

SUMMARY OF FINDINGS

The 2005-06 Zimbabwe Demographic Health Survey (ZDHS) is a nationally representative survey of 8,907 women age 15-49 and 7,175 men age 15-54. The 2005-06 ZDHS is the fourth comprehensive survey conducted in Zimbabwe as part of the Demographic and Health Surveys (DHS) programme. The data are intended to furnish programme managers and policymakers with detailed information on levels and trends in fertility; nuptiality; sexual activity; fertility preferences; awareness and use of family planning methods; breastfeeding practices; nutritional status of mothers and young children; early childhood mortality and maternal mortality; maternal and child health; and awareness and behaviour regarding HIV/AIDS and other sexually transmitted infections. The 2005-06 ZDHS is the first ZDHS survey to collect information on malaria prevention and treatment and domestic violence. The 2005-06 ZDHS is also the first survey in Zimbabwe to provide population-based prevalence estimates for anaemia and HIV. Women age 15-49 and men age 15-54 were tested for anaemia and HIV. Children ages 6-59 months were tested for anaemia.

FERTILITY

The survey results show that Zimbabwe has experienced a decline in fertility of almost 2 births over the past two decades, with the fertility rate falling from 5.4 births per woman at the time of the 1988 ZDHS to 3.8 births at the time of the 2005-06 survey. On average, rural women are having two children more than urban women (4.6 and 2.6, respectively). The low level of fertility among urban women is also reflected in the lower fertility among women in the urban provinces of Harare and Bulawayo, where women on average are having 2.5 or fewer children compared with 3.7 or more children in other provinces. Fertility differentials by education and wealth are substantial. Women who had no formal education and women in the lowest wealth quintile on average are having more than 5 children, while women with higher than a secondary education and women in the

highest wealth quintile are having less than 3 children.

Unplanned pregnancies are common in Zimbabwe. Overall, 13 percent of births are unwanted, while 20 percent are mistimed (wanted later). If all unwanted births were prevented, women would have an average of 3.3 children, compared with the actual average of 3.8 children.

Marriage patterns are an important determinant of fertility levels in a population. The median age at first marriage in Zimbabwe among women age 25-49 is 19.3 years. Urban women marry one year later than rural women (20.1 and 18.8 years, respectively). For women age 25-49 with no education, the median age at first marriage is 17.7 years compared to 22.7 years for women with higher than a secondary education.

Men enter into first union at a much later age than women; the median age at first marriage for men age 25-49 is 24.3 years. Only 13 percent of men age 25-49 married by age 20 compared with 57 percent of women.

The average man and woman in Zimbabwe initiates sexual activity before marriage. Among the population age 25-49, the median age at first sexual intercourse is 20.2 years for men and 18.6 years for women.

The 2005-06 ZDHS shows that 11 percent of currently married women are married to men who are in a polygynous union. Older women, women who live in rural areas, women with no education, and women in the lowest wealth quintiles are more likely than other women to have co-wives. The prevalence of polygyny varies markedly across provinces. Bulawayo has the lowest level (2 percent) and Mashonaland Central the highest (18 percent).

FAMILY PLANNING

Overall, knowledge of family planning in Zimbabwe has been nearly universal since 1994. In the 2005-06 ZDHS, 98 percent of all women reported knowing about a contraceptive method. The pill, male condoms, and injectables are the most widely known methods.

Eighty-seven percent of currently married women have used a family planning method at least once in their lifetime. Sixty percent of currently married women are currently using any contraceptive method, and 58 percent report use of a modern method. The most popular method is the pill, used by more than 4 in 10 currently married women (43 percent). Ten percent of currently married women use injectables, while 1 percent of currently married women use the male condom.

Government-sponsored facilities remain the chief providers of contraceptive methods in Zimbabwe. The distribution of sources of modern method supplies for current users shows that the majority of users (68 percent) obtain their contraceptives from the public sector. The participation of the private medical sector in family planning service delivery has almost doubled between 1994 and 2006 (from 12 to 22 percent). Eight percent of current users obtain their methods from retail outlets.

