



Zambia

**2007 Demographic and Health Survey
Key Findings**



The 2007 ZDHS was implemented by the Central Statistical Office (CSO) in partnership with the Ministry of Health from April to October 2007. The Tropical Diseases Research Centre (TDRC) provided technical support and implementation of the syphilis and HIV testing. Macro International Inc. provided technical assistance to the survey through the MEASURE DHS programme, a USAID-funded project. Funding for the ZDHS was provided by the United States Agency for International Development (USAID), the Ministry of Health, the Ministry of Finance and National Planning, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Centers for Disease Control and Prevention (CDC), the Malaria Control and Evaluation Partnership in Africa (MACEPA), the European Union (EU), the World Bank through the Zambia National Response to HIV/AIDS (ZANARA) project, the United Nations Population Fund (UNFPA), the United Nations Development Program (UNDP), the Joint United Nations Programmes on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the Japan International Cooperation Agency (JICA), Swedish International Development Assistance (SIDA), United Kingdom Department for International Development (DFID), World Health Organisation (WHO), and Development Cooperation Ireland (DCI). This publication was made possible through support provided by the U.S. Agency for International Development. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the funding organizations.

Additional information about the 2007 ZDHS may be obtained from the Central Statistical Office, P. O. Box 31908, Lusaka, Zambia, Telephone: (260-211) 251377/85; Fax: (260-211) 1253468; E-mail: Info@zamstats.gov.zm; <http://www.zamstats.gov.zm>.

Information about the DHS programme may be obtained from the MEASURE DHS Project, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200, Fax: 301-572-0999, E-mail: reports@macrointernational.com, Internet: <http://www.measuredhs.com>.

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ABOUT THE 2007 ZDHS

The 2007 Zambia Demographic and Health Survey (ZDHS) was designed to provide data for monitoring the population and health situation in Zambia. The 2007 ZDHS is the fourth Demographic and Health Survey conducted in Zambia. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, infant and child feeding practices, maternal and child health, maternal mortality, and HIV/AIDS-related knowledge and behaviour. The survey also included testing for syphilis and HIV. The survey is the second ZDHS that includes information on violence against women and testing for syphilis and HIV.

Who participated in the survey?

A nationally representative sample of 7,146 women age 15-49 and 6,500 men age 15-49 were interviewed. This represents a response rate of 97% for women and 91% for men. This sample provides estimates for Zambia as a whole, for urban and rural areas, and, for most indicators, an estimate for each of the nine provinces.



HOUSEHOLD CHARACTERISTICS

Household Composition

Zambian households consist of an average of 4.9 people. Thirty-six percent of households have orphans or foster children under age 18. Fifty percent of the household members are children under age 15.

Housing Conditions

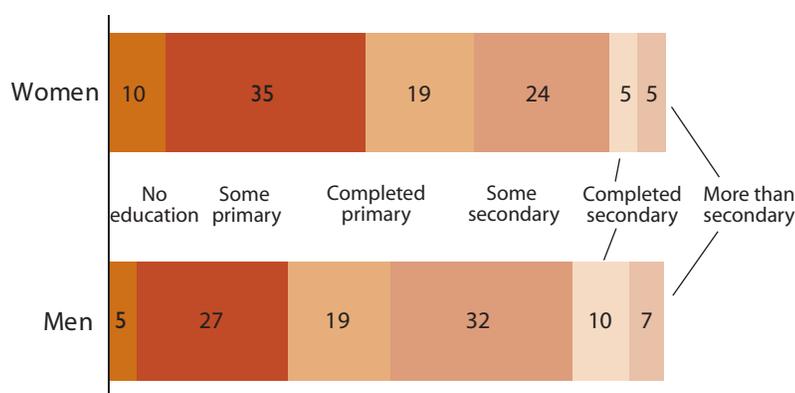
Housing conditions vary greatly based on residence. Almost half of urban households have electricity compared with only 3% of rural households. More than four in five households in urban areas have access to an improved water source, compared with only one in five households in rural areas. Over half of households in urban areas are using some form of appropriate water treatment method (boiling or bleach/chlorine/Clorin), and the majority of urban and rural households use a closed container for storing water. The most common type of toilet facility is an open pit latrine without a slab (45%). Twenty-six percent of urban households have a flush toilet to a sewer system or septic tank that is not shared with another household. Overall, one-quarter of households has no toilet facility.

Education of Survey Respondents

The majority of Zambians have some education, though only 10% of women and 17% of men have completed secondary or higher. Urban residents and those living in Copperbelt and Lusaka are more educated than those living in rural areas or Western and Eastern.

Education

Percent distribution of women and men age 15-49 by highest level of education



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Ownership of Goods

Currently, 58% of Zambian households own a radio and 24% own a television. Almost two-thirds of households in urban areas own a mobile phone.

About half of rural households own a bicycle, compared with only one-quarter of urban households. Rural households are also far more likely to own agricultural land or farm animals. Ownership of savings accounts is more common in urban areas, where one-third of households have at least one member with a savings or bank account.

FERTILITY AND ITS DETERMINANTS

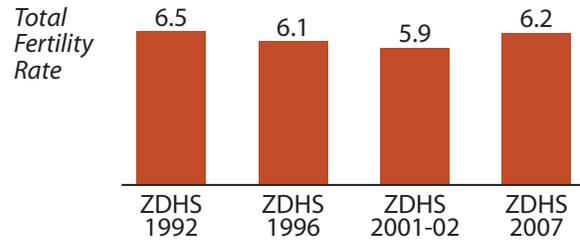
Total Fertility Rate (TFR)

Fertility in Zambia has increased slightly since previous DHS surveys. Currently, women in Zambia have an average of 6.2 children, up from 5.9 in 2001-02 and 6.1 in 1996.

