Tanzania

Reproductive and Child Health Survey (TRCHS)
Key Findings Report

1999

Cover Design
Mwinyi

Photo Credits:
Unicef Tanzania

BACKGROUND

The 1999 Tanzania Reproductive and Child Health Survey (TRCHS) is a nationally representative sample survey covering 4,029 women age 15-49 and 3,542 men age 15-59. The primary objective of the 1999 TRCHS is to collect data on fertility levels and preferences; family planning use; maternal and child health; breastfeeding practices; nutritional status of young children; childhood mortality levels; knowledge and behaviour regarding HIV/AIDS; and the availability of specific health services within the community[1]. The intent is that the information should be used to evaluate existing programmes and to design new strategies for improving health and family planning services for the people of Tanzania.

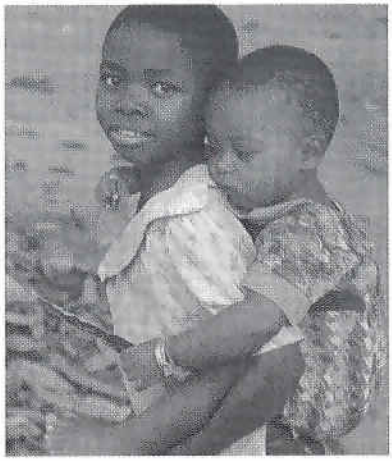
The survey was undertaken by the National Bureau of Statistics in collaboration with the Reproductive and Child Health Section of the Ministry of Health. The survey was initiated and jointly funded by the U.S. Agency for International Development (USAID/Tanzania), the United Nations Children's Fund (UNICEF/Tanzania), and the United Nations Population Fund (UNFPA/Tanzania). Technical assistance was provided by Macro International Inc. as part of the worldwide MEASURE Demographic and Health Surveys (*DHS+*) programme which is designed to collect, analyse and disseminate data on fertility, family planning, maternal and child health, and HIV/AIDS.

Fieldwork for the TRCHS took place from early September to late-November 1999 and covered both Mainland Tanzania and Zanzibar (Unguja and Pemba). The TRCHS is the fourth in a series of national sample surveys, following the 1991-92 Tanzania Demographic and Health Survey (TDHS), the 1994 Tanzania Knowledge, Attitudes and Practices Survey (TKAP) and the 1996 TDHS. Because the sample size for the TRCHS is smaller than that of previous surveys, regional or district level estimates are not possible.

Additional Information about the TRCHS may be obtained free of charge from the National Bureau of Statistics, P.O. Box 796, Dar es Salaam (telephone: 135-602; fax: 135-601). Information about the MEASURE DHS+ project may be obtained from Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999).

[1] Data collection for the survey of health facilities was carried out as a separate but integrated operation and the data will appear in another report.

TANZANIA 1999 (TRCHS)



KEY FINDINGS

POPULATION AND HOUSEHOLD LIVING CONDITIONS

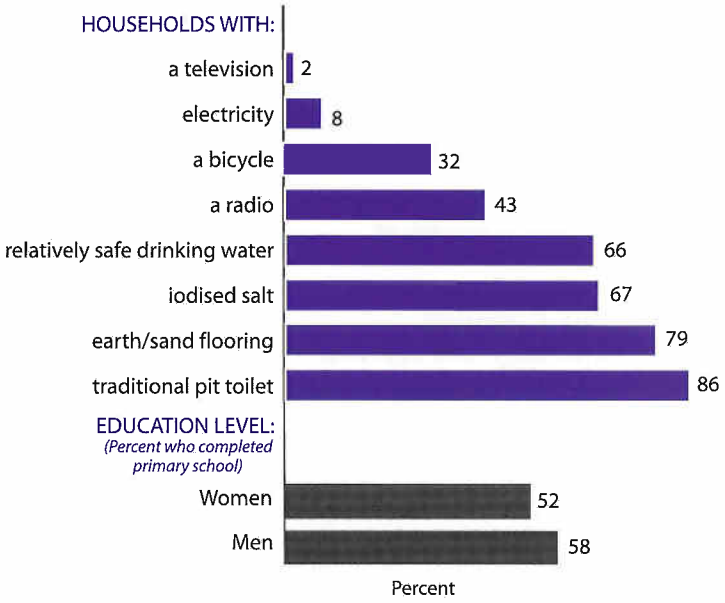
Household size and composition

The average household size in Tanzania is five persons. Almost 14 percent of the children under age 15 are foster children—that is, children living in a household without either of their biological parents. With the current high prevalence of AIDS in Tanzania, this proportion may increase in the future. One percent of children are orphans (both biological parents have died) and 9 percent have lost either their mother or their father.

Housing characteristics

Housing conditions both reflect the socioeconomic level of the household and influence the health status of household members. Although only 8 percent of households have electricity, there are strong urban/rural disparities, with 27 percent of urban households versus only 1 percent of rural households having electricity. Overall, about two-thirds of households have relatively safe drinking water. People living in urban areas have far better access to safe sources of drinking water than people living in rural areas (92 versus 56 percent). It also takes urban residents only four minutes to access a water source, compared to half an hour for rural residents. Nine in ten households use a traditional pit toilet, with little urban/rural variation. Finally, eight in ten households, more often in rural areas, live in residences with floors made of earth or sand. The use of cement for flooring is more common in urban areas (63 percent) than in rural areas (6 percent).

Population characteristics



Asset ownership

Possession of consumer durable goods is more common in urban areas than rural areas. For instance, 73 percent of urban households possess at least one of the following goods: radio, television, refrigerator, bicycle, motorcycle, or private car or truck, as compared with only 50 percent in rural areas. The two goods that are most commonly owned are radios (43 percent nationwide) and bicycles (32 percent). As for the other goods, only 2 percent of the households or less possess one of them.

Education level of men and women

Education is an important means of improving the status of women and their children. The survey results show that 36 percent of women age 15-49 and 22 percent of men age 15-59 cannot read at all. Urban women and men are much more likely to be literate than those living in rural areas. In terms of educational attainment, more than half of the women (52 percent) have completed at least primary school, whereas 27 percent have had no education at all. For men, the proportions are respectively 58 and 14 percent.

FERTILITY

Current fertility and trends

At current fertility levels, a Tanzanian woman will give birth to an average of 5.6 children during her childbearing years. This level represents a slight decline from the level of 5.8 births per woman that was obtained during the 1996 Tanzania Demographic and Health Survey (1996 TDHS) and a decline of one child from the 1988 Tanzania Census data.

Women living in rural areas (6.5 children on average) have three children more than their urban counterparts (3.2 children). Women living on the Mainland have the same number of children as women living in Zanzibar (5.6 children). Fertility is closely related to a mother's level of education. Women with no education have 6.5 children on average, those with incomplete primary schooling have 5.1 children, and women who have completed primary schooling or have received higher education have 4.9 children.

Health risks to mother and child are increased when children are born to very young mothers. In Tanzania, by the time they reach 17 years of age, one woman in four has already begun childbearing, either as a mother (17 percent) or because she is pregnant with a first child (8 percent). That proportion goes up to 46 percent by the time a woman turns 18. Teenage pregnancy and motherhood is higher on the Mainland (25 percent) than it is in Zanzibar (17 percent), but does not vary much by residence (urban: 23 percent, rural: 25 percent).

Marriage and exposure to the risk of pregnancy

Ages at marriage and at first sexual intercourse are important factors influencing the risk of a woman's becoming pregnant. In general, women who marry early tend to give birth sooner and to have more children than women who delay marriage. This tendency especially holds true in a country like Tanzania, where the use of family planning methods has not yet reached a majority of women. Half of women age 25-49 have married by the age of 18.1, while their male counterparts delay marriage until they reach age 23.7—a difference of more than five years. Women from rural areas, women in Zanzibar, and women with more education tend to marry later.

Although the median age at which women first have sexual intercourse (16.6 years overall) varies little by their place of residence, there are important differences among men. For instance, men from the Mainland first have sexual intercourse at 17.8 years of age, whereas those living in Zanzibar wait until they reach the age of 21 to engage in first sex. Education also plays an important role in the age at which first intercourse takes place: women who have no education first have sexual intercourse at 15.8 years old whereas those with secondary education wait until they are 18.8 years old. Differences are less noticeable for men (17.4 and 18.5 years old, respectively).

Birth intervals

In Tanzania, most births (83 percent) occur after what is considered a "safe" birth interval—24 or more months apart. Children born within a shorter birth interval are at greater risk of death, as are their mothers. The median birth interval—33 months nationwide—is seven months shorter for children whose previous sibling died than for children whose previous sibling survived.

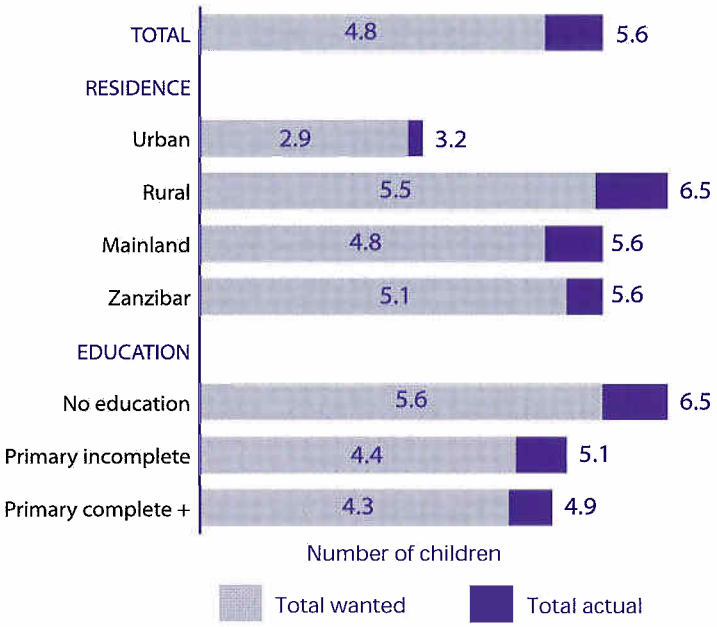
Fertility preferences

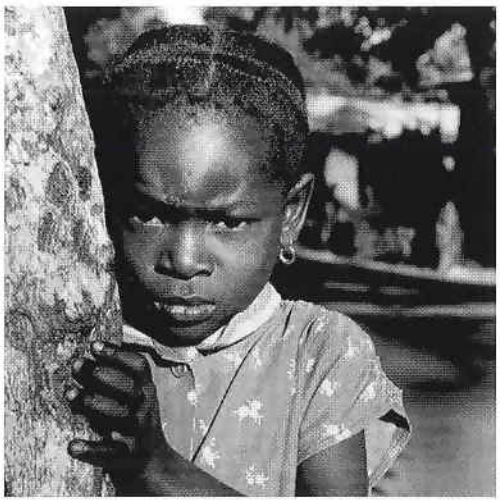
Tanzanian women generally want smaller families than they have. If women were to have only the number of births they desired, they would have an average of 4.8 births. This number is almost one child fewer than the current average.

Women living in urban areas, those living in Zanzibar and those who have completed primary school tend to be better able to realize their desired fertility. For instance, urban women want 2.9 children, just a little less than their actual fertility of 3.2 children. On the other hand, women in rural areas who give birth to 6.5 children, would like 5.5 children—a larger gap.

Overall, one woman of childbearing age in four says she does not want any more children. Women's desire to limit childbearing varies greatly by residence and by education.

Fertility levels and preferences





Whereas only 17 percent of women in Pemba do not want more children, rural women on the Mainland (26 percent) and urban women (24 percent) show a higher level of desire to limit childbearing. Women with no education (32 percent) and those who have not completed primary school (26 percent) are the most inclined to not want any more children.

Overall, more than one in five births in Tanzania are unplanned; 11 percent are mistimed (wanted later) and 11 percent are unwanted. Unwanted births are disproportionately high among women in their 40s (29 percent). Since those women, who have already had several children, are more at risk of fertility-related illnesses and their children are at a higher risk of mortality, measures should be taken to give them the means to better regulate their fertility.

FAMILY PLANNING

Knowledge and approval of family planning methods

Knowledge and approval of family planning are generally widespread among Tanzanian women and men of reproductive age. More than nine in ten women and men know a modern method of family planning. Whereas the pill is the best-known method among women (86 percent, compared to 79 percent for men), men know the condom the best (90 percent, as compared with 83 percent for women). Knowledge of contraception keeps increasing. The percentage of women who have heard of a modern method of family planning has grown from 72 percent in 1991-1992 to 84 percent in 1996 and 91 percent in 1999. Furthermore, current results show that in two-thirds of Tanzanian couples, both partners approve of family planning.

There are several opportunities to better inform couples about family planning and to promote its use. One of them is for health facility workers to talk to nonusers about various options for regulating fertility. In the 12 months before the survey, 53 percent of nonusers had visited a health facility (for any reason). Among them, only one out of three said that someone at the health facility spoke to them about family planning. Furthermore, only 5 percent of nonusers were visited by a family planning field worker during the same period.

