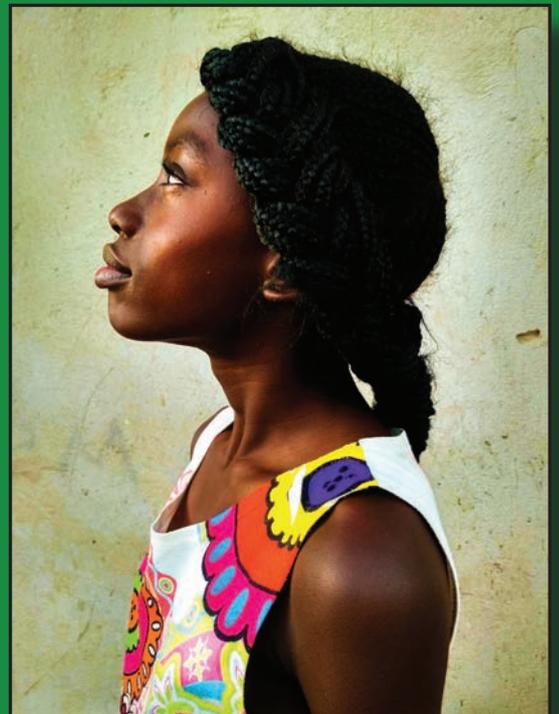




Zambia

2018 Demographic and Health Survey

Summary Report





This report summarizes the 2018 Zambia Demographic and Health Survey (2018 ZDHS). The 2018 ZDHS was implemented by the Zambia Statistics Agency in partnership with the Ministry of Health, the University Teaching Hospital-Virology Laboratory (UTH-VL), and the Department of Population Studies at the University of Zambia (UNZA) under the overall guidance of the National Steering Committee. Funding for the 2018 ZDHS was provided by the United States Agency for International Development (USAID). Additional funding was provided by the Global Fund, the Department for International Development (DfID), and the United Nations Population Fund (UNFPA). 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 2018 ZDHS may be obtained from the Zambia Statistics Agency, P.O. Box 31908, Lusaka, Zambia; Telephone: (260-211) 251377/85 257604/05; Fax: (260-211) 253468; e-mail: Info@zamstats.gov.zm; www.zamstats.gov.zm

Additional information about The DHS Program may be obtained from ICF, 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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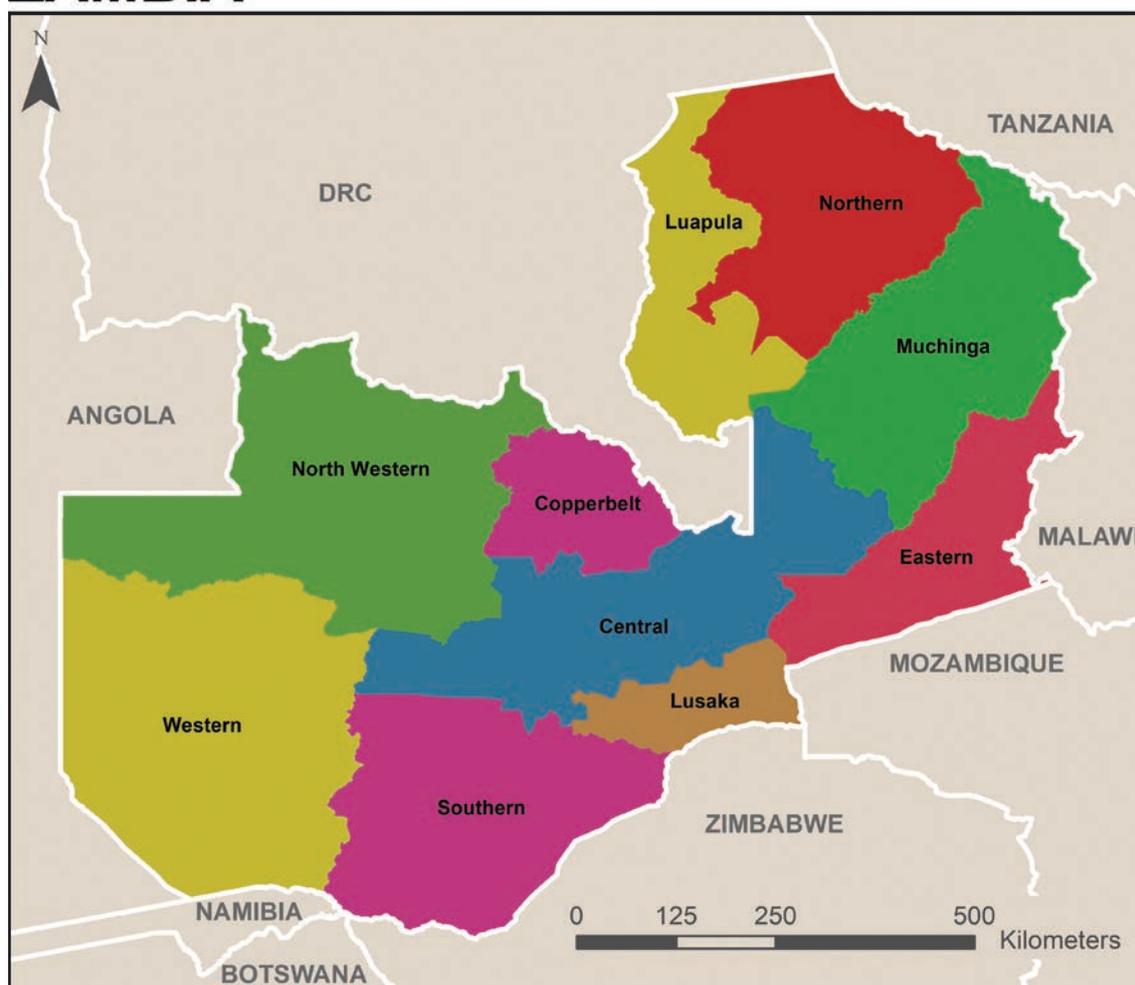
ABOUT THE 2018 ZDHS

The 2018 Zambia Demographic and Health Survey (ZDHS) is designed to provide data for monitoring the population and health situation in Zambia. The 2018 ZDHS is the 6th Demographic and Health Survey conducted in Zambia since 1992, and the objective of the survey was to provide reliable estimates of demographic and health indicators including fertility, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, domestic violence, and HIV/AIDS that can be used by programme managers and policymakers to evaluate and improve existing programmes.