Unmet need for family planning has remained at around the same level since 1999 (13 percent). If all married women with an unmet need for family planning were to use a contraceptive methods, the contraceptive prevalence rate in Zimbabwe would increase from 58 to 74 percent.

Reducing discontinuation is important in addressing unmet need. Across all family planning methods, a significant proportion of discontinuations are the result of women becoming pregnant while using a method (12 percent) or of the experience of method-related side effects or health concerns (13 percent).

CHILD HEALTH

Data from the 2005-06 ZDHS indicate that the infant mortality rate was 60 deaths per 1,000 live

births, while the under-five mortality rate was 82 per 1,000 live births for the five-year period immediately preceding the survey. The neonatal mortality rate was 24 per 1,000 births. Thus, approximately three-quarters of childhood deaths occurred during infancy, with more than one-quarter taking place during the first month of life.

Child mortality is consistently lower in urban areas than in rural areas. There is also substantial variation in the mortality level across provinces. Under-five and infant mortality rates are highest in Manicaland and lowest in Matabeleland South and Bulawayo. Children whose mothers have more than a secondary education have somewhat lower mortality than children whose mothers have less education.

In Zimbabwe, children are considered fully vaccinated when they receive one dose of BCG vaccine, three doses each of DPT and polio vaccines, and one dose of measles vaccine. Overall, 53 percent of children 12-23 months old had received all vaccinations at the time of the survey. Seventy-six percent of children had received the BCG vaccination, and 66 percent had been vaccinated against measles. The coverage of the first dose of DPT and polio is relatively high (77 percent each). However, only 62 percent of children received the third dose of DPT and 66 percent received the third dose of polio. Comparison of the 2005-06 ZDHS results with those of the earlier surveys shows there has been a decline in vaccination coverage in Zimbabwe, from 80 percent in 1994 to 75 percent in 1999 to the current rate of 53 percent.

Six percent of children under age five experienced symptoms of an acute respiratory infection (ARI) in the two weeks before the survey. Treatment from a health facility or provider was sought for one in four children (25 percent). Eight percent of children received antibiotics.

Eight percent of children under five were reported to have had fever, a major manifestation of malaria, within the two weeks prior to the survey. More than a quarter of children (27 percent) were taken to a health facility or provider for treatment. A small percentage of children with fever received antimalarial drugs (5 percent), while more than twice as many (13 percent) received antibiotics.

At the time of the survey, diarrhoea was a more prevalent problem among young children than fever; 12 percent of children under age five had diarrhoea at some time within the two weeks before the survey. A third of children with diarrhoea were taken to a health provider. The majority (70 percent) of children were treated with some type of oral rehydration therapy (ORT): 6 percent were treated with solution prepared from an oral rehydration salt (ORS) packet; 61 percent were given recommended home fluids (RHF) prepared at home; and 32 percent were given increased fluids. A quarter of children with diarrhoea did not receive any type of treatment at all.

MATERNAL HEALTH

In Zimbabwe, almost all women who had a live birth in the five years preceding the survey received antenatal care from health professionals (94 percent); 10 percent from a doctor and 84 percent from a trained nurse or midwife. Only 5 percent of mothers did not receive any antenatal care.

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus. Nearly six in ten women (58 percent) who gave birth during the five-year period had had the tetanus toxoid injections required to ensure that their last birth was protected against neonatal tetanus.

The majority of births in the five years before the survey were delivered in a health facility (68 percent). This figure is slightly lower than that recorded in the 1999 ZDHS (72 percent) and the 1994 ZDHS (69 percent). Fifty-five percent of births occurred in public health facilities and 13 percent occurred in private health facilities. Nine percent of births were assisted by a doctor and 60 percent by a nurse or midwife, 11 percent by a trained traditional birth attendant, and 16 percent by an untrained traditional birth attendant. Five percent of births were delivered by a Caesarean section.

Overall, 54 percent of mothers received a postnatal checkup for the most recent birth in the five years preceding the survey, with 30 percent having the checkup within the critical 48 hours after delivery.