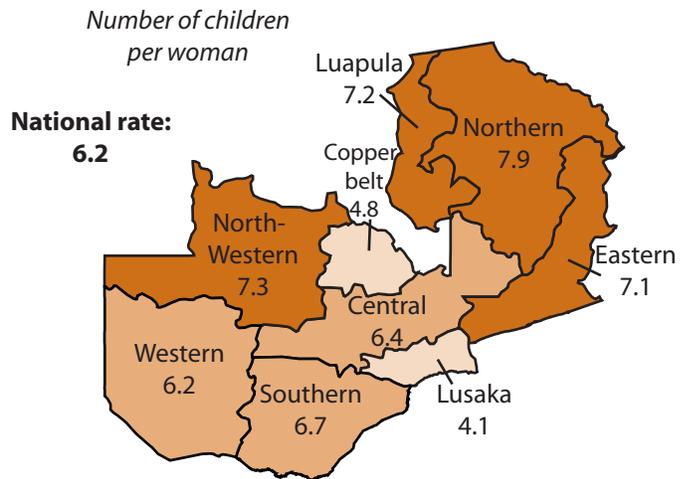
Fertility varies by residence and by region. Women in urban areas have 4.3 children on average, compared with 7.5 children per woman in rural areas. Fertility is highest in Northern, where women have an average of 7.9 children, and lowest in Lusaka, where women have an average of 4.1 children.

Fertility also varies with mother's education and economic status. Women who have more than secondary education have an average of 2.4 children, while women with no education have almost four times as many children. Fertility increases as the wealth of the respondent's household* decreases. The poorest women, in general, have more than twice as many children as women who live in the wealthiest households (8.4 versus 3.4 children per woman).

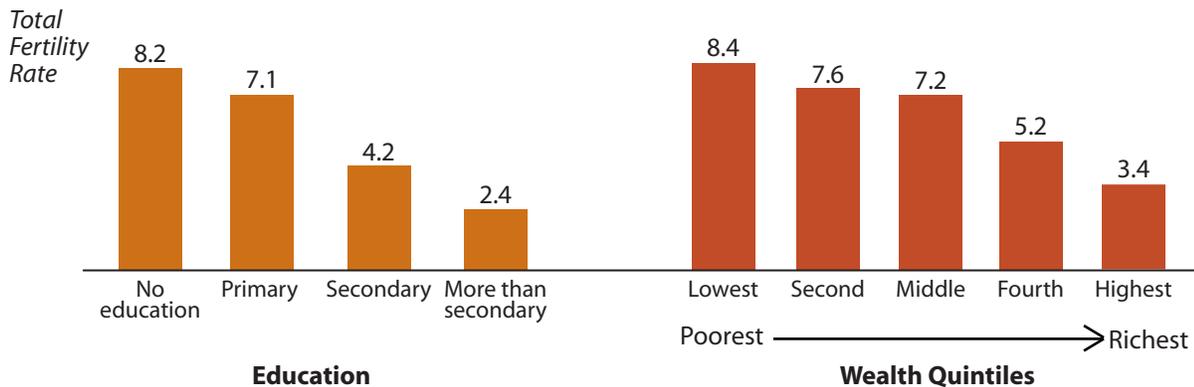
Trends in Fertility



Fertility by Province



Fertility by Education and Wealth



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on individuals' relative standing on the household index.

Desired Family Size

Zambian women want four to five children, on average. Ideal family size is higher among women in rural areas than urban areas (5.2 versus 3.9). Women with more than secondary education desire considerably fewer children than women with no education (3.3 versus 5.8).

Age at First Marriage

Almost half of women in Zambia are married by age 18. The median age at first marriage is 18.2 for women age 25-49 compared with men who marry later, at a median age of 23.5. Age at marriage greatly increases with education; women with more than secondary education get married more than 7 years later than those with no education (median age of 17.3 years versus 24.4 years for women age 25-49).



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Age at First Sexual Intercourse

Six in ten women age 25-49 and 5 in 10 men age 25-49 were sexually active by the age of 18. Sixteen percent of women and 12% of men had had sex by the age of 15. Women and men start sexual activity at about the same age (median age of 17.2 years for women and 17.9 years for men). Women living in rural areas begin sexual activity almost a year earlier than those living in urban areas. Women with higher levels of education wait longer to initiate sexual activity than those with no education (median age at first sex of 21.1 years versus 16.4 years).

Age at First Birth

On average, young women are waiting longer than their mothers to begin childbearing. Thirty-three percent of women age 20-24 surveyed had given birth by the age of 18. In contrast, 45% of women age 45-49 had given birth by age 18. The median age at first birth for all women age 25-49 is 19.0. Women in urban areas have their first births one year later than women in rural areas. Age at first birth also increases with education and wealth. Women with no education have their first birth at a median age of 18.7 compared with 24.7 among women with more than secondary education.

Teenage Fertility

More than one-quarter of young women age 15-19 have already begun childbearing: 22% are mothers and an additional 6% are pregnant with their first child. Young motherhood is more common in rural areas than in urban areas. Young women with lower than primary education are more than twice as likely to have started childbearing by age 19 than those who have completed secondary school (54% versus 21%).

FAMILY PLANNING

Knowledge of Family Planning

Knowledge of family planning methods in Zambia is universal; 97% of all women age 15-49 know at least one modern method of family planning. The most commonly known methods are the male condom (92%), pill (92%), and injectables (87%).