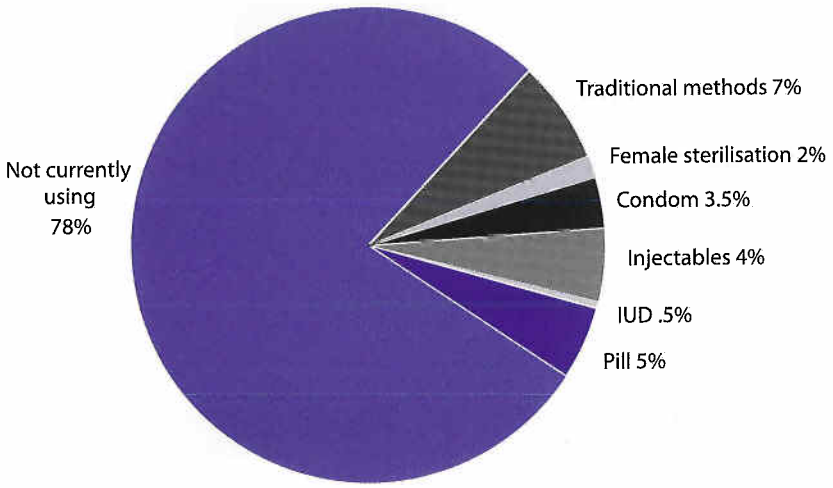
Exposure to family planning messages

Besides the health sector, the media, live dramas and various promotional activities are other important sources of information about family planning. Altogether, about seven in ten women and men reported having heard or seen a family planning message in the previous six months. The most common source is the radio (42 percent for women and 57 percent for men), followed by billboards (24 and 33 percent) and posters (20 and 29 percent). Exposure to reproductive health programs on the radio is widespread and increasing. For example, the proportion of women who had listened to *Zinduka* in the six months before the survey increased from 25 percent in 1996 to 34 percent in 1999.

Current use and trends

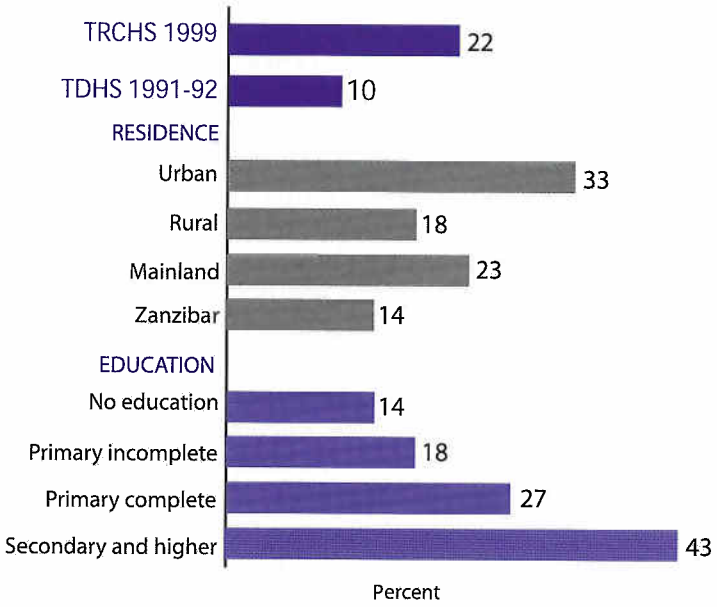
While 41 percent of women and 48 percent of men say they have ever used any method of contraception, current use is actually about half of that rate (22 and 29 percent, respectively). Current use of modern methods is 16 percent for women and 21 percent for men. Injectables and the pill (both 5 percent) are the two most commonly used methods for women; condom use comes third at 4 percent. For men, condom is definitely the method of choice, used by 12 percent, as compared with 4 percent who report using the pill.

Current use of family planning by method (all women age 15-49)



There are substantial differences in current use according to place of residence and level of education. Twenty-three percent of women on the Mainland are currently using a family planning method (33 percent in urban areas and 18 percent in rural areas), as opposed to 14 percent in Zanzibar (7 percent in Pemba and 19 percent in Unguja). Education also plays an important part: only 14 percent of women with no education currently use a method, compared to 43 percent for those who have secondary education or a higher level. Although levels of current use are higher among men, they show the same geographic and education differences as among women.

Current use of any method of family planning by background characteristics

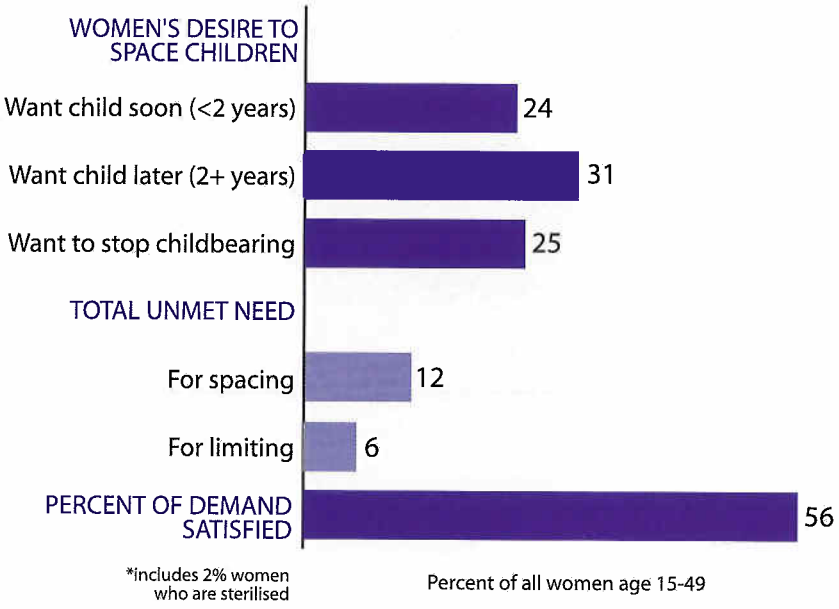


More than half (55 percent) of Tanzanian women and men who are not using family planning say they do not intend to use a method in the next 12 months. Among men, the most common reason for non-use is the fact of not being married. Other prominent reasons for both men and women are that they want more children or that they are opposed to family planning.

Source of modern contraceptives

Two-thirds of all women who are using modern methods get them from the public (government) sector—namely, dispensaries (27 percent), government health centres (18 percent), district hospitals (13 percent), and regional hospitals (8 percent). The private sector (especially pharmacies at 10 percent) supplies 22 percent of modern methods, while shops (6 percent), and friends and relatives (4 percent), provide the rest. Women using the pill, injectables, and female sterilisation strongly rely on the public sector, while male condoms are mainly dispensed by the private sector (pharmacies, shops, and friends and relatives).

Reproductive preferences and unmet need for family planning



Need for family planning

About one-fifth of currently married women (22 percent) do not want another child or want to delay their next pregnancy but are not using any method of family planning to reach that goal. The level of unmet need for family planning has been gradually declining from 1991-1992, when it was at 30 percent. On the other hand, the total demand that is satisfied has been increasing rapidly, from 26 percent in 1991-1992 to 44 percent in 1996 and 54 percent in 1999.

MATERNAL AND REPRODUCTIVE HEALTH

Maternity care

Antenatal care from medical professionals is widespread in Tanzania: mothers receive care for more than nine out of ten births. Health aides (44 percent) provide most of the care, although they are less trained than nurses and midwives who provide 43 percent of antenatal care. Highly educated women (24 percent), those living in urban areas (15 percent), and those living in Unguja (11 percent) are the most inclined to go to a doctor for antenatal care. On the other hand, rural women (3 percent), women living in Pemba (2 percent) and women with no education (2 percent) are the least likely to consult a doctor. Overall, 70 percent of women had four or more medical visits during their pregnancy, the first visit occurring between the fifth and sixth month, later than what is recommended.

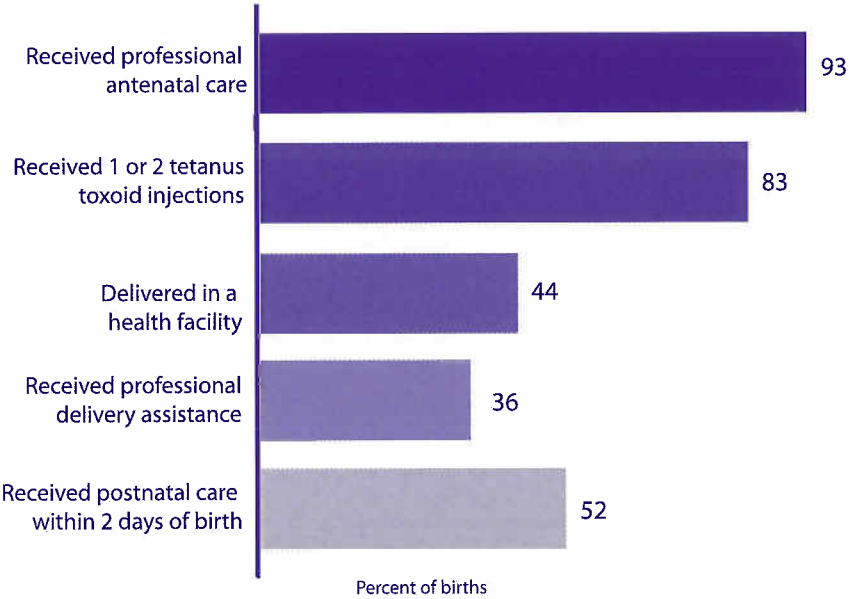
During their visits, four out of ten women were told about the signs associated with serious pregnancy complications. For instance, more than half of the women knew that fever could be a sign of pregnancy complications, and one-third said that bleeding too much was a sign that a pregnant woman should seek assistance.

Other important components of antenatal care were analyzed: 44 percent of women said they were given or bought iron tablets, while 32 percent said the same about anti-malarial medicine. Whereas 83 percent of women (as compared with 92 percent in 1996) reported having received at least one tetanus toxoid vaccination during their pregnancy, only 61 percent received the recommended two doses of the vaccine. Overall, 42 percent of births to women living in rural areas and 49 percent of births to women with no education received no doses or only one dose of the vaccine, making them the least protected against tetanus.

Delivery and postnatal care

Forty-four percent of the newborns in Tanzania are delivered in a health facility, a steady decline since 1991-1992 (53 percent) and 1996 (47 percent). There are also important differences based on the mother's residence and the level of education. A majority (83 percent) of women from urban areas deliver in a health facility, as opposed to only 35 percent of rural women. Women with no education (24 percent) are much less likely to deliver in a health facility than women who completed their primary schooling (51 percent) or women who have secondary or higher education (79 percent).

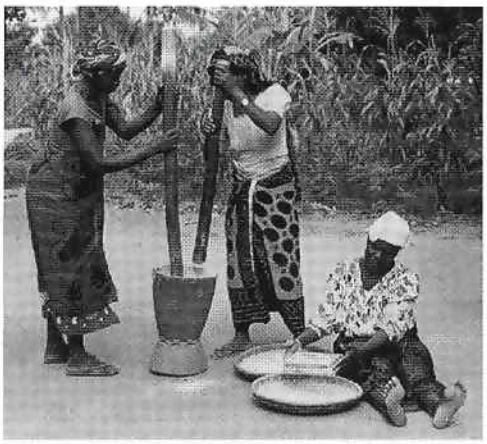
Maternal, delivery, and postnatal care



The place of delivery influences the type of assistance a woman gets during delivery. For instance, three out of four urban women receive assistance during delivery from a doctor, a nurse or a midwife, compared to only one out of four rural women. Overall, relatives and friends (29 percent) provide the most assistance during delivery, followed by nurses or midwives (28 percent)

and trained birth attendants (11 percent). The proportion of births assisted by trained medical personnel has been declining since 1991-1992 (from 44 percent to 36 percent in 1999).

It is recommended that women receive a checkup within days of delivery, in order to detect significant health problems that they may encounter after childbirth. A large proportion (38 percent) of Tanzanian women receive no postnatal care; furthermore, only half have a checkup within two days of birth, assuming that all women who deliver in facilities receive a postnatal exam.



Iodisation of salt and vitamin A supplementation

Besides increasing the risks of serious nutritional deficiencies such as goitre and stunting, as well as mental retardation and cretinism, iodine deficiency in the diet can lead to childhood mortality as well as reproductive failure. Survey data reveal that two-thirds of households use salt that has an adequate level of iodine, the proportion being much higher in urban areas (86 percent) than in rural areas (60 percent). Only 9 percent of households in Pemba use iodised salt, compared to 52 percent of households in Unguja and 68 percent of households on the Mainland.

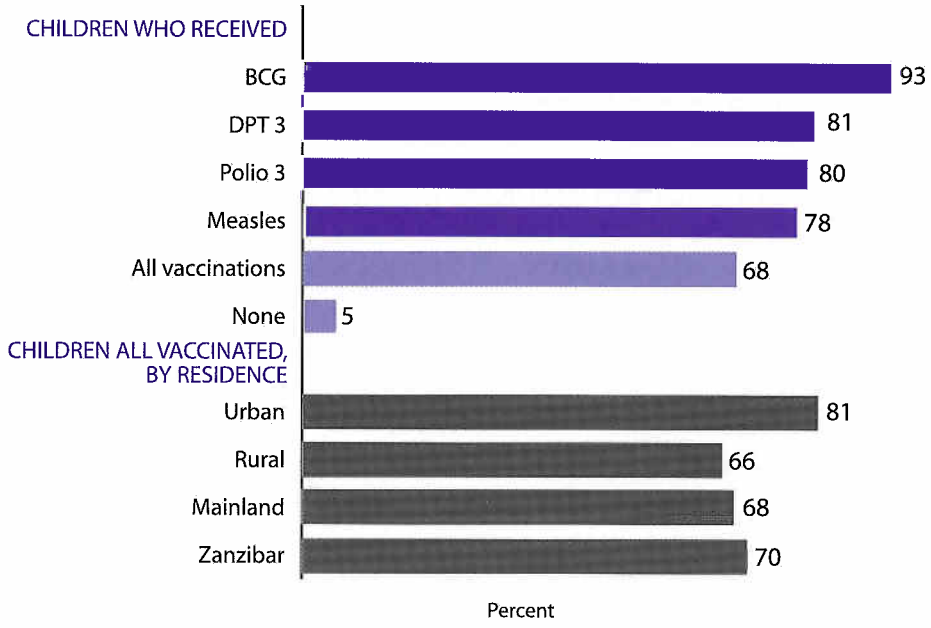
Another micronutrient that is vital for women who have just had a baby is vitamin A. Only 12 percent of new mothers on the Mainland and 2 percent of new mothers in Zanzibar receive a vitamin A supplement within two months after delivery.