BREASTFEEDING AND NUTRITION

Among children under five years of age, 98 percent were breastfed at some point in their life. The median breastfeeding duration in Zimbabwe is long (18.8 months). Exclusive breastfeeding, on the other hand, is relatively short, with a median duration of less than one month. Only 22 percent of babies are exclusively breastfed throughout the first six months of life. More than three-quarters of children age 6-9 months receive complementary foods, and six in ten children age 18-23 months have been weaned. Bottle feeding is not very common; 3 percent of babies less than six months of age are fed with a bottle, and the proportion bottle-fed peaks at 10 percent among children 12-17 months.

More than half of Zimbabwean children (58 percent) age 6-59 months are classified as anaemic, with 28 percent mildly anaemic, 30 percent moderately anaemic, and 1 percent severely anaemic. The prevalence of anaemia among women is less pronounced than among children. Thirty-eight percent of women 15-49 are anaemic, with 27 percent mildly anaemic, 9 percent moderately anaemic, and 1 percent severely anaemic. In contrast to the levels among young children and women, anaemia rates among men are quite moderate. Only 11 percent of men are anaemic, with 8 percent mildly anaemic, 2 percent moderately anaemic, and less than 1 percent severely anaemic.

Overall, 29 percent of children were stunted (short for their age) at the time of the survey, 6 percent were wasted (thin for their height), and 17 percent were underweight (thin for their age). All of the indices indicate that malnutrition increases with a child's age, with prevalence peaking in the age range 12-23 months, and declining again as children approach their fifth birthday. For example, stunting affects nearly half of children 18-23 months, and 20 percent of children in that age range are severely stunted. Nine percent of children age 12-23 months are wasted and the highest rate of severe acute malnutrition is found in the 12-17 month age group (2 percent).

Overall, 66 percent of women have a body mass index (BMI) in the normal range. One in four women are overweight, with 7 percent classified as obese. At the other extreme, 9 percent are thin, and 2 percent are severely thin.

MALARIA

Twenty percent of all households interviewed during the survey had at least one mosquito net, while 7 percent had more than one. Nine percent of households had a net that had ever been treated with an insecticide. Most of the households owning an ever-treated net had at least one net meeting one of the insecticide-treated net (ITN) criteria, i.e., it was a factory-treated net that did not require re-treatment, a pre-treated net obtained within one year of the survey interview, or a net soaked in insecticide at some time during the year before the survey.

Usage of bednets is relatively low among young children and pregnant women, groups which are particularly vulnerable to malaria's effect. On the night before the survey, 4 percent of children under age five slept under an ever-treated net and 3 percent slept under an ITN. Three percent of pregnant women slept under an ever-treated net and another 3 percent slept under an ITN.

Fifteen percent of households reported that the interior walls of their dwelling had been sprayed, principally as part of a government programme (11 percent). Among these households, 35 percent reported that it had been less than three months since the walls were sprayed, while 23 percent indicated that it had been at least nine months since the walls had been sprayed.

Among women who had their last birth in the two years before the survey, 38 percent took an anti-malarial drug during their pregnancy. Twelve percent of all pregnant women took at least one dose of SP/Fansidar during their pregnancy. Seven percent reported taking two or more doses if SP/Fansidar. Almost all of the women who took SP/Fansidar were given the drug during an antenatal care visit, and, are thus considered to have had preventive intermittent treatment (IPT).

HIV/AIDS AND STIs

Knowledge of HIV and AIDS is universal in Zimbabwe. Ninety-eight percent of women age 15-49 and 99 percent of men age 15-49 have heard of HIV or AIDS. However, less than half of women (44 percent) and men (47 percent) have what can be considered comprehensive knowledge about the modes of HIV transmission and prevention. Comprehensive knowledge means knowing that use of condoms and having just one uninfected, faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission or prevention.

Eighty percent of women and men know that HIV can be transmitted by breastfeeding. Fifty-seven percent of women and 46 percent of men know that the risk of mother-to-child transmission (MTCT) can be reduced by a mother taking special drugs during pregnancy.