Current Use of Family Planning

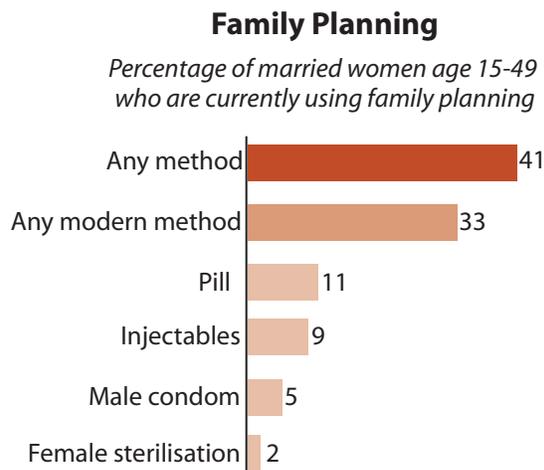
Use of modern methods of family planning has greatly increased since the first Demographic and Health Survey in 1992 when only 9% of married women used a modern method. Today, one-third of married women (33%) currently use a modern method of family planning. Another 8% are using a traditional method. The pill (11%) and injectables (9%) are the most commonly used methods. Unmarried, sexually active women are most likely to use family planning—almost half (48%) are using a modern method, with 26% using male condoms.

Use of modern family planning varies by residence and region. Modern methods are used by 42% of married women in urban areas, compared with 28% in rural areas. Modern contraceptive use ranges from a low of 14% of married women in Luapula to a high of 49% in Eastern.

Modern contraceptive use increases dramatically with women's education. Half of married women with more than secondary education use modern methods, compared with only 27% of women with no education.

Source of Family Planning Methods

Public sources such as government hospitals, government health centers, and clinics currently provide contraceptives to 68% of current users, while the private sector provides methods to 17% of users.



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NEED FOR FAMILY PLANNING

Intention to Use Family Planning

Two-thirds of currently married non-users (66%) intend to use family planning in the future. Four in ten of them report that they would want to use injectables.

Desire to Delay or Stop Childbearing

Thirty-four percent of currently married Zambian women want no more children. Another 39% want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2007 ZDHS reveals that 27% of married women have an unmet need for family planning—17% for spacing and 9% for limiting. Unmet need is highest in rural areas and among the least educated and poorest women.

Missed Opportunities

Many young people are not hearing family planning messages in the media. Six in ten women and men age 15-19 had not heard about family planning on the radio, television, or in newspapers.

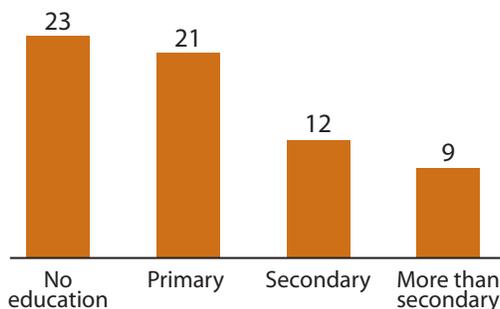
Among all women who are not currently using family planning, only 5% were visited by a field worker who discussed family planning, and only 17% of women who visited a health facility discussed family planning with a health worker. Overall, 4 in 5 non-users did not discuss family planning with any health worker.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. Almost two-thirds of Zambian women received this information the last time they began using a new method of contraception. Almost three-quarters (73%) were informed about possible side effects of their method, and 63% were informed about other methods that could be used.

Unmet Need by Education

Percentage of women 15-49 with unmet need for family planning



INFANT AND CHILD MORTALITY

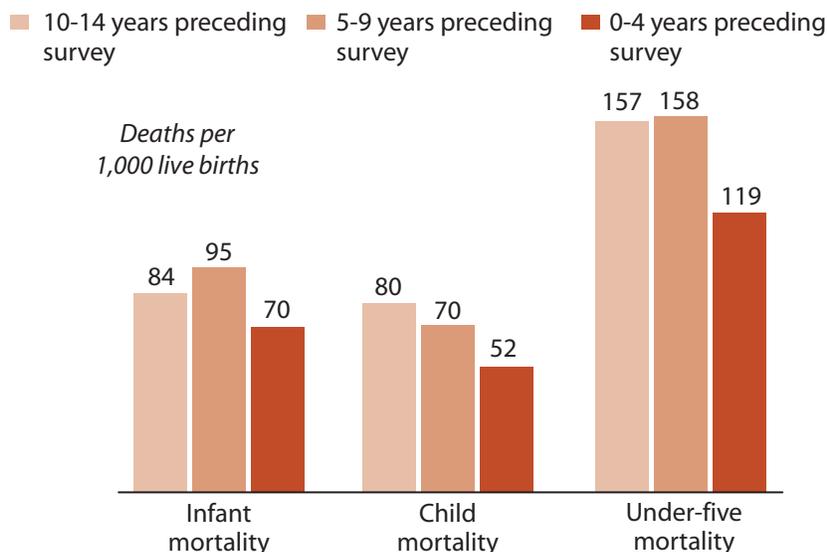
Levels and Trends

Childhood mortality is decreasing in Zambia. Currently, one in every nine children in Zambia dies before his or her fifth birthday.

The infant mortality rate for the five years before the survey (2002-2007) is 70 deaths per 1,000 live births and the under-five mortality rate is 119 deaths per 1,000 live births. For the period from 1998-2002, infant mortality was 95 and under-five mortality was 158.

Mortality rates differ dramatically by residence. The under-five mortality rate for the 10-year period preceding the survey ranges from 103 in Southern to 159 in Northern.

Childhood Mortality



Birth Intervals

Spacing children at least 36 months apart reduces risk of infant death. In Zambia, the average birth interval is 34 months. Infants born less than 2 years after a previous birth have particularly high infant mortality rates (129 deaths per 1,000 live births compared with 50 deaths per 1,000 live births for infants born 3 years after the previous birth). About one in seven infants in Zambia is born less than 2 years after a previous birth.