CHILD HEALTH AND MORBIDITY

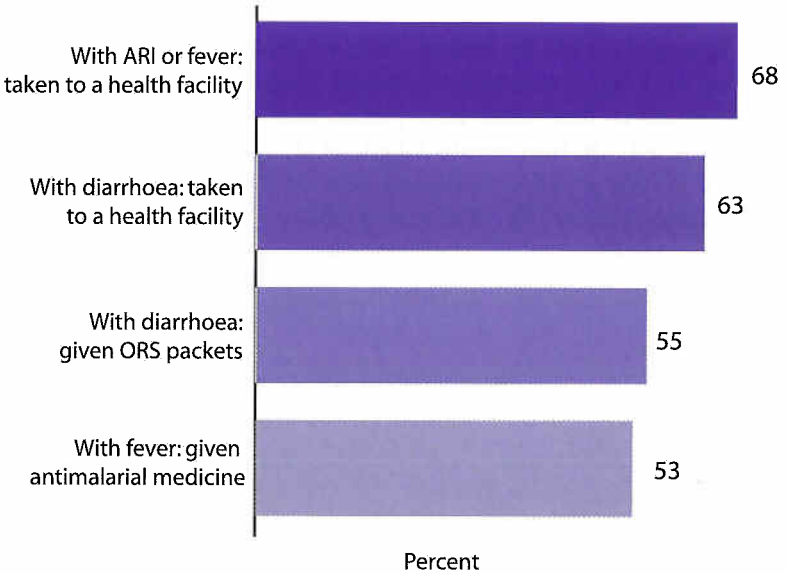
Childhood vaccinations

Children who are immunised have better chances of survival because they are protected from several serious childhood diseases. Almost seven out of ten Tanzanian children 12-23 months old are considered fully vaccinated because they have received BCG, measles, and 3 doses of DPT and polio vaccines (excluding polio at birth); five percent have received no immunisations. Eighty-one percent of urban children have received all vaccinations, compared to 66 percent of rural children. Children whose mother has no education (50 percent) are much less likely to be fully protected than children whose mother have completed primary school (78 percent). While the first doses of polio (93 percent) and of DPT (92 percent) are the most widely administered vaccines, coverage for the third doses of both vaccines drops to 80 and 81 percent, respectively.

What percent of children are vaccinated against the major childhood diseases?



Treatment of children who were sick in the two weeks before the survey
(children under age five)



Treatment of childhood illnesses

Mothers are the main caretakers of children, so it is important that they recognise the signs of a serious problem that may require immediate care. In Tanzania, three out of four mothers of children under age five are able to cite two or more danger signs. The most widely cited sign of serious illness is a child's developing a fever. The child's becoming sicker, breathing fast, or drinking poorly are other signs of serious illness mothers recognise.

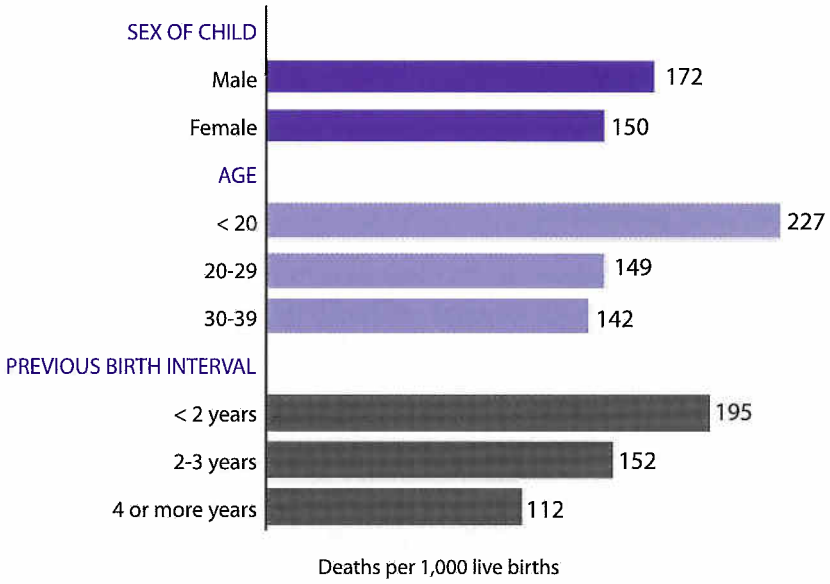
Diarrhoeal and respiratory illnesses, as well as fever, are common causes of death among children. In the two weeks before the survey, 12 percent of children under five had had diarrhoea, while 14 percent had had a cough accompanied by fast breathing (acute respiratory infection—ARI) and 35 percent had had fever. Among children with diarrhoea and children ill with ARI or fever, two-thirds were taken to a health facility or a provider for treatment.

Fever symptoms are often associated with malaria, so it is interesting to note that half of children with fever were given antimalarial medicine. Another way of protecting children from getting malaria is to ensure that they sleep under a bednet impregnated with insecticide. In Tanzania, only one out of five households reported that all children under age five slept under a bednet the night prior to the interview—and among them, only 10 percent reported that the net had ever been treated with insecticide. Although bednets are used substantially more in urban than rural areas, the proportion of bednets treated with insecticide is the same (10 percent).

Infant and child mortality

Mortality levels among young children in Tanzania seem to have increased slightly since the 1996 survey. At current mortality levels, one out of seven children (147 deaths per 1,000 live births) will die before reaching its fifth birthday. The level of under-five mortality was 137 per 1,000 in 1996 and 141 per 1,000 in 1991-1992. It is particularly high in rural areas (166 per 1,000 in 1999) compared to urban areas (142 per 1,000), and lowest in Zanzibar (114 per 1,000). Overall, two-thirds of the deaths occurring during the first five years of life (147 per 1,000) actually take place during the first year (99 per 1,000).

Under-five mortality by selected background characteristics



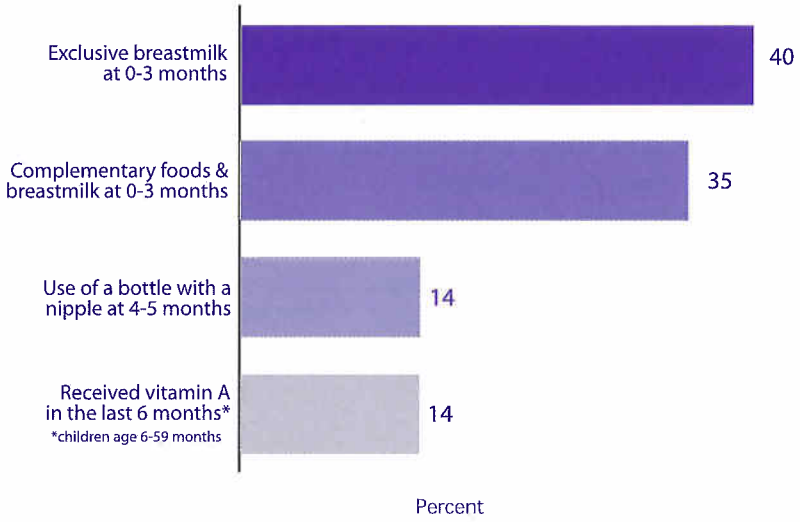
An important factor in reducing mortality would be to ensure that couples waited longer to have a child after the birth of a preceding sibling. For instance, under-five mortality is 195 per 1,000 births when the previous birth interval is less than two years, and it drops to 112 per 1,000 when intervals are four or more years, which represents a risk of dying that is 43 percent lower. Children born to women under age 20 are at a much higher risk of dying before age five (227 per 1,000) than children born to women in their 30s (142 per 1,000).

NUTRITION

Breastfeeding

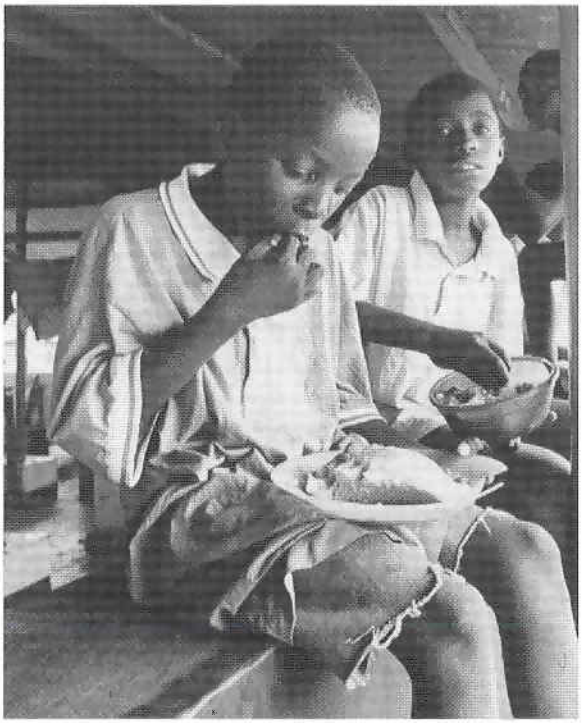
Whereas babies are breastfed for a relatively long time in Tanzania (about 20 months), they are given complementary foods and plain water much too early in life—which puts them at risk of getting infections, developing diarrhoea and being less immune to disease overall. Exclusive breastfeeding, the recommended practice during the first four to six months of a child's life, is relatively high during the first month (58 percent); it drops to 25 percent for babies two to three months old and to only 16 percent for babies four to five months old. At four to five months of age, 14 percent of babies are being bottlefed, another practice that puts them at risk of infection. Despite those results, and because of recent education programs implemented by the government, more than half of women recognise that the ideal duration of exclusive breastfeeding is between four and six months of age.

Feeding practices and vitamin A supplementation among children under age 3



Children's nutritional status

The level of stunting has remained high in Tanzania during the past decade. The 1999 results show that 44 percent of children under five are considered too short for their age. Furthermore, 29 percent of children are underweight for their age; again the level has remained stable since 1991-1992. In both cases, children living in rural areas (48 percent are stunted) suffer far more from malnutrition than urban children (26 percent are stunted). Stunting and underweight are higher on the Mainland than in Zanzibar.



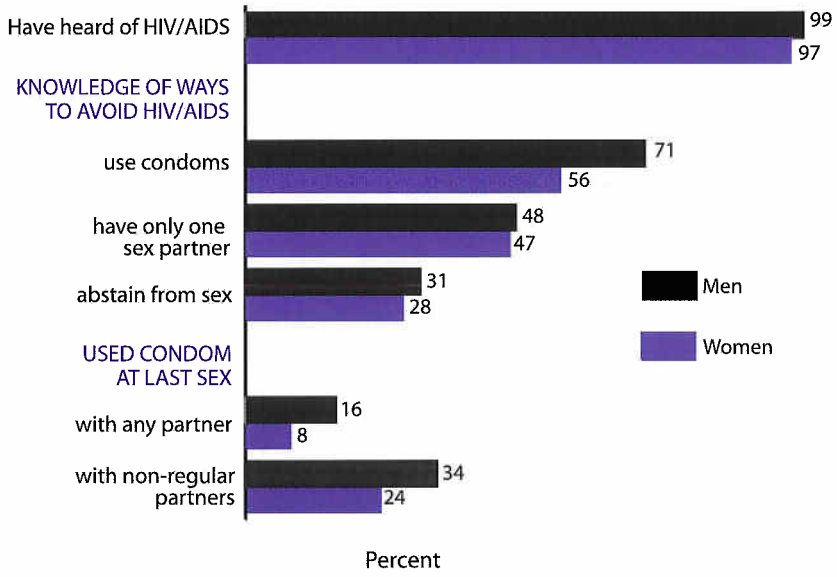
After they reach six months of age, it is recommended that children eat vitamin A rich foods or receive vitamin A supplements. Only one child out of seven children age 6-59 months old was reported to have received a vitamin A supplement in the six months before the survey.

HIV/AIDS

Knowledge of AIDS transmission

It is estimated that the number of HIV infections and AIDS cases in Tanzania has been increasing rapidly over the last few years. Knowledge of the disease is practically universal, and most women and men know that there are ways to avoid getting the virus. The most well known ways of avoiding HIV/AIDS among women and men, respectively, are the use of condoms (56 and 71 percent), having sex with only one partner (47 and 48 percent), and totally abstaining from sex (28 and 31 percent). Overall, half of women mention all of the three main ways of preventing HIV transmission, with knowledge being higher in urban areas than in rural areas. Furthermore, almost 80 percent of women know that the AIDS virus can be transmitted from mother to child, and nearly 70 percent know that a healthy-looking person can be infected.

