



Zimbabwe

2015 Demographic and Health Survey

Key Findings





The 2015 Zimbabwe Demographic and Health Survey (2015 ZDHS) was implemented by the Zimbabwe National Statistics Agency from July through December 2015. The HIV testing component was implemented by the National Microbiology Reference Laboratory (NMRL). The funding for the ZDHS was provided by the Government of Zimbabwe, the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Kingdom Department for International Development (UKaid), the Royal Danish Embassy, the Australian Agency for International Development (AusAID), the European Union (EU), the Swedish International Development Cooperation (SIDA), and Irish Aid. ICF International 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.

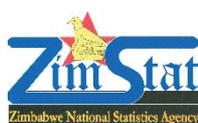
Additional information about the 2015 ZDHS may be obtained from the Zimbabwe National Statistics Agency (ZIMSTAT), P.O. Box CY 342, Causeway, Harare, Zimbabwe; Telephone +263-4-793-971/2 and 794-757; Fax: +263-4-728-529 and 708-854; E-mail: dg@zimstat.co.zw.

Additional information about The DHS Program may be obtained from ICF International, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA. Telephone: 301-407-6500; Fax: 301-407-6501; E-mail: info@DHSprogram.com; Internet: www.DHSprogram.com.

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ABOUT THE 2015 ZDHS

The 2015 Zimbabwe (ZDHS) is designed to provide data for monitoring the population and health situation in Zimbabwe. The 2015 ZDHS is the sixth Demographic and Health Survey conducted in Zimbabwe since 1988, and the objective of the survey was to provide reliable estimates of fertility levels and preferences, awareness and use of family planning methods, breastfeeding practices, nutritional status of mothers and young children, early childhood mortality and maternal mortality, maternal and child health, and knowledge and behaviour regarding HIV/AIDS and other sexually transmitted infections (STIs). In addition, the 2015 ZDHS provides estimates of anaemia prevalence among children age 6-59 months and adults, and gives estimates of HIV prevalence. These data are intended to be used by program managers and policymakers to evaluate and improve existing programs.

Who participated in the survey?

A nationally representative sample of 9,955 women age 15-49 and 8,396 men age 15-54 in 10,534 selected households were interviewed. This represents a response rate of 96% of women and 92% of men. The sample design for the 2015 ZDHS provides estimates at the national level, for urban and rural areas, and for each of Zimbabwe's ten provinces.



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

Zimbabwean households have an average of just over 4 members. Two in five households (41%) are headed by women. Zimbabwe's population is quite young: 43% of the household population is under 15 years of age.

Water, Sanitation, and Electricity

One-third of households in Zimbabwe have electricity. More than 80% of households in urban areas have electricity compared with only 10% of households in rural areas.

Nationally, more than three-quarters of households have an improved water source. Access to improved water is almost universal in urban households (97%) and quite common in rural households (69%). More than one-quarter of households (29%) spend at least 30 minutes (round trip) to obtain drinking water.

Just over one-third of households have an improved toilet facility, while 30% have a facility that would be considered improved if it was not shared. One-third of households have an unimproved facility, including 23% that do not have any sanitation facility at all.

Ownership of Goods

Almost 90% of households in Zimbabwe have a mobile phone, while only 43% have a radio and 37% have a television. Ten percent of Zimbabwean households have a computer. Ownership of these goods is more common in urban than rural households.

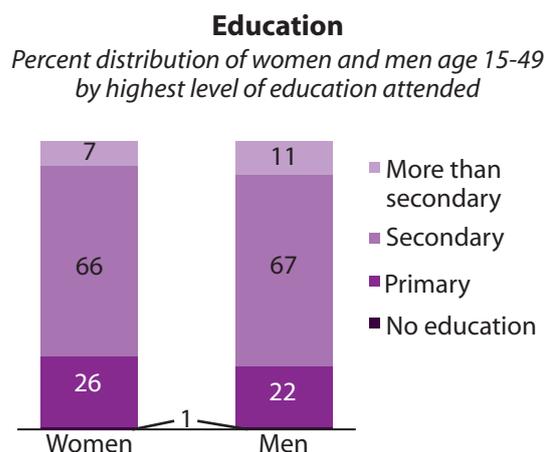
Overall, just under one quarter of households have a bicycle, and 12% have a car or truck.



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Education

Almost all women and men age 15-49 in Zimbabwe have had at least some primary education. Over 70% of women and men age 15-49 have attended some secondary school. Only 7% of women and 11% of men have more than secondary school.



FERTILITY AND ITS DETERMINANTS

Total Fertility Rate

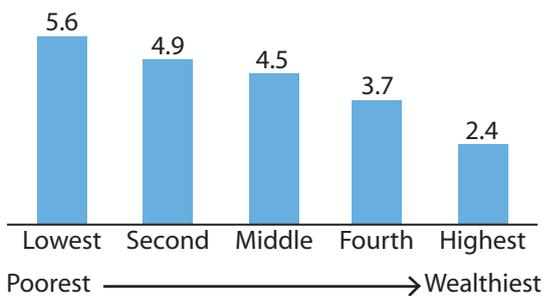
Currently, women in Zimbabwe have an average of 4.0 children. Fertility has been relatively stable since the 1990s.

Women living in rural areas have 1.7 more children, on average, than women living in urban areas (total fertility rate of 4.7 and 3.0, respectively). Fertility also differs by province, ranging from a low of 2.7 in Bulawayo to a high of 5.0 in Manicaland.

Fertility decreases with women's education and household wealth*. Women with no education have more than twice as many children, on average, as women with more than secondary education (4.7 compared with 2.2). Women in the poorest households have an average of 5.6 children compared with 2.4 children among women in the wealthiest households.