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MATERNAL HEALTH

Antenatal Care

The vast majority (94%) of Zambian women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse/midwife (87%). Only 19% of women, however, had an antenatal care visit by their fourth month of pregnancy, as recommended. Almost all women who received antenatal care received iron tablets (90%); only 36%, however, took intestinal parasite drugs. Only about three-quarters of women were informed of signs of pregnancy complications during an ANC visit. Urine samples were taken from less than a quarter of pregnant women receiving antenatal care, but more than half of women had a blood sample taken. Eight in ten of women's most recent births were protected against neonatal tetanus.

Delivery and Postnatal Care

Less than half (48%) of Zambia's births occur in health facilities, 43% in the public sector and 5% in private sector facilities. Fifty-two percent of births occur at home. Home births are more common in rural areas (67%) than urban areas (16%). Only 47% of births are assisted by a skilled provider (doctor, clinical officer, or nurse/midwife). Another 23% are assisted by a traditional birth attendant and 25% by untrained relatives or friends.

Postnatal care helps prevent complications after childbirth. Half of women did not have a postnatal checkup.

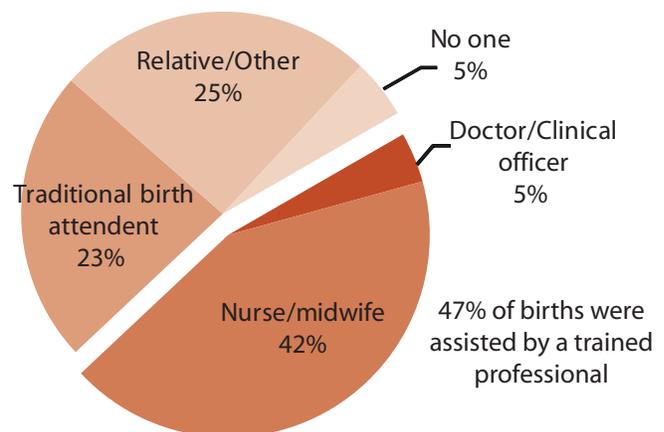
Maternal Mortality

The ZDHS 2007 asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The 2007 maternal mortality rate for Zambia is 591 per 100,000 live births.



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Assistance During Delivery



CHILD HEALTH

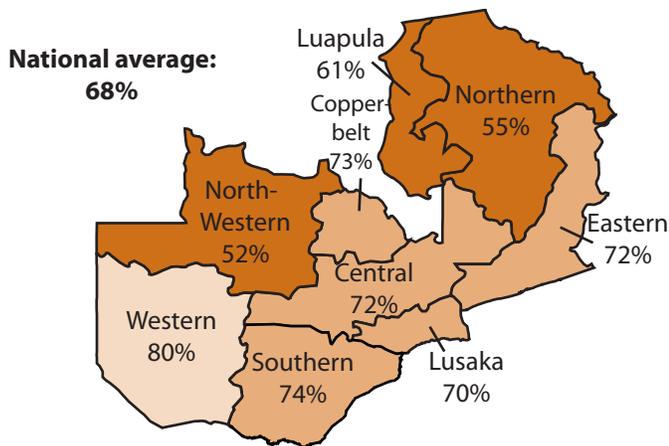
Vaccination Coverage

According to the 2007 ZDHS, 68% of Zambian children age 12–23 months had received all recommended vaccines—one dose of BCG, three doses each of DPT and polio, and one dose of measles. Only 6% of children had not received any of the recommended vaccines.

Vaccination coverage is slightly higher in urban areas than rural areas (71% versus 66%). There is also variation in vaccination coverage by region, ranging from only 52% fully vaccinated in North-Western to 80% in Western. Coverage increases with mother’s education and household wealth.

Vaccination Coverage by Province

Percentage of children age 12–23 completely vaccinated



Childhood Illnesses

In the two weeks before the survey, 5% of children under five had symptoms of an acute respiratory infection (ARI), and 18% had a fever.

During the two weeks before the survey, 16% of Zambian children under five had diarrhoea. The rate was highest (28%) among children 6 to 11 months old. Almost two-thirds of children with diarrhoea were taken to a health provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Almost all (95%) mothers with children born in the last five years know about ORS packets, but in the two weeks before the survey, only 67% of children with diarrhoea were treated with ORS or recommended home fluids. Thirty-four percent of children with diarrhoea were offered increased fluids and 16% received no treatment (from a medical professional or at home) at all.



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FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Zambia, with 98% of children ever breastfed. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Almost two-thirds (61%) of children under six months of age are being exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet a quarter of Zambian infants under six months receive complementary foods. On average, children breastfeed until the age of 20 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Zambia, 93% of children ages 6–9 months are eating complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6–23 months also be fed three or more other food groups. Sixty-eight percent of breastfed children in Zambia meet this recommendation. It is also recommended that non-breastfed children be fed milk or milk products, and four or more food groups. However, only one in five non-breastfed Zambian children receive milk or milk products, and a little more than half were fed four or more food groups.



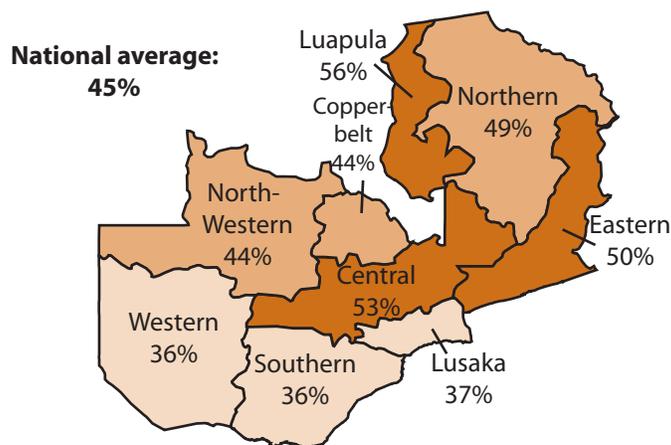
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Children's Nutritional Status

The ZDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2007 ZDHS, 45% of children under 5 are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (48%) than urban areas (39%). Stunting is least common among children of more educated mothers and those from wealthier families. Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (5%). Fifteen percent of Zambian children are underweight, or too thin for their age.