AIDS awareness and prevention



Whereas 36 percent of women and 41 percent of men perceive no risk at all of getting HIV/AIDS, about a quarter of women and men think they have a moderate to great risk of getting infected. Reasons why women think that they have a risk is that their partner has other partners (55 percent) or that they do not use a condom (34 percent); for men, the percentages are 25 and 43 percent, respectively. Men are much more inclined to believe that they are at risk because they have multiple sex partners (34 percent) than women are (8 percent).

Condom knowledge, acceptability, and use

While 92 percent of women and 96 percent of men who had ever had sex know about condoms, only 8 percent of women and 16 percent of men used a condom the last time they had sex. Condom use with non-regular partners is considerably higher (24 percent for women and 34 percent for men). Half of women and 56 percent of men believe it is acceptable for a woman to ask a man to use a condom. If a man has a sexually transmitted disease, 55 percent of women and 58 percent of men believe it is acceptable for a woman to ask him to use a condom or to refuse to have sex with him.

AIDS testing

Seven percent of women and 12 percent of men have been tested for HIV/AIDS in Tanzania, according to survey results. Whereas many more women (64 percent) would like to be tested and even know of a place to go (52 percent) for the HIV/AIDS test, lack of knowledge of a source for being tested (35 percent), lack of time (20 percent), and cost (18 percent) are their main deterrents.

SUMMARY AND RECOMMENDATIONS

Fertility and family planning

Data from this survey indicate that fertility rates in Tanzania have continued to fall; however, the decline is slow and the level of fertility is still high at an average of 5.6 births per woman, far exceeding the level of 2.1 children per woman needed to maintain the population size over the long term. Although this means that the population of the country will continue to grow at a rapid rate, it would be more tolerable if all these children were wanted. However, survey data indicate that a considerable proportion of births are unplanned—either wanted at a later time (11 percent) or unwanted altogether (11 percent). Reducing unwanted births requires a concerted effort to ensure that all those who do not want another child immediately have easy and affordable access to family planning methods.

Survey data indicate that women and men have heard about a wide variety of contraceptive methods and that exposure to family planning messages is widespread. Moreover, approval of contraceptive use appears to be high, with three-quarters of wives and husbands both approving of family planning use. It is thus surprising that opposition to using—either on the part of the respondent or his/her spouse—is the second most commonly cited reason for not intending to use family planning in the future. To the extent that this reflects a residual reluctance to initiate family planning use, efforts to further educate potential users could result in a greater number of them finding a method appropriate for them.

Contraceptive use continues to increase, with a sharp rise in use of injectables, now the most commonly used contraceptive among women. Efforts in this area should concentrate on increasing the use of long-term methods such as sterilisation and the IUD by women who say they do not want any more children.

Maternal and child health

The data indicate that there has been a shift in antenatal care providers from nurses and midwives to the less well trained health aides. Investigation of whether this has led to a decline in the quality of care would be helpful.

Another disturbing trend is the steady decline in the proportion of births that occur in a health facility. This results in fewer deliveries being assisted by trained medical personnel, with a corresponding increase in the risk of illness and death. Investigation of the reasons for this trend would help to prevent further erosion in delivery care.

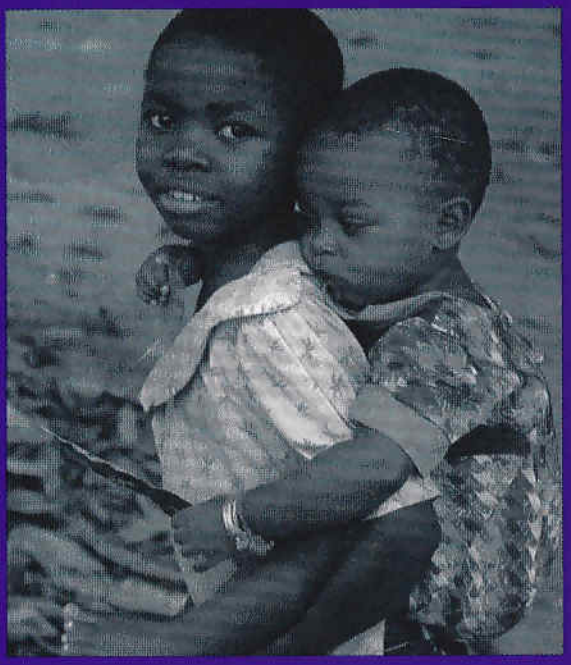
The survey indicates that previous declines in childhood death rates may have stagnated. Although the reasons for this are unclear, the HIV/AIDS epidemic may play a role. Survey data show that childhood vaccination coverage is holding steady, as are breastfeeding patterns and nutritional status as measured by children's heights and weights. One area that might help reduce child mortality further is vitamin A supplementation; the survey shows that only 14 percent of targeted children receive such supplements.

HIV/AIDS

Survey data show that efforts to educate women and men about HIV/AIDS have been largely successful; virtually all have heard about HIV/AIDS and the vast majority know how it is transmitted. Moreover, condom use with non-regular partners has increased for women, though not for men. Efforts to further increase safe sex practices can only help in the fight against the spread of the disease. Increasing the availability of HIV testing and encouraging women and men to get tested would also be beneficial.

Tanzania

Utafiti wa Afya ya Mama na Mtoto (TRCHS)
Ripoti ya Mambo Muhimu



1999

UTANGULIZI

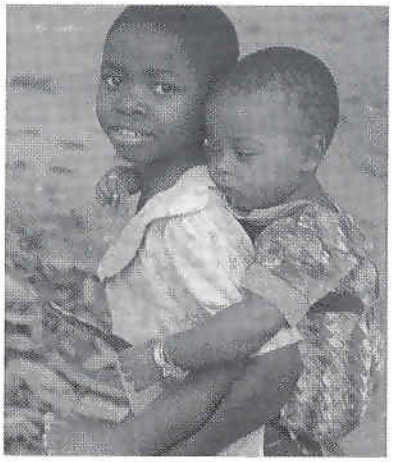
Utafiti wa Afya ya Mama na Mtoto wa 1999 (TRCHS) ni wa sampuli ya wanawake 4,029 wenye umri wa miaka 15-49 na wanaume 3,542 wenye umri wa miaka 15-59 unao wakilisha nchi nzima. Madhumuni yake ni kukusanya takwimu za viwango vya uzazi na kupendelea watoto, matumizi ya uzazi wa mpango, Afya ya mama na mtoto, mwenendo wa kunyonyesha titi la mama, lishe ya watoto, viwango vya vifo vya watoto, kufahamu na tabia za watu kuhusiana na ukimwi na upatikanaji wa huduma za afya katika jamii . Nia ni kwa taarifa hizi kuweza kutumika ili kutathmini programu zilizokuwepo na kuweka mikakati ya kubuni mbinu mpya za kuboresha afya na huduma za uzazi wa mpango kwa Watanzania.

Utafiti huu ulifanywa na Ofisi ya Taifa ya Takwimu ikishirikiana na Kitengo cha Afya ya Uzazi na Mtoto (RCHS) cha Wizara ya Afya. Utafiti huu ulifadhiliwa kwa pamoja na Shirilka la Misaada la Marekani (USAID/Tanzania), Shirika la Umoja wa Mataifa linaloshughulikia Watoto (UNICEF/ Tanzania) na Shirika la Umoja wa Mataifa linaloshughulikia Idadi ya Watu (UNFPA/Tanzania). Msaada wa kitaalam ulitolewa na Macro International Inc. ikiwa ni sehemu ya programu za Tafiti za Afya ya Mama na Mtoto duniani iliyopangwa kukusanya, kuchambua na kuwasilisha takwimu za uzazi, uzazi wa mpango, afya ya mama na mtoto na ukimwi.

Ukusanyaji Wa Takwimu za TRCHS ulianza mapema mwezi Septemba na kumalizika mwishoni mwa mwezi Novemba, 1999 na ulihusisha Tanzania Bara na Zanzibar (Unguja na Pemba). Utafiti wa TRCHS ni wa nne katika mfululizo wa tafiti hizi, tafiti nyingine ni za 1991-92 Tanzania Demographic and Health Survey (TDHS), 1994 Tanzania Knowledge Attitude and Practices Survey (TKAP) na 1996 TDHS. Kwa sababu sampuli ya TRCHS ni ndogo kuliko ile ya tafiti nyingine, makisio ya kimkoa na wilaya hayatawezekana kupatikana.

[1] *Takwimu za utafiti wa huduma za afya zilikusanywa mbali mbali lakini ni zoezi moja na takwimu zake zinapatikana kwenye ripoti nyingine.*

TANZANIA 1999 (TRCHS)



Muhtasari wa Ripoti

Idadi ya Watu na hali ya Kaya Zinavyoishi

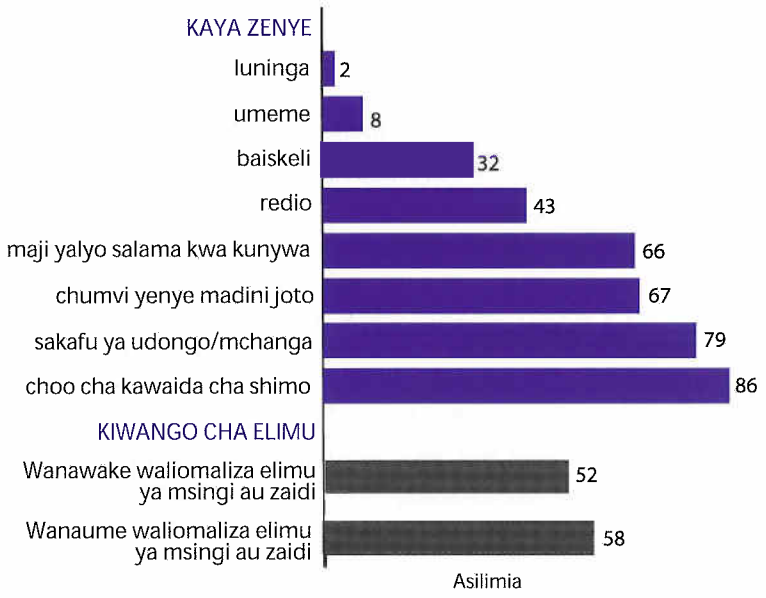
Ukubwa wa kaya na namna zilivyo

Karibu asilimia 14 ya watoto wenye umri wa miaka 15 ni watoto wa kufikia- hii ina maana kuwa watoto hawa wanaishi kwenye kaya bila ya wazazi wao waliowazaa. Kufuatana na kiwango kikubwa cha ukimwi Tanzania, kiwango hiki kinaweza kukuwa hapo baadae. Asilimia moja ya watoto ni yatima (wazazi wao wote waliowazaa wameshafariki) na asilimia tisa wamepoteza mama au baba.

Aina ya nyumba

Hali ya nyumba inatuonyesha kiwango cha ustawi wa jamii na uchumi wa kaya na ni kichocheo cha hali ya afya ya wana kaya. Ingawa kuna asilimia 8 ya kaya zenye umeme kuna tofauti kubwa kati ya mijini na vijijini, ambapo aslimia 27 ya kaya za mijini zina umeme wakati asilimia 1 tu ya kaya za vijijini zina umeme. Kwa ujumla theluthi mbili ya kaya zina maji safi ya kunywa. Watu wanaoishi maeneo ya mijini wanapata huduma ya vianzo vya maji safi kuliko watu wanaoishi maenao ya vijijini (asilimia 92 kwa 56). Inawachukuwa dakika nne tu kwa wakazi wa mijini kufika kwenye vyanzo vya maji, ukilinganisha na nusu saa kwa wakazi wa vijijini. Kaya tisa kati ya kumi wanatumia vyoo vya shimo, kukiwa tofauti ndogo kati ya mijini na vijijini. Mwisho, kaya nane kati ya kumi, nyingi zikiwa vijijini, wanaishi kwenye nyumba zilizosakafiwa na udongo au mchanga. Utumiaji wa saruji kwa kusakafia unaonekana zaidi maeneo ya mijini (asilimia 63) kuliko maeneo ya vijijini (asilimia 6).

Idadi ya watu na namna walivyo



Umiliki wa vifaa vya kudumu

Kumiliki vifaa vya kudumu kunaonekana zaidi maeneo ya mijini kuliko vijijini. Kwa mfano, asilimia 73 ya kaya za mijini zinamiliki angalau moja ya vifaa vifuatavyo: redio, luninga (TV), jokofu, baiskeli, pikipiki, au gari la binafsi au lori, ukilinganisha na asilimia 50 ya kaya za vijijini. Vifaa vya aina mbili vinavyomilikiwa zaidi ni redio (asilimia 43 kwa nchi nzima) na baiskeli (asilimia 32). Kwa vifaa vingine, ni asilimia 2 ya kaya au chini ya hapo zinamiliki mojawapo ya vifaa hivyo.

Kiwango cha elimu cha wanawake na wanaume

Elimu ni jambo muhimu katika kuinuwa hali ya kinamama na watoto wao. Matokeo ya utafiti yanaonyesha kuwa asilimia 36 ya wanawake wenye umri wa miaka 15 - 49 na asilimia 22 ya wanaume wenye umri wa miaka 15-59 hawajui kusoma kabisa. Wanawake wa mijini na wanaume wameelimika zaidi kuliko wenzao wanaoishi vijijini. Kwa kiwango cha elimu, zaidi ya nusu ya wanawake (asilimia 52) wamemaliza elimu ya msingi au zaidi, wakati asilimia 27 hawana elimu kabisa. Kwa wanaume asilimia 58 wana elimu ya msingi au zaidi na asilimia 14 hawana elimu kabisa.