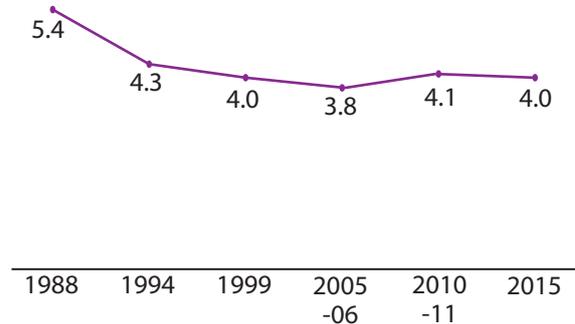
Total Fertility Rate by Household Wealth

Number of births per woman based on the three-year period before the survey



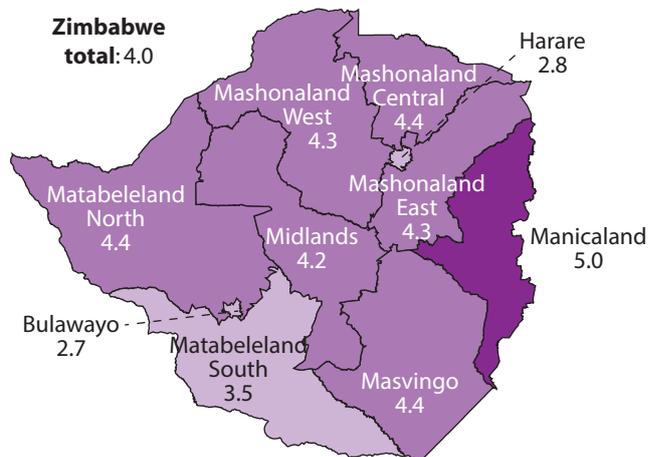
Trends in Fertility

Number of births per woman based on the three-year period before the survey



Total Fertility Rate by Province

Number of births per woman based on the three-year period before the survey



* 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 their relative standing on the household wealth index.

Age at First Marriage, Sexual Intercourse, and Birth

Just over 60% of women and 50% of men age 15-49 in Zimbabwe are currently married. One-quarter of women and 45% of men have never been married.

Women marry at an earlier age than men: 29% of women age 25-49 were married by age 18, compared to 3% of men. Similarly, 52% of women were married by age 20, while only 9% of men were married by age 20.

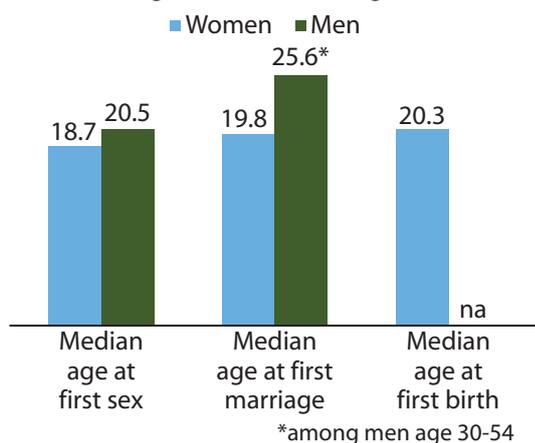
Overall, women in Zimbabwe marry at a median age of 19.8. That is, half of women age 25-49 in Zimbabwe were married by age 19.8. Women in urban areas marry an average of two years later than women in rural areas (median age of 21.2 versus 19.1). Women with no education marry quite early, at a median age of 17.2. Men's median age at first marriage (among those age 30-54) is much later, at 25.6 years.

Zimbabwean women have their first sexual intercourse at a median age of 18.7, about one year before marriage. Men initiate sexual intercourse at a median age of 20.5. Overall, 40% of women and 24% of men age 25-49 started sexual activity by age 18.

Women have their first birth at a median age of 20.3. Women in urban areas have their first birth two years later than women in rural areas (median age of 21.6 compared to 19.6). Women with more than secondary education have their first birth almost 6 years later than women with no education (median age of 24.0 compared to 18.1).

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49



Teenage Fertility

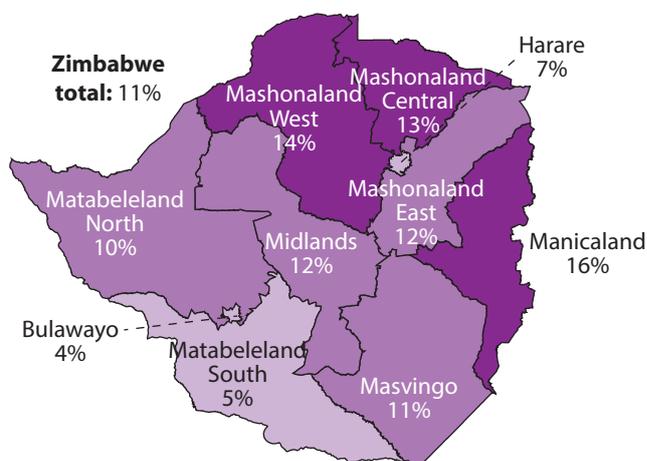
More than 1 in 5 adolescent women age 15-19 are already mothers (17%) or are pregnant with their first child (5%). About 30% of young women in Mashonaland Central and Matabeleland South have begun childbearing compared to 10% of young women in Harare. Teenage childbearing decreases with education and household wealth.

Polygyny

About 1 in 10 women report that they are in polygynous union. Polygyny according to women's report is most common in Manicaland (16%) and least common in Bulawayo (4%). Among the men interviewed in the 2015 ZDHS, 5% reported that they have two or more wives.

Polygyny by Province

Percent of married women age 15-49 with at least one co-wife



FAMILY PLANNING

Current Use of Family Planning

Two thirds (66%) of currently married women age 15-49 are currently using a modern method of family planning. The same proportion (66%) of sexually active unmarried women are using a modern method. Only 1% of currently married women and 1% of sexually active unmarried women are using a traditional method.

The pill (41%), injectables (10%), and implants (10%) are the most commonly used modern methods among married women. Sexually active, unmarried women are more likely to use male condoms (27%).

Use of modern methods by married women is high throughout Zimbabwe, in both rural and urban areas. Modern method use ranges from 57% in Manicaland to 71% in Mashonaland West and Bulawayo.