Who participated in the survey?

A nationally representative sample of 13,683 women age 15-49 and 12,132 men age 15-59 in 12,831 households were successfully interviewed. This represents a response rate of 96% of women and 92% of men. The sample design for the 2018 ZDHS provides estimates at the national level, for urban and rural areas, and for each of the 10 provinces.

ZAMBIA



CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Household Composition

The average household size in Zambia is 5.0 persons. Twenty-seven percent of households are headed by women. Forty-eight percent of the population in Zambia is under age 15.

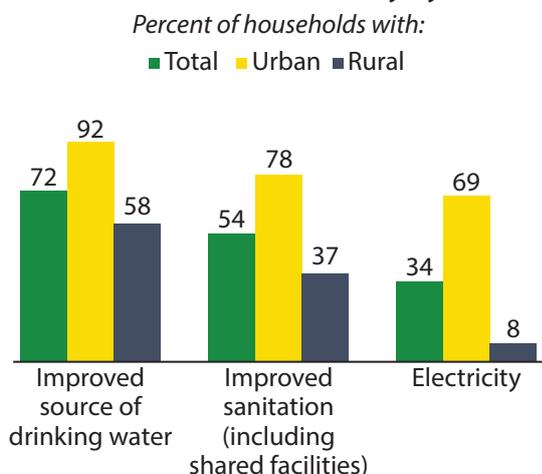
Water, Sanitation, and Electricity

Almost three-quarters of households in Zambia (72%) have access to an improved source of drinking water. Urban households (92%) are more likely to have access to an improved source than rural households (58%).

More than half of households (54%) in Zambia use an improved sanitation facility, including facilities shared with other households. Urban households are twice as likely as rural households to use improved sanitation facilities (78% versus 37%). More than one-third of households (36%) use unimproved sanitation, while 1 in 10 households have no sanitation facility or openly defecate.

More than one-third of households in Zambia have electricity (34%). Nearly 70% of urban households have electricity, compared with 8% of rural households.

Water, Sanitation, and Electricity by Residence



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Ownership of Goods

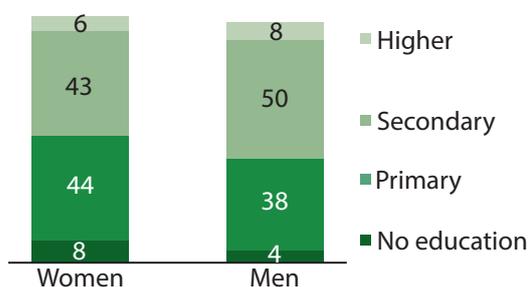
Nearly three-quarters of households in Zambia own a mobile phone (74%), 47% own a radio, and 37% own a television. Urban households are more likely than rural households to own a mobile telephone, radio, or television. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

Education

Eight percent of women age 15-49 in Zambia have no education, compared with 4% of men age 15-49. Forty-four percent of women and 38% of men attended primary school. More than 4 in 10 women and 50% of men attended secondary school. Only 6% of women and 8% of men have higher education. One-third of women and 18% of men are illiterate, meaning they cannot read.

Education

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



FERTILITY AND ITS DETERMINANTS

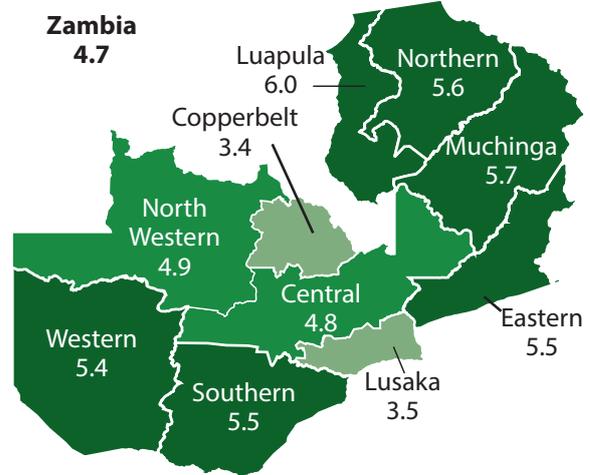
Total Fertility Rate

Currently, women in Zambia have an average of 4.7 children. Since 1992, fertility has decreased from 6.5 children per woman to the current level.

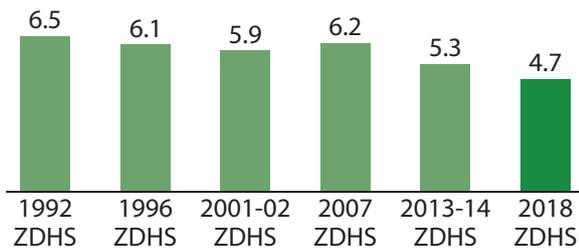
Fertility varies by residence and province. Women in rural areas have an average of 5.8 children, compared with 3.4 children among urban women. By province, fertility ranges from 3.4 children per woman in Copperbelt to 6.0 children per woman in Luapula.

Fertility also varies with education and household wealth. Women with higher education have an average of 2.4 children, compared with 6.4 children among women with no education. Fertility decreases as the wealth of the respondent's household* increases. Women living in the poorest households have an average of 6.7 children, compared with 3.0 children among women living in the wealthiest households.

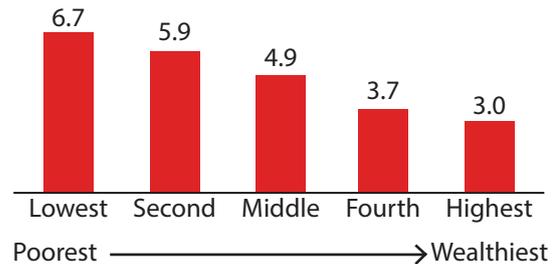
Total Fertility Rate by Province
Births per woman for the three-year period before the survey



Trends in Total Fertility Rate
Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth
Births per woman for the three-year period before the survey



* Household wealth 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 Sexual Intercourse, Marriage, and Birth

The median age at first sexual intercourse for women age 25-49 is 16.6 years, compared with 18.5 years among men 25-49. Women with higher education begin sexual activity 4.2 years later than women with no education (20.0 years versus 15.8 years). Seventeen percent of women begin sexual activity before age 15, while 69% begin sexual activity before age 18.

