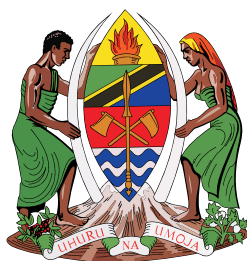




# Tanzania

**2022 Demographic and Health Survey and  
Malaria Indicator Survey**

**Summary Report**



## The United Republic of Tanzania

The 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) was implemented by the Tanzania National Bureau of Statistics (NBS) and the Office of Chief Government Statistician (OCGS) in collaboration with the Ministries of Health of Tanzania Mainland and Zanzibar. The Tanzania Food and Nutrition Centre (TFNC) collaborated on several aspects of the survey, especially biomarkers. Funding for the 2022 TDHS-MIS was provided by the Government of Tanzania; the United States Agency for International Development (USAID); the President's Malaria Initiative (PMI); the Canadian International Development Agency (CIDA); the Centers for Disease Control and Prevention (CDC); the Foreign, Commonwealth and Development Office (FCDO); the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); the Hilton Foundation; Irish AID; the Royal Norwegian Embassy and Legal and Human Rights Centre (LHRC); Nutrition International, United Nations Children's Fund (UNICEF); the World Food Programme (WFP); and the Bill & Melinda Gates Foundation. 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.

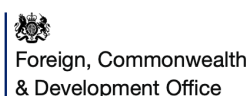
Additional information about the 2022 TDHS-MIS may be obtained from the National Bureau of Statistics, Head Office, 64 Lusinde Road, P.O. Box 2683, 41104 Tambukareli, Dodoma, Tanzania; telephone: +255-26-296-3822; fax: +255-26-296-3828; email: [sg@nbs.go.tz](mailto:sg@nbs.go.tz); website: [www.nbs.go.tz](http://www.nbs.go.tz) and the Office of the Chief Government Statistician, P.O. Box 2321, Zanzibar, Tanzania; telephone: +255-24-224-0134; email: [zanstat@ocgs.go.tz](mailto:zanstat@ocgs.go.tz); website: <https://www.ocgs.go.tz>.

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](mailto:info@DHSprogram.com); Internet: [www.DHSprogram.com](http://www.DHSprogram.com)).

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Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2022. *Tanzania Demographic and Health Survey and Malaria Indicator Survey 2022 Summary Report*. Dodoma, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF.

The contents of this report are the sole responsibility of NBS and ICF and do not necessarily reflect the views of USAID, the United States Government, or other donor agencies.



# ABOUT THE 2022 TDHS-MIS

The 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) is designed to provide data for monitoring the population and health situation in Tanzania. The 2022 TDHS-MIS is the 7<sup>th</sup> Demographic and Health Survey conducted in Tanzania since 1991-92 and the 5<sup>th</sup> Malaria Indicator Survey since 2007-08. The primary objective of the survey is to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, malaria, other health related issues, as well as prevalence of malaria infection among children under age 5. This information is intended for use by programme managers and policymakers to evaluate and improve existing programmes.

## Who participated in the survey?

A nationally representative sample of 15,254 women age 15–49 in 15,705 households and 5,763 men age 15–49 in half of the selected households were interviewed. This represents a response rate of 97% of women and 91% of men. The sample design for the 2022 TDHS-MIS provides estimates at the national level, for urban and rural areas, for the nine zones, and for each of Tanzania’s 31 regions—26 regions from Tanzania Mainland and 5 regions from Zanzibar provinces.

## TANZANIA



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

Households in Tanzania have an average of 4.5 members. Women head 29% of Tanzanian households. Almost half (46%) of the household population in Tanzania is under age 15.

## Cooking and Lighting

Only 7% of the household population in Tanzania has access to clean fuels and technologies for cooking, including stoves/cookers using electricity, liquefied petroleum gas/natural gas/biogas, solar, and alcohol/ethanol. The vast majority (93%) use solid fuels and technologies, such as coal/lignite, charcoal, wood, straw/shrubs/grass, agricultural crops, and animal waste, processed biomass (pellets) or woodchips, garbage/plastic, and sawdust.

One-third (33%) of Tanzanian household population has electricity, including 32% in Tanzania Mainland and 67% in Zanzibar. Nearly all (93%) of the household population uses clean fuels and technologies for lighting, including electricity, solar lanterns, rechargeable flashlights/torches/lanterns, and biogas lamps.

## Household Durable Goods

More than a quarter of households (27%) in Tanzania own a bicycle, compared to 12% of households that own a motorcycle or scooter, and 3% of households that own a car/truck. Over half of Tanzanian households own agricultural land, including 21% of Tanzanian Mainland urban households, 69% of Tanzanian Mainland rural households, and 20% of Zanzibari households.

## Information Communication Technology (ICT) and Internet Use

In Tanzania, 83% of households own a mobile phone, 28% of households own a television, 44% own a radio, and 3% own a computer. ICT ownership is generally higher in Tanzanian Mainland urban areas, except for mobile phones, which are about equally common in Zanzibari households.

Radio is the most frequently accessed form of media, with 32% of women and 52% of men age 15–49 listening to the radio weekly. Thirty percent of women and 47% of men watch television at least once a week. Only 6% of women and 21% of men read the newspaper on a weekly basis. Overall, 54% of women and 34% of men access none of these three media at least once a week.

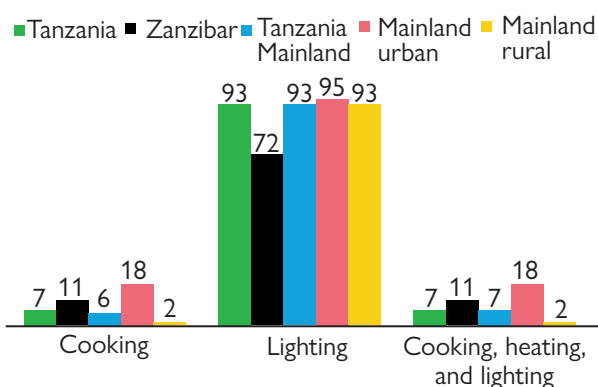
Only 14% of women and 28% of men in Tanzania have ever used the internet, with 13% of women and 26% of men reporting they used the internet in the last 12 months.

## Education and Literacy

In Tanzania, 16% of women and 10% of men age 15-49 have no education. Thirty-one percent of women and 36% of men have some secondary education or higher. Eighty percent of women and 87% of men age 15–49 are literate.

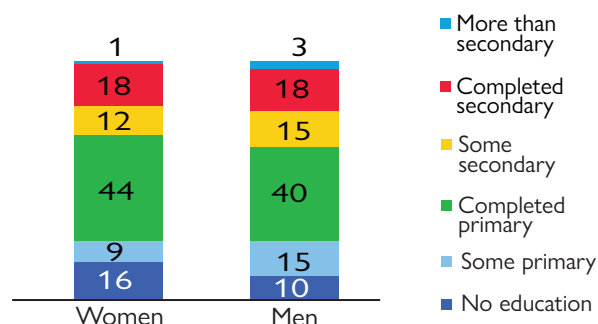
### Primary Reliance on Clean Fuels and Technologies by Residence

Percent of population relying on clean fuels and technologies for:



### Educational Attainment by Sex

Percent distribution by level of education



Figures ≠ 100% due to rounding.

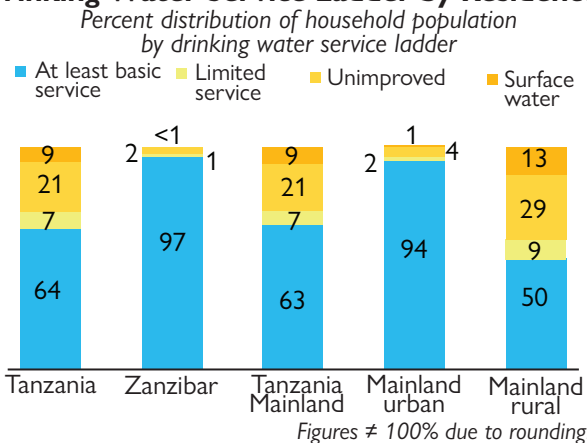
# HOUSEHOLD WATER AND SANITATION

## Drinking Water

Overall, 64% of the household population in Tanzania has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. In Tanzania Mainland, 63% (94% Mainland urban versus 50% Mainland rural) of the household population has access to at least basic drinking water service and 97% of Zanzibar's household population has at least basic drinking water service.

Overall, 75% of the household population had sufficient quantities of drinking water when needed. By region, the availability of sufficient quantities of drinking water is lowest in Tanga (46%) and highest in Songwe (96%). Two-thirds of the Tanzanian household population does not treat their drinking water.

### Drinking Water Service Ladder by Residence



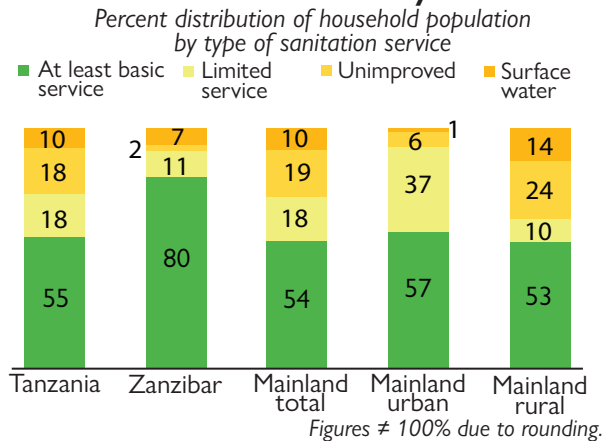
## Menstrual Hygiene

Of women age 15–49 with a menstrual period in the year before the survey, 53% used cloth to collect or absorb blood, 37% used disposable sanitary pads, 12% used reusable sanitary pads, 4% used underwear only, and less than one percent used a menstrual cup, toilet paper, cotton wool cloth, or nothing. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 96% used appropriate materials and were able to wash and change in privacy.

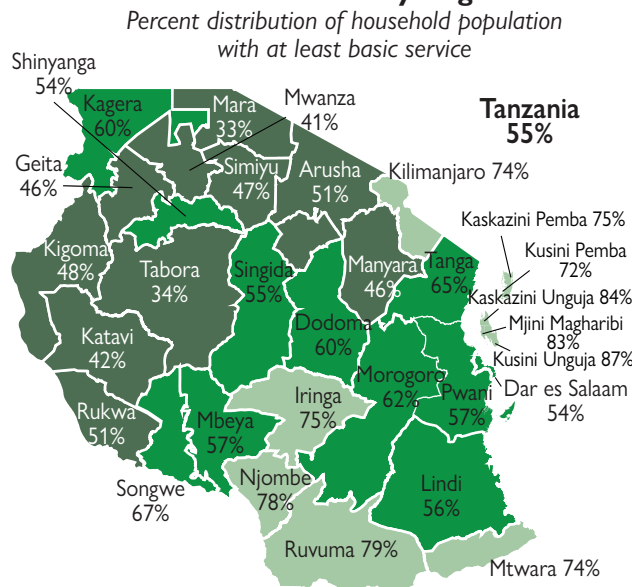
## Sanitation

Slightly more than half of Tanzanians (55%) have at least basic sanitation service, meaning they have access to improved facilities that are not shared with other households or have safely managed sanitation service where excreta are safely disposed of in situ or transported and treated off-site. For the Tanzanian Mainland population, 54% have at least basic service, compared to 80% of Zanzibar's population. Still, 36% of all Tanzanians have access to limited or unimproved sanitation service, and 10% practice open defecation.