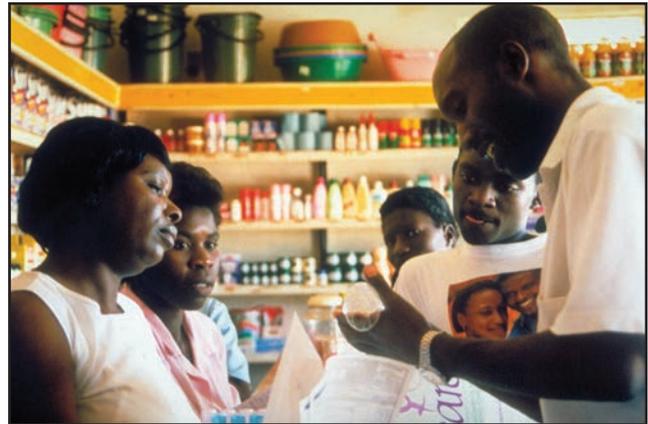
While family planning use increases with both education and wealth, it is important to note that use is relatively high even among those with no education (49%) and those from the poorest households (62%).

Trends in Family Planning Use

Use of family planning has been increasing since 1988 when only 36% of married women were using a modern method. Use of modern methods has increased again in recent years, from 57% in 2010-11 to 66% in 2015. This is due primarily to an increase in use of implants (from 3% in 2010-11 to 10% in 2015).

Source of Family Planning Methods

Almost three-quarters of contraceptive methods are supplied by the public sector in Zimbabwe; 22% are supplied by the private sector, and 5% by other sources. Male condoms are the only method regularly supplied by non-public sources.

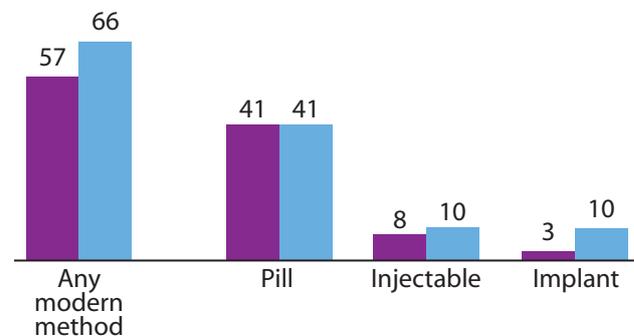


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Trends in Family Planning Use by Most Common Methods

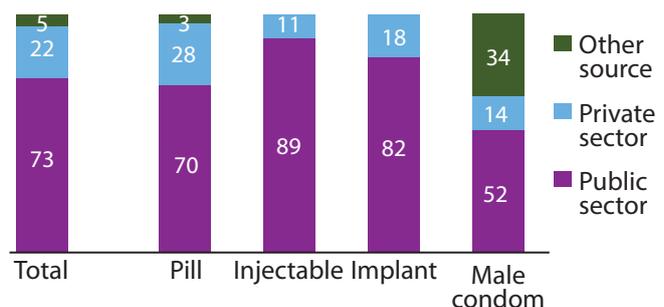
Percent of married women age 15-49 using family planning

■ 2010-11 ■ 2015



Source of Modern Contraceptive Methods

Percent distribution of users of modern methods age 15-49 by most recent source of method



NEED FOR FAMILY PLANNING

Desire to Delay or Stop Childbearing

Forty-two percent of married women want no more children. In addition, 35% would like to wait at least two years before their next birth. These women are potential users of family planning.

Unmet Need for Family Planning

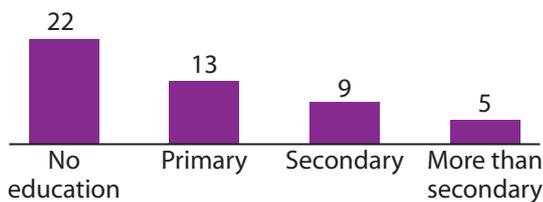
Unmet need for family planning is defined as the percent of married women who want to space their next birth or stop childbearing entirely but are not using contraception.

In Zimbabwe, 10% of married women age 15-49 have an unmet need for family planning: 6% for spacing and 4% for limiting.

Unmet need is relatively low among currently married women throughout Zimbabwe, ranging from 7% in Mashonaland West to 16% in Matabeleland South. The group with the highest unmet need is uneducated women, at 22%.

Unmet Need for Family Planning by Education

Percent of married women age 15-49 with an unmet need for family planning



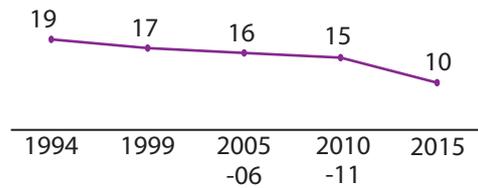
Sexually active unmarried women are more likely than married women to have an unmet need for family planning—12% for spacing and 9% for limiting.

Trends in Unmet Need for Family Planning

Unmet need for family planning has been slowly declining since 1994 when 19% of married women had an unmet need.

Trends in Unmet Need for Family Planning

Percent of married women age 15-49 with an unmet need for family planning



Exposure to Family Planning Messages

Women and men were asked in the ZDHS if they had seen or heard any family planning messages on the radio, television, newspapers/magazines, pamphlets or posters, or via mobile phone. The radio was the most common source of family planning messages for both women (28%) and men (35%). However, more than half of women and 41% of men said that they did not hear family planning messages from any of these sources.

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 available family planning methods.

Among current users of modern methods in Zimbabwe, 63% were informed about side effects, 55% were told what to do if they experienced side effects, and 74% were told about other family planning methods available to them.

CHILDHOOD MORTALITY

Rates and Trends

The infant mortality rate in Zimbabwe in 2015 was 50 infant deaths for every 1,000 live births. The under-five mortality rate was 69 deaths for every 1,000 live births. This means that about 1 in every 15 children in Zimbabwe does not survive until his or her fifth birthday.

Under-five and infant mortality have declined slightly since 2010-11, continuing the general trend of improvement since 1999 and returning to the mortality levels experienced in the 1980s.