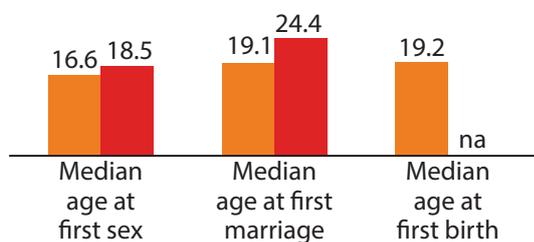
In Zambia, women marry much earlier than men. The median age at first marriage for women age 25-49 years is 19.1 years, compared with 24.4 years for men age 25-49. Women from rural areas marry 2 years earlier than women from the urban areas (18.3 years versus 20.3 years).

The median age at first birth for women age 25-49 is 19.2 years. Thirty-four percent of women give birth by age 18.

Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49

■ Women ■ Men



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Polygyny

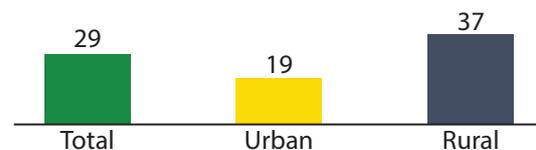
Eleven percent of married women age 15-49 are in a polygynous union, meaning they have at least one co-wife. Five percent of men age 15-49 have more than one wife.

Teenage Fertility

In Zambia, 29% of young women age 15-19 are already mothers or pregnant with their first child. Rural young women age 15-19 are twice as likely to have begun childbearing than urban young women (37% versus 19%). By province, teenage pregnancy ranges from a low of 15% in Lusaka to a high of 43% in Southern.

Teenage Childbearing by Residence

Percent of women age 15-19 who have begun childbearing



FAMILY PLANNING

Current Use of Family Planning

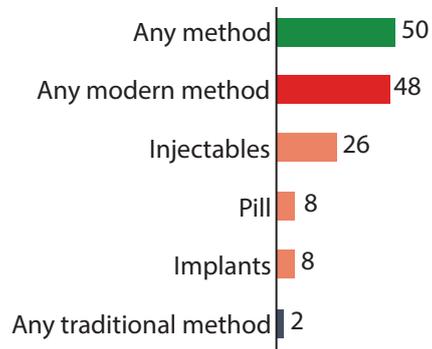
Half of married women age 15-49 use any method of family planning—48% use a modern method and 2% use a traditional method. The most popular methods are injectables (26%), implants (8%), and the pill (8%).

Among sexually active, unmarried women age 15-49, 43% use a modern method and 1% use a traditional method. The most popular methods among sexually active, unmarried women are injectables (21%), implants (9%), and the male condom (7%).

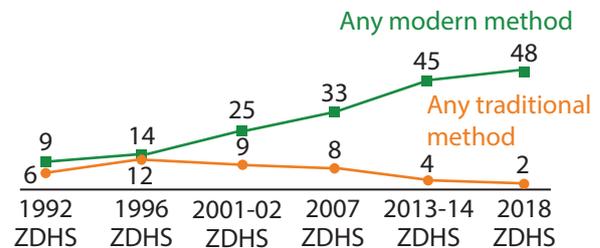
Use of modern methods of family planning among married women varies by residence, wealth, and province. Modern method use is higher among urban women (53%) than rural women (44%). In general, modern family planning use increases with wealth. Thirty-eight percent of women from the poorest households use a modern method, compared with 54% of women in the fourth wealth quintile. Modern method use ranges from a low of 30% in Western to a high of 54% in Lusaka and Eastern.

The use of family planning has increased from 15% in 1992 to 50% in 2018. Additionally, modern method use among married women increased from 9% in 1992 to 48% in 2018.

Family Planning
Percent of married women age 15-49 using family planning

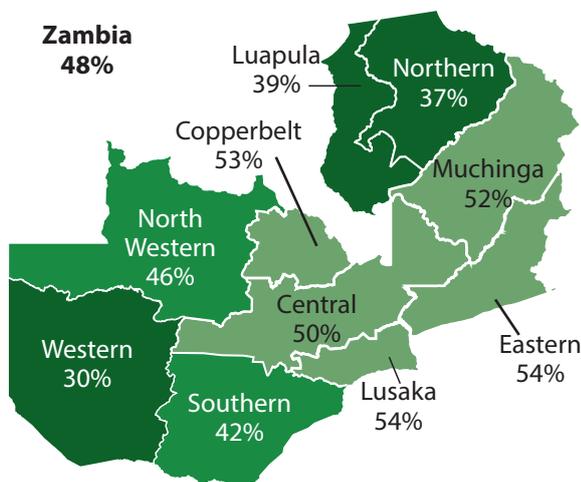


Trends in Family Planning Use
Percent of married women age 15-49 using family planning



Modern Method Use by Province

Percent of married women age 15-49 using a modern method of family planning



Demand for Family Planning

Forty-two percent of women want to delay childbearing (delay first birth or space another birth) by at least two years, and 28% do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Zambia is 69%.

The total demand for family planning includes both met need and unmet need. Met need is the contraceptive prevalence rate. In Zambia, 50% of married women use any family planning method.

Unmet Need for Family Planning

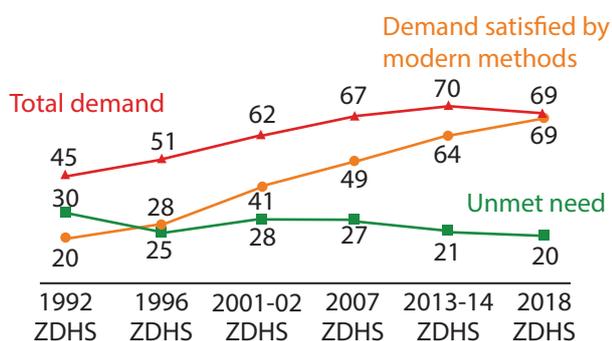
Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using any family planning method. In Zambia, 20% of married women age 15-49 have an unmet need for family planning – 12% want to delay, while 8% want to stop childbearing.

Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. More than two-thirds of the demand for family planning is satisfied by modern methods. The total demand for family planning in Zambia among married women increased from 45% in 1992 to 69% in 2018. Similarly, the demand satisfied by modern methods has increased from 20% to 69% during the same time period. Unmet need has decreased from 30% in 1992 to 20% in 2018.

Trends in Demand for Family Planning

Percent of married women age 15-49



Exposure to Family Planning Messages

Radio is the most common media source for family planning messages in Zambia. Eighteen percent of women and 27% of men age 15-49 heard a family planning message on the radio in the few months before the survey. Other sources of family planning messages include the television (13% for women and 17% for men) and the mobile phone (3% for women and 8% for men). Overall, 77% of women and 64% of men have not been exposed to family planning messages via any media or other source.