Stunting by Province

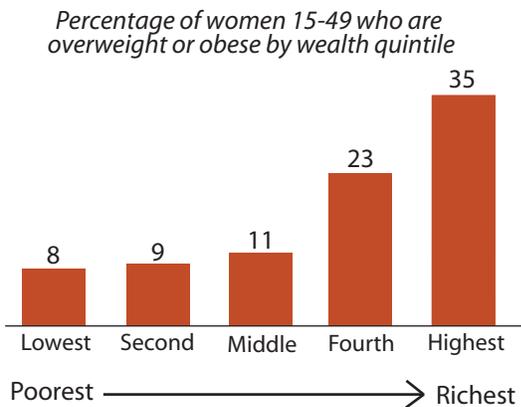
Percentage of children under five years who are stunted



Women's Nutritional Status

The 2007 ZDHS also took weight and height measurements of women age 15-49. Few Zambian women are too thin (10%), but one in five women are overweight or obese. Overweight is significantly higher in urban areas than rural areas (30% compared with 11%) and increases with age, with education, and with wealth. Women in Lusaka are most likely to be overweight or obese (34%).

Women's Overweight by Wealth

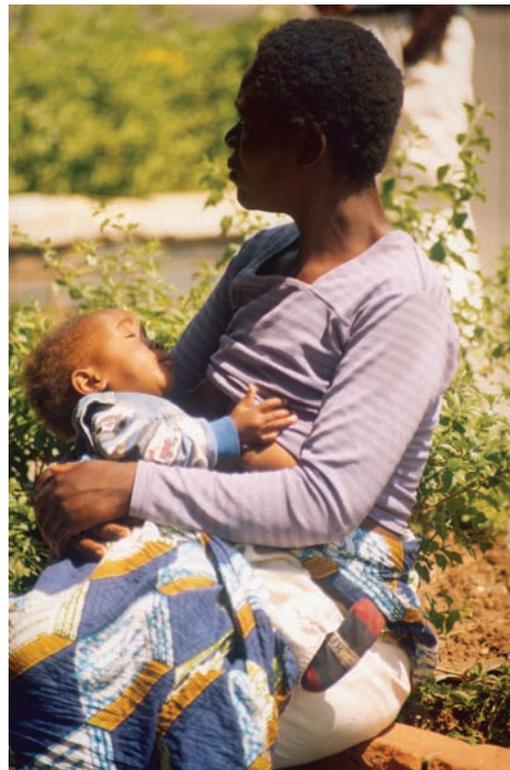


Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health.

Vitamin A, which prevents blindness and infection, is particularly important for children and new mothers. In the 24 hours before the survey, 87% of children age 6-35 months ate fruits and vegetables rich in vitamin A. Six in ten children age 6-59 months received a vitamin A supplement in the six months prior to the survey. Only 45% of women received a vitamin A supplement postpartum, however.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Only 44% of women took iron tablets or syrup for at least 90 days during their last pregnancy. Adequate iron supplementation during pregnancy was lowest in Central, where only 17% of pregnant women took iron tablets for 90+ days.



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MALARIA

Household Ownership of Mosquito Nets

In Zambia, more than half (53%) of households have at least one insecticide-treated mosquito net (ITN). ITN ownership is highest in Luapula (81%) and lowest in Southern (40%). Additionally, a quarter of households have more than one ITN.

Use of Mosquito Nets by Children

Overall, 29% of children under five slept under an ITN the night before the survey. More than half (56%) of children in Luapula slept under an ITN compared with only 17% of children in Southern. Children in the wealthiest households were almost twice as likely to sleep under an ITN as children in the poorest households (33% versus 19%).

Use of Mosquito Nets by Women and Pregnant Women

Twenty-eight percent of women age 15-49 slept under an ITN the night before the survey. Pregnant women were slightly more likely to sleep under an ITN (33%). Use of ITNs by pregnant women is slightly higher in rural areas than urban areas (34% versus 29%) and among educated women than non-educated women (47% versus 24%). Almost three-quarters of pregnant women in Luapula slept under an ITN, compared with only 13% in Southern.

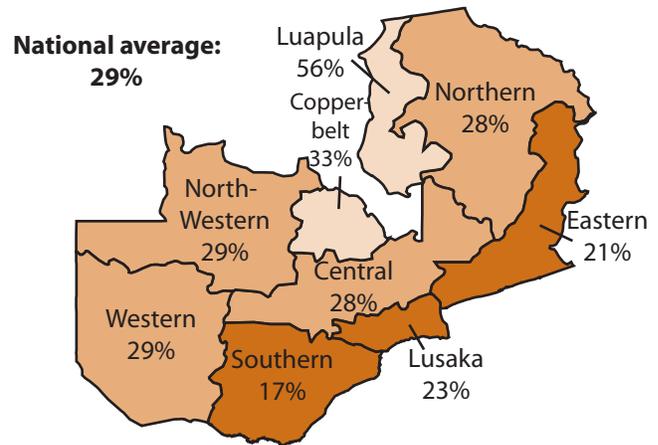
Antimalarial Drug Use

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar as intermittent preventive treatment (IPT). Overall, 82% of pregnant women received SP/Fansidar during an ANC visit, and 63% received two doses of the antimalarial drug.

Among children under five years who had fever in the two weeks before the survey, 38% were given antimalarial drugs, while only 21% were given antimalarial drugs the same day or the day following the onset of the fever.