Mortality Rates by Background Characteristics

Both infant and under-five mortality are higher in rural areas than urban areas. Childhood mortality varies among provinces, from a low of 50 under-five deaths per 1,000 live births (for the ten-year period before the survey) in Bulawayo to more than 100 under-five deaths in Mashonaland East, Mashonaland West, and Manicaland.

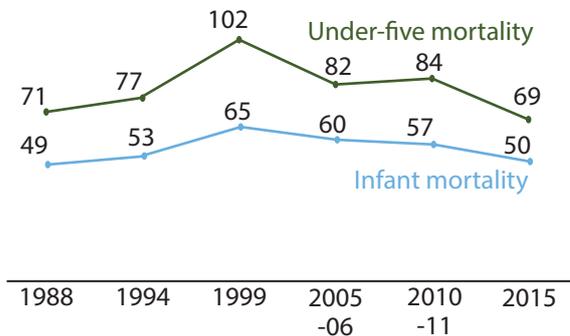
Childhood mortality decreases with mother's education and household wealth. Under-five mortality is five times greater among children whose mothers have only primary education (106 deaths per 1,000 live births) than among children whose mothers have gone beyond secondary school (26 deaths per 1,000 live births).

Birth Intervals

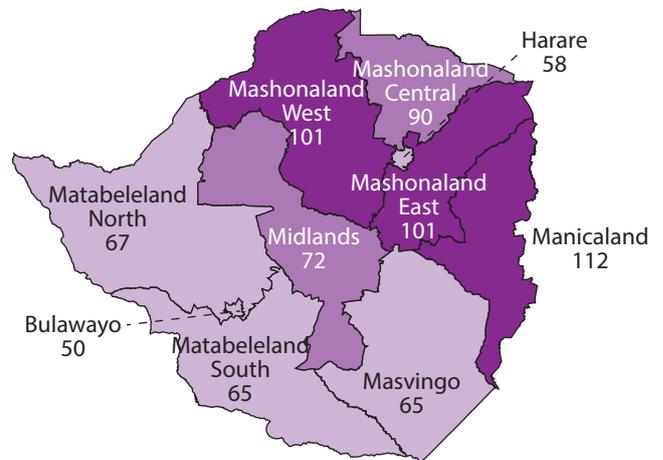
Spacing children at least 36 months apart reduces the risk of infant death. Infants born less than two years after a previous birth have high under-five mortality rates. In Zimbabwe, the under-five mortality rate for infants born less than two years after a previous birth is more than twice the mortality rate of those born three or four years after the previous birth.

In Zimbabwe, the median birth interval is almost 44 months. Only 11% of children in Zimbabwe are born less than two years after their most recent sibling.

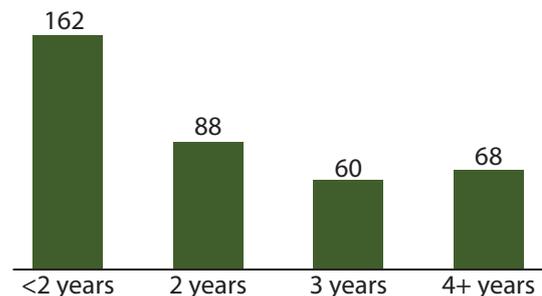
Trends in Childhood Mortality
Deaths per 1,000 live births in the five-year period before the survey



Under-Five Mortality by Province
Deaths per 1,000 live births for the ten-year period before the survey



Under-Five Mortality by Previous Birth Interval
Deaths per 1,000 live births for the ten-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

More than 90% of women age 15-49 with a live birth in the five years before the survey received antenatal care (ANC) from a skilled provider (doctor, nurse, or nurse midwife). Seven percent of women had no antenatal care at all.

The timing and quality of antenatal care are also important. Three-quarters of women age 15-49 attended four or more ANC visits, as recommended. Only 39% of had their first ANC visit in the first trimester of pregnancy.

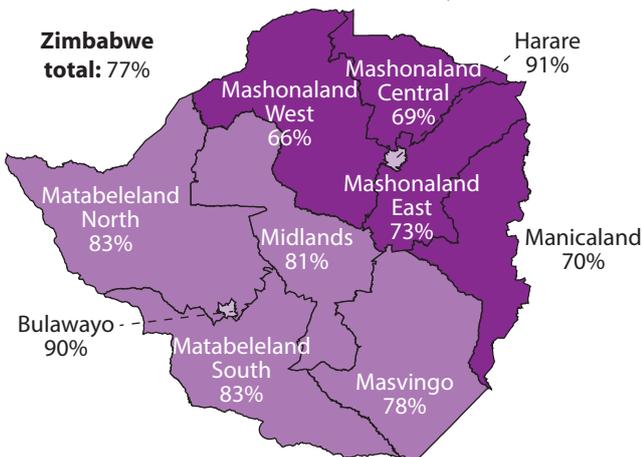
The majority (83%) of women with a live birth took iron tablets/syrup during their pregnancy. Almost all women who had ANC for their most recent birth had their blood pressure measured and a blood sample taken; only 68% had a urine sample taken. The last live birth of over half (54%) of women was protected against neonatal tetanus.

Delivery and Postnatal Care

Over three-quarters (77%) of births in Zimbabwe are delivered in a health facility. The majority of births (65%) are delivered in public facilities. Health facility births are more common in urban than rural areas (92% versus 70%). More than 90% of births in Harare and Bulawayo occur in a health facility compared with 66% in Mashonaland West. Overall, 20% of births occur at home.

Health Facility Deliveries by Province

Percent of live births in the 5 years before the survey delivered in a health facility



Similarly, 78% of births are assisted by a skilled provider. Both health facility births and skilled attendance at birth are highest among more educated women and those from the wealthiest households.