Given that most HIV infections in Zimbabwe are contracted through heterosexual contact, information on the level of higher-risk sex (i.e., sexual intercourse with a partner who is neither a spouse nor a cohabitating partner) is important for planning prevention programmes. The 2005-06 results indicate that one percent of women and 14 percent of men have had two or more partners during the 12 months preceding the survey, and 11 percent of women and 36 percent of men have had higher-risk sexual intercourse. Among respondents who engaged in higher-risk sexual intercourse, 47 percent of women and 71 percent of men reported that they used a condom at the last high-risk sexual intercourse.

Among the adult population age 15-49, 26 percent of women and 19 percent of men have been tested for HIV at some point in time. Twenty-two percent of women and 16 percent of men received their results.

Results from the HIV testing component in the 2005-06 ZDHS indicate that 18 percent of Zimbabwean adults age 15-49 are infected with HIV. Among women, the HIV rate is 21 percent compared to 15 percent among men. Among women,

HIV prevalence peaks at 36 percent in the 30-34 age group, which is six times the rate among women 15-19 and around twice the rate observed among women age 45-49. HIV prevalence increases from 3 percent among men in the 15-19 age group to 33 percent in the age group 40-44 and then decreases to 20 percent among men age 50-54. HIV prevalence is similar in urban and rural areas (19 and 18 percent respectively). In general, the differentials by province also are not extremely large. Matabeleland South had the highest prevalence rate (21 percent), followed closely by Manicaland (20 percent). Masvingo (15 percent) and Midlands (16 percent) had the lowest prevalence.

More than 2,000 cohabiting couples were tested for HIV in the 2005-2006 ZDHS. Results indicate that, among 72 percent of cohabiting couples, both partners tested negative for HIV. Both partners were HIV positive among 15 percent of cohabiting couples while 13 percent were discordant, that is, one partner was infected and the other was not. In 8 percent of couples, the male partner was infected and the woman was not, while in another 5 percent of couples, the woman was infected and the man was not.

DOMESTIC VIOLENCE

One eligible woman in each household was asked questions on domestic violence. In Zimbabwe, domestic violence occurs across all socioeconomic and cultural backgrounds. Over one-third of all women (36 percent) have experienced physical violence since they were 15, and 17 percent experienced physical violence in the 12 months preceding the survey. Among women who experienced violence since age 15, a total of 47 percent reported that their current husband or partner was the perpetrator and 18 percent reported that the perpetrator was a former husband or partner. Twelve percent of all women who have experienced physical violence since 15 reported that the perpetrator was their mother or step-mother. Among ever-married women, 57 percent reported that their current husband was the perpetrator. For never-married women, 22 percent reported that a teacher was the perpetrator and 21 percent reported that their mother or step-mother was the perpetrator.

Overall, 25 percent of women reported that they have experienced sexual violence at some point in their lives. Among women who have ever had sexual intercourse, 21 percent reported that their first sexual intercourse was forced against their will. The majority (65 percent) of women reported that their current or former husband, partner, or boyfriend committed the act of sexual violence. It is important to highlight that among women who were less than 15 years old when their first experience of sexual violence occurred, 7 percent reported that the perpetrators were a relative, 7 percent reported that the person was a family friend, and 4 percent reported that the person was a step father.

ORPHANS AND VULNERABLE CHILDREN

Six in ten Zimbabwean children under age 18 in the households sampled for the ZDHS surveyed were not living with both parents. More than one-quarter of children were not living with either parent. Just under one-quarter of children under age 18 were orphaned, that is, one or both parents were dead. A comparison of the results from the 1994 and 2005-2006 surveys for this age group indicates that there has been a dramatic increase in orphanhood. The proportion of children orphaned, i.e., with one or both parents dead, more than doubled between the two surveys, from 9 percent to 22 percent. The proportion of paternal orphans, i.e., those whose fathers had died, increased from 7 percent to 19 percent, while the proportion that were maternal orphans rose from 3 to 9 percent between the 1994 ZDHS and the 2005-2006 survey. The proportion of children with both parents dead doubled, from less than one percent to 6 percent.

Overall, 1 in 10 children under age 18 was considered as vulnerable, i.e., they lived in a household in which at least one adult had been chronically ill during the year before the survey or they had at least a parent living in the household or elsewhere who had suffered from a chronic illness. Three in ten children are considered orphaned or vulnerable.

ZIMBABWE