Use of Mosquito Nets by Children

Percentage of children under five years who slept under an ITN the night before the survey



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DOMESTIC VIOLENCE

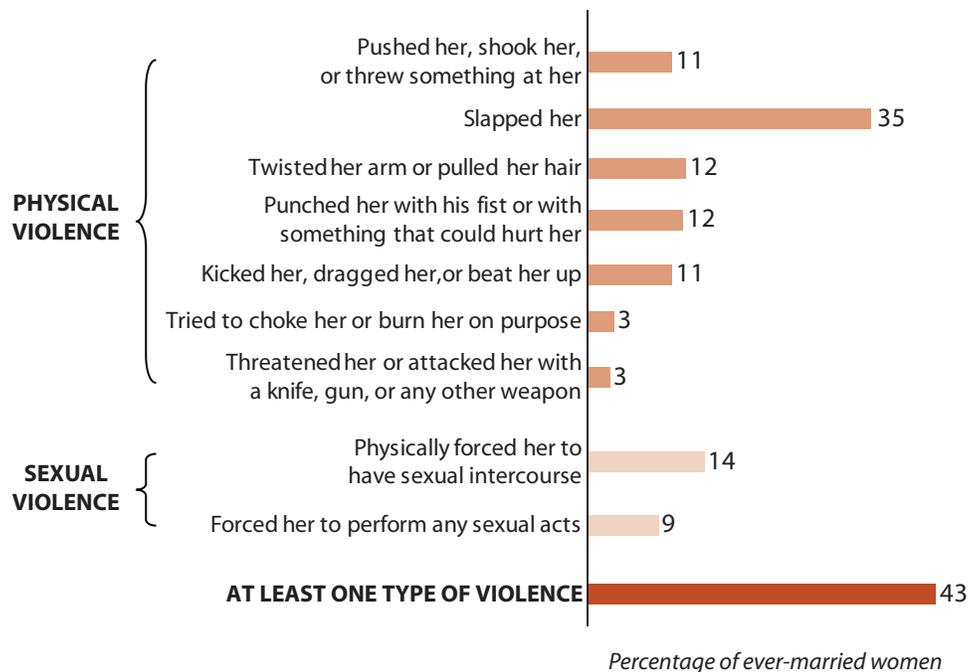
Almost half of women (47%) in Zambia have suffered from physical violence at some point since age 15. One-third of women suffered from acts of violence during the past 12 months. This proportion is significantly higher for divorced/separated/widowed women (41%) than single women (11%). One in ten women have ever experienced sexual violence.

Seventy percent of ever-married women who have experienced physical violence report that the perpetrator of the violence was a current husband or partner. More than half of Zambian women (54%) have suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual.

Forty-three percent of ever-married women report having experienced some form of physical or sexual violence by their husband or partner in the past year.

Women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink (70% and 39%, respectively). Furthermore, one in ten women stated that they suffered from acts of physical violence during pregnancy.

Women's Experiences with Domestic Violence



HIV/AIDS KNOWLEDGE AND ATTITUDES

Knowledge

According to the 2007 ZDHS, almost all Zambian adults have heard of HIV and AIDS, but knowledge of HIV prevention measures is lower. Only 69% of women and men age 15-49 know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful partner. However, 85% of women and men know that abstaining from sexual intercourse can reduce the risk. Prevention knowledge is higher among those with higher levels of education. Eighty-five percent of women and 75% of men know that HIV can be transmitted by breastfeeding. However, only 68% of women and 56% of men know that the risk of mother-to-child transmission can be reduced by taking drugs during pregnancy.

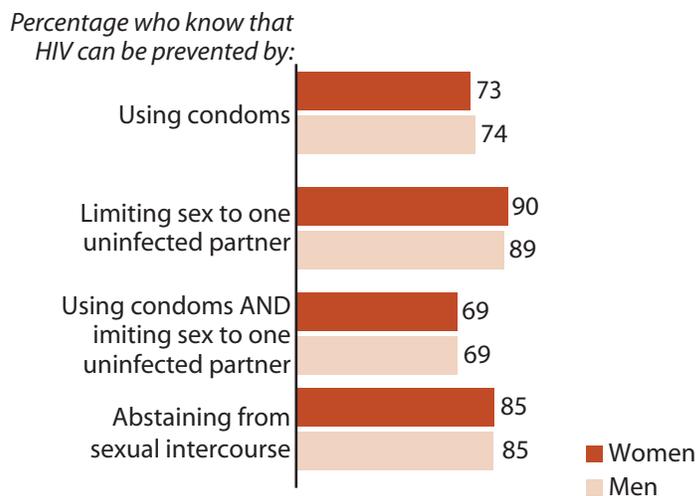
Many Zambians still have misconceptions about HIV/AIDS. About one-third of women and men believe that HIV can be transmitted by mosquito bites.

Attitudes

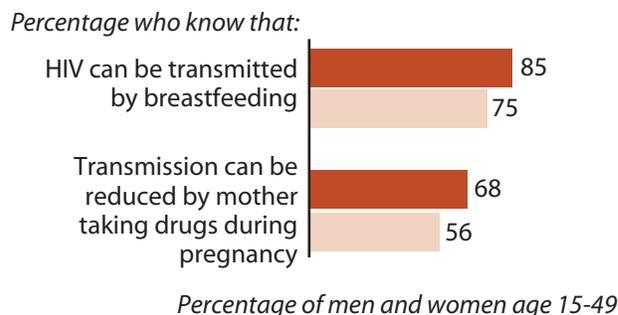
There is still a lot of stigma associated with HIV in Zambia. While most men and women say they are willing to take care of a family member with HIV, about half say that they would want to keep secret that a family member was HIV-positive. About two-thirds of women and three-quarters of men say that they would buy fresh vegetables from an HIV-positive shopkeeper.