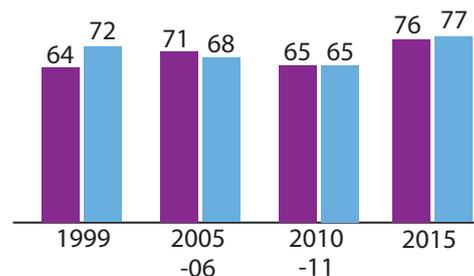
Postnatal care helps prevent complications after childbirth. Fifty-seven percent of women age 15-49 received a postnatal checkup within two days of delivery, as recommended. One-third of women received no postnatal checkup within 41 days of delivery. Newborns in Zimbabwe are more likely to receive postnatal care: 73% received a postnatal check up within two days of delivery.

Maternal Health Trends

Antenatal care and health facility births have increased since 2010-11 after a decline between 1999 and 2010-11.

Trends in Maternal Health

■ Percent of women with a live birth in the 5 years before the survey who attended 4+ ANC visits for her last birth
 ■ Percent of live births in the 5 years before the survey that were delivered in a health facility



Maternal Mortality

The 2015 ZDHS asked women about deaths of their sisters to determine maternal mortality – deaths associated with pregnancy and childbearing. The maternal mortality ratio in Zimbabwe for the seven years before the 2015 survey is 651 deaths per 100,000 live births (confidence interval: 473,829).

The MMR presented in the 2015 ZDHS is lower than that presented in the 2010-11 ZDHS (960), and additional analysis indicates that this decrease is a statistically significant decline.

CHILD HEALTH

Basic Vaccination Coverage

Just over three-quarters (76%) of children age 12-23 months received all basic vaccinations – one dose each of BCG and measles and three doses each of a DPT-containing vaccine and polio. Basic vaccination coverage ranges from a low of 62% in Masvingo to a high of 91% in Matabeleland North. Currently, 10% of children age 12-23 months in Zimbabwe have received no vaccines.

Basic vaccination coverage has improved in recent years, up from 65% in 2010-11 and 53% in 2005-06. Similarly, the percentage of children who have received no vaccines has decreased, from 21% in 2005-06 to the current rate of 10%

Age Appropriate Vaccination Coverage

According to the 2015 ZDHS, 42% of children age 12-23 months have received all age appropriate vaccinations. This includes all basic vaccinations plus three doses of pneumococcal and two doses of rotavirus vaccines.

Childhood Illnesses

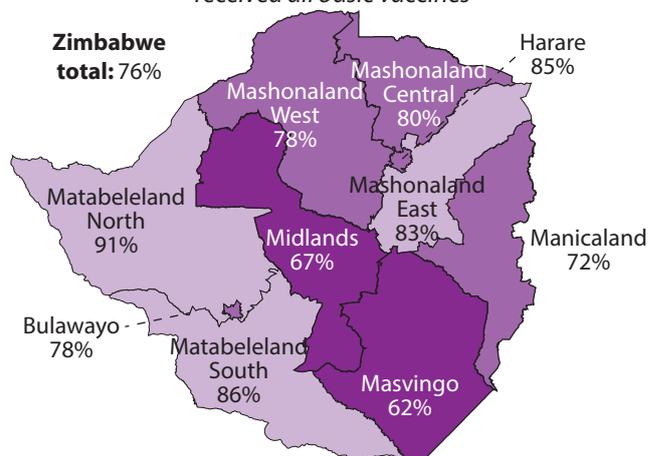
Four percent of children under age five had symptoms of acute respiratory infection (ARI) in the two weeks before the survey. Among these children, about half were taken to a health facility or provider for advice or treatment.

Seventeen percent of children under age five had diarrhoea in the two weeks before the survey. Diarrhoea prevalence is highest among those age 6-23 months (30%). Among those with diarrhoea, 39% were taken to health facility or provider

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). Three-quarters (78%) of children under age five with diarrhoea received ORT or increased fluids; 20% received no treatment.

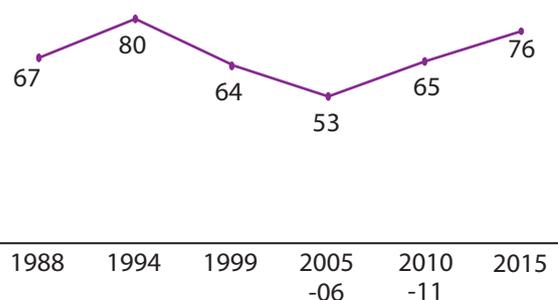
Basic Vaccination Coverage by Province

Percent of children age 12-23 months who received all basic vaccines



Trends in Basic Vaccination Coverage

Percent of children age 12-23 months who have received all basic vaccinations



FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Almost all children (98%) born in Zimbabwe in the two years before the survey were ever breastfed. Over half (58%) were breastfed in the first hour of life, while 93% were breastfed in the first day of life. Thirteen percent of children received a prelacteal feed, that is, something other than breastmilk in the first three days of life, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Almost half of Zimbabwean children under six months are exclusively breastfed.

Children under age three were breastfed for an average of just over 17 months, and exclusively breastfed for an average of 3.5 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Ninety percent of children age 6-8 months receive complementary food

Use of Iodised Salt

The ZDHS tested household salt for the presence of iodine. Three-quarters of ZDHS households had their salt tested. Among these, 95% had iodised salt.

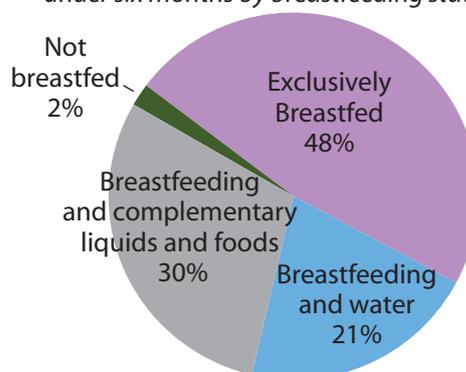
Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A prevents blindness and infection, especially in children. Almost three-quarters (72%) of children age 6-23 months ate foods rich in vitamin A the day before the survey and 67% of children age 6-59 months received a vitamin A supplement in last six months. Almost half of children consumed food rich in iron the day before the survey and 18% received deworming medication in the six months before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anaemia and other complications. While 83% of women took iron tablets of syrup during their last pregnancy, only 40% took them for 90 or more days, as recommended.