### Sanitation Service Ladder by Residence



### Sanitation Service by Region



# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate

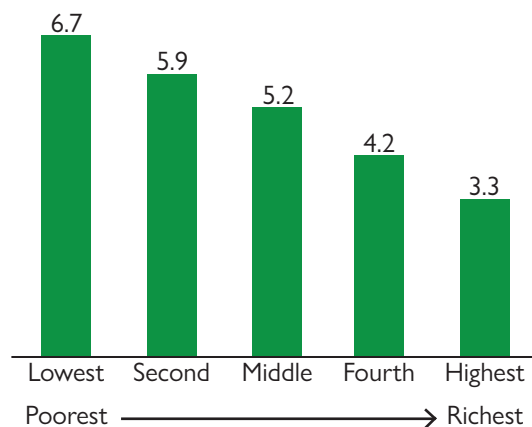
Currently, women in Tanzania have an average of 4.8 children. Fertility in Tanzania has declined from 6.2 children per woman in 1991-92 to 4.8 children per woman in 2022.

Rural women have more children than urban women (5.5 children versus 3.6 children). By region, fertility ranges from 2.8 children per woman in Dar es Salaam to 6.6 children per woman in Simiyu. There is minimal difference in fertility between Tanzania Mainland and Zanzibar, (4.8 children per woman compared to 4.7 children per woman).

Fertility in Tanzania declines with increasing education, from 6.3 children among women with no education to 3.8 children among those with more than a secondary education. In addition, fertility also declines with household wealth.\* Women in the poorest households have 6.7 children on average, compared to 3.3 among women in the richest households.

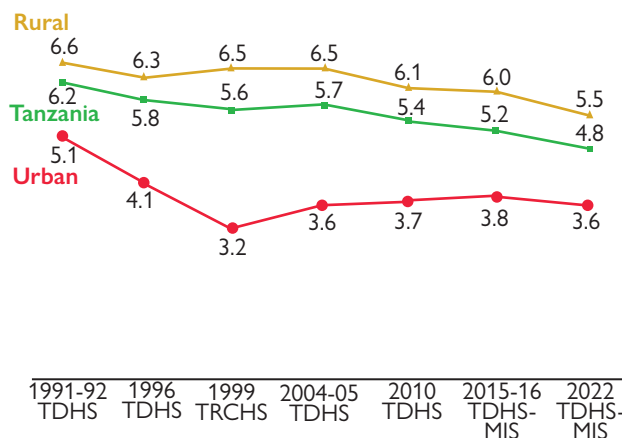
## Fertility by Household Wealth

Births per woman for the three-year period before the survey



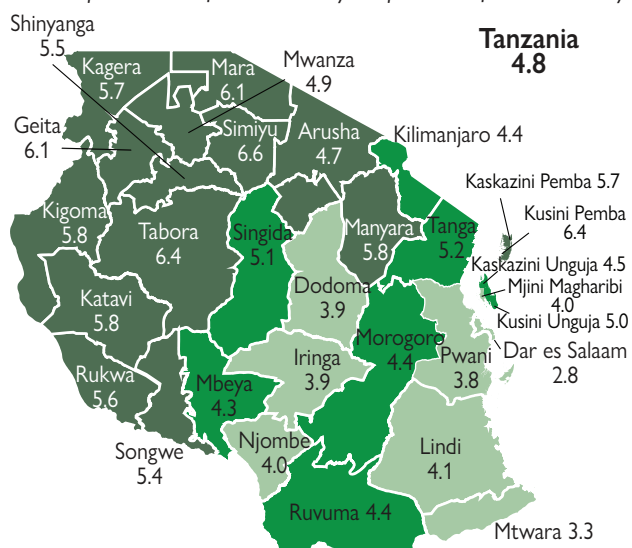
## Trends in Total Fertility Rate by Residence

Births per woman for the three-year period before the survey



## Total Fertility Rate by Region

Births per woman for the three-year period before the survey



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

## Age at First Marriage, Sexual Intercourse, and Birth

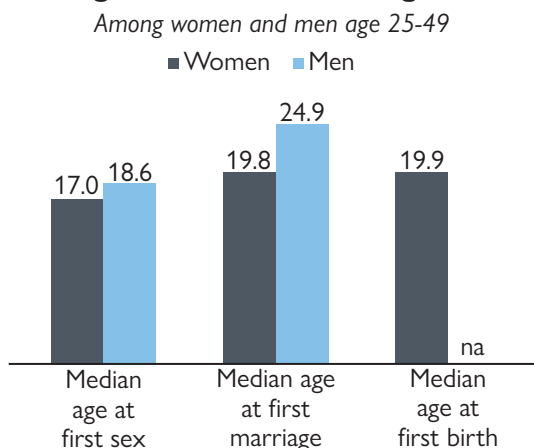
Overall, 61% of women and 51% of men age 15–49 are married or living together with a partner. Nearly one-third of women age 25–49 were married by age 18, compared to just 5% of men. Among young people age 20–24, 29% of women and 4% of men were married by age 18.

Half of Tanzanian women age 25–49 are married by age 19.8 years, the median age at first marriage. Rural women marry at a younger age than urban women (19.2 years compared to 21.4 years). Tanzanian men marry five years later than Tanzanian women; the median age at first marriage for men age 25–49 is 24.9 years.

The median age at first sexual intercourse is 17.0 years among women age 25–49 and 18.6 years among men of the same age. Two-thirds of women and 41% of men age 25–49 had sex before age 18, and 14% of women and 7% of men age 25–49 had sex before age 15. Rural women initiate sexual intercourse about one year earlier (0.9 years) than urban women.

In Tanzania the median age at first birth for women age 25–49 is 19.9 years. This means that half of women age 25–49 give birth for the first time before this age. On average, urban women give birth for the first time 1.2 years later than rural women (20.8 years compared to 19.6 years).

### Median Age at First Sex, Marriage, and Birth



## Polygyny

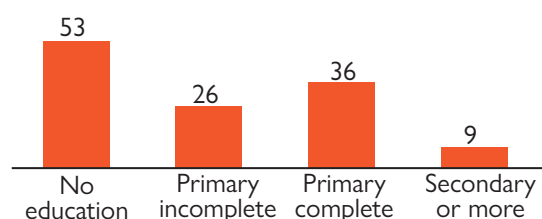
Fifteen percent of married women have one or more co-wives and 6% of married men have 2 or more wives. Polygynous unions are more common among women and men with no education and from the poorest households.

## Teenage Pregnancy

In Tanzania, 22% of adolescent women age 15–19 have ever been pregnant: 16% have given birth, 6% were pregnant at the time of the survey, and 2% have ever had a pregnancy loss. By region, teen pregnancy ranges from 2% of young women in Mjini Magharibi to 45% of young women in Songwe. Teenage pregnancy is almost six times higher among young women with no education than among women with secondary education or more (53% versus 9%).

### Teenage Pregnancy by Education

Percent of women age 15-19 who have ever been pregnant



## Pregnancy Outcomes and Induced Abortion

Of all pregnancies to women age 15–49 ending in the three years before the survey, 90% resulted in live births and 10% resulted in pregnancy losses. Among pregnancy losses, 8% were miscarriages, 2% were stillbirths, and fewer than 1% were induced abortions. Nearly a quarter (23%) of pregnancy outcomes in Dar es Salaam result in miscarriage, the highest of any region, compared to less than 1% of pregnancies in Rukwa.

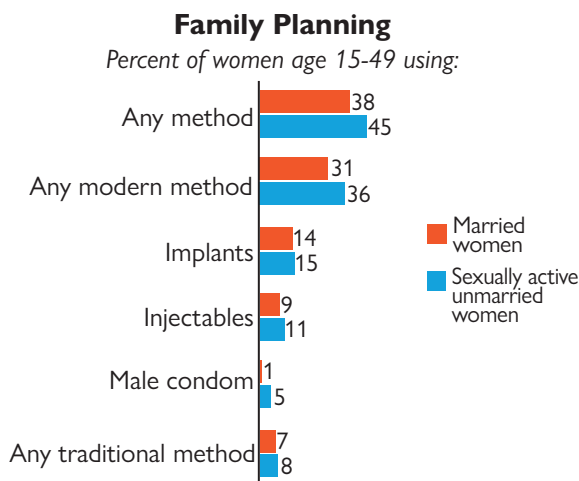
# FAMILY PLANNING

## Current Use of Family Planning

In Tanzania, 38% of married women age 15–49 use any method of family planning, with 31% using any modern method and 7% using a traditional method of family planning. The most commonly used modern method among married women are implants (14%), followed by injectables (9%).

More married women in Tanzania Mainland use modern methods of family planning than in Zanzibar (32% compared to 17%). By residence, more urban married women use modern methods (35%) than rural married woman (29%). By region, modern methods use ranges from 9% in both Simiyu and Kaskazini Unguja to 56% in Njombe.

Family planning use among sexually active unmarried women is 45%, with 36% using modern methods and 8% using traditional methods. Implants (15%) and injectables (11%) are the most commonly used modern family planning methods.

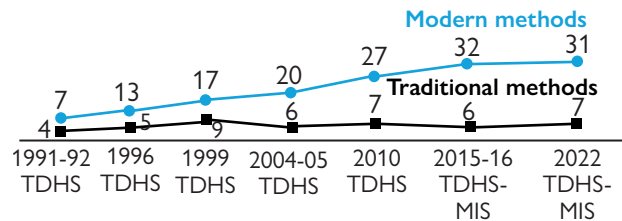


## Source of Modern Family Planning

Over three quarters (78%) of all modern family planning users obtain their methods from the public sector, the most common sources being dispensaries (46%) and health centres (17%). The majority of women using implants (92%), IUDs (84%), and injectables (76%) obtain these methods from the public sector. Only 19% of male condoms are obtained through the public sector; most (76%) are obtained in other sources.

## Trends in Family Planning Use

Percent of married women age 15-49 using:



Modern method users obtain family planning through other sources (14%), such as pharmacies (6%) and accredited drug dispensing outlets (5%). Only 5% of women obtain modern family planning through religious or voluntary health facilities and 2% of women use the private medical sector.

## Trends in Family Planning Use

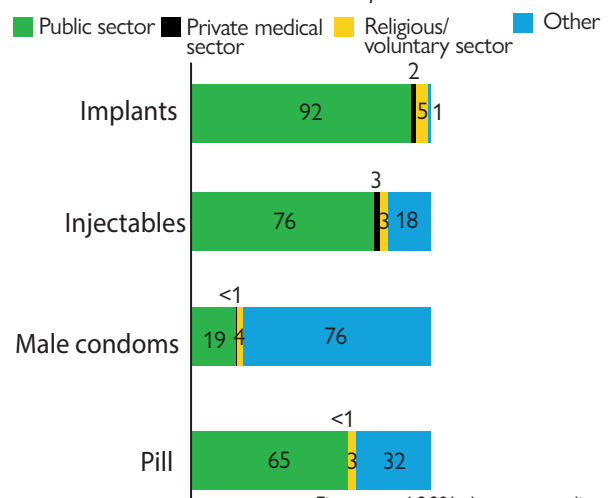
The use of modern methods of family planning among married women has increased steadily from 7% in 1991-92 to 31% in 2022. The use of traditional methods increased slightly from 4% in 1991-92 to 7% in 2022.

## Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. In Tanzania, 75% of women age 15–49 using modern methods were informed about side effects, 73% were informed what

## Source of Family Planning Methods

Percent distribution of family planning users age 15-49 by most recent source of method



Figures ≠ 100% due to rounding.



to do if they experience side effects, and 78% were informed about other family planning methods that were available. Overall, 66% of women using modern methods received all three types of information, and 77% were informed that they could switch to another method if they wanted or needed to.

### Demand for Family Planning

Women who want to stop or delay childbearing are said to have a demand for family planning. The total demand for family planning includes both met need and unmet need. Met need is the percent of women who are currently using family planning. Unmet need for family planning is the proportion of women who want to stop or delay childbearing but are not using family planning.

In the Tanzania, 59% of all married women have a demand for family planning, which includes 21% of women with an unmet need for family planning and 38% of women with a met need. About 4 in 10 married women (41%) have no need for family planning, indicating that they do not wish to delay or limit pregnancy.

Sexually active unmarried women have a higher demand for family planning, at 76%. This includes 32% of women with an unmet need for family planning and 45% with a met need.

### 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. In Tanzania, demand satisfied by modern method is 53% and is higher among married women in urban areas than rural areas (72% versus 60%). By region, it ranges from 17% in Simiyu to 88% in Lindi. Among sexually active unmarried women, demand satisfied by modern method is 59%.

### Decision Making about Family Planning

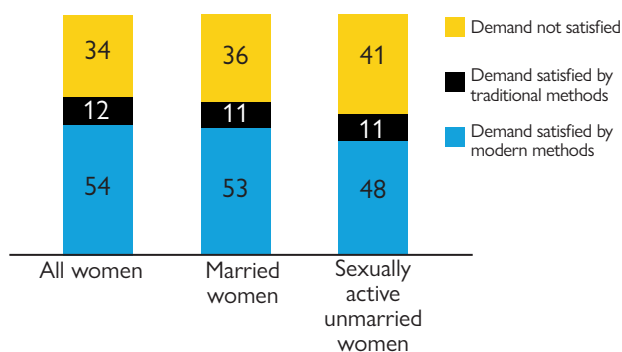
Overall, 85% of married women make the decision to use or not use family planning either alone (31%) or jointly with their husband/partner (54%). Joint decision making with husbands or partners increases with increasing education and household wealth.

### Exposure to Family Planning Messages

Half of women and 64% of men age 15–49 were exposed to family planning messages on radio in the 12 months before the survey, and 50% of women and 53% of men saw family planning messages on an outdoor sign or billboard. Still, 22% of women and 19% of men were not exposed to family planning messages.

### Demand for Family Planning

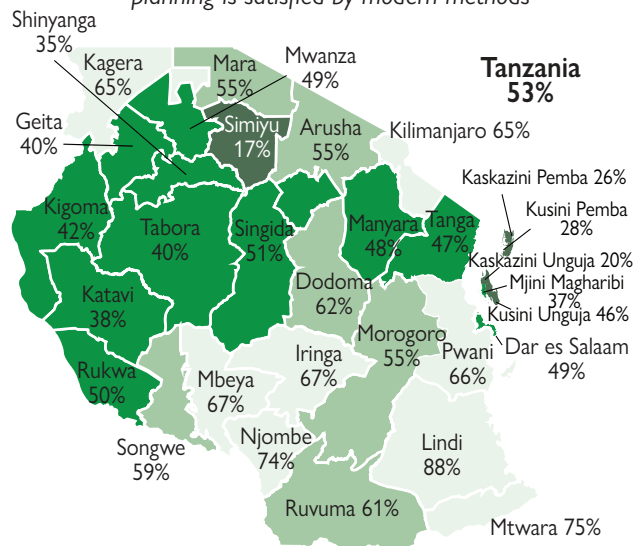
Percent distribution of women age 15-49 with a need for family planning



Figures ≠ 100% due to rounding.

### Demand for Family Planning Satisfied by Modern Methods by Region

Percent of women age 15-49 whose demand for family planning is satisfied by modern methods

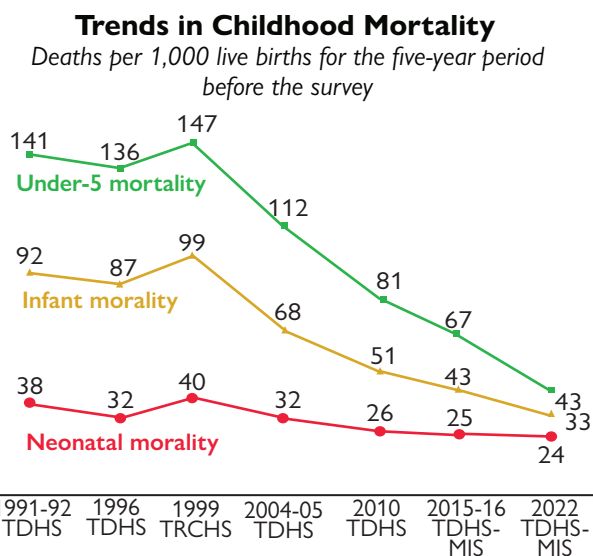


# INFANT AND CHILD MORTALITY

## Rates and Trends

Infant and under-5 mortality rates in Tanzania for the five-year period before the survey are 33 and 43 deaths per 1,000 live births, respectively. The neonatal mortality rate is 24 deaths per 1,000 live births. At these mortality levels, about 1 in 23 children in Tanzania do not survive to their fifth birthday.

Childhood mortality rates have declined over time. Since 1991-92, under-5 mortality has declined from 141 deaths per 1,000 live births to the current rate of 43 deaths per 1,000 live births.



## Mortality Rates by Background Characteristics

The under-5 mortality rate is higher in urban areas (49 deaths per 1,000 live births) than in rural areas (41 deaths per 1,000 live births) for the five-year period before the survey. Childhood mortality is higher for boys than girls, 52 deaths per 1,000 live births compared to 34 deaths per 1,000 live births.

## Birth Intervals

In Tanzania, the median birth interval is 37.1 months. Spacing children at least 36 months apart reduces the risk of infant death. Almost half (48%) of non-first live births in Tanzania are born less than the recommended 36 months since the preceding birth.

Infants born less than two years after a previous birth have high under-5 mortality rates. The under-5 mortality rate for infants born less than two years after the previous birth is 65 deaths per 1,000 live births for the ten-year period before the survey. This rate is highest compared to under-5 mortality rates for birth intervals of two years (41 deaths per 1,000 live births), three years (32 deaths per 1,000 live births) and four or more years (46 deaths per 1,000 live births). In Tanzania, 17% of non-first births happen within two years after the previous birth.

# CHILD HEALTH

## Vaccination Coverage: Basic Antigens

In Tanzania, 53% of children age 12–23 months are fully vaccinated against all basic antigens—one dose each of Bacille Calmette-Guérin (BCG) and measles, and rubella vaccine (MR), and three doses each of polio vaccine and a vaccine containing diphtheria, hepatitis B, and Haemophilus influenzae type b (DPT-HepB-Hib) vaccine (excluding polio vaccine given at birth). Full basic antigen vaccination coverage has declined drastically since 2015-16 from 75% to 53%. Overall, 4% of children age 12–23 months have received no vaccinations.

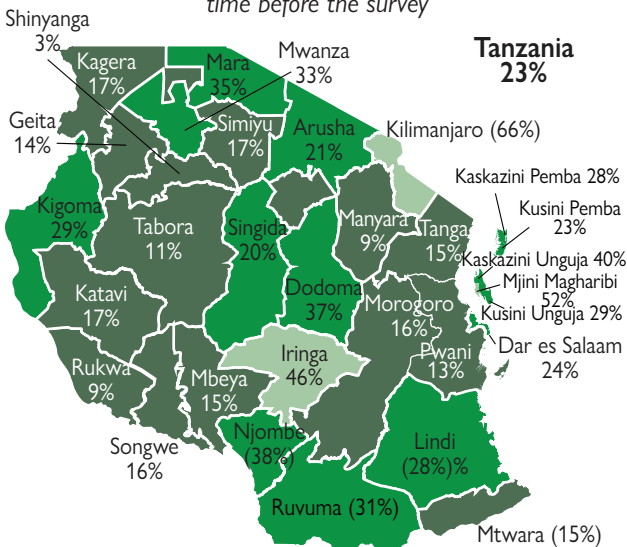
## Vaccination Coverage: National Schedule

To be fully vaccinated according to the national schedule, children age 12–23 months must be vaccinated against all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. In Tanzania, 23% of children age 12–23 months are fully vaccinated according to the national schedule.

Vaccination coverage according to the national schedule increases as the mother’s education increases, from 13% of children whose mothers have no education to 31% of children whose mothers have secondary education or more. By region, vaccination coverage according to the national schedule ranges from 3% in Shinyanga to 66% in Kilimanjaro.

### Vaccination Coverage by Region

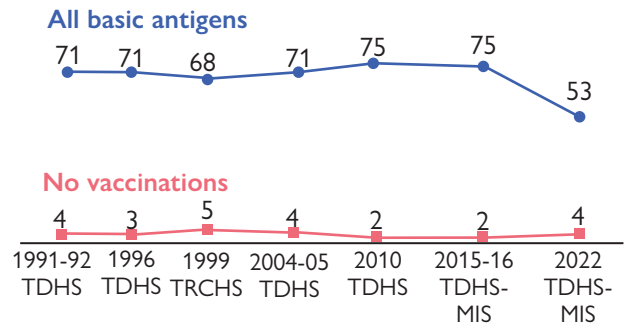
Percent of children age 12-23 months who are fully vaccinated according to the national schedule at any time before the survey



Figures in parentheses are based on 25-49 unweighted cases.

## Trends in Childhood Vaccinations

Percent of children age 12-23 months who received:



Children age 24–35 months should also receive all age appropriate vaccinations. These include the vaccinations according to the national schedule for children age 12–23 months and a second dose of the measles vaccine. In Tanzania, 64% of children age 24–35 months have received the second dose of the measles vaccine and 23% are fully vaccinated according to the national schedule.

## Childhood Illnesses

In Tanzania, 2% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey and 79% of children with symptoms of ARI were taken to a health facility or provider.

Overall, 11% of children under age 5 had fever in the two weeks before the survey. The majority (78%) of children with fever were taken to a health facility or provider.

Among children under age 5, 9% had diarrhea in the two weeks before the survey. Diarrhea was most common among children age 6-11 months (19%). Among children under age 5 with diarrhea, 64% were taken to a health facility or provider.

Children with diarrhea should drink more fluids, particularly through oral rehydration therapy (ORT). While 49% of children under age 5 with diarrhea received ORT, 23% of children under age 5 with diarrhea received no treatment.

# MATERNAL AND NEWBORN HEALTH CARE

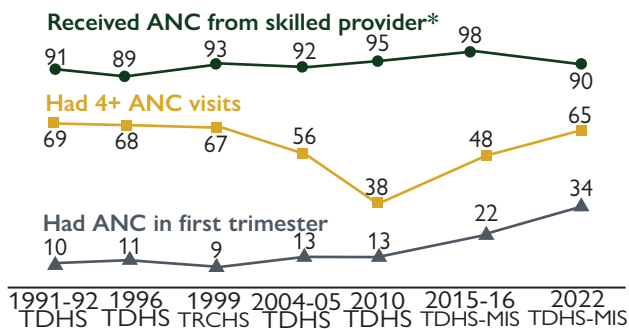
## Antenatal Care

In Tanzania, 90% of women age 15–49 with a live birth or stillbirth in the two years before the survey received antenatal care (ANC) from a skilled provider. Skilled providers include doctors, assistant medical officers (AMOs), clinical officers, assistant clinical officers, nurses/midwives/public health nurses B (PHNBs), assistant nurses, and maternal and child health (MCH) aides.