UZAZI

Uzazi ulivyo hivi sasa na mwenendo wake

Kwa hali ya uzazi ilivyo sasa hivi, Mwanamke wa Tanzania anazaa kwa wastani wa watoto 5.6 katika kipindi chote cha uzazi. Kiwango hiki kinaonyesha kushuka kidogo kutoka watoto 5.8 kwa kila mwanamke kama kilivyojionyesha katika utafiti wa 1996 TDHS na kushuka kwa mtoto mmoja kama kilivyokuwa katika takwimu za sensa ya watu ya Tanzania ya mwaka 1988.

Wanawake wanaoishi maeneo ya vijijini (kwa wastani wa watoto 6.5) wana watoto watatu zaidi ya wenzao wa mijini (watoto 3.2). wanawake wanaoishi Tanzania Bara wana watoto sawa kama wenzao wa Zanzibar (watoto 5.6). Uzazi unahusiana zaidi na kiwango cha elimu ya mama. Wanawake wasioelimika wana wastani wa watoto 6.5, wale wasiomaliza elimu ya msingi wana watoto 5.1, na wanawake waliomaliza elimu ya msingi au waliopata elimu ya juu wana wastani wa watoto 4.9.

Matatizo ya afya ya kina mama na watoto yanaongezeka wakati watoto wanapozaliwa na kina mama wenye umri mdogo. Mmoja kati ya Watanzania wanne wanapofikia umri wa miaka 17 tayari wameshakuwa na watoto (asilimia 17) au tayari ana mtoto mmoja wakati akiwa na mimba (asilimia 8). Idadi inaongezeka na kufikia asilimia 46 kwa kina mama wanapofikia umri wa miaka 18. Mimba zinazopatikana kwa kina mama wenye umri mdogo na uzazi kwa kina mama wadogo una kiwango kikubwa kwa Bara (asilimia 25) kuliko Zanzibar (asilimia 17) lakini hautofautiani sana kwa mahali wanapoishi (mijini: asilimia 23, vijijini: asilimia 25)

Ndoa na inavyojitokeza kupata uja uzito

Umri wa kuolewa au kukutana kimwili kwa mara ya kwanza ni vitu muhimu vinvyowafanya wanawake wapate mimba. Kwa ujumla, wanawamke wanao olewa mapema wanakawaida ya kuzaa mapema na kuwa na watoto wengi kuliko wanao chelewa kuolewa. Kawaida hii ni ya ukweli kwa Tanzania ambapo matumizi ya njia za uzazi wa mpango bado hazijawafikia wanawake wengi. Nusu ya wanawake wenye umri wa miaka 25-49 wameolewa wakiwa na umri wa miaka 18.1 wakati wanaume wanachelewa kuoa mpaka wafikie umri wa miaka 23.7 - tofauti ya zaidi ya miaka mitano. Wanawake wa vijijini, wanawake wa Zanzibar na wanawake wenye elimu zaidi wanachelewa kuolewa.

Ingawa wastani (median) wa umri ambao mwanamke anakutana kimwili (asilimia 16.6 kwa ujumla) inatofautiana kidogo kufuatana na mahali wanapoishi. Kuna tofauti kubwa kwa wanaume. Kwa mfano wanaume kutoka Bara kwa mara ya kwanza wanakutana kimwili wakiwa na umri wa miaka 17.8, wakati wale wanaoishi Zanzibar wanasubiri mpaka wanapofikia umri wa miak 21 ndiyo wanapoanza kukutana kimwili. Wanawake wasiyokuwa na elimu wanakutana kimwili kwa mara ya kwanza wakiwa na umri wa miaka 15.8 wakati wale wenye elimu ya sekondari wanasubiri hadi wanapofikia umri wa miaka 18.8. Tofauti haijionyeshi sana kwa wanaume (miaka 17.4 kwa wasiyo na elimu na miaka 18.5 kwa wenye elimu ya sekondari).

Vipindi vya uzazi

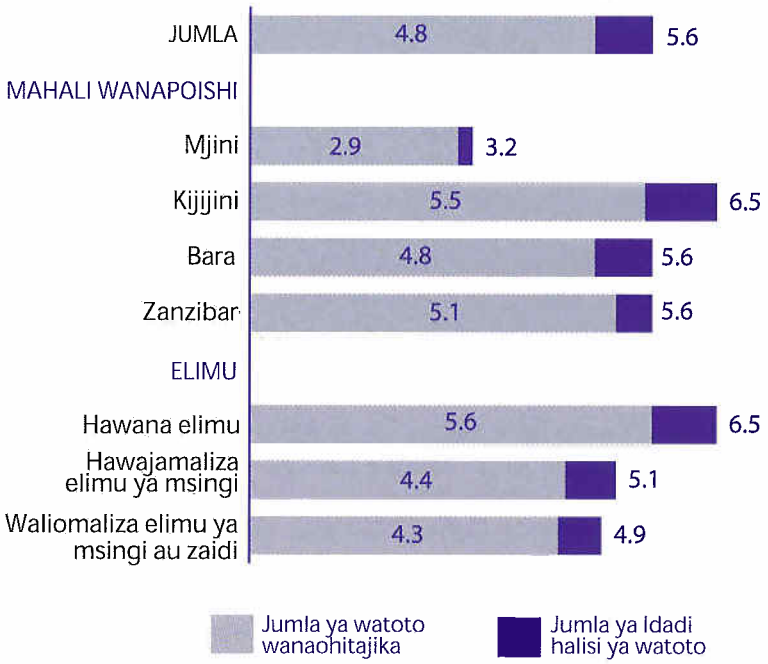
Watoto wengi (asilimia 83) Tanzania wanazaliwa baada ya kile kinachoitwa kipindi salama - miezi 24 au zaidi kati ya mtoto mmoja na mwengine. Watoto wanaozaliwa kati ya vipindi vifupi wanakuwa katika hali ya hatari kupoteza maisha, halikadhalika na kina mama. Wastani (median) muda kati ya mtoto na mtoto kuzaliwa ni miezi 33 kwa nchi nzima, ni miezi saba pungufu kwa wale wenye watoto ambao mtoto aliyemtangulia amefariki kuliko wale ambao mtoto aliyemtangulia yu hai.

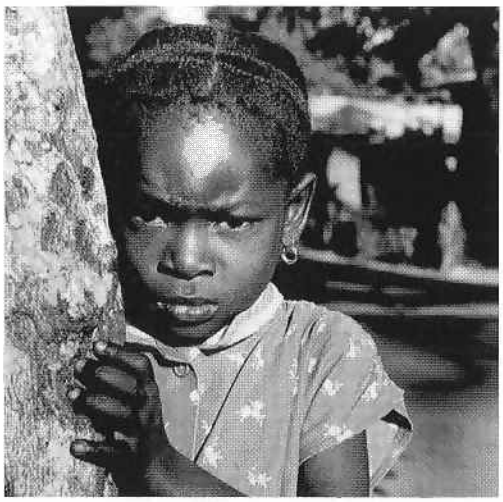
Kupendelea aina ya watoto

Kwa kawaida wanawake wa Tanzania wanapendelea familia ndogo kuliko walizo nazo. Laiti wanawake wangekuwa na idadi ya watoto wanaopendelea, wangekuwa na wastani wa watoto waliozaa 4.8. Idadi hii ni karibu mtoto mmoja pungufu kulingana na wastani uliopo hivi sasa.

Wanawake wanaoishi maeneo ya mijini, wale wanaoishi Zanzibar na wale waliyomaliza elimu ya msingi wanaelekea kuwa na hali nzuri ya kufahamu idadi ya watoto wanaopendelea kuwa nao. Kwa mfano, wanawake wa mijini wanataka watoto 2.9, ni pungufu kidogo kuliko uzazi halisi wa watoto 3.2 waliyokuwa nao. Kwa upande mwengine, wanawake wa vijijini wanaozaa watoto 6.5 wanapendelea kuwa na watoto 5.5- tofauti hii ni kubwa.

Uzazi na kupendelea watoto





Kwa ujumla, mwanamke mmoja kati ya wanne wenye uwezo wa kuzaa anasema hataki tena mtoto. Mahitaji ya wanawake katika kupunguza watoto wanaozaa yanatofautiana sana kufuatana na wanapoishi na elimu. Asilimia 17 ya wanawake wa Pemba hawahitaji tena watoto zaidi, wanawake wa vijijini wa Bara (asilimia 26) na wanawake wa mijini (asilimia 24) wanaonesha kupendelea kwa hali ya juu kupunguza idadi ya wanaozaa. Wanawake wasiyo na elimu (asilimia 32) na wale ambao hawakumaliza elimu ya msingi (asilimia 26) hawana nia ya kutaka kutokuwa na watoto zaidi.

Kwa ujumla, zaidi ya mtoto mmoja kwa kila watoto watano wanaozaliwa Tanzania hawakupangwa kuzaliwa; asilimia 11 walitaka kuzaliwa baadae na asilimia 11 hawakutakiwa kuzaliwa. Watoto ambao hakutakiwa kuzaliwa ni wengi kwa wanawake wenye umri wa miaka ya 40 (asilimia 30). Kufuatana na wanawake wengi ambao tayari wameshakuwa na watoto wengi, wamekuwa katika hatari zaidi ya kupata maradhi yatokanayo na uzazi na watoto wao pia wapo katika hatari ya kupoteza maisha, hatua madhubuti zinahitajika kuchukuliwa kuwawezesha kupatiwa njia nzuri za kurekibisha uzazi.

Uzazi wa Mpango

Kufahamu na kukubali njia za uzazi wa mpango

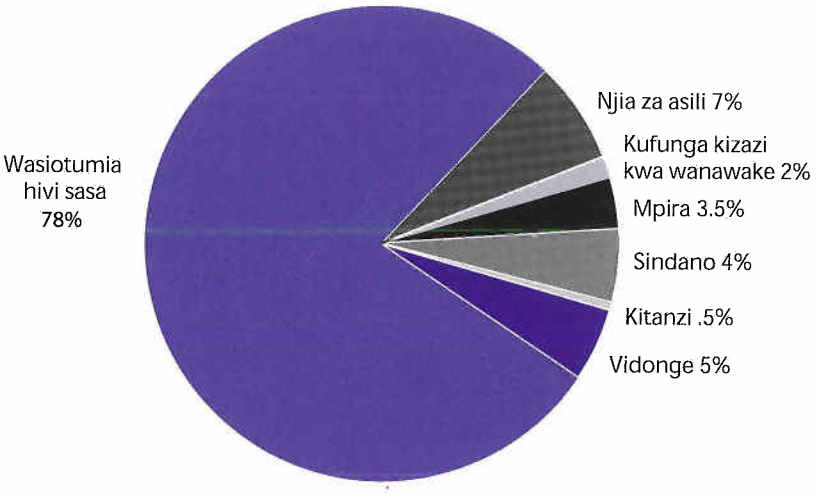
Kufahamu na kukubali njia za uzazi wa mpango kumesambaa kwa wanawake na wanaume wa Tanzania wenye umri wa kuweza kuzaa. Zaidi ya wanawake na wanaume tisa kwa kila kumi wanajua njia moja ya kisasa ya uzazi wa mpango. Njia ya vidonge inafahamika zaidi na wanawake (asilimia 86 ukilinganisha na asilimia 79 ya wanaume), wanaume wanafahamu zaidi njia ya mpira wa baba (asilimia 90 kulinganisha na asilimia 83 ya wanawake). Kufahamu njia ya vidonge kunazidi kuongezeka. Asilimia ya wanawake waliosikia njia ya kisasa ya uzazi wa mpango imeongezeka kutoka asilimia 72 mwaka 1991-92 hadi asilimia 84 mwaka 1996 na asilimia 91 mwaka 1999. Halikadhalika, matokeo ya hivi sasa yanaonyesha mbili ya tatu ya Watanzania wanaoishi pamoja (mke na mume) wanakubaliana na njia za uzazi wa mpango.

Kuna njia nyingi nzuri za kuweza kuwafahamisha kina mama na kina baba kuhusu uzazi wa mpango na kukuza utumiaji wake. Njia moja wapo ni wafanyakazi wa sehemu zinazotoa huduma za afya kuzungumza na wasiotumia njia yoyote kuhusu njia mbali mbali kwa ajili ya kurekibisha namna ya kupata watoto. Katika kipindi cha miezi 12 kabla ya utafiti, asilimia 53 ya wasiyotumia njia yoyote ya uzazi wa mpango wamehudhuria sehemu zitoazo huduma za afya (kwa sababu moja ama nyingine). Ni mmoja kati ya watatu wamesema kuwa mtu mmoja ambae ameongea nao kuhusu uzazi wa mpango. Halikadhalika, asilimia 5 ya wasioyotumia njia yoyote wametembelewa na mfanyakazi wa uzazi wa mpango katika kipindi hicho.