Breastfeeding Status Under Six Months

Percent distribution of last born children under six months by breastfeeding status



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NUTRITIONAL STATUS

Children's Nutritional Status

The 2015 ZDHS measured children's nutritional status by comparing height and weight measurements against an international reference standard. The results indicate that 27% of children under age five are stunted, or too short for their age. Stunting is an indication of chronic undernutrition.

By province, stunting is most common in Matabeleland South (31%) and least common in Bulawayo (19%). Stunting is highest among children whose mothers have no education (45%).

In Zimbabwe, 3% of children under age five are wasted, or too thin for their height. Wasting is an indication of acute malnutrition. Eight percent of children under five are underweight, or too thin for their age. Six percent of children under five are overweight.

Stunting has declined slightly since 2010-11 and more substantially since 2005-06 when more than one in three children was stunted.

Women and Men's Nutritional Status

The 2015 ZDHS also took weight and height measurements of women and men age 15-49. The ZDHS indicates that 6% of women are thin, 59% have a normal body mass index (BMI), and 35% are overweight or obese. Among men, 13% are thin, 75% have a normal BMI, and 12% are overweight or obese.

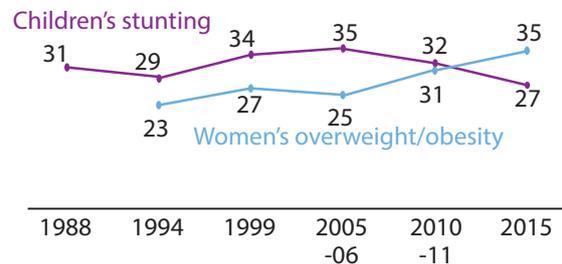
Women's overweight and obesity are most common among those with more than secondary education (57%) and those from the wealthiest households (50%). Women in urban areas are also more likely to be overweight than their rural counterparts (46% versus 28%). These same patterns are also observed among men.

Overweight/obesity among women has been on the rise since 2005-06, but remains essentially unchanged among men.

Anaemia

More than one in three children (37%) age 6-59 months are anaemic: 22% have mild anaemia and 15% have moderate anaemia. Childhood anaemia is common in all provinces, ranging from 29% in

Trends in Children's and Women's Nutrition
Percent of children under age 5 who are stunted and percent of women age 15-49 who are overweight/obese



Masvingo to 42% in Harare. Anaemia is especially high in the youngest children: 66% of children age 6-8 months are anaemic.

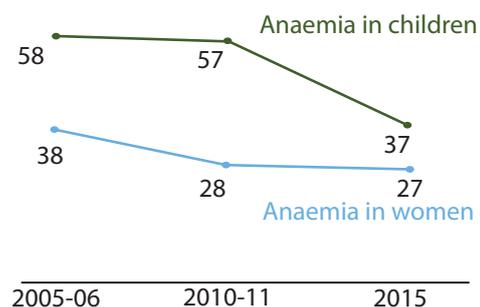
While childhood anaemia is still quite common, prevalence has dropped dramatically since 2010-11 when 57% of children were anaemic.

More than one-quarter (27%) of women age 15-49 are anaemic. Most of these are mild or moderate cases. Anaemia in women ranges from a low of 22% in Manicaland to a high of 43% in Matabeleland South.

The current anaemia prevalence among women (27%) is essentially unchanged from the rate reported in 2010-11 (28%), but is lower than the rate reported in 2005-06 (38%).

Anaemia is less common among men: 15% of men age 15-49 in Zimbabwe are anaemic. Anaemia among men is also highest in Matabeleland South (25%).

Trends in Anaemia: Children and Women
Percent of children under age 5 and women age 15-49 with any anaemia



MALARIA

Mosquito Nets

Almost half of Zimbabwean households (48%) have a long lasting insecticidal net (LLIN)*. Just over one-quarter (26%) of households have enough LLINs to cover each household member, assuming one LLIN is used by two people.

Among the household population, 9% slept under an LLIN the night before the survey. Children and pregnant women are most vulnerable to malaria. However, only 9% of children under age five and 6% of pregnant women slept under an LLIN the night before the survey.

Indoor Residual Spraying

Nationally, 21% of households had indoor residual spraying (IRS) against mosquitoes in the 12 months before the survey. IRS is most common in Matabelaland North (44%) and quite uncommon in Harare and Bulawayo (2% each).

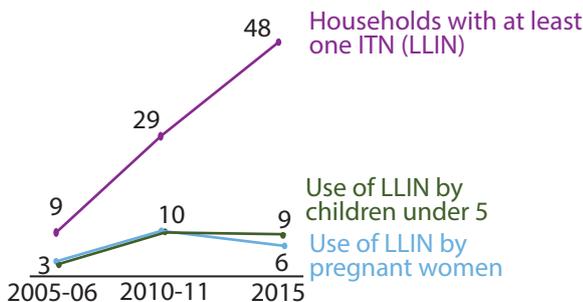
In total, 39% of households had either IRS in the past 12 months or have at least one LLIN for every two people in the household.

Trends in Net Ownership and Use

Household ownership of LLINs has increased substantially since 2005-06, but use of LLINs has remained low and has even decreased since 2010-11.

Trends in Net Ownership and Use

Percent of households, pregnant women, and children



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Management of Malaria in Children

Fourteen percent of children under age five had a fever in the two weeks before the survey. Advice or treatment was sought for half of these children. Thirteen percent of children with fever had blood taken from a finger or heel for testing.

* In Zimbabwe, the terms LLIN and insecticide-treated net (ITN) can be used interchangeably.

HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV Prevention Methods

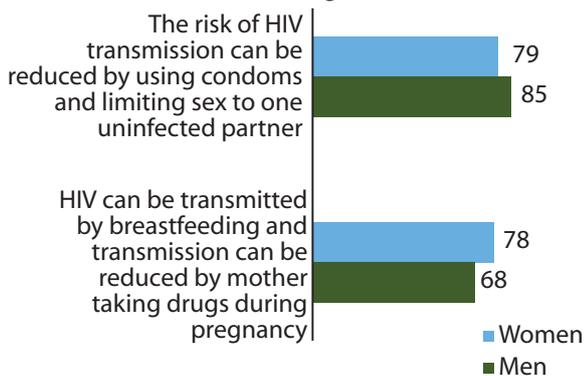
In Zimbabwe, 79% of women and 85% of men age 15-49 know that using condoms and limiting sex to one uninfected partner can reduce the risk of HIV. This knowledge is slightly higher in urban areas than rural areas, and increases with education among both women and men. Only 68% of women with no education know both prevention strategies compared to 92% of women with more than secondary education.

Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

More than three-quarters of women and men age 15-49 know that HIV can be spread by breastfeeding. Over 90% of women and 86% of men know that the risk of HIV transmission from mother to child can be reduced by the mother taking drugs during pregnancy.

Knowledge of HIV Prevention and MTCT

Percent of women and men age 15-49 who know that:



Multiple Sexual Partners

One percent of women and 14% of men age 15-49 reported that they had had two or more sexual partners in the year before the survey. Among them, half of women and 37% of men say that they used a condom during last sex.

Overall, women report 1.8 lifetime sexual partners while men report 6.1 lifetime sexual partners.

HIV Testing

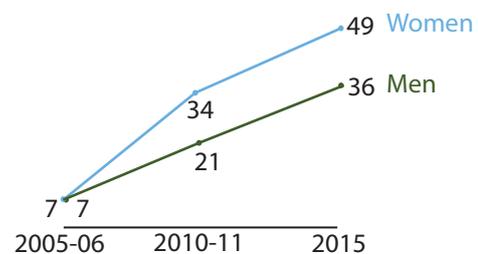
Over 90% of women and men age 15-49 know where to get an HIV test. Eighty percent of women and 62% of men have ever been tested for HIV and received the results. Almost half of women (49%) and 36% of men have been tested in the year before the survey and received the results of the most recent test.

Recent HIV testing among women is relatively high in all provinces (range of 45% in Manicaland to 55% in Mashonaland Central) and across wealth quintiles. Women with no education are least likely to have been recently tested for HIV and received the results (39%).

HIV testing has become much more common since 2005-06 when only 7% of women and men had been tested for HIV in the year before the survey.

Trends in Recent HIV Testing

Percent of women and men age 15-49 who have been tested for HIV in the year before the survey and received the results of the test



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Seven in ten (71%) pregnant women age 15-49 received counselling on HIV and an HIV test during antenatal care, and the result of the test.

HIV PREVALENCE

HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2015 ZDHS. Of the 10,351 women and 8,724 men age 15-49 eligible for testing, 88% of women and 81% of men provided specimens for HIV testing. In addition, of the 17,821 children age 0-14 eligible for HIV testing, 86% provided specimens.

Overall, 14% of Zimbabwean adults age 15-49 are HIV positive. HIV prevalence is higher among women (17%) than men (11%).

Among adults, HIV prevalence is 14% in both urban and rural areas, but varies by province. HIV prevalence is highest in Matabeleland South (22%) and lowest in Manicaland (11%).

HIV prevalence increases with age until it reaches a peak at 31% among women 40-44 and 29% among men age 50-54.

Women and men who have never been married are least likely to be HIV positive (5%), while 16% of married women and men are HIV positive. More than half of widowed women and men are HIV positive.

HIV Prevalence among Children and Youth

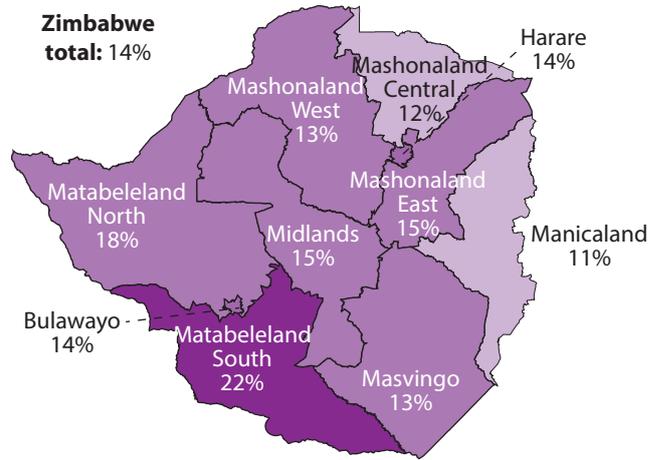
Two percent of children age 0-14 tested positive for HIV in the 2015 ZDHS.

Among young adults age 15-24, 7% of young women and 3% of young men are HIV positive. HIV prevalence among youth is highest in Matabeleland South where 16% of young women are HIV positive.

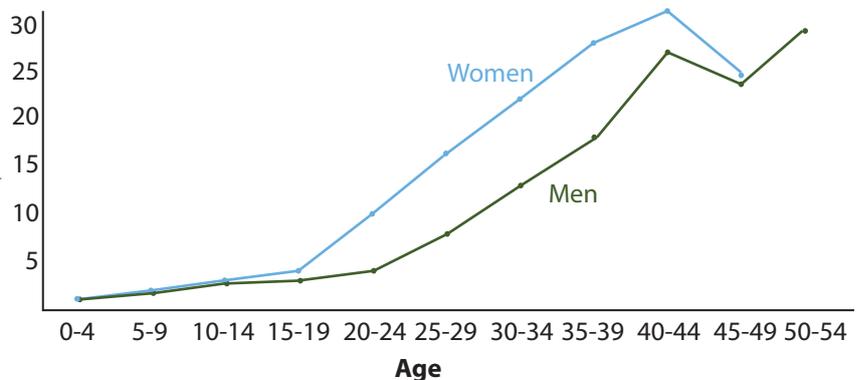
Trends in HIV Prevalence

HIV prevalence among adults age 15-49 has decreased since 2005-06 when 21% of women and 15% of men were HIV positive. This change does appear to reflect change in the population over time, but is also likely affected by an aging of the HIV positive population in Zimbabwe and a change in the HIV testing algorithm.