The timing and quality of ANC are also important. Overall, 65% of women age 15–49 made four or more ANC visits and 34% of women had their first ANC visit for their most recent birth in the first trimester. Among women with a live birth or stillbirth in the two years before the survey, 81% took iron-containing supplements tablets and 62% took deworming medication during the pregnancy. Eighty-five percent of women's most recent live births were protected against neonatal tetanus.

### Trends in Antenatal Care Coverage

Percent of women age 15-49 who had a live birth in the two years before the survey



\*Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide

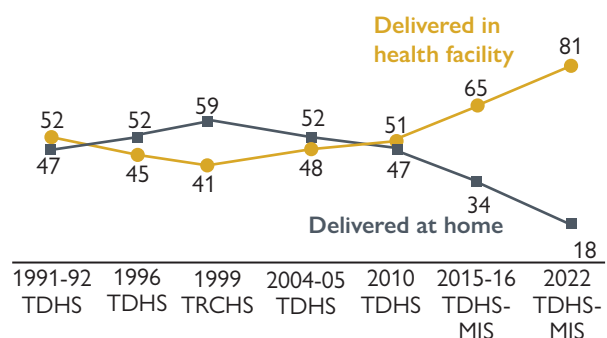
## Delivery Care

In Tanzania, 81% of live births are delivered in a health facility and the majority (75%) are delivered in a public sector facility. Still, 18% of births are delivered at home. Overall, health facility deliveries have increased over the last three decades, from 52% to 81%, and home deliveries declined from 47% to 18%. By region, the range of live births delivered in health facilities is from 56% in Manyara to more than 99% in both Dar es Salaam and Iringa. Health facility delivery increases as household wealth increases, from 64% in the lowest quintile to 97% in the highest quintile.

In Tanzania, 85% of live births are delivered by a skilled provider. The majority of births (58%) were delivered by a nurse/midwife. By region, Manyara has the lowest percent of births delivered by a skilled provider (61%) and Kilimanjaro and Dar es Salaam both have the highest percent of births delivered by a skilled provider (>99%).

### Trends in Place of Birth

Percent of live births in the two years before the survey



## Cesarean Sections

Only 11% of live births in the two years preceding the survey were delivered via Cesarean section (C-section). C-section deliveries are more common in private facilities (30%) than in public facilities (12%). A higher percent of C-sections take place in urban areas relative to rural areas (19% versus 8%). Cesarean delivery increases with increasing household wealth, from 4% to 24% in the highest quintile.

## Postnatal Care for Mothers

Postnatal care (PNC) helps prevent complications after childbirth. Overall, 51% of women age 15–49 received a postnatal checkup within two days of delivery, with 28% of mothers receiving a postnatal check within four hours of giving birth. First postnatal checks vary greatly by region, from 18% in Kaskazini Pemba to 86% in Iringa. Still 44% of mothers received no PNC within 41 days of delivery.

Among women who received PNC for their most recent live birth by a healthcare provider, 32% had their blood pressure measured, 39% discussed vaginal bleeding with a health care provider and 45% discussed family planning.

## Postnatal Care for Newborns

Among newborns, 54% of most recent live births received the first postnatal checkup within two days of birth and 24% had the checkup one to three hours after delivery. However, 41% of newborns received no PNC within 41 days of birth. By region, only 20% of newborns in Katavi received a postnatal check in the two years preceding the survey, compared to 85% of newborns in Iringa. Only 24% of mothers received all three components of PNC.

Most newborns (79%) were weighed during the postnatal assessment. Half had their umbilical cord examined, 45% of newborns' mothers were both counselled on and observed breastfeeding, 35% of newborns' mothers were told of signs indicating the baby needs immediate attention, and 34% of newborns had their temperature measured. Only 24% of newborns received all five components of PNC.

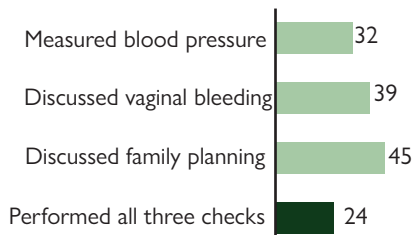
## Breast and Cervical Cancer Examinations

Only 5% of women age 15–49 have ever been examined by a doctor or health care worker for breast cancer and 7% have ever been tested for cervical cancer. For both breast and cervical cancer examinations, women with higher education levels have received more examination. Similarly, as wealth increases, breast and cervical cancer examinations among women increase as well.

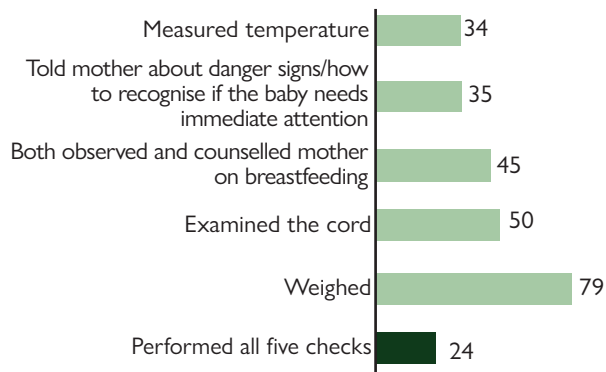
## Content of Postnatal Care for Mothers and Newborns

Among women age 15–49 with a live birth in the two years before the survey and most recent live births in the two years before the survey, percent for whom during the first two days after the most recent birth any healthcare provider:

### ASSESSMENT OF THE MOTHER



### ASSESSMENT OF THE NEWBORN



## Problems in Accessing Health Care

Half of women age 15–49 had at least one problem accessing health care when they were sick. The most common issues were getting money for treatment (36%) and distance to the health facility (29%). More women in rural areas (56%) had at least one problem accessing health care than in urban areas (39%).

## Maternal Mortality

Maternal mortality includes deaths of women during pregnancy, delivery, and within 42 days of delivery excluding deaths that were due to accidents or violence. The maternal mortality ratio (MMR) for Tanzania is 104 maternal deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2022 TDHS-MIS MMR ranges from 59 to 149 deaths per 100,000 live births.

# NUTRITIONAL STATUS

## Children's Nutritional Status

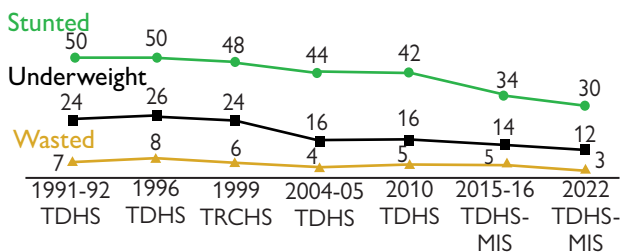
The 2022 TDHS-MIS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Overall, 30% of children under age 5 are stunted. Stunting is an indication of chronic undernutrition. Stunting declines with increasing mother's education and increasing wealth. Stunting is higher among children in rural areas (33%) than urban areas (21%). Stunting is lowest in Mjini Magharibi (13%) and is highest in Iringa region (57%).

Three percent of children under age 5 are wasted. Wasting is an indication of acute malnutrition. Twelve percent of children under age 5 are underweight. Only 4% of children under age 5 in Tanzania are overweight.

Overall, child growth measures have improved over time, with stunting among children under age 5 declining from 50% in 1991-92 to 30% in 2022.

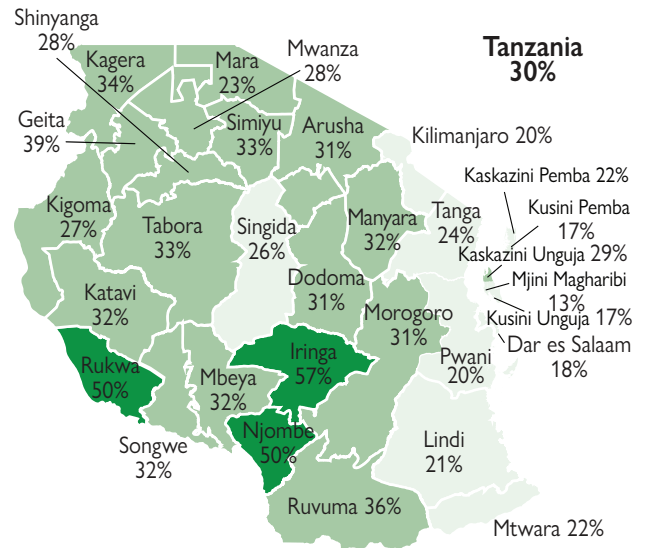
### Trends in Child Growth Measures

Percent of children under age 5 who are malnourished, based on 2006 WHO Child Growth Standards



## Stunting by Region

Percent of children under age 5 are stunted



## Women's Nutritional Status

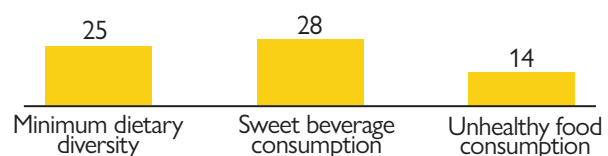
The 2022 TDHS-MIS also took weight and height measurements of women age 15–49. Among adolescent women age 15–19, 18% are thin according to body mass index for age (BMI-for-age) and 12% are overweight or obese.

Among women age 20-49, 7% are thin according to BMI and 36% are overweight or obese. Overweight/obesity among women age 20-49 generally increases with education and increasing household wealth.

The 2022 TDHS-MIS collected data on food and liquids consumed by women the day before the survey. Overall, 25% of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. Over a quarter (28%) of women consumed sweet beverages and 14% consumed unhealthy food in the day before the survey.

### Dietary Practices among Women

Percent of women age 15-49 consuming sweet beverages, unhealthy foods, and achieving minimum dietary diversity



# FEEDING PRACTICES AND SUPPLEMENTATION

## Breastfeeding and the Introduction of Complementary Foods

In Tanzania, 95% of children under age 2 were ever breastfed. Seven in ten (70%) of children were exclusively breastfed for the first two days after birth, and 90% were breastfed in the first hour of life.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first 6 months of life. Nearly two-thirds (64%) of children under age 6 months living with their mother are exclusively breastfed, while 5% of children under age 6 months are not breastfed.

Complementary foods should be introduced when a child is 6 months old to reduce the risk of malnutrition. In Tanzania, 89% of children age 6-8 months were fed solid, semi-solid, or soft foods the day before the survey.

## 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. More than half (53%) of children age 6–59 months were given vitamin A supplements in the last six months.

Iron is important for maintaining healthy blood. In Tanzania, 11% of children age 6–59 months were given iron-containing supplements in the 12 months before the survey.

Deworming medication reduces the burden of infections that affect child nutrition and development. Half of children age 12-59 months received deworming medication in the last six months.

## Population Iodine Status

The overall coverage of households accessing iodised salt was 84% of the 95% households with salt tested. The median urinary iodine concentration among non-pregnant women was 185 ugL, and that of pregnant women was 166 ugL, indicating optimal iodine intake.