Informed Choice

Family planning clients should be informed about side effects of the method used, what to do if they experience side effects, and about other available family planning methods. Eighty-two percent of current modern method users were informed about the side effects of their method, 77% were informed about what to do if they experienced side effects, and 84% were informed about other available methods. Overall, 73% of women were provided with all three types of information.

CHILDHOOD MORTALITY

Rates and Trends

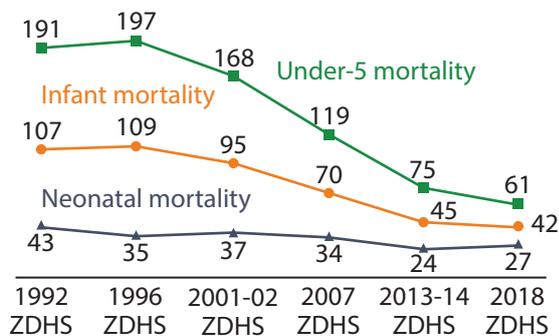
Infant and under-5 mortality rates for the five-year period before the survey are 42 and 61 deaths per 1,000 live births, respectively. The neonatal mortality rate is 27 deaths per 1,000 live births. At these mortality levels, about 1 in 16 children in Zambia does not survive to their fifth birthday.

In Zambia, infant and under-5 mortality levels have consistently decreased since 1996. Since 2013-14, infant mortality has remained essentially unchanged, 45 to 42 deaths per 1,000 live births in 2018. During the same time period, under-5 mortality has slightly declined from 75 to 61 deaths per 1,000 live births. Neonatal mortality has remained at approximately the same levels, from 24 to 27 deaths per 1,000 live births.



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



Under-5 Mortality Rate by Background Characteristics

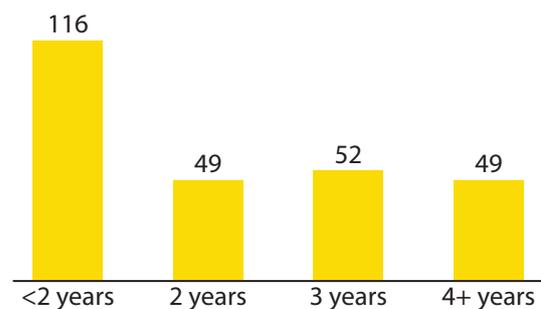
The under-5 mortality rate differs by mothers' education and province for the ten-year period before the survey. Children whose mothers have no education are more likely to die by age 5 (69 deaths per 1,000 live births) than children whose mothers have higher education (47 deaths per 1,000 live births). By province, under-5 mortality ranges from 26 deaths per 1,000 live births in North Western to 110 deaths per 1,000 live births in Luapula.

Birth Intervals

Spacing births at least 36 months apart reduces the risk of infant death. The median birth interval in Zambia is 38.3 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is drastically higher among children born less than two years after a previous birth (116 deaths per 1,000 live births) than among children born four or more years after a previous birth (49 deaths per 1,000 live births). Overall, 1 in 7 children are born less than two years after their siblings.

Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



MATERNAL HEALTH CARE

Antenatal Care

In Zambia, the majority of women (97%) age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife and clinical officer), most commonly from a nurse/midwife (93%). The timing and number of ANC visits are also important. Thirty-seven percent of women had their first ANC visit in the first trimester, as recommended. Nearly two-thirds (64%) of women made four or more ANC visits.

Almost all women (97%) took iron tablets or syrup during pregnancy. Seventy-nine percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 95% had their blood pressure measured, 96% had a blood sample taken, and 65% had a urine sample taken.

Delivery and Postnatal Care

More than 8 in 10 births (84%) are delivered in a health facility, primarily in public sector facilities (78%). Only 15% of births are delivered at home. Women with no education (66%) and those from the poorest households (73%) are least likely to deliver at a health facility. Health facility deliveries have steadily increased since 2007 when less than half (48%) of births were delivered in a health facility.

Overall, 80% of births are assisted by a skilled provider. The majority of births are delivered by a nurse/midwife (71%). Women with no education (62%) and those living in the poorest households (67%) are least likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has steadily increased from 47% in 2007 to 80% in 2018.

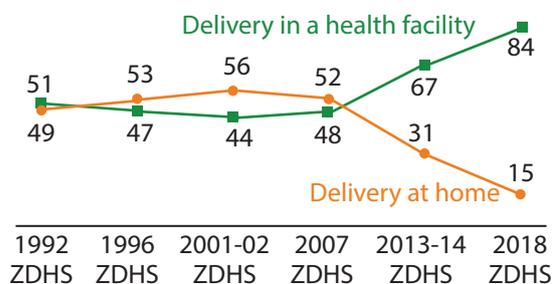
Postnatal care helps prevent complications after childbirth. In Zambia, 7 in 10 women age 15-49 received a postnatal check within two days of delivery, while 22% did not have a postnatal check within 41 days of delivery. Seventy-two percent of newborns received a postnatal check within two days of birth, while 21% did not have a postnatal check.



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Trends in Place of Delivery

Percent of live births in the five years before the survey



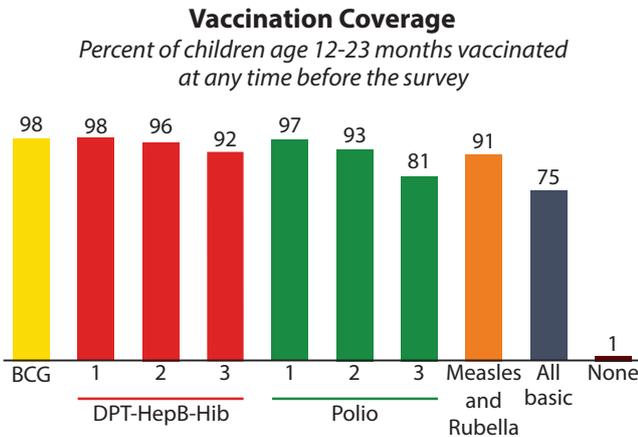
Maternal Mortality

Maternal mortality includes deaths of women during pregnancy, delivery, and 42 days after delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Zambia is 252 per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2018 ZDHS MMR ranges from 158 to 347 deaths per 100,000 live births.