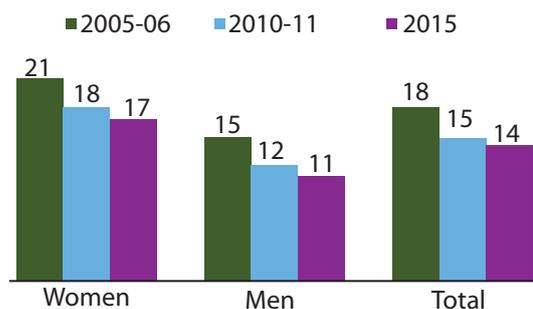
HIV Prevalence by Province
Percent of adults age 15-49 who are HIV positive



HIV Prevalence by Age
Percent HIV positive



Trends in HIV Prevalence
Percent of women and men age 15-49 who are HIV positive



WOMEN'S EMPOWERMENT

Employment

Just over half (55%) of married women age 15-49 were employed in the 12 months before the survey compared to 90% of married men. Among the women who were employed in the year before the survey, 75% of them were paid in cash only, while 5% were unpaid. In comparison, 77% of men received cash only, while 11% were unpaid.

More than two-thirds of women earning cash report that they earn less than their husbands.

Ownership of Assets

Just over one-third of women and men (37% each) own a home alone or jointly. Thirty percent of women and 34% of men own land alone or jointly.

Participation in Household Decisions

The 2015 ZDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives.

More than 80% of married women age 15-49 say that they have sole or joint decisionmaking power in their own health care, major household purchases, and visits to her family or relatives. Overall, 72% of married women participate in all three decisions, while 3% participate in none of these decisions.

Participation in decisionmaking is highest among women with more than secondary education (88% participate in all three decisions) and lowest among those with no education (63% participate in all three decisions).

Problems in Accessing Health Care

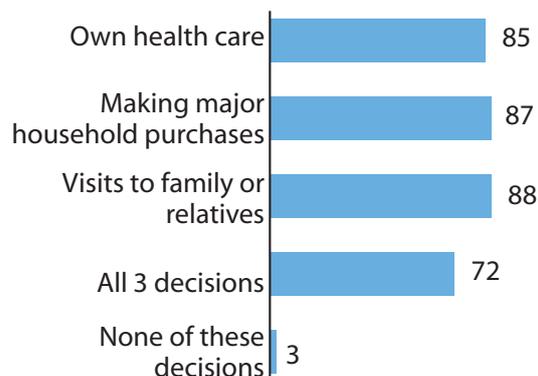
Almost 60% of women age 15-49 report experiencing at least one problem in accessing health care. Getting money for treatment and the distance to the health facility are the most common challenges women report.



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Participation in Decisionmaking

Percent of married women age 15-49 who make decisions alone or jointly with their spouse



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

The 2015 ZDHS asked women and men if a husband is justified in beating his wife if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sexual intercourse with him. Almost 40% of women age 15-49 believe a husband is justified in beating his wife for at least one of these reasons. Going out without telling him (23%) and neglecting the children (21%) are the most common justifications for wife beating among women.

One third of men age 15-49 believe a husband is justified in beating his wife for any of the cited reasons. Again, going out without telling the husband and neglecting the children were the two most commonly agreed with reasons among men.

Experience of Physical Violence

More than one-third (35%) of women age 15-49 have ever experienced physical violence since age 15. Fifteen percent of women have experienced physical violence in last 12 months. Women with more than secondary education and those from the wealthiest households are least likely to report having recently experienced physical violence.

Among ever-married women, the most common perpetrators of physical violence are current or former husbands and partners. Among never-married women, the most common perpetrators are family members, including mothers and fathers, siblings, and other relatives, as well as teachers.

Experience of Sexual Violence

Fourteen percent of women age 15-49 report that they have ever experienced sexual violence; 8% have experienced sexual violence in the 12 months before the survey. Current and former husband/partner and current/former boyfriends are the most common perpetrators of sexual violence, followed by other relatives and strangers.

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Six percent of women age 15-49 who have ever been pregnant have experienced violence during pregnancy. The youngest women (age 15-19) are most likely to have experienced violence during pregnancy (11%).

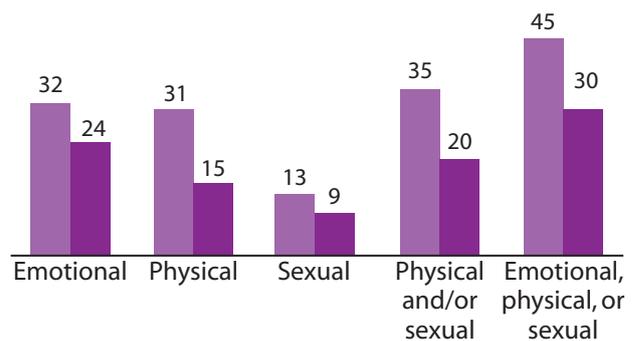
Spousal Violence

More than one in three (35%) ever-married women age 15-49 have experienced spousal violence (physical or sexual violence committed by their husband/partner). Twenty percent of ever-married women have experienced physical or sexual violence by their partner in the year before the survey. Ever-experience of spousal violence is relatively common throughout Zimbabwe, ranging from 20% in Matabeleland North to 45% in Mashonaland West.

Spousal Violence

Percent of ever-married women who have experienced the following types of spousal violence

■ Ever ■ Past 12 months



Four percent of ever-married women report that they have ever committed physical violence against their husband/partner when he was not already beating her or physically hurting her.

Help-seeking behaviour

Almost 40% of women age 15-49 who have experienced physical or sexual violence sought help to stop the violence. More than half of these women sought help from their own families while 37% went to their husband/partners family. Twenty-one percent sought help from the police.