Support for HIV prevention education is common in Zambia. More than half of women and two-thirds of men agree that children age 12-14 should be taught about using a condom to prevent HIV.

Knowledge of HIV Prevention



Maternal to Child Transmission



Negotiating Safer Sex

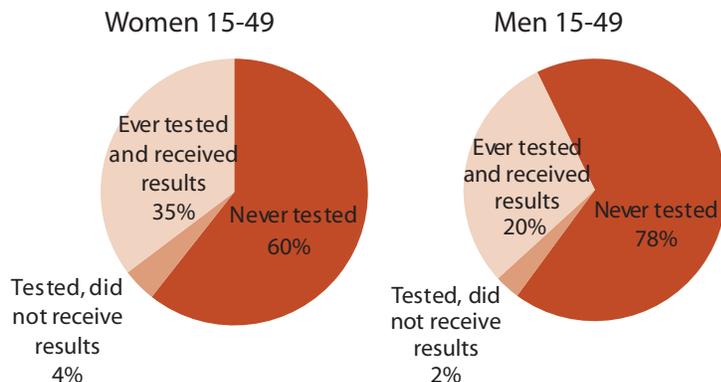
Most men and women say that women can negotiate with their husbands to have safer sex. Seventy-six percent of women and 86% of men believe that women can refuse sex if the husband has a sexually transmitted infection (STI). More than eight in ten women and men believe that the woman can propose condom use if the husband has an STI.

HIV/AIDS-RELATED BEHAVIOUR

HIV Testing

Most Zambians have never been tested for HIV, although most women and men age 15-49 know where to get an HIV test. Women are far more likely to have been tested for HIV; 35% of women have ever been tested and received results compared with only 20% of men. In the 12 months before the survey, 19% of women and 12% of men took an HIV test and received the results. Thirty-seven percent of women who were pregnant in the two years before the survey were offered and received HIV testing during antenatal care. HIV testing during antenatal care is much more common in urban areas (65%) than rural areas (25%) and is highest among women with more than secondary education (70%).

Prior HIV Testing



Higher-Risk Sex and Condom Use

In the 2007 ZDHS, higher-risk sex is defined as sex with a partner who is neither a spouse nor lived with the respondent in the 12 months preceding the survey. Overall, 17% of women engaged in higher-risk sex in the year before the survey, as did 38% of men. Half of these men and 37% of these women used a condom at their most recent higher-risk sex.

Higher-Risk Sex and Condom Use

Percentage of women and men (age 15-49) who had sex with a nonmarital, noncohabiting partner in the 12 months before the survey



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HIV PREVALENCE

HIV Prevalence

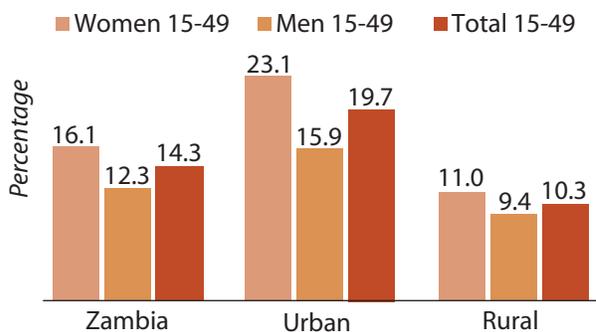
The 2007 ZDHS included HIV testing of over 10,000 women and men age 15-49. Seventy-seven percent of women aged 15-49 and 72% of men 15-59 agreed to be tested for HIV.

In Zambia, HIV prevalence has decreased slightly. The HIV prevalence of 14.3%, according to the 2007 ZDHS, represents a slight decrease from the 15.6% prevalence observed in the 2001-02 ZDHS. In the 2007 survey, 16.1% of women and 12.3% of men are positive for HIV. By comparison, in 2001-02, 17.8% of women and 12.6% of men had HIV. However, none of these decreases are statistically significant.

People living in urban areas are at higher risk of infection than those living in rural areas (20% versus 10%). HIV estimates vary by age, with men and women age 35-39 most likely to be HIV-positive. HIV prevalence also varies dramatically by province, ranging from 6.8% in Northern to 20.8% in Lusaka.

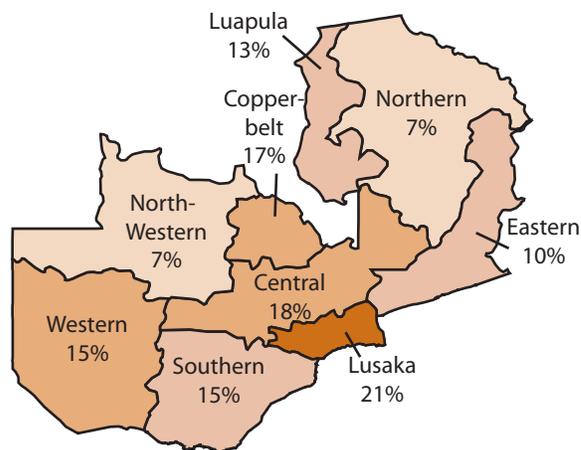
HIV prevalence is slightly higher among uncircumcised men than among circumcised men (13% and 11%). HIV prevalence is particularly high among widows and those who are divorced or separated; 53% of widowed women and 63% of widowed men are HIV-positive.

HIV Prevalence Among Adults Age 15-49



HIV Prevalence by Province

Percentage of women and men age 15-49



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WOMEN'S EMPOWERMENT

Employment

About six in ten women age 15-49 interviewed in the ZDHS are employed compared with almost all men (98%). Among those who are employed, men are slightly more likely to earn cash, while women are more likely than men to be unpaid. Women who earn cash generally earn less than their husbands.