## Minimum Acceptable Diet and Unhealthy Feeding Practices

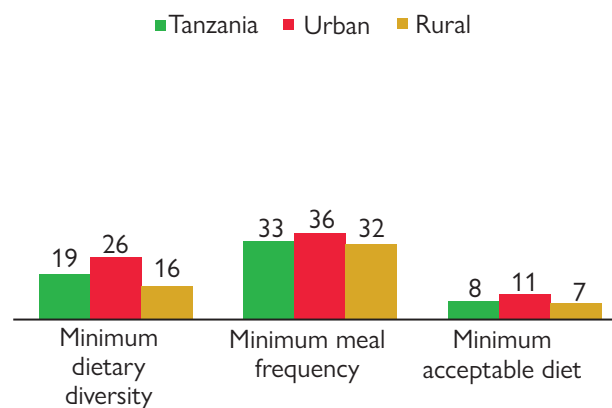
Children age 6-23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Tanzania, 8% of children age 6-23 months were fed a minimum acceptable diet the day before the survey, 19% of children received the minimum number of food groups during the previous day or night, and 33% were fed the minimum number of times. Among nonbreastfed children, 12% received the minimum number of milk feeds.

More breastfed children achieved minimum acceptable diet than nonbreastfed children (10% versus 3%). Minimum meal frequency and minimum diversity are lowest among children from the poorest households.

For infants and young children, unhealthy feeding practices should be avoided and replaced with nutritious foods that provide important nutrients. Three in ten children age 6-23 months were given a sweet beverage, 7% were fed unhealthy foods, and 40% did not consume any vegetables or fruits during the previous day.

### Minimum Acceptable Diet by Residence

*Percent of youngest children age 6–23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum acceptable diet*



# HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

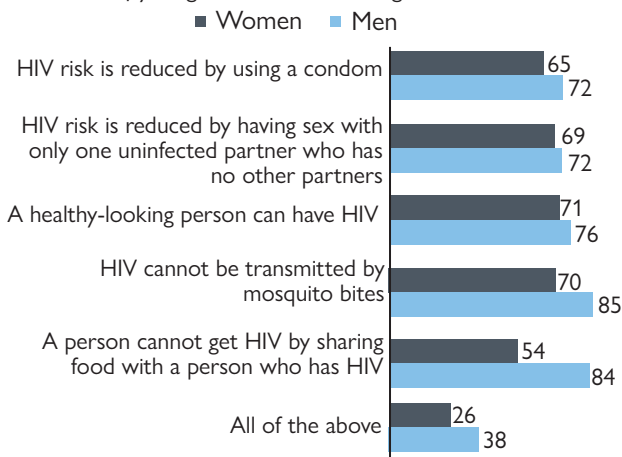
## Knowledge of HIV and HIV Prevention Methods

In Tanzania, 82% of women and 79% of men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV. Fewer women and men (72% and 56%, respectively) know that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs. Even fewer women and men have heard of pre-exposure prophylaxis (PrEP) (10% and 11%, respectively), though 56% of women and 64% of men approve of people who take PrEP to prevent getting HIV. Knowledge of ARVs increases by age cohorts and as both wealth and education increase among women and men.

Among women and men age 15–24, 42% and 38% have knowledge about HIV prevention. Of specific prevention methods, nearly two-thirds (65%) of women and 72% of men know that using condoms during sexual intercourse can reduce the chances of getting HIV, and 79% of women and 72% of men know that having just one uninfected faithful partner can also reduce the chances of HIV infection.

### Knowledge of HIV Prevention among Young People

Percent of young women and men age 15–24 who know:



## Multiple Sexual Partners and Higher-Risk Sexual Behaviour

Four percent of women age 15–49 had sex with more than one partner in the last 12 months. Twenty-one percent of women had sex with a person who neither was their husband nor lived with them, and among these women 22% used a condom during their last sexual intercourse with such a partner.

Nearly a quarter of Tanzanian men (23%) age 15–49 had sex with more than one partner in the last 12 months. Thirty-eight percent of men had sex with a person who was neither their wife nor lived with them and of these men, 43% used a condom during the last sexual intercourse with such a partner.

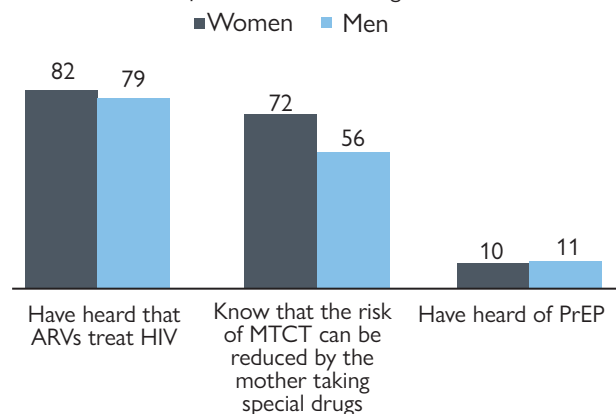
## HIV Testing

Eight in ten women age 15–49 have ever been tested for HIV and received the results of their last test. In contrast, 64% of men have ever been tested for HIV and received the results of their last test. In the 12 months preceding the survey, 37% of women and 31% of men were tested for HIV and received the results of their last test. Fewer women (18%) have heard of HIV self-test kits than men (31%) and only 3% women and 5% of men have used them. Of the pregnant women who had an HIV test during ANC or labour, 88% received results.

HIV testing increased from 12% of both women and men who have ever been tested for HIV and received their results in 2004–05 to 80% and 64%, respectively, in 2022. HIV testing in the last 12 months is more common in urban areas than rural areas among men (33% versus 29%) and women (40% versus 35%).

### Knowledge of Medicines to Treat or Prevent HIV

Percent of women and men age 15–49 who:





# WOMEN'S EMPOWERMENT

## Employment

In Tanzania, 68% of married women age 15–49 and almost all (98%) of married men were employed in the last 12 months. Overall 45% of married women and 64% of married men who were employed in the last 12 months earned cash, while 38% of women and 20% of men were not paid for their work.

The vast majority (90%) of married women who were employed in the last 12 months and earned cash made decisions on how to spend their earnings either alone or jointly with their husband/partner. Among married women who received cash earnings, 8% earn more than their husband/partner, 68% earn less, and 16% earn about the same as their husband/partner.

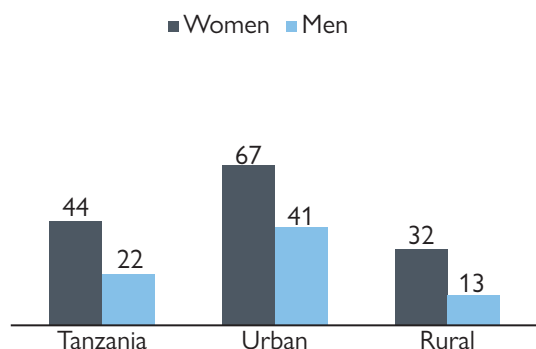
## Ownership of Assets

In Tanzania, 37% of both women and men age 15–49 own a house (alone or jointly with their spouse). Over a quarter of women (26%) and 32% of men own land (alone or jointly).

More men than women own a mobile phone (75% versus 59%). However, more women (44%) than men (22%) have and used a bank account or mobile phone for financial transactions in the last 12 months. Use of banks or mobile phones for financial transactions is higher in urban areas than in rural areas among men and women.

### Use of Banks or Mobile Phones for Financial Transactions by Residence

Percent of women and men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months



## Participation in Household Decisions

The 2022 TDHS-MIS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to her family or relatives.

In Tanzania, 74% of married women have sole or joint decision making power in their own health care, 64% make decisions about major household purchases, and 68% make decisions about visits to their family or relatives. Overall, 55% of married women participate in all three above decisions, while eighteen percent of married women participate in none of three above decisions.

Among married men, the majority make decisions alone or jointly with their wife about their own health care (92%) and decisions about major household purchases (91%). Overall, 88% of married men participate in both decisions either alone or jointly with their wife, and 5% participate in neither of these decisions.

## Women's Participation in Decision Making in Sexual and Reproductive Health

In Tanzania, half of married women age 15–49 make their own decisions related to sexual and reproductive health, including family planning. Participation in decision making about sexual and reproductive health is highest among women in urban areas and those with more education.

## Attitudes toward Wife Beating

Nearly half (48%) of women and a third (32%) of men believe a husband is justified in hitting or beating his wife/partner if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food. Neglecting the children is the most common justification among women (38%) and men (23%).

# MALARIA PREVENTION AND TREATMENT

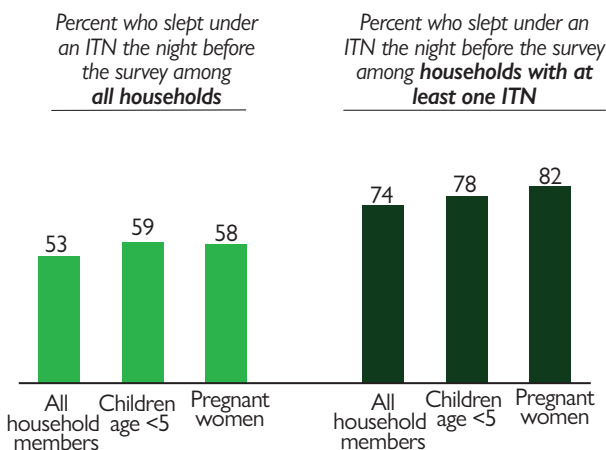
## Mosquito Nets

Over two-thirds of households (67%) in Tanzania own at least one insecticide-treated net (ITN). However, only 35% of households have enough ITNs to cover each household member, assuming one ITN is used by two people. Still, 33% of households have no ITNs. Household ITN ownership of at least one ITN increased from 23% in 2004-05, peaked in 2011-12 at 91%, and declined to 67% in 2022.

Among the household population, both 53% have access to an ITN and slept under an ITN the night before the survey. Of the household population with at least one ITN, 74% slept under an ITN the night prior to the survey. ITN use varies widely by region, ranging from 25% in Arusha to 76% in Kusini Pemba. The main reason cited for not using an ITN was they were saving it for later or it was an extra net.

Children and pregnant women are most vulnerable to malaria. Nearly six in ten (59%) children under age 5 and pregnant women (58%) slept under an ITN the night before the survey.

### ITN Use

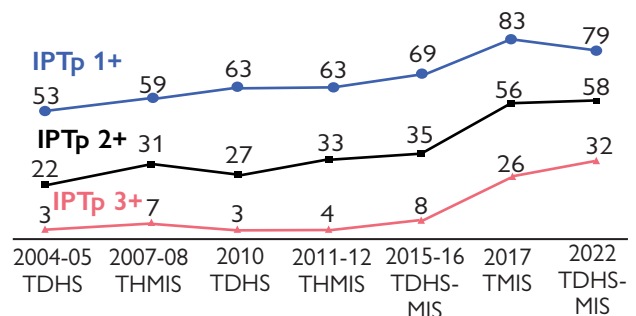


## Intermittent Preventive Treatment of Pregnant Women (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive IPTp (at least three doses of sulfadoxine and pyrimethamine/ Fansidar during ANC visits). Nearly six in ten (58%) of pregnant women took two or more doses of IPTp and 32% of pregnant women took the recommended three or more doses.