Kuwa wazi na taarifa za uzazi wa mpango

Zaidi ya sekta ya afya, waandishi wa habari, ngoma na njia nyingine za kukuza utumiaji wa uzazi wa mpango ni vyanzo muhimu vya habari kuhusu suala hilo. Hata hivyo, saba ya kumi ya wanaume wameripotiwa kuwa wamesikia au wameiona njia mojawapo ya uzazi wa mpango katika kipindi cha miezi sita iliyopita. Redio ni chanzo muhimu (asilimia 42 ya wanawake na asilimia 57 ya wanaume), ikifuatiwa na mabango makubwa (bill-boards) (asilimia 24 na 33) na mabango (asilimia 29 na 29). Uwazi wa programu za afya ya jamii kwenye redio unaongezeka. Kwa mfano, asilimia ya wanawake waliowahi kusikiliza mchezo wa Zinduka katika kipindi cha miezi sita kabla ya utafiti imeongezeka kutoka asilimia 25 mwaka 1996 hadi asilimia 34 mwaka 1999.

Matumizi ya hivi sasa ya uzazi wa mpango kwa njia (wanawake wote wenye umri wa 15 - 49)

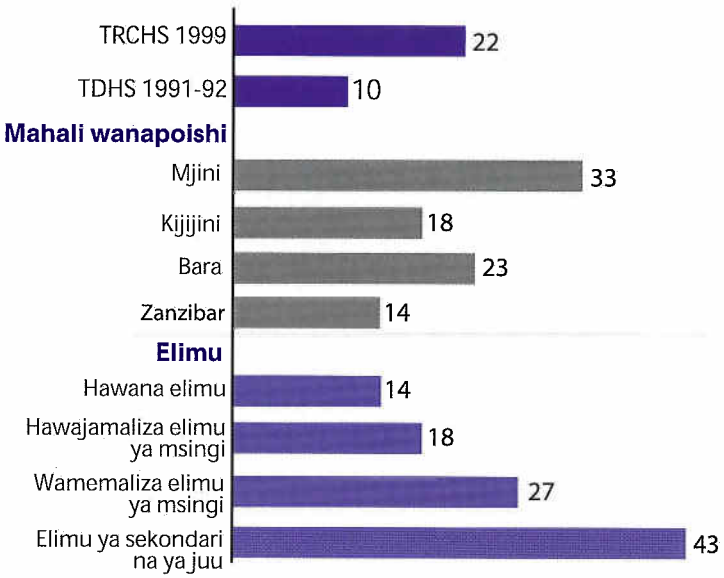


Utumiaji ulivyo hivi sasa na mwenendo wake

Wakati asilimia 41 ya wanawake na asilimia 48 ya wanaume wanasema wameshawahi kutumia njia ya uzazi wa mpango, matumizi yalivyo hivi sasa ni

karibu nusu ya asilimia hiyo (asilimia 22 kwa wanawake na asilimia 29 kwa wanaume). Matumizi ya njia za kisasa ni asilimia 16 kwa wanawake na asilimia 21 kwa wanaume. Njia ya sindano na vidonge (zote zikiwa na asilimia 5 kila moja) ni njia ambazo zinatumika sana na wanawake; matumizi ya mpira ni ya tatu kutumika ikiwa na asilimia 4. Kwa wanaume mpira ni chaguo lao lenye asilimia 12 kulinganisha na asilimia 4 waliotoa taarifa ya wenza wao kutumia vidonge.

Matumizi ya hivi sasa ya njia yoyote ya uzazi wa mpango kwa



Kuna tofauti kubwa kwa matumizi ya hivi sasa kufuatana na mahali wanapoishi na kiwango cha elimu. Asilimia ishirini na tatu ya wanawake wa Bara kwa hivi sasa wanatumia njia ya uzazi wa mpango (asilimia 33 ya wanaoishi mijini na asilimia 18 ya wanaoishi vijijini), kulinganishwa na Zanzibar (asilimia 7 kwa Pemba na asilimia 19 kwa Unguja). Elimu pia inachukuwa umuhimu wake: asilimia 14 ya wanawake wasio kuwa na elimu hivi sasa wanatumia njia ya uzazi wa mpango, kulinganisha na asilimia 43 waliokuwa na elimu ya sekondari au zaidi. Ingawa matumizi ya hivi sasa ni makubwa kwa wanaume, inaonyesha kuwa sawa na wanawake kwa kijiografia na elimu.

Zaidi ya nusu (asilimia 55) ya wanawake na wanaume wa Tanzania ambao hawatumii njia ya uzazi wa mpango wameeleza kuwa hawana nia ya njia yoyote kwa kipindi cha miezi 12 ijayo. Kati ya wanaume, sababu kubwa ya kutotumia ni kuwa bado hawajaoa. Sababu nyingine muhimu kwa wanaume na wanawake ni kutaka watoto zaidi au hawakubaliani na njia za uzazi wa mpango.

Vyanzo vya njia za kisasa

Wanawake wawili katika kila wanawake watatu wanaotumia njia za kisasa wanazipata kutoka sekta za umma (serikali), nazo ni, zahanati (asilimia 27), vituo vya afya vya serikali (asilimia 18), hospitali za wilaya (asilimia 13) na hospitali za mikoa (asilimia 8). Sekta za binafsi (hasa maduka ya dawa ni asilimia 10) wanatoa asilimia 22 ya nia za kisasa, wakati maduka (asilimia 6) na marafiki na ndugu (asilimia 4). Wanawake wanaotumia vidonge, sindano na kufunga kizazi kwa kinamama wanategemea sana huduma za umma, wakati mpira wa baba unategemewa sana kutoka kwenye sekta za binafsi (maduka ya dawa, maduka, na marafiki na ndugu).

Kuhitaji uzazi wa mpango

Karibu kila mwanamke mmoja kati ya wanawake watano walio olewa (asilimia 22) hawataki mtoto mwengine au wanataka kucheleweshe kupata mimba lakini hawatumii njia yoyote ya uzazi wa mpango ili kutimiza lengo lao. Kiwango cha wanaotaka kutumia njia za uzazi wa mpango lakini hawazipati kimekuwa kikipunguwa kuanzia mwaka 1991-92, ilipokuwa asilimia 30. Kwa upande mwengine, mahitaji halisi yanayotosheleza yamekuwa yakiongezeka sana, kutoka asilimia 26 mwaka 1991-92 kufikia asilimia 44 mwaka 1996 hadi asilimia 54 mwaka 1999.

UZAZI NA AFYA YA UZAZI

Huduma za uzazi

Huduma za uzazi kutoka kwa wataalam wa afya zimesambaa Tanzania: kina mama wanapata huduma hizo kwa zaidi ya kila watoto tisa kati ya kumi wanaozaliwa. Wahudumu wa afya (health aides) (asilimia 44) wanatoa huduma nyingi, ingawa mafunzo waliopata si makubwa ikilinganishwa na manesi na wakunga wanaotoa asilimia 43 ya huduma za uzazi. Wanawake wenye elimu kubwa (asilimia 24), wale wanaoishi maeneo ya mijini (asilimia 15), na wale wanaoishi Unguja (asilimia 11) ndiyo wanaokwenda zaidi kuonana na madaktari kwa ajili ya huduma wakati wakiwa na mimba. Kwa upande mwengine, wanawake wanaoishi vijijini (asilimia 3), wanawake wanaoishi Pemba (asilimia 2) na wanawake wasiokuwa na elimu (asilimia 2) ni wachache wanaowaona madaktari. Kwa ujumla, asilimia 70 ya wanawake wamehudhuria kwenye huduma za afya mara nne au zaidi wakati wakiwa na mimba, mara ya kwanza wakiwa na mimba ya miezi mitano au sita, ni muda mrefu kuliko inavyopendekezwa.

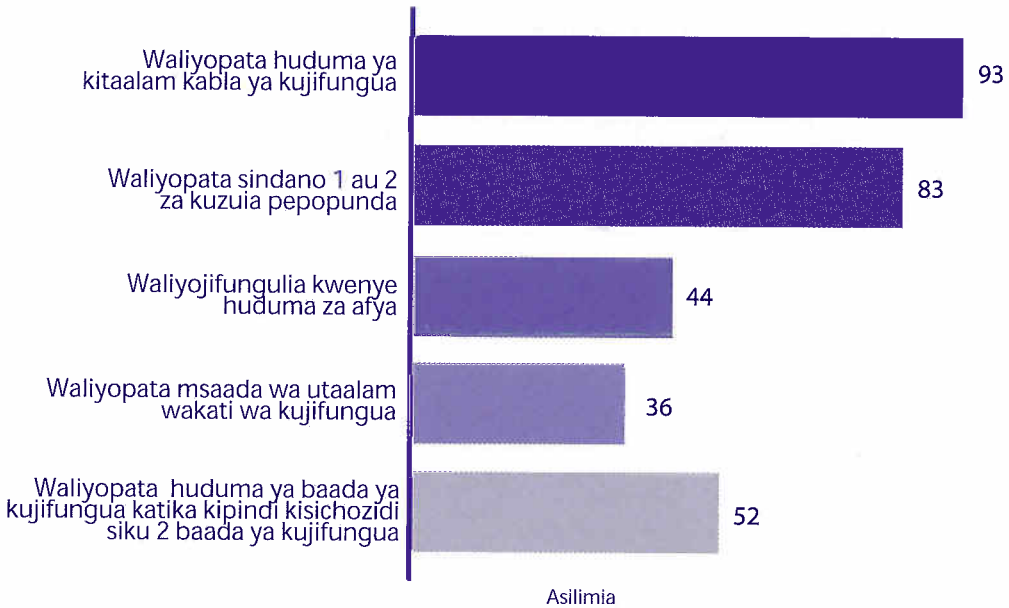
Wanawake wanne kati ya kumi walipohudhuria kwenye huduma za afya waliambiwa ishara zinazotokana na matatizo ya mimba. Kwa mfano, zaidi ya nusu ya wanawake walifahamu kuwa homa inaweza ikawa ni dalili ya matatizo ya mimba, na mwanamke mmoja kwa kila watatu walisema kuwa kutokwa na damu nyingi ni ishara ya kuwa mwanamke mwenye mimba anahitaji msaada wa kitaalam.

Mambo mengine yanayohusu huduma wakati mwanamke akiwa na mimba yalichambuliwa: asilimia 44 ya wanawake wamesema wamepewa au wamenunua vidonge vyenye madini chuma (iron tablets), wakati asilimia 32 wamesema hivyo hivyo kwa vidonge vya kuzuia ugonjwa wa malaria. Asilimia 83 ya wanawake (kulinganisha na asilimia 92 mwaka 1996) wameripoti kuwa wamepata angalau chanjo moja ya kuzuia pepopunda wakati wakiwa na mimba, asilimia 61 tu ndiyo wamepata chanjo mbili zinazopendekezwa. Kwa ujumla, asilimia 42 ya watoto wanaozaliwa na wanawake wanaoishi vijijini na asilimia 49 ya watoto wanaozaliwa na wanawake wasiokuwa na elimu hawakupata chanjo hiyo au wamepata chanjo moja na kuwafanya wasiwe na kinga ya pepopunda.

Huduma za kujifungua na baada ya kujifungua

Asilimia arobaini na nne ya watoto wachanga wanaozaliwa Tanzania wanazaliwa katika sehemu zitoazo huduma za afya, umeshuka kidogo kuanzia mwaka 1991-92 (asilimia 53) hadi mwaka 1996 (asilimia 47). Kuna tofauti muhimu kufuatana na mahali kina mama wanapoishi na kiwango cha elimu. Wengi wao (asilimia 83) wanaoishi mijini wanazalia kwenye sehemu zitoazo huduma za afya, kulinganisha na asilimia 53 wanaoishi vijijini. Wanawake wasiokuwa na elimu

Huduma kabla ya kujifungu, wakati wa kujifungua na baada



(asilimia 24) wana uwezekano mdogo wa kuzalia sehemu zinazotoa huduma za afya kuliko wanawake waliomaliza elimu ya shule za msingi (asilimia 51) au wenye elimu ya sekondari au elimu ya juu (asilimia 79).

Mahali pa kuzalia kunashawishi aina ya msaada ambao mwanamke anaweza kupata wakati wa kujifungua. Kwa mfano, kila wanawake watatu katika wanawake wanne wa mijini wanapata msaada wa daktari wakati wa kujifungua, nesi au mkunga, kulinganisha na mmoja kati ya wanawake wanne wa kijijini.

Kwa ujumla, ndugu na marafiki (asilimia 29) wanatoa msaada mwingi wakati wa kujifungua, wakifuatiwa na manesi na wakunga (asilimia 28) na wahudumu waliofunzwa (trained birth attendants) (asilimia 11). Asilimia ya wanaojifungua ambao wanasaidiwa na wafanyakazi waliofuzu imekuwa ikishuka kutoka mwaka 1991-92 (kutika asilimia 44 hadi asilimia 36 mwaka 1999).

Inapendekezwa kuwa wanawake wachunguzwe siku chache baada ya kujifungua, ili kugundua matatizo ya kiafya yanayoweza kutokea baada ya kujifungua. Asilimia kubwa (asilimia 38) ya wanawake wa Tanzania hawapati huduma ya baada ya kujifungua; zaidi ya hayo, ni nusu tu ambao wamechunguzwa katika kipindi cha siku mbili, tukichukulia ya kuwa wanawake wanaojifungulia katika sehemu zinazotoa huduma za afya wanachunguzwa baada ya kujifungua.