Participation in household decisions

For the most part, Zambian women have the power to make household decisions. Women are most likely to have control over daily household purchases, while husbands often have final say over making larger household purchases. Ten percent of women do not participate at all in any of the four decisions asked about in the ZDHS.

Attitudes towards wife beating and refusing sex

More than six in ten women and half of men agree that a husband is justified in beating his wife for certain reasons. Fifty-seven percent of men agree that women are justified in refusing sexual intercourse with her husband for certain reasons compared with only 39% of women who agree with a wife's right to refuse sex.

ORPHANHOOD

About six in ten children under 18 (58%) live with both of their parents. One in five children under 18 are not living with either biological parent. Fifteen percent of children have one or both parents dead, while 19% are considered orphans and/or vulnerable. Over half of orphans (53%) do not live with all their siblings.

Orphans and vulnerable children (OVC) are slightly less likely than non-OVC to attend school or to possess the three basic needs: shoes, two sets of clothes, and at least one meal per day. Orphans and vulnerable children are also slightly more likely to be underweight than their non-OVC peers. Eighty-four percent of households with orphans and vulnerable children did not receive any support in the past year.

Dispossession of property is a common experience for widows in Zambia. Half of ever-widowed women were dispossessed of property. In addition, caregivers of children should plan for succession in case of illness. Only one-third of caregivers have made succession arrangements.

KEY INDICATORS

Fertility	Residence		
	Total	Urban	Rural
Total fertility rate (number of children per woman)	6.2	4.3	7.5
Women age 15–19 who are mothers or currently pregnant (%)	28	20	35
Median age at first marriage for women age 25–49 (years)	18.2	19.1	17.8
Median age at first intercourse for women age 25–49 (years)	17.2	17.8	16.9
Median age at first birth for women age 25–49 (years)	19.0	19.7	18.7
Married women (age 15–49) wanting no more children (%)	36	43	32
Family Planning (married women, age 15–49)			
Current use			
Any method (%)	41	48	37
Any modern method (%)	33	42	28
Currently married women with an unmet need for family planning ¹ (%)	27	23	28
Maternal and Child Health			
Maternity care			
Pregnant women who received antenatal care from a health professional (%)	94	99	91
Births assisted by a health professional (%)	47	83	31
Births delivered in a health facility (%)	48	84	33
Child immunisation			
Children 12–23 months fully vaccinated ² (%)	68	71	66
Nutrition in Children			
Children under 5 years who are stunted (moderate or severe) (%)	45	39	48
Children under 5 years who are wasted (moderate or severe) (%)	5	4	6
Children under 5 years who are underweight (%)	15	13	15
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	53	53	54
Children under 5 years who slept under an ITN the night before the survey (%)	29	30	28
Pregnant women who slept under an ITN the night before the survey (%)	33	29	34
Childhood Mortality			
Infant mortality (between birth and first birthday) ³	74	80	82
Under-five mortality (between birth and fifth birthday) ³	110	132	139
HIV/AIDS-related Knowledge			
Knows ways to avoid HIV:			
Having one sexual partner (women age 15–49/men age 15–49) (%)	90/89	90/92	90/86
Using condoms (women age 15–49/ men age 15–49) (%)	73/74	73/76	73/72
Knows HIV can be transmitted by breastfeeding (women age 15–49/ men age 15–49) (%)	85/75	88/73	83/76
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women age 15–49/ men age 15–49) (%)	68/56	77/58	62/55
HIV Prevalence			
HIV prevalence for women age 15–49 (%)	16.1	23.1	11.0
HIV prevalence for men age 15–49 (%)	12.3	15.9	9.4

¹ Currently married women who do not want any more children or want to wait at least 2 years before their next birth but are not currently using a method of family planning. ² Fully vaccinated includes BCG, measles, and three doses of DPT or DPT-Hep B-Hib, and three doses of polio (excluding Polio 0 and Polio 4) ³ Number of deaths per 1,000 births; figures are for the ten-year period before the survey

Provinces								
Central	Copper-belt	Eastern	Luapula	Lusaka	Northern	North-Western	Southern	Western
6.4	4.8	7.1	7.2	4.1	7.9	7.3	6.7	6.2
29	20	30	32	21	27	37	36	44
18.0	18.4	17.6	17.3	19.4	17.7	17.4	18.5	20.4
17.4	17.7	17.0	16.5	17.7	17.8	15.7	17.2	16.1
18.8	19.2	18.9	18.4	20.0	19.0	18.3	18.8	19.3
37	46	39	28	36	32	28	36	28
33	48	53	16	46	38	32	46	33
27	42	49	14	40	17	22	39	23
29	27	24	35	22	29	25	26	22
92	96	98	93	100	91	85	95	84
34	75	43	34	78	29	41	36	42
33	76	45	36	78	31	42	38	45
72	73	72	61	70	55	52	74	80
53	44	50	56	37	49	44	36	36
6	2	4	5	4	6	8	5	11
15	15	13	18	10	17	20	13	13
56	55	50	81	50	48	54	40	55
28	33	21	56	23	28	29	17	29
25	35	25	71	22	38	37	13	32
64	79	82	97	85	94	65	64	97
118	133	151	157	135	159	108	103	139
91/94	90/93	95/76	92/96	89/91	79/84	91/93	91/91	95/82
72/79	73/78	79/61	70/79	69/73	66/71	75/83	76/75	86/77
78/69	88/73	93/78	86/85	88/72	79/74	82/80	81/75	81/75
59/59	72/53	69/56	55/56	81/58	64/60	57/50	73/61	62/49
22.0	21.6	11.0	11.5	22.4	7.7	9.1	15.8	16.1
12.6	12.3	9.5	15.3	19.0	5.7	4.5	13.2	13.9