## Trends in IPTp

Percent of women age 15-49 with a live birth and/or stillbirth in the two years before the survey who received at least one, two, three doses of SP/Fansidar



Pregnant women receiving three or more doses of IPTp increases with education and wealth. Mainland urban women receive more recommended doses of IPTp than their rural counterparts.

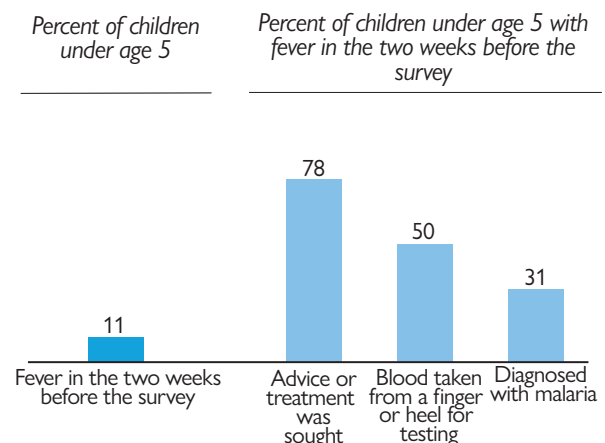
Pregnant women receiving IPTp has increased overall, with only 3% receiving three or more doses in 2004-05 to 32% receiving three or more doses in 2022.

## Careseeking of Malaria Symptoms in Children

In the two weeks before the survey, 11% of children under age 5 had fever, the primary symptom of malaria. Treatment or advice was sought for 78% of these children. Half had blood taken from a finger or heel stick for malaria testing and 31% of children were diagnosed with malaria by a healthcare provider.

Artemisinin-based combination therapy (ACT) is the recommended drug for treating malaria in children in Tanzania. Among children under age 5 with fever in the two weeks before the survey who received an antimalarial, 95% received any ACT.

### Fever in Children



# PREVALENCE OF MALARIA AND LOW HAEMOGLOBIN

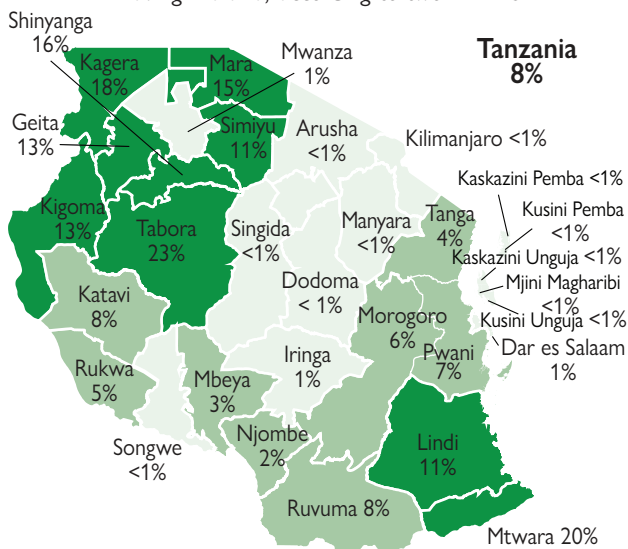
## Malaria Prevalence

All children age 6–59 months included in survey households were eligible for malaria testing using a malaria rapid diagnostic test (mRDT). Of the eligible children, 97% were tested using an mRDT.

In Tanzania, 8% of children age 6–59 months tested positive for malaria by mRDT. Malaria prevalence decreases greatly with wealth, from 15% of children in the poorest households to 1% of children in the wealthiest households. Malaria prevalence is higher among rural children (10%) than urban children (1%). Less than one percent of children in Zanzibar tested positive for malaria by RDT. Regionally, Tabora (23%), Mtwara (20%), and Kagera (18%), have the highest malaria prevalence.

### Malaria Prevalence by Region

Percent of children age 6-59 months testing positive for having malaria, according to two mRDTs



# MALARIA KNOWLEDGE AND COMMUNICATION

## Exposure to Media Messages

About 6 in 10 women and men age 15–49 have seen or heard a malaria message in the last six months. Radio is the predominant channel by which the messages are heard (65% of women and 78% of men).

## Knowledge of Malaria

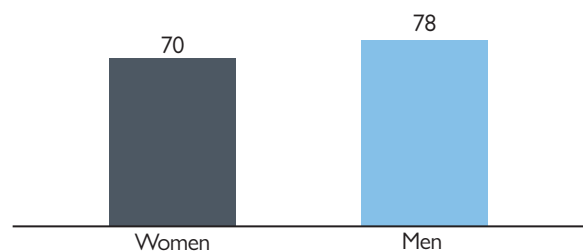
Women and men were asked about ways to avoid and malaria. Nearly all cited sleeping under a mosquito net or ITN. Other commonly cited ways to avoid malaria include keeping surroundings clean, filling stagnant waters such as puddles, and using mosquito repellent. Overall, 83% of women and 75% men report that ACTs can be obtained at the nearest health facility or pharmacy.

## Attitudes towards Malaria

Women and men were asked about their attitudes about malaria and were considered to have favourable attitudes toward specific malaria-behaviours if they disagree that they do not like sleeping under a mosquito net when the weather is too warm, or disagree that when a child has a fever, it is best to start by giving them any medicine they have at home. Overall, 70% of women and 78% of men have favourable attitudes toward specific malaria-behaviours. Favorable attitudes increase as education level increases among men and women.

### Attitudes towards Malaria-related Behaviours

Percent of women and men age 15-49 who have a favourable attitude toward specific malaria-behaviours



# DOMESTIC VIOLENCE

## Experience of Physical Violence

Over one-quarter of Tanzanian women (27%) age 15–49 have ever experienced physical violence since age 15. In the last 12 months, 18% of women experienced physical violence. Over one-third (35%) of women who are married or living with an intimate partner have ever experienced physical violence, compared to 4% of never-married women. Among women who are divorced, separated, or widowed, 50% have ever experienced physical violence.

Among women who have ever been married or had an intimate partner, the most common perpetrators of physical violence are current and former husbands/intimate partners. Mothers/step-mothers and fathers/step-fathers are the most common perpetrators of physical violence among women who have never been married nor had an intimate partner.

## Experience of Sexual Violence

In Tanzania, 12% of women age 15–49 have ever experienced sexual violence by any perpetrator, including 7% of women who have experienced sexual violence in the last 12 months. Twenty-two percent of women who are divorced, separated, or widowed have ever experienced sexual violence.

## Help-seeking to Stop Violence

Among women who have ever experienced physical or sexual violence, 38% sought help to stop violence and 13% did not seek help but did tell someone about the violence. Nearly half of women (49%) who experienced physical or sexual violence never sought help and never told anyone. The most common sources of help women seek are their own family (62%) and their husband's or intimate partner's family.

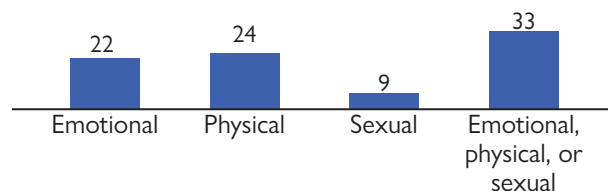
## Intimate Partner Violence

Two in five ever-partnered women have experienced violence committed by their current or most recent husband/intimate partner, whether physical, sexual, or emotional.

In the last 12 months, 33% of ever-partnered women experienced violence by any husband/intimate partner. This includes 22% who experienced emotional violence, 24% physical violence, and 9% experienced sexual violence.

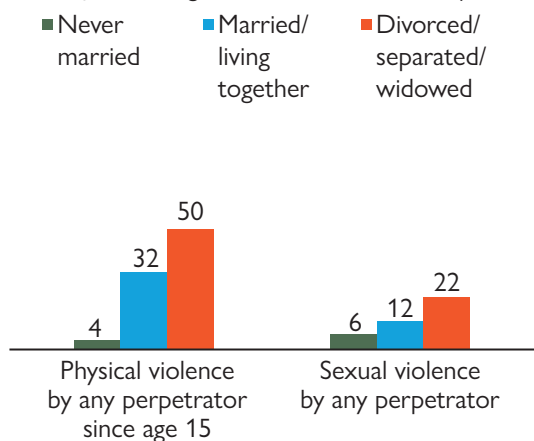
### Recent Violence by any Husband/Intimate Partner

Percent of women age 15-49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months



### Experience of Violence by Marital Status

Percent of women age 15-49 who have ever experienced



Recent experience of violence by any husband or intimate partner is higher in rural areas than urban areas (34% versus 29%). It is more than twice as high in Tanzania Mainland (33%) than in Zanzibar (15%). By region, recent intimate partner violence ranges from 9% of women in both Kaskazini Unguja and Kusini Pemba to 64% in Mara.

# FEMALE GENITAL MUTILATION/CIRCUMCISION

## Female Genital Mutilation/Circumcision (FGM/C)

The majority of women and men (87% and 90%, respectively) age 15–49 have heard of FGM/C. Knowledge of FGM/C increases steadily with women and men's level of education, from (72% and 73%) of women and men with no education to (95% and 96%) of women and men with secondary or higher education. Overall, 8% of Tanzanian women age 15–49 have been circumcised. The most common type of FGM/C involves the cutting and removal of flesh (89%).

Prevalence of FGM/C is less than one percent in Zanzibar, compared to Tanzania Mainland, at 9%. By region, FGM/C ranges from less than one percent in many regions to 43% in both Manyara and Arusha. In Tanzania, FGM/C is performed throughout childhood. However, more women report they were circumcised when they were age <1 year (34%) or age 15 or older (20%).

The prevalence of FGM/C has decreased to less than half since 1996, when 18% of women were circumcised.

## FGM/C among Girls

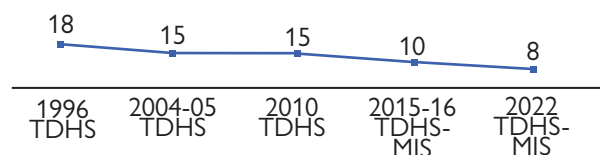
To obtain insights into the extent to which young girls are continuing to be circumcised, women interviewed in the 2022 TDHS-MIS who had daughters under age 15 were asked if their daughters had been circumcised. Overall, 1% of girls are currently circumcised, however, since 20% of women age 15–49 were circumcised at age 15 or older, it is still possible that girls in this age group may be circumcised in the future.

## Attitudes toward FGM/C

Almost all women (97%) and men (94%) believe that FGM/C is not required by their religion. Similarly, nearly all women (98%) and men (96%) believe that the practice should not be continued.