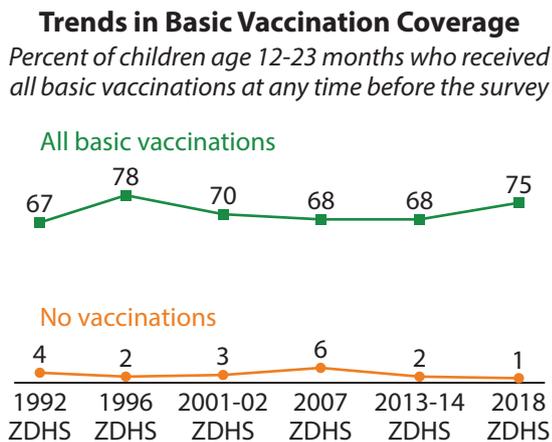
CHILD HEALTH

Basic Vaccination Coverage

In Zambia, 75% of children age 12-23 months have received all basic vaccinations – one dose each of BCG and measles vaccine and three doses each of DPT-HepB-Hib and polio vaccines. Only 1% of children did not receive any vaccinations.



Basic vaccination coverage varies by province and is highest in Copperbelt (83%) and lowest in Luapula (67%). Basic vaccination coverage increases with mother’s level of education, from 66% among children whose mothers have no education to 88% among children whose mothers have higher education. Basic vaccination coverage has increased since 2007 and 2013-14 when 68% of children had received all basic vaccinations. The proportion of children who have received no vaccinations has declined from 6% in 2007 to 1% in 2018.



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Childhood Illnesses

In the two weeks before the survey, 2% of children under five were ill with symptoms of acute respiratory infection (ARI) such as chest-related short, rapid breathing and/or difficulty breathing. Among these children, treatment or advice was sought for 76%.

Fifteen percent of children under five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children in Western (23%) and among children age 6-11 months (30%) and age 12-23 months (28%). Sixty-nine percent of children under five with diarrhoea had treatment or advice sought.

Children with diarrhoea should take more fluids, particularly through oral rehydration therapy (ORT) which includes oral rehydration salts (ORS), recommended home fluids, and increased fluids. Additionally, children under five with diarrhoea should receive zinc. More than three-quarters (78%) of children under five with diarrhoea received ORT, while 15% received no treatment. More than one-third of children (34%) under five with diarrhoea received ORS and zinc.

FEEDING PRACTICES AND SUPPLEMENTATION

Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Zambia with the majority of children (98%) ever breastfed. About three-quarters of children (76%) were breastfed within the first hour of life, while 96% were breastfed within 24 hours after delivery. Seven percent of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Seven in ten children under six months are exclusively breastfed. Children under 3 are breastfed for a median duration of 19.4 months and are exclusively breastfed for 4.3 months .

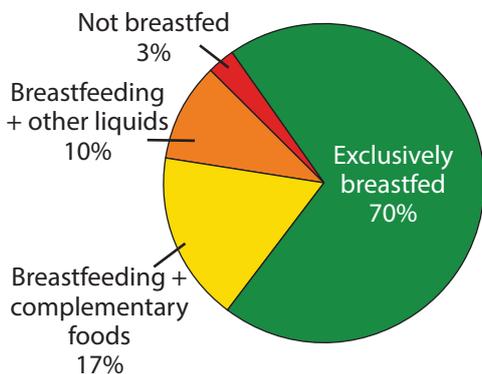
Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Zambia, 91% of children age 6-8 months are breastfed and receive complementary foods.



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Breastfeeding Status Under Six Months

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



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. In the 24 hours before the survey, 79% of children age 6-23 months ate foods rich in vitamin A. Nearly three-quarters of children (73%) age 6-59 months received a vitamin A supplement in the six months before the survey.

Iron is essential for cognitive development in children, and low iron intake can contribute to anaemia. In the 24 hours before the survey, 54% of children age 6-23 months ate foods rich in iron. Overall, 11% of children age 6-59 months received iron supplements in the week before the survey.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Nearly three-quarters of women (73%) age 15-49 took iron supplements for at least 90 days during their last pregnancy.

NUTRITIONAL STATUS

Children's Nutritional Status

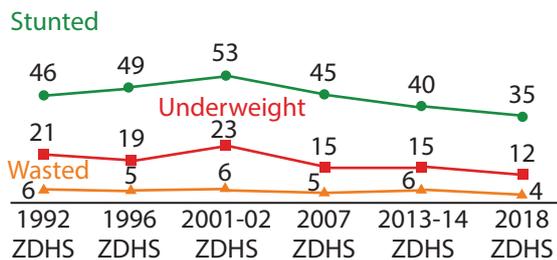
The ZDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition. In Zambia, 35% of children under five are stunted, or too short for their age. By province, stunting is highest in Northern (46%) and Luapula (45%) and lowest in Western and Southern (29% each).

Wasting is an indication of acute malnutrition. In Zambia, 4% of children under five are wasted, or too thin for their height. In addition, 12% of children under five are underweight, or too thin for their age, while 5% are overweight.

Childhood stunting has considerably decreased from 53% in 2001-02 to 35% in 2018. During the same time period, the proportion of children underweight has declined from 23% to 12%. Childhood wasting has remained stagnant since 1992.

Trends in Nutritional Status of Children

Percent of children under five, based on 2006 WHO Child Growth Standards



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Anaemia

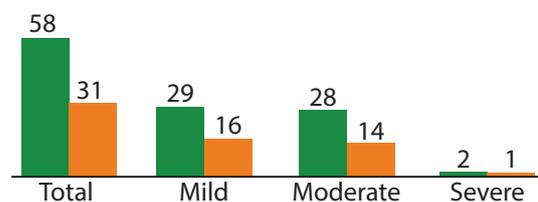
The 2018 ZDHS tested children age 6-59 months and women age 15-49 for anaemia. Overall, 58% of children age 6-59 months are anaemic. Anaemia is more common among children age 9-11 and 12-17 months (77% each) and among children whose mothers have no education (64%). By province, anaemia prevalence ranges from 50% in Central to 71% in Luapula.

Nearly one-third of women (31%) age 15-49 in Zambia are anaemic. Anaemia is more common among women with higher education (35%) and those from the wealthiest households (33%). By province, anaemia prevalence ranges from 24% in Central to 38% in Western.