Madini joto kwenye chumvi na ziada ya vitamini A

Licha ya kuongezeka kwa hatari ya ukosefu wa lishe kunakosababisha matezi na kudumaa, halikadhalika, ukosefu wa akili na taahira, ukosefu wa madini joto kwenye chakula kuna sababisha vifo vya watoto wadogo na vile vile kukosa kupata mimba. Takwimu za utafiti huu zinaonyesha theluthi mbili ya kaya zinatumia chumvi yenye madini joto yanayotosheleza, kiwango hiki ni kikubwa kwa wanaoishi maeneo ya mjini (asilimia 86) kuliko maeneo ya vijijini (asilimia 60). Ni asilimia 9 tu ya kaya za Pemba ndizo zinazotumia chumvi yenye madini joto, kulinganisha na asilimia 52 ya kaya za Unguja na asilimia 68 ya kaya za Bara.

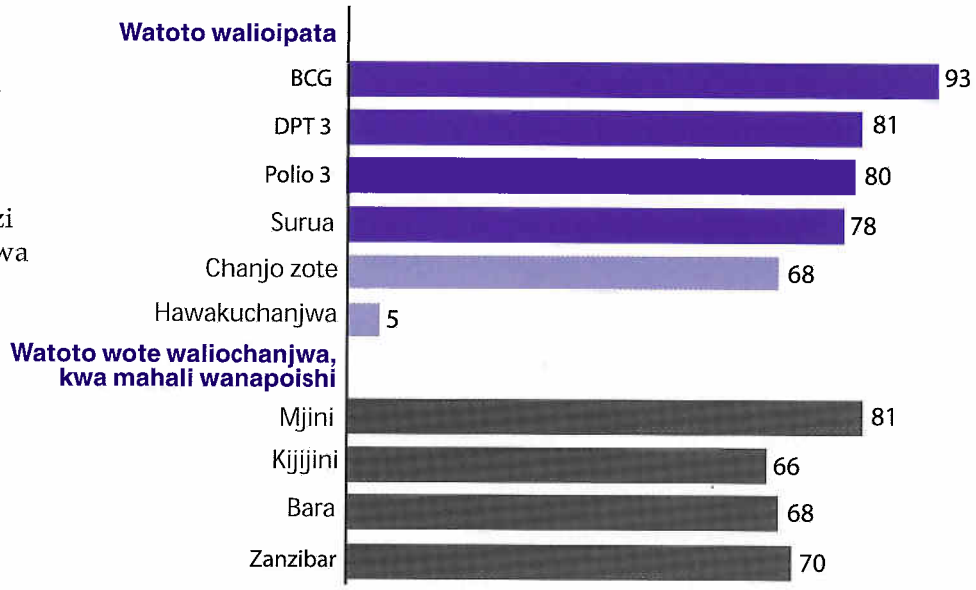
Lishe nyingine ndogo ndogo ambazo ni muhimu kwa wanawake ambao ndiyo kwanza wamejifungua ni vitamini A. Ni asilimia 12 tu ya kinamama ambao ndiyo kwanza wamejifungua wa Bara na asilimia 2 ya kinamama ambao ndiyo kwanza wamejifungua wa Zanzibar wanapata vitamini A ya ziada katika kipindi cha miezi miwili baada ya kujifungua.

Afya ya Mtoto na Maradhi

Chanjo za watoto

Watoto wanaopata chanjo wana uwezo mkubwa wa kuendelea kuishi kwa sababu wanajikinga na maradhi mengi yanayompata mtoto. Karibu watoto saba kati ya watoto kumi wa Kitanzania wenye umri wa miezi 12 - 23 wanachukuliwa kuwa wamepata chanjo zote kwa sababu wanakuwa wameshapata chanjo za BCG, surua, chanjo 3 za DPT na ya kuzuia kupooza (chanjo ya kupooza anayopata baada ya kuzaliwa); asilimia 5 hawakuweza kupata chanjo yoyote. Asilimia themanini na moja ya wanaoishi mjini wamepata chanjo zote, kulinganisha na asilimia 66 ya watoto wanaoishi kijijini. Watoto ambao mama zao hawana elimu (asilimia 50) wana uwezekano mdogo wa kukingwa na maradhi kuliko watoto ambao mama zao wamemaliza elimu ya msingi (asilimia 78). Chanjo za mwanzo ambazo ni za kuzuia kupooza (asilimia 93) na ya DPT (asilimia 92) ndizo ambazo zinatumika sana, marudio ya tatu ya chanjo hizo yameshuka hadi kufikia asilimia 80 na 81 kwa kila moja.

Ni asilimia ngapi ya watoto wamepata chanjo za kujikinga na magonjwa?



Matibabu ya watoto walio wahi kuumwa katika kipindi cha wiki 2 kabla ya utafiti
(watoto wenye umri chini ya miaka 5)

Matibabu ya magonjwa ya watoto

Kina mama ndiyo watunzaji wakubwa wa watoto, kwa hiyo ni muhimu kwao kungundua ishara za matatizo makubwa ya mtoto ili aweze kupatiwa huduma za haraka. Kati ya kina mama watatu kwa kila wanne wenye watoto wa umri chini ya miaka mitano Tanzania wameeleza aina mbili au zaidi ya ishara zinazoonyesha kuwa mtoto ana matatizo. Homa inayompata mtoto ndiyo ugonjwa mkubwa ambao umejitokeza kufahamika sana. Mtoto kuwa mgonjwa,

kupumua haraka haraka, au hanywi kama inavyotakiwa ni ishara za maradhi ambayo kina mama wanayatambua.

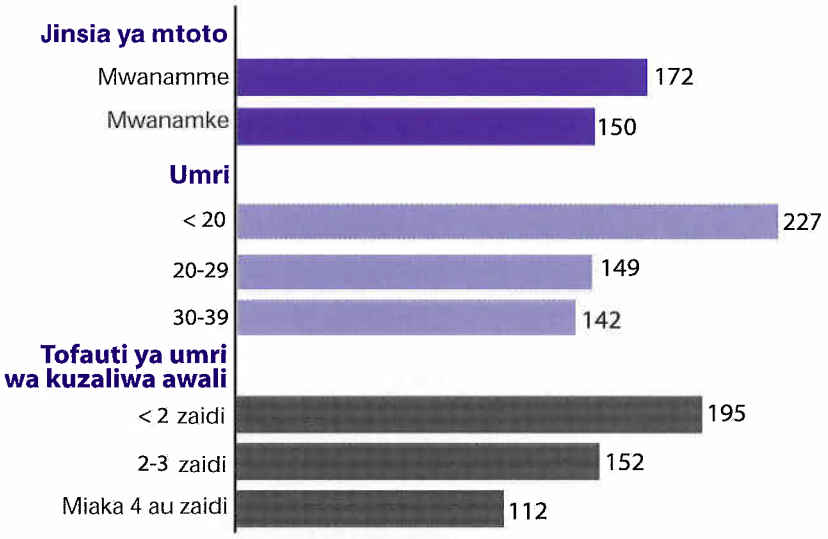
Magonjwa ya kuharisha na kupumua kwa tabu, halikadhalika homa ndiyo sababu kubwa zinazosababisha watoto kufariki. Katika kipindi cha wiki mbili kabla ya utafiti, asilimia 12 ya watoto wenye umri wa chini ya miaka mitano walipata kuharisha, wakati asilimia 14 walipata kukohoa ikiambatana na kupumua kwa haraka (acute respiratory infection - ARI) na asilimia 35 wamepata homa. Kati ya watoto waliokuwa wakiharisha na watoto waliokuwa na matatizo ya ARI au homa, wawili kati ya kila watoto watatu wamepelekwa kwenye sehemu zitoazo huduma za afya au mtoaji wa huduma ya matibabu.

Dalili za homa mara nyingi zinahusiana na ugonjwa wa malaria, kwa hiyo ni jambo la kufurahisha kuona kwamba nusu ya watoto wenye homa wamepewa dawa ya kutibu malaria. Njia nyingine ya kuwakinga watoto ili wasipate malaria ni kuhakikisha kuwa wanalala ndani ya vyandarua vilivyotiwa dawa ya kuzuia wadudu. Ni kaya moja kati ya kaya tano za Tanzania zilizoripoti kwamba watoto wote wa chini ya miaka mitano wamelalia chandarua usiku wa kuamkia siku ya mahojiano - kati yao, asilimia 10 wameeleza kuwa vyandarua havijawahi kutiwa dawa. Ingawa vyandarua vinatumika sana kwenye maeneo ya mijini kuliko maeneo ya vijijini, asilimia ya vyandarua vilivyotiwa dawa ni ile ile (asilimia 10).

Vifo vya watoto

Viwango vya vifo vya watoto wadogo Tanzania vinaonekana vimeongezeka kidogo tokea utafiti wa mwaka 1996. Hali ya vifo sasa hivi ni mtoto mmoja kati ya watoto saba (vifo 147 kwa watoto 1,000 waliozaliwa hai) watakufa kabla ya kutimiza umri wa miaka mitano. Kiwango cha vifo vya umri wa chini ya miaka mitano vilikuwa watoto 137 kwa kila watoto 1,000 mwaka 1996 na watoto 141 kwa kila watoto 1,000 mwaka 1991-92. Viwango ni vikubwa zaidi kwa maeneo ya vijijini (watoto 166 kwa kila watoto 1,000 mwaka 1999) ukilinganisha na maeneo ya mijini (watoto 144 kwa kila watoto 1,000), na ni chini zaidi kwa Zanzibar (watoto 114 kwa kila watoto 1,000). Kwa ujumla, theluthi mbili ya vifo vinatokea katika miaka mitano ya mwazo ya maisha (watoto 147 kwa kila watoto 1,000) kwa kweli vinatokea katika mwaka wa kwanza wa maisha (watoto 99 kwa kila watoto 1,000).

Vifo kwa wenye umri wa chini ya miaka mitano kwa mambo machache yaliyochaguliwa



Vifo kwa kila watoto hai 1,000 waliozaliwa

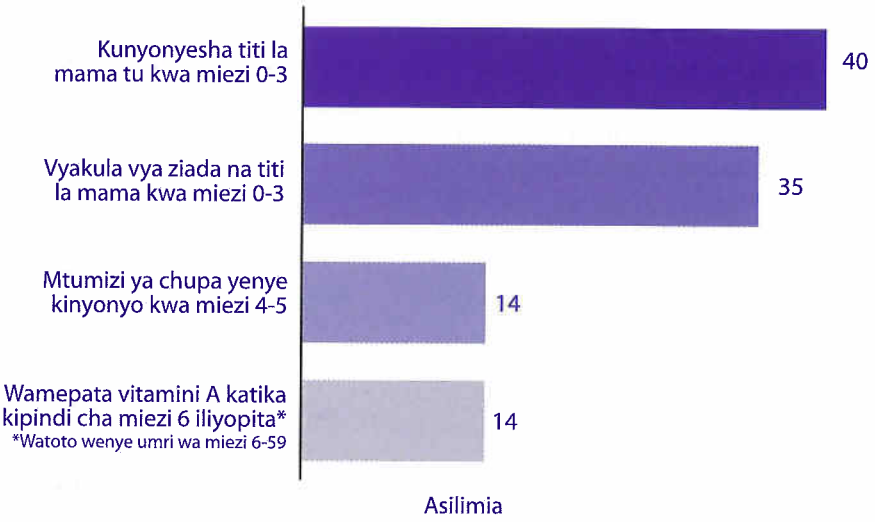
Njia muhimu ya kupunguza vifo hivyo ni kuhakikisha kuwa wazazi wanasubiri kwa muda ili kupata mtoto mwengine baada ya kuzaliwa aliyetangulia. Kwa mfano, vifo vya chini ya miaka mitano ni watoto 195 kwa kila watoto 1,000 waliozaliwa wakati muda wa mtoto aliyetangulia kuzaliwa ni chini ya miaka miwili, na vinashuka mpaka kufikia watoto 112 kwa kila watoto 1,000 kwa muda wa miaka minne au zaidi tokea azaliwe mtoto aliyetangulia, inayomaanisha kuwa hatari ya vifo ni pungufu kwa asilimia 43. Watoto waliozaliwa kwa wanawake wenye umri chini ya miaka 20 wako katika hatari kubwa ya kupoteza maisha kabla ya kufikia umri wa miaka mitano (watoto 227 kwa kila watoto 1,000) kuliko watoto waliozaliwa kwa wanawake wenye miaka ya 30 (watoto 166 kwa kila watoto 1,000).