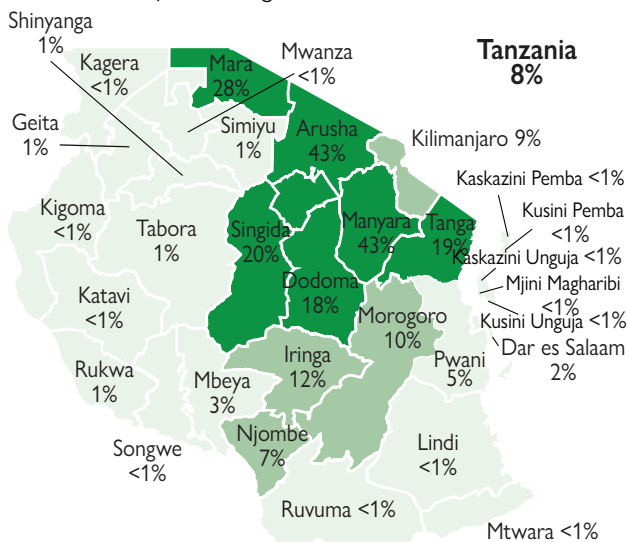
### Trends in Female Genital Mutilation/Circumcision

Percent of women age 15-49 who are circumcised



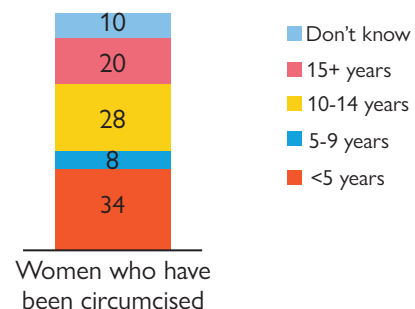
### Female Genital Mutilation/Circumcision by Region

Percent of women age 15-49 who are circumcised



### Age at Circumcision

Percent distribution of women age 15-49 who have been circumcised



# INDICATORS

	Residence		
	Tanzania	Urban	Rural
<b>Fertility</b>			
Total Fertility Rate (number of children per woman)	4.8	3.6	5.5
Median age at first birth women age 25–49 (years)	19.9	20.8	19.6
Women age 15–19 who have ever been pregnant <sup>1</sup> (%)	22	16	25
<b>Family Planning (among married women age 15–49)</b>			
Current use of any method of family planning (%)	38	46	34
Current use of a modern method of family planning (%)	31	35	29
Demand satisfied by modern methods of family planning (%)	53	55	52
<b>Maternal and Newborn Health Care</b>			
Pregnant women age 15–49 who had 4+ ANC visits <sup>2</sup> (%)	65	76	61
Births delivered in a health facility (%)	81	94	76
Births delivered by a skilled provider <sup>3</sup> (%)	85	96	81
<b>Child Health (among children age 12–23 months)</b>			
Children who are fully vaccinated against all basic antigens <sup>4</sup> (%)	53	54	52
Children who are fully vaccinated according to the national schedule <sup>5</sup> (%)	23	26	22
<b>Household Water, Sanitation, and Hygiene</b>			
Household population with access to at least basic drinking water service (%)	64	94	52
Household population with access to at least basic sanitation service <sup>6</sup> (%)	55	58	54
<b>Nutrition</b>			
Children under age 5 who are stunted (%)	30	21	33
Children born in the last two years who were ever breastfed (%)	95	95	96
<b>Malaria</b>			
Households with at least one insecticide-treated mosquito net (ITN) <sup>7</sup> (%)	67	60	71
Women age 15–49 who received three or more doses of SP/Fansidar during pregnancy (%)	32	40	28
<b>Childhood Mortality (deaths per 1,000 live births for the ten-year period before the survey)<sup>8</sup></b>			
Neonatal mortality	24	35	21
Under-five mortality	43	49	41
<b>HIV/AIDS</b>			
Women age 15–49 who have been tested for HIV and received the results (%)	80	81	79
Men age 15–49 who have been tested for HIV and received the results (%)	64	68	62
<b>Women's Empowerment</b>			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	44	67	32
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	22	41	13
<b>Domestic Violence</b>			
Women age 15–49 who have experienced physical violence since age 15 (%)	27	22	29
Women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months <sup>9</sup> (%)	33	29	34
<b>Female Genital Cutting/Mutilation</b>			
Women age 15–49 who have been circumcised (%)	8	4	11

Note: Figures in parentheses are based on 25–49 unweighted cases or 250–499 unweighted children. <sup>1</sup>Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. <sup>2</sup>Pregnant women age 15–49 with a live birth in the two years preceding the survey. <sup>3</sup>Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide. <sup>4</sup>Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. <sup>5</sup>Fully vaccinated according to the national schedule includes all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses

Zanzibar	Tanzania Mainland	Region						
		Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam
4.7	4.8	3.9	4.7	4.4	5.2	4.4	3.8	2.8
22.2	19.9	19.7	20.6	20.8	20.1	19.4	19.7	21.9
4	23	21	13	8	16	28	20	18
29	38	43	38	63	32	54	52	44
17	32	36	30	49	26	39	43	30
33	54	62	55	65	47	55	66	49
79	65	77	66	63	58	82	60	90
87	81	91	66	95	66	82	87	>99
89	85	93	67	>99	78	87	91	>99
70	52	66	54	(84)	42	51	49	51
40	23	37	21	(66)	15	16	13	24
97	63	63	64	93	46	68	73	96
80	54	60	51	74	65	62	57	54
18	30	31	31	20	24	31	20	18
98	95	99	99	99	97	95	94	94
77	67	79	39	54	84	73	61	37
<1	33	37	19	36	47	26	36	52
34	23	18	21	(36)	19	26	37	49
47	47	(26)	44	(54)	36	62	(70)	61
74	80	73	69	79	78	82	88	85
58	64	62	52	68	68	64	77	69
45	44	56	43	60	50	40	58	83
32	22	23	23	36	20	15	31	54
8	27	33	45	27	18	37	26	18
15	33	37	29	40	30	27	24	20
<1	9	18	43	9	19	10	5	2

of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. <sup>6</sup>At least basic sanitation service: safely managed and basic sanitation services. <sup>7</sup>An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. <sup>8</sup>Figures are for the ten-year period before the survey except for the national, urban, rural rates, in italics, which represent the five-year period before the survey. <sup>9</sup>Whether emotional, physical, or sexual violence.

# INDICATORS

	Region		
	Lindi	Mtwara	Ruvuma
<b>Fertility</b>			
Total Fertility Rate (number of children per woman)	4.1	3.3	4.4
Median age at first birth women age 25–49 (years)	19.8	19.3	18.9
Women age 15–19 who have ever been pregnant <sup>1</sup> (%)	25	26	37
<b>Family Planning (among married women age 15–49)</b>			
Current use of any method of family planning (%)	51	41	47
Current use of a modern method of family planning (%)	50	40	41
Demand satisfied by modern methods of family planning (%)	88	75	61
<b>Maternal and Newborn Health Care</b>			
Pregnant women age 15–49 who had 4+ ANC visits <sup>2</sup> (%)	70	83	78
Births delivered in a health facility (%)	96	97	96
Births delivered by a skilled provider <sup>3</sup> (%)	98	98	98
<b>Child Health (among children age 12–23 months)</b>			
Children who are fully vaccinated against all basic antigens <sup>4</sup> (%)	(55)	(31)	59
Children who are fully vaccinated according to the national schedule <sup>5</sup> (%)	(28)	(15)	44
<b>Household Water, Sanitation, and Hygiene</b>			
Household population with access to at least basic drinking water service (%)	59	69	70
Household population with access to at least basic sanitation service <sup>6</sup> (%)	56	74	79
<b>Nutrition</b>			
Children under age 5 who are stunted (%)	21	22	36
Children born in the last two years who were ever breastfed (%)	95	97	93
<b>Malaria</b>			
Households with at least one insecticide- treated mosquito net (ITN) <sup>7</sup> (%)	72	67	73
Women age 15–49 who received three or more doses of SP/Fansidar during pregnancy (%)	54	48	51
<b>Childhood Mortality (deaths per 1,000 live births for the ten-year period before the survey)<sup>8</sup></b>			
Neonatal mortality	(6)	(12)	41
Under-five mortality	(14)	(40)	(70)
<b>HIV/AIDS</b>			
Women age 15–49 who have been tested for HIV and received the results (%)	81	85	89
Men age 15–49 who have been tested for HIV and received the results (%)	60	68	75
<b>Women's Empowerment</b>			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	33	37	39
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	8	9	18
<b>Domestic Violence</b>			
Women age 15–49 who have experienced physical violence since age 15 (%)	9	13	24
Women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months <sup>9</sup> (%)	16	26	26
<b>Female Genital Cutting/Mutilation</b>			
Women age 15–49 who have been circumcised (%)	<1	<1	<1

Note: Figures in parentheses are based on 25–49 unweighted cases or 250–499 unweighted children. <sup>1</sup>Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. <sup>2</sup>Pregnant women age 15–49 with a live birth in the two years preceding the survey. <sup>3</sup>Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide. <sup>4</sup>Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. <sup>5</sup>Fully vaccinated according to the national schedule includes all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses



Region									
Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
3.9	4.3	5.1	6.4	5.6	5.8	5.5	5.7	4.9	6.1
21.3	20	20.4	18.6	19.6	19.9	19.8	19.8	19.6	19.7
20	21	19	29	30	17	21	19	16	31
55	58	30	21	29	30	23	40	40	29
45	48	26	19	28	23	20	38	32	26
67	67	51	40	50	42	35	65	49	55
73	68	60	50	51	61	45	72	66	75
>99	81	78	73	95	94	81	77	80	72
99	84	84	75	98	96	83	84	84	75
69	52	65	36	39	76	32	46	56	68
46	15	20	14	11	29	3	17	33	35
71	69	44	46	63	62	59	57	73	47
75	57	55	34	51	48	54	60	41	33
57	32	26	33	50	27	28	34	28	23
95	98	98	93	98	99	91	99	95	95
77	72	70	74	76	69	57	75	80	77
36	25	26	15	11	32	26	38	43	32
(34)	33	11	27	14	22	21	23	17	12
(62)	(67)	22	52	36	60	44	55	47	36
88	84	72	82	76	77	65	86	77	82
72	72	56	51	74	45	70	76	61	64
67	57	39	18	22	23	35	36	41	38
22	20	11	11	9	15	12	21	28	20
29	18	25	37	14	20	28	38	24	49
47	23	28	43	15	34	37	43	40	64
12	3	20	1	1	<1	1	<1	<1	28

of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. <sup>6</sup>At least basic sanitation service: safely managed and basic sanitation services. <sup>7</sup>An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. <sup>8</sup>Figures are for the ten-year period before the survey except for the national, urban, rural rates, in italics, which represent the five-year period before the survey. <sup>9</sup>Whether emotional, physical, or sexual violence.