Prevalence of Anaemia in Children & Women

Percent of children age 6-59 months and women age 15-49 with anaemia

■ Children ■ Women



HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge of HIV Prevention Methods

In Zambia, 80% of women and 84% of men age 15-49 know that the risk of getting HIV can be reduced by using condoms and limiting sex to one uninfected partner. HIV knowledge is lowest in Eastern for both women (69%) and men (76%).

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

Six in ten women and half of men age 15-49 know that HIV can be transmitted from mother-to-child during pregnancy, delivery, and by breastfeeding. Furthermore, 81% of women and 67% of men know that the risk of mother-to-child transmission can be reduced by the mother taking special drugs during pregnancy.

Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). Two percent of women and 15% of men age 15-49 had two or more sexual partners in the 12 months prior to the survey. Among those with two or more sexual partners, 38% of women and 28% of men reported using a condom at their last sexual intercourse.

Male Circumcision

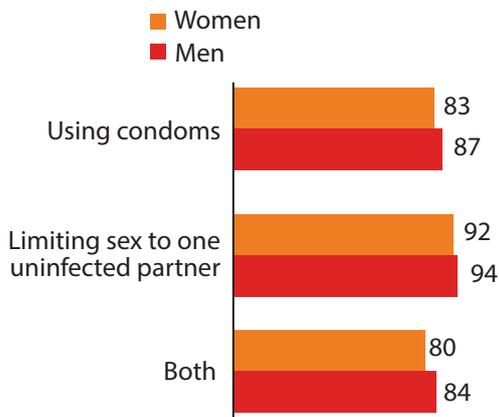
Nearly one third (32%) of men age 15-49 in Zambia are circumcised. Male circumcision ranges from 14% in Northern to 78% in North Western. Young men age 20-24 are more likely to be circumcised (39%) than men age 40-49 (23%).

HIV Testing

Nearly all women and men (96% each) know where to get an HIV test. Eighty-five percent of women and three-quarters of men have ever been tested for HIV and received the results. Within the past 12 months, 64% of women and 52% of men have been tested and received their results. Recent HIV testing has increased for women (19% to 64%) and men (12% to 52%) from 2007 to 2018. More than 8 in 10 pregnant women with a live birth in the two years before the survey received counselling on HIV, an HIV test, and the results during ANC.

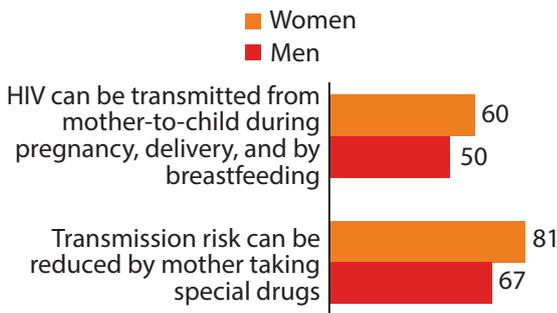
Knowledge of HIV Prevention Methods

Percent of women and men 15-49 who know that the risk of HIV transmission can be reduced by:



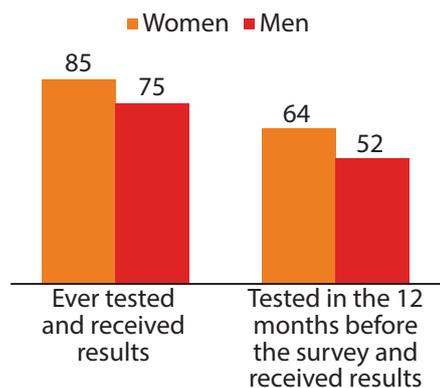
Awareness of PMTCT

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



Prior HIV Testing

Percent of women and men age 15-49 who were tested for HIV prior to the 2018 ZDHS



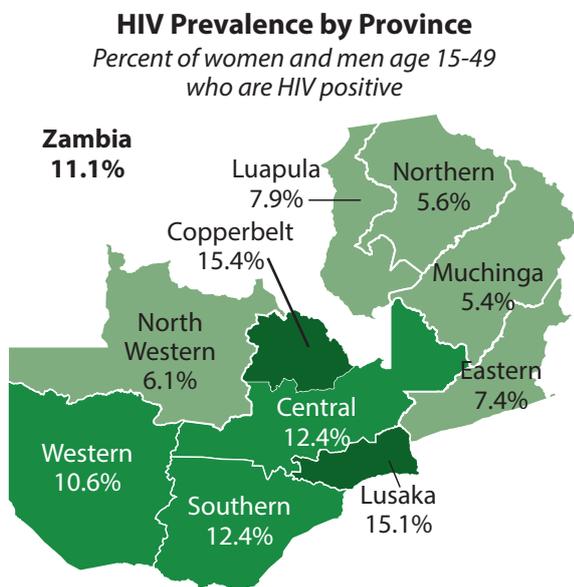
HIV PREVALENCE

HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2018 ZDHS. Of the 14,189 women and 12,136 men age 15-49 eligible for testing, 93% of women and 87% of men provided specimens for HIV testing.

Overall, 11.1% of adults age 15-49 in Zambia are HIV positive. HIV prevalence is higher among women than men (14.2% versus 7.5%).

Among adults, HIV prevalence is twice as high in urban areas (15.9%) than in rural areas (7.1%). HIV prevalence is highest in Copperbelt (15.4%) and Lusaka (15.1%), which is nearly three times higher than Muchinga (5.4%) and Northern provinces (5.6%).



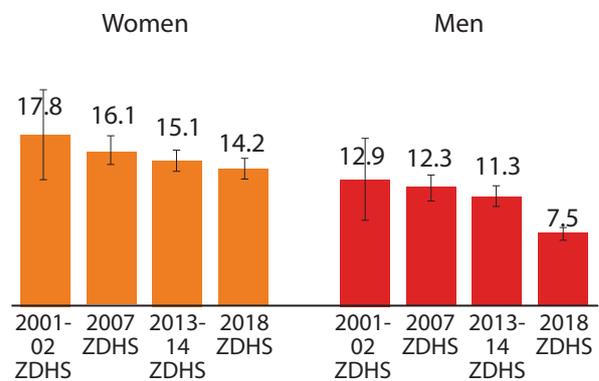
HIV prevalence increases with education, from 9.3% among adults age 15-49 with no education to 14.0% among those with higher education. HIV prevalence also increases with wealth, from 5.4% in the poorest households to 13.8% in the wealthiest households.

