	22.8	100.0	77.2	38.6	915
Highest	72.6	0.6	26.8	100.0	73.2	29.4	853
Total 15–49	71.4	0.9	27.7	100.0	72.3	32.6	3,907
50–54	86.6	2.4	11.0	100.0	89.0	38.1	278
Total 15–54	72.4	1.0	26.6	100.0	73.4	33.0	4,185

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes respondents who refused to answer questions on testing

REFERENCES

Bradley, S. E. K., T. N. Croft, J. D. Fishel, and C. F. Westoff. 2012. *Revising Unmet Need for Family Planning*. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International.

Central Statistical Office (CSO) [Zimbabwe]. 2002. *Census National Report*. Harare, Zimbabwe: CSO.

Central Statistical Office (CSO) [Zimbabwe] and ICF International. 2016. *Zimbabwe Demographic and Health Survey 2015*. Rockville, Maryland, USA: Zimbabwe National Statistics Agency and ICF International.

Central Statistical Office (CSO) [Zimbabwe] and Institute for Resource Development (IRD)/Macro Systems Inc. 1989. *Zimbabwe Demographic and Health Survey 1988*. Columbia, Maryland, USA: CSO and IRD/Macro Systems Inc.

Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 1995. *Zimbabwe Demographic and Health Survey 1994*. Calverton, Maryland, USA: CSO and Macro International Inc.

Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 2000. *Zimbabwe Demographic and Health Survey 1999*. Calverton, Maryland, USA: CSO and Macro International Inc.

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

Van Lerberghe, W., and V. De Brouwere. 2001. Of Blind Alleys and Things That Have Worked: History's Lessons on Reducing Maternal Mortality. In: De Brouwere, V., and W. Van Lerberghe, eds. *Safe Motherhood Strategies: A Recent Review of the Evidence.* Antwerp: ITG Press, 7–33.

World Health Organization (WHO). 2003. *World Health Report 2003*. Geneva: WHO. https://apps.who.int/iris/handle/10665/42789.

World Health Organization (WHO). 2006a. *Standards for Maternal and Neonatal Care.* Geneva: WHO. https://www.who.int/publications/i/item/9789241511216.

World Health Organization (WHO). 2006b. *Child Growth Standards*. Geneva: WHO.

World Health Organization (WHO) and United Nations Children's Fund (UNICEF). 2021. *Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Methods*. Geneva: WHO. https://www.who.int/publications/i/item/9789240018389.