LISHE

Kunyonyesha

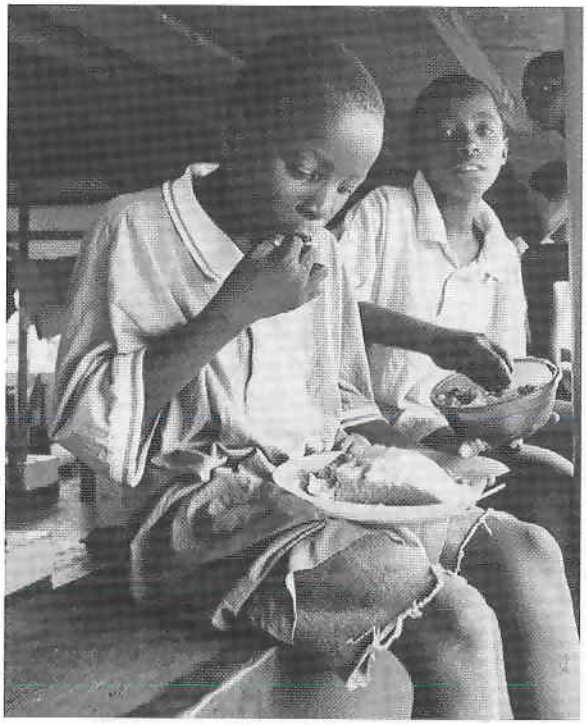
Watoto wa Tanzania wananyonyeshwa titi la mama kwa muda mrefu (karibu miezi 20), lakini wanapewa vyakula vya ziada na maji ya kawaida mapema zaidi, jambo linalowafanya wawe katika hatari ya kupata maambukizo, kuharisha na kukosa kinga za maradhi kwa ujumla. Kumnyonyesha mtoto maziwa ya mama pekee, njia inayopendekezwa katika kipindi cha miezi minne au sita ya kwanza ya maisha ya mtoto, kiwango chake kiko juu katika mwezi mmoja wa kwanza (asilimia 58); kinashuka na kufikia asilimia 25 kwa watoto wa miezi miwili hadi mitatu na asilimia 16 tu kwa watoto wenye umri wa miezi minne hadi mitano. Kwa watoto wenye umri wa miezi minne mpaka mitano, asilimia 14 ya watoto hao wananyonyeshwa maziwa ya chupa, ni jambo jingine ambalo linahatarisha watoto kuambukizwa maradhi. Licha ya matokeo hayo, na kwa sababu ya programu za elimu zinazotekelezwa na serikali, zaidi ya nusu ya wanawake wanafahamu muda muafaka wa kunyonyesha mtoto maziwa ya mama pekee mpaka mtoto afikie umri wa miezi minne hadi sita.

Tabia ya kulishwa chakula na ongezeko la vitamini A kwa watoto wenye umri wa chini ya miaka 3



Hali ya lishe kwa watoto

Kiwango cha kudumaa kwa watoto Tanzania bado kipo juu kwa kipindi cha miaka kumi iliyopita. Matokeo ya utafiti wa 1999 yanaonyesha asilimia 44 ya watoto wenye umri chini ya miezi mitano wanachukuliwa kuwa ni wafupi kulingana na umri wao. Zaidi ya hayo, asilimia 29 ya watoto wana uzito ambao ni chini ya kiwango kinachotakiwa kulingana na umri wao; hali hiyo imebaki kama ilivyotokea mwaka 1991-92. Watoto wanaoishi maeneo ya vijijini (asilimia 48 wamedumaa) wana matatizo makubwa ya utapia mlo kuliko wanaoishi maeneo ya mijini (asilimia 26 wamedumaa). Kudumaa na kuwa na uzito mdogo kumejitokeza sana Bara kuliko Zanzibar.



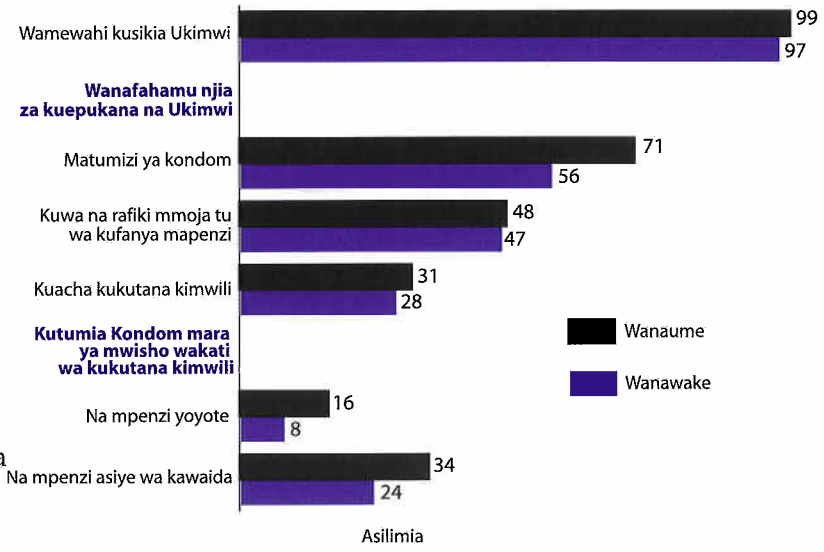
Baada ya kila umri wa miezi sita, inapendekezwa watoto wapewe vyakula vya vitamini A au nyongeza ya vitamini A (supplements). Ni mtoto mmoja tu kati ya saba wenye umri wa miezi 6-59 wametolewa taarifa ya kuwa wamepata nyongeza ya vitamini A katika kipindi cha miezi sita kabla ya utafiti.

UKIMWI

Kufahamu namna ukimwi unavyoambukizwa

Inakisiwa kuwa idadi ya wagonjwa wa Ukimwi Tanzania inaongezeka haraka katika kipindi cha miaka ya hivi karibuni. Ugonjwa huu unafahamika sana duniani, na wanawake wengi wanajuwa kuwa kuna njia za kujikinga ili wasipate virusi hivyo. Njia ambayo inafahamika sana kujikinga na Ukimwi kwa wanawake na wanaume ni utumiaji wa mipira (asilimia 56 kwa wanawake na 71 kwa wanaume), kufanya mapenzi na mtu mmoja (asilimia 47 kwa wanawake na 48 kwa wanaume), kuacha kabisa kufanya mapenzi (asilimia 28 kwa wanawake na 31 kwa wanaume). Kwa ujumla, nusu ya wanawake wametaja njia zote tatu za kujikinga ili wasiambukizwe ukimwi, maeneo ya mijini wanafahamu zaidi kuliko maeneo ya vijijini. Zaidi ya hayo, karibu asilimia 80 ya wanawake wanafahamu kuwa vijidudu vya Ukimwi vinaambukiza kutoka kwa mama kwenda kwa mtoto, na karibu asilimia 70 wanafahamu kuwa mtu anaeonekana na afya nzuri anaweza kuwa ameambukizwa.

Kufahamu na kijikinga dhidi ya Ukimwi



Asilimia 36 ya wanawake na asilimia 41 ya wanaume wanaamini kuwa hawako katika hatari ya kuambukizwa Ukimwi, karibu robo ya wanawake na wanaume wana imani ndogo ya kuambukizwa. Sababu zinazofanya wanawake wafikiri kuwa na hatari kubwa ya kuambukizwa ni kuwa wenzao wana marafiki wengi (asilimia 55) au hawatumii mpira (asilimia 34); kwa wanaume, asilimia 25 wanafikiri wenzao wana marafiki wengi na asilimia 43 hawatumii mpira. Wanaume wanaamini zaidi kuwa wako kwenye hali ya hatari kuambukizwa kwa sababu wanao marafiki wengi (asilimia 34) kuliko wanawake (asilimia 8).

Kufahamu, kukubalika na kutumika mpira wa baba/mama

Wakati asilimia 92 ya wanawake na asilimia 96 ya wanaume ambao wameshawahi kukutana kimwili wanaufahamu mpira, lakini ni asilimia 8 ya wanawake na asilimia 16 ya wanaume wametumia mpira mara ya mwisho walipokutana kimwili. Utumiaji wa mpira na marafiki ambao siyo wa kawaida upo juu (asilimia 24 kwa wanawake na asilimia 34 kwa wanaume).

Nusu ya ya wananwake na asilimia 56 ya wanaume wanaamini kuwa inakubalika kwa wanawake kuwaambia wanaume watumie mpira. Ikiwa mwanaume anao ugonjwa wa zinaa, asilimia 55 ya wanawake na asilimia 58 ya wanaume wanaamini kuwa inakubalika kwa mwanamke kumuambia atumie mpira au akatae kufanya nae mapenzi.

Kupimwa ukumwi

Asilimia saba ya wanawake na asilimia 12 ya wanaume wamepimwa ukimwi Tanzania kufutana na matokeo ya utafiti. Kukiwa na wanawake wengi (asilimia 54) wanaopenda kupimwa na wanafahamu mahali pa kwenda (asilimia 52) kupimwa ukimwi, ukosefu wa kufahamu chanzo kwa ajili ya kupimwa (asilimia 35), kutokujua muda (asilimia 20) na gharama (asilimia 18) ndiyo tofauti kubwa zilizokuwepo.

MUHTASARI NA MAPENDEKEZI

Uzazi na uzazi wa mpango

Takwimu kutoka kwenye utafiti huu zinaonyesha kuwa viwango vya uzazi Tanzania vimeendelea kushuka, hata hivyo, kushuka kwake kumekuwa kwa taratibu na kiwango chake bado kiko juu kikiwa na wastani wa watoto watoto 5.6 kwa mwanamke mmoja, kinapitana na kiwango cha watoto 2.1 kwa mwanamke kinachotakiwa kuwa na idadi ya watu inayotakiwa kwa muda mrefu. Ingawa hii ina maana ya kuwa idadi ya watu katika nchi itaendelea kuongezeka kwa kiwango cha kasi, ingevumiliwa kama watoto wote hawa wangekuwa watoto wanaohitajika. Hata hivyo, takwimu za utafiti zinaonyesha kuwa kiwango kikubwa cha watoto wanaozaliwa hawakupangwa kuzaliwa- walitakiwa kuzaliwa baadae (asilimia 11) au hawakutakiwa kuzaliwa (asilimia 11). Kupunguza watoto wasiohitajika kuzaliwa kunahitaji bidii kubwa kuhakikisha kwamba wale wote ambao hawahitaji mtoto kwa muda huu wanapatiwa njia rahisi na ya kudumu ya uzazi wa mpango.

Takwimu za utafiti zinaonyesha kuwa wanawake na wanaume wameshasikia kuhusu aina mbali mbali za njia za uzazi wa mpango na kwamba upatikanaji wa taarifa za uzazi wa mpango umesambaa. Zaidi ya hayo, kukubalika kwa njia za uzazi wa mpango kunaonekana kuko juu, kukiwa na robo tatu ya wake na wanaume wote wakikubaliana na uzazi wa mpango. Inashangaza kuona kuwa kukataa kutumia - kwa baadhi ya waliohojiwa au yeye mwenyewe au mwenza wake - ni sababu ya pili kuu iliyoelezwa kutokuwa na nia ya kutumia njia za uzazi wa mpango maishani. Kwa kiwango fulani hii inatupatia mwangaza wa baadhi yao kukataa utumiaji wa uzazi wa mpango, bidii ya kuwaelimisha zaidi watumiaji muhimu kunaweza kusababisha wengi wao kuona kuwa njia za uzazi wa mpango ni bora kwao.

Matumizi ya uzazi wa mpango yanaendelea kukuwa, kukiwa na ongezeko kubwa kwa njia ya sindano, hivi sasa ni njia inayotumika sana kwa wanawake. Bidii katika eneo hili iegemee zaidi kwenye kuongeza matumizi ya njia za muda mrefu kama kufunga kizazi na kitanzi kwa wanawake ambao wanasema hawataki tena watoto.

Mama na afya ya mtoto

Takwimu zinaonyesha kuwa kumekuwa na ongezeko la watoaji wa huduma za kabla ya kujifungua zinazotolewa na manesi, wakunga na wasaidizi wa afya. Uchunguzi wa kuwa jambo hili linaweza likawa sababu ya kushuka kwa ubora wa huduma linaweza kusaidia.

Jambo jingine linalosumbua ni kupungua kwa watoto wanaozaliwa katika sehemu zitoazo huduma za afya. Hii inasababisha watoto wachache wanaozaliwa ndiyo wananosaidiwa na wafanyakazi wa afya waliofuzu, kukiwa na ongezeko la hatari ya magonjwa na vifo. Uchunguzi zaidi unahitajika katika eneo hili ili kufahamu sababu zinazoweza kupunguza zaidi watu wasiozalia kwenye huduma za afya.

Utafiti huu unaonyesha kuwa kupunguwa kwa vifo vya watoto wadogo kulikojionesha hapo awali kumebakia kama ilivyokuwa. Ingawa sababu kuhusu suala hili haziko wazi, ukimwi unaweza kuchangia. Takwimu zinaonesha kuwa chanjo za watoto hazikuongezeka, halikadhalika, kunyonyesha maziwa ya mama na hali ya lishe kama ilivyojitokeza kwa kupima urefu na uzito. Eneo moja ambalo linaweza kupunguza vifo vya watoto wadogo ni kuwapatia nyongeza ya vitamini A; utafiti unaonesha kuwa asilimia 14 ya watoto waliolengwa wanapatiwa huduma hii.

Ukimwi

Takwimu za utafiti huu zinaonyesha kuwa bidii ya kuwaelimisha wanawake na wanaume kuhusu ukimwi zimekuwa na mafanikio; wote wamesikia kuhusu ukimwi na wengi zaidi wanafahamu ukimwi unaambukiza. Zaidi ya hayo, utumiaji wa mpira umeongezeka kwa wapenzi wasio wa kawaida kwa wanawake, ingawa siyo hivyo kwa wanaume. Bidii inahitajika kuongezwa kwa njia salama za kufanya mapenzi ambako kunaweza kusaidia kupunguza kuongezeka kwa ugonjwa huu. Kuongeza upatikanaji wa kupimwa Ukimwi na kuwashawishi wanawake na wanaume kupimwa kunaweza kusaidia.