Trends in HIV Prevalence

The HIV prevalence among women age 15-49 has decreased slightly between 2013-14 and 2018 from 15.1% (CI 14.0%-16.1%) to 14.2% (CI 13.1%-15.3%). Among men, HIV prevalence has decreased from 11.3% (CI 10.3%-12.3%) to 7.5% (CI 6.8%-8.2%).

It is important to note that some of the decrease between the 2013-14 ZDHS and the 2018 ZDHS could be due to a change in the testing algorithm. For the 2018 ZDHS, a new testing algorithm was adopted according to changes in the international recommendations for HIV testing.

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



HIV Prevalence among Youth

Among youth age 15-24 who have had sexual intercourse in the past year, 3.8% are HIV positive. HIV prevalence among youth is higher in urban areas (5.3%) than in rural areas (2.6%). HIV prevalence is higher among young women than young men (5.6% versus 1.8%).

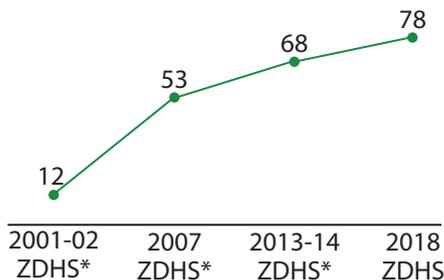
MALARIA

Mosquito Nets

In Zambia, 78% of households own at least one insecticide-treated net (ITN). Forty-one percent of households have at least one ITN for every two people in the household. ITN ownership has increased from 12% in 2001-02 to 78% in 2018. Full household ITN coverage has also increased from 2% to 41% during the same period. In Zambia, 60% of the household population have access to an ITN, while only 46% slept under an ITN the night before the survey.

Trends in ITN Ownership

Percent of households that own at least one ITN

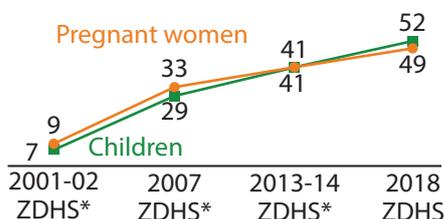


*The definition of an ITN in surveys conducted prior to 2018 included nets that had been soaked with insecticides within the past 12 months.

Children under five and pregnant women age 15-49 are most vulnerable to malaria. Nearly half of children under five (52%) and pregnant women (49%) slept under an ITN the night before the survey. ITN use among children is highest in Luapula (64%) and lowest in Lusaka (32%). ITN use among pregnant women is highest in Luapula (76%) and lowest in Southern (30%). Use of ITNs among children and pregnant women has improved since 2001-02.

Trends in ITN Use by Children and Pregnant Women

Percent of children under five and pregnant women age 15-49 who slept under an ITN the night before the survey



*The definition of an ITN in surveys conducted prior to 2018 included nets that had been soaked with insecticides within the past 12 months.



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Malaria in Pregnancy

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive three or more doses of SP/Fansidar or IPTp (intermittent preventive treatment during pregnancy). The majority of pregnant women (94%) took at least one dose of IPTp, 81% took two or doses of IPTp, while only 59% took three or more doses (IPTp3+). IPTp3+ is higher in urban areas (65%) than rural areas (56%). IPTp3+ is lowest in Southern (42%) and highest in Copperbelt (70%).

Case Management of Malaria in Children

In the two weeks before the survey, 16% of children under five had fever, the primary symptom of malaria. Treatment was sought for more than three-quarters of children (77%) with recent fever, while 63% had blood taken from a finger or heel for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Zambia. Among children under five with recent fever who received an antimalarial, almost all (97%) received ACT.

WOMEN'S EMPOWERMENT

Employment

Nearly 6 in 10 married women were employed at any time in the 12 months before the survey, compared with 97% of married men. Sixty-two percent of women and 68% of men are paid in cash. Nearly 1 in 5 working women (17%) and 11% of men are not paid for their work. Half of married women (51%) who are employed and earned cash made decisions on how to spend their earnings jointly with their husband. Overall, 69% of working women reported earning less than their husband.

Ownership of Assets

Among both women and men, nearly 1 in 3 own a home alone or jointly. One-quarter of women and 32% of men own land alone or jointly.

In Zambia, 11% of women and 18% of men have and use a bank account. More than half of women (53%) and two-thirds of men own a mobile phone. Among mobile phone owners, 53% of both men and women use the mobile phone for financial transactions.

Problems in Accessing Health Care

Half of women (51%) report at least one problem accessing health care for themselves. Nearly 3 in 10 women are concerned about the distance to the health facility, while 1 in 4 are concerned about rude attitudes of health care providers. One in five women are concerned about getting money for treatment, and 17% are concerned that there may not be any health care providers.



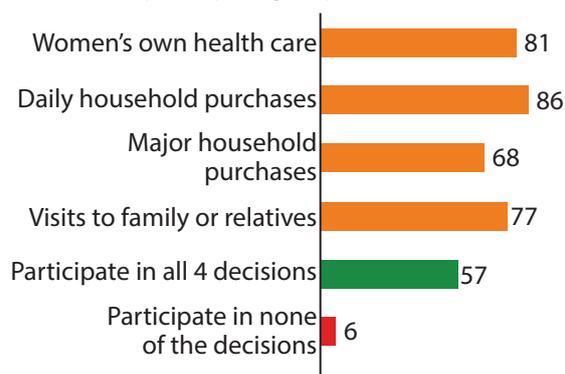
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Participation in Household Decisions

The 2018 ZDHS asked married women about their participation in household decisions: her own health care, making daily household purchases, making major household purchases, and visits to family or relatives. The majority of married women in Zambia have sole or joint decision making power about daily household purchases (86%) and their own healthcare (81%). Seventy-seven percent of married women make decisions about visits to family or relatives, while 68% make decisions about major household purchases (68%). Overall, 57% of married women participate in all four decisions, while 6% participate in none of the decisions.

Women's Participation in Decision Making

Percent of married women age 15-49 participating in specific decisions



DOMESTIC VIOLENCE

Attitudes toward Wife Beating

Forty-six percent of women and 26% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, makes major household purchases without telling him or refuses to have sex with him. Women are most likely to agree that wife beating is justified if the wife argues with her husband (32%). Men are most likely to agree that wife beating is justified if the wife neglects the children (16%).

Experience of Physical Violence

In Zambia, 36% of women have ever experienced physical violence since age 15. In the 12 months prior to the survey, 18% of women have experienced physical violence. Physical violence varies by province, from a low of 21% in North Western to a high of 53% in Muchinga. The most common perpetrator of physical violence among ever-married women is the current husband/partner (65%). Among never-married women, the most common perpetrator of physical violence is the mother/step-mother (27%).

Experience of Sexual Violence

In Zambia, 14% of women age 15-49 have ever experienced sexual violence, while 8% of women have experienced sexual violence in the 12 months prior to the survey. Divorced/separated/widowed women are more likely to have experienced sexual violence (23%) than married (16%) and never married (6%) women. Sexual violence is more common in Muchinga (24%) and less common in North Western (6%). The most common perpetrator of sexual violence against ever-married women is the current husband/partner (65%), compared with current/former boyfriend (30%) for never married women.

Violence during Pregnancy

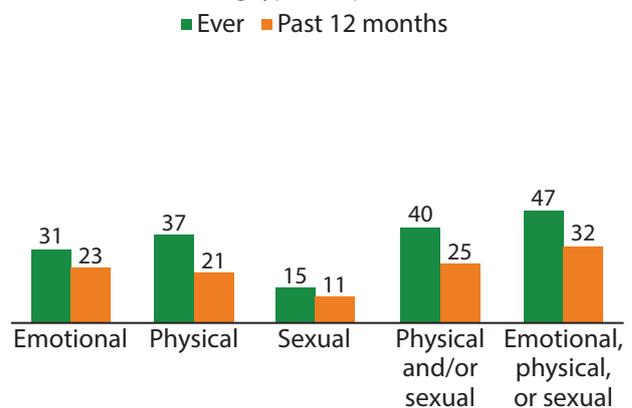
Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Six percent of women who have ever been pregnant experienced violence during a pregnancy.

Spousal Violence

Nearly half of ever-married women (47%) have experienced spousal violence, whether physical, sexual, or emotional, by their current or most recent husband/partner. The most common form of spousal violence is physical violence (37%), followed by emotional (31%) and sexual violence (15%). Spousal violence is more common in Muchinga (67%), among women with no education (52%), and women in the poorest households (51%). Overall, 32% of ever-married women have experienced spousal violence in the 12 months prior to the survey.

Spousal Violence

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



Help Seeking Behaviour

More than one-third (35%) of women age 15-49 who have experienced physical or sexual violence sought help to stop the violence. More than half of women (52%) never sought help nor told anyone. The most common sources of help for women who have experienced physical or sexual violence are their own family (63%) or their husband/partner's family (45%).



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INDICATORS

	Residence		
	Zambia	Urban	Rural
Fertility			
Total fertility rate (number of children per woman)	4.7	3.4	5.8
Median age at first birth for women age 25-49 (years)	19.2	19.9	18.7
Women age 15-19 who are mothers or currently pregnant (%)	29	19	37
Family Planning (among married women age 15-49)			
Current use of any method of family planning (%)	50	54	46
Current use of a modern method of family planning (%)	48	53	44
Unmet need for family planning ¹ (%)	20	17	21
Demand satisfied by modern methods (%)	69	73	65
Maternal Health			
Births delivered in a health facility (%)	84	93	79
Births assisted by a skilled provider ² (%)	80	93	73
Child Health (among children age 12-23 months)			
Children who received all basic vaccinations ³ (%)	75	77	74
Children who received all age-appropriate vaccinations ⁴ (%)	46	60	38
Nutrition			
Children under five who are stunted (%)	35	32	36
Prevalence of anaemia among children age 6-59 months(%)	58	58	58
Prevalence of anaemia among women age 15-49 (%)	31	32	30
Childhood Mortality (deaths per 1,000 live births)⁵			
Infant mortality	42	44	41
Under-five mortality	61	64	58
Malaria			
Households with at least one insecticide-treated net (ITN) (%)	78	73	82
Children under 5 who slept under an ITN the night before the survey (%)	52	49	53
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	49	43	52
HIV/AIDS			
Women age 15-49 who have been tested for HIV and received the results in the past year (%)	64	67	62
Men age 15-49 who have been tested for HIV and received the results in the past year (%)	52	56	50
HIV prevalence among adults age 15-49 (%)	11.1	15.9	7.1
HIV prevalence among women age 15-49 (%)	14.2	20.3	8.9
HIV prevalence among men age 15-49 (%)	7.5	10.6	5.0
Domestic Violence (among women age 15-49)			
Women who have ever experienced spousal violence committed by their current or most recent husband/partner (%)	47	46	47
Women who have ever experienced sexual violence (%)	14	13	15

¹Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ²Skilled provider includes doctor, nurse/midwife, and clinical officer. ³Basic vaccinations include BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth).

Province									
Central	Copperbelt	Eastern	Luapula	Lusaka	Muchinga	Northern	North Western	Southern	Western
4.8	3.4	5.5	6.0	3.5	5.7	5.6	4.9	5.5	5.4
18.8	19.9	18.7	19.2	20.0	18.9	18.7	19.4	18.7	19.0
31	21	40	29	15	29	26	36	43	41
51	54	55	39	57	58	44	47	44	31
50	53	54	39	54	52	37	46	42	30
17	19	20	26	16	15	19	21	22	27
73	72	72	60	75	71	58	68	64	52
72	91	90	88	91	76	72	88	82	74
71	91	84	72	91	75	70	79	81	71
79	83	79	67	73	68	76	75	75	68
48	69	42	43	58	34	43	44	29	36
33	30	34	45	36	32	46	32	29	29
50	57	56	71	58	54	61	62	56	61
24	29	28	30	36	28	28	32	35	38
30	33	40	67	47	51	39	19	46	42
47	50	64	110	64	75	66	26	70	57
71	81	85	84	64	87	82	78	83	82
39	57	59	64	32	62	63	50	46	58
38	60	56	76	31	66	63	37	30	53
65	63	63	54	69	47	54	59	77	74
53	54	54	42	54	38	43	50	61	61
12.4	15.4	7.4	7.9	15.1	5.4	5.6	6.1	12.4	10.6
15.4	19.8	10.1	9.9	19.2	6.4	6.7	8.5	15.8	13.2
9.0	10.1	4.5	5.4	10.2	4.3	4.4	3.1	8.8	7.1
36	55	49	56	35	67	48	32	52	43
8	18	14	20	8	24	19	6	14	15

⁴Age-appropriate vaccinations include BCG, three doses of DPT-HepB-Hib, four doses of oral polio vaccine, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of MR vaccine. ⁵Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