# INDICATORS

	Region		
	Manyara	Njombe	Katavi
<b>Fertility</b>			
Total Fertility Rate (number of children per woman)	5.8	4	5.8
Median age at first birth women age 25–49 (years)	20.8	20.4	19
Women age 15–19 who have ever been pregnant <sup>1</sup> (%)	29	26	34
<b>Family Planning (among married women age 15–49)</b>			
Current use of any method of family planning (%)	30	64	22
Current use of a modern method of family planning (%)	26	56	20
Demand satisfied by modern methods of family planning (%)	48	74	38
<b>Maternal and Newborn Health Care</b>			
Pregnant women age 15–49 who had 4+ ANC visits <sup>2</sup> (%)	50	50	42
Births delivered in a health facility (%)	56	99	67
Births delivered by a skilled provider <sup>3</sup> (%)	61	99	74
<b>Child Health (among children age 12–23 months)</b>			
Children who are fully vaccinated against all basic antigens <sup>4</sup> (%)	45	(65)	35
Children who are fully vaccinated according to the national schedule <sup>5</sup> (%)	9	(38)	17
<b>Household Water, Sanitation, and Hygiene</b>			
Household population with access to at least basic drinking water service (%)	50	84	52
Household population with access to at least basic sanitation service <sup>6</sup> (%)	46	78	42
<b>Nutrition</b>			
Children under age 5 who are stunted (%)	32	50	32
Children born in the last two years who were ever breastfed (%)	95	95	96
<b>Malaria</b>			
Households with at least one insecticide- treated mosquito net (ITN) <sup>7</sup> (%)	52	54	92
Women age 15–49 who received three or more doses of SP/Fansidar during pregnancy (%)	23	53	8
<b>Childhood Mortality (deaths per 1,000 live births for the ten-year period before the survey)<sup>8</sup></b>			
Neonatal mortality	8	(36)	24
Under-five mortality	29	(72)	81
<b>HIV/AIDS</b>			
Women age 15–49 who have been tested for HIV and received the results (%)	77	90	77
Men age 15–49 who have been tested for HIV and received the results (%)	41	79	68
<b>Women's Empowerment</b>			
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	29	65	23
Men age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	12	21	16
<b>Domestic Violence</b>			
Women age 15–49 who have experienced physical violence since age 15 (%)	25	33	18
Women age 15–49 who have ever had a husband or intimate partner who have experienced violence by any husband/intimate partner in the last 12 months <sup>9</sup> (%)	27	40	15
<b>Female Genital Cutting/Mutilation</b>			
Women age 15–49 who have been circumcised (%)	43	7	<1

Note: Figures in parentheses are based on 25–49 unweighted cases or 250–499 unweighted children. <sup>1</sup>Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. <sup>2</sup>Pregnant women age 15–49 with a live birth in the two years preceding the survey. <sup>3</sup>Skilled provider includes doctor, assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife/public health nurse B (PHNB), assistant nurse, and maternal and child health (MCH) aide. <sup>4</sup>Fully vaccinated against basic antigens includes BCG, three doses of DPT-containing vaccine, three doses of polio vaccine, and one dose of measles-rubella. <sup>5</sup>Fully vaccinated according to the national schedule includes all basic antigens, as well as a four doses of OPV, one dose of IPV, three doses

Region							
Simiyu	Geita	Songwe	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba
6.6	6.1	5.4	4.5	5	4	5.7	6.4
19.9	19	19.6	22.8	21.3	22.8	20.8	22.1
25	28	45	4	13	2	5	6
11	22	52	19	43	32	21	23
9	21	43	9	27	20	13	15
17	40	59	20	46	37	26	28
36	56	71	69	84	87	76	69
73	72	86	82	91	96	76	72
76	77	90	84	94	97	82	76
41	48	53	84	73	70	69	60
17	14	16	40	29	52	28	23
54	52	50	97	93	98	92	99
47	46	67	84	87	83	75	72
33	39	32	29	17	13	22	17
91	91	97	98	98	>99	97	96
50	82	61	92	82	66	86	89
23	28	19	<1	1	<1	1	1
15	18	10	27	47	34	33	37
28	39	(36)	(36)	(68)	46	41	54
69	81	84	69	81	75	72	73
65	63	65	54	62	65	31	53
21	41	33	28	47	56	31	31
14	16	11	15	29	40	26	24
22	34	27	6	17	9	7	5
35	34	30	9	18	18	12	9
1	1	<1	<1	<1	<1	<1	<1

of pneumococcal vaccine, two doses of rotavirus vaccine, and another dose of MR. <sup>6</sup>At least basic sanitation service: safely managed and basic sanitation services. <sup>7</sup>An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. <sup>8</sup>Figures are for the ten-year period before the survey except for the national, urban, rural rates, in italics, which represent the five-year period before the survey. <sup>9</sup>Whether emotional, physical, or sexual violence.

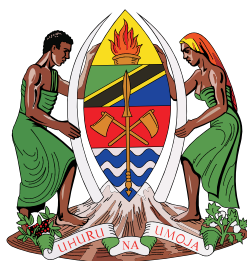




# Tanzania

**Utafiti wa Afya ya Uzazi na Mtoto na  
Viashiria vya Malaria wa Mwaka 2022**

**Muhtasari wa Ripoti**



## Jamhuri ya Muungano wa Tanzania

Utafiti wa Afya ya Uzazi na Mtoto na Viashiria vya Malaria wa Mwaka 2022 (DHS-MIS 2022) ulitekelezwa na Ofisi ya Taifa ya Takwimu (NBS) na Ofisi ya Mtakwimu Mkuu wa Serikali (OCGS), Zanzibar kwa kushirikiana na Wizara za Afya kutoka Tanzania Bara na Zanzibar. Taasisi ya Chakula na Lishe (TFNC) ilishiriki katika hatua mbalimbali za Utafiti huu hususani upande wa lishe na upimaji wa viashiria lishe (biomarkers).

Utafiti huu ulifadhiliwa na Serikali ya Jamhuri ya Muungano wa Tanzania, Shirika la Misaada ya Kimataifa la Marekani (USAID); Mpango wa Rais wa Malaria (PMI), Shirika la Maendeleo la Kimataifa la Canada (CIDA); Kituo cha Kudhibiti na Kuzuia Magonjwa (CDC); Foreign Commonwealth and Development Office (FCDO); Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ); Hilton Foundation; Irish AID; Kituo cha Sheria na Haki za Binadamu (LHRC); Nutrition International; Ubalozzi wa Kifalme wa Norway; Shirika la Umoja wa Mataifa la Kuhudumia Watoto (UNICEF) na Shirika la Mpango wa Chakula Duniani (WFP). Shirika la ICF lilitoa msaada wa kiufundi kupitia programu inayofadhiliwa na Shirika la USAID ambalo hutoa msaada wa kiufundi katika utekelezaji wa tafiti za kidemografia na afya katika nchi mbali mbali duniani.

Maelezo ya ziada kuhusu DHS-MIS ya Mwaka 2022 yanaweza kupatikana kutoka Ofisi ya Taifa ya Takwimu, Makao Makuu, 64 Barabara ya Lusinde, S. L. P 2683, 41104 Tambukareli, Dodoma, Tanzania; simu: +255 26 - 2963822; nukushi: +255-26-2963828; barua pepe: sg@nbs.go.tz; Tovuti: www.nbs.go.tz na Ofisi ya Mtakwimu Mkuu wa Serikali, S.L.P. 2321, Zanzibar, Tanzania; simu +255-24-224-0134; barua pepe: zanstat@ocgs.go.tz; Tovuti: https://www.ocgs.go.tz.

Maelezo kuhusu programu ya DHS yanaweza kupatikana kutoka ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; simu: +1-301-407-6500; nukushi: +1-301-407-6501; barua pepe: info@DHSprogram.com; Tovuti: www.DHSprogram.com.

Namna ya Kunukuu taarifa hizi

Wizara ya Afya [Tanzania Bara], Wizara ya Afya [Zanzibar], Ofisi ya Taifa ya Takwimu (NBS), Ofisi ya Mtakwimu Mkuu wa Serikali (OCGS), na ICF.2022. Muhtasari wa Ripoti ya Utafiti wa Afya ya Uzazi na Mtoto na Viashiria vya Malaria ya Mwaka 2022. Dodoma Tanzania na Rockville, Maryland, USA: MoH, NBS, OCGS, na ICF.

Maudhui yaliyomo katika ripoti hii ni jukumu la Ofisi ya Taifa ya Takwimu (NBS), Ofisi ya Mtakwimu Mkuu wa Serikali (OCGS) Zanzibar na ICF na si lazima yaakisi maoni ya USAID, Serikali ya Marekani, au mashirika mengine ya wafadhili.



Tanzania Food and Nutrition Centre



Canadian International Development Agency

BILL & MELINDA GATES foundation



Foreign, Commonwealth & Development Office

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH



CONRAD N. HILTON FOUNDATION



# KUHUSU DHS-MIS 2022

Utafiti wa Afya ya Uzazi na Mtoto na Viashiria vya Malaria wa Mwaka 2022 (DHS-MIS 2022) ulilenga kutoa takwimu za kufuatilia na kutathmini hali ya afya ya watu nchini Tanzania. Utafiti wa DHS-MIS wa Mwaka 2022 ni wa saba katika mfululizo wa tafiti za kitaifa za kidemografia na afya zilizowahi kufanyika nchini Tanzania tangu mwaka 1991-92. Kwa upande wa taarifa za viashiria vya kina vya malaria, utafiti huu ni wa tano tangu mwaka 2007-08. Lengo la Utafiti huu ni kupata taarifa muhimu kuhusu kiwango cha uzazi, ndoa, kujamiiana, upendeleo wa kuzaa, ufahamu na matumizi ya njia za uzazi wa mpango, unyonyeshaji watoto wadogo, lishe, vifo vya watoto wadogo na vifo vitokanavyo na uzazi, huduma wakati wa ujuzito na huduma za watoto, malaria, na taarifa nyingine zinazohusu afya, pamoja na kiwango cha malaria kwa watoto chini ya umri wa miaka 5. Taarifa hizi zitatumwa na watunga sera na wasimamizi wa programu mbalimbali za afya ili kuweza kutathmini na kuboresha programu zilizopo.

## Washiriki wa Utafiti Huu

Sampuli wakilishi ya kitaifa iliyohusisha wanawake 15,254 wenye umri wa miaka 15-49 kutoka kwenye kaya 15,705 zilizochaguliwa na wanaume 5,763 wenye umri wa miaka 15-49 kutoka katika nusu ya kaya zilizochaguliwa walifanyiwa mahojiano. Idadi hii inawakilisha mwitikio wa 97% kwa wanawake na 91% kwa wanaume. Sampuli ya DHS-MIS ya Mwaka 2022 inatoa matokeo kwa Tanzania nzima, maeneo ya mijini na vijijini; Tanzania Bara na Zanzibar na kwa Kanda tisa kama zinavyotumiwa na Wizara ya Afya na kwa kila mkoa kwa mikoa yote 31 (mikoa 26 kwa Tanzania Bara na mikoa 5 kwa Zanzibar).

## TANZANIA



# SIFA ZA KAYA NA WANAKAYA

## Muundo wa Kaya

Kaya za Tanzania zina wastani wa watu 4.5. Asilimia 29 ya kaya zinaongozwa na wanawake. Takribani nusu (46%) ya watu wote katika kaya za Tanzania ni watoto wa umri chini ya miaka 15.

## Nishati ya Kupikia na Kuangazia

Asilimia 7 ya watu nchini Tanzania wanategemea teknolojia safi ya nishati kwa ajili ya kupikia, hii inajumuisha majiko yanayotumia umeme, gesi asilia, nishati ya jua na nishati itokanayo na Alcohol/Ethanol. Sehemu kubwa ya watu (93%) wanategemea nishati ngumu ya teknolojia kama vile, makaa ya mawe, mkaa, kuni, majani/magugu/taka, mabaki ya mazao ya kilimo na vinyesi vya wanyama, mabaki ya mbao/uchafu/plastiki na pumba za mbao.

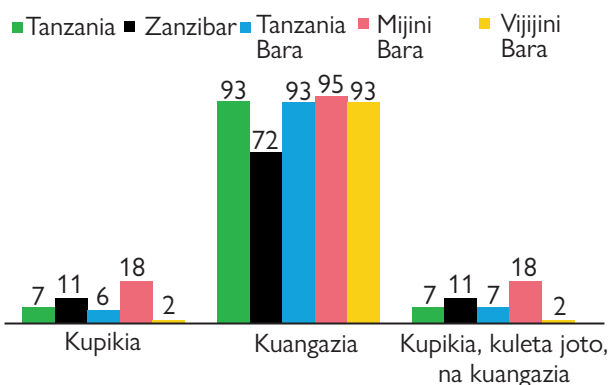
Theluthi moja ya kaya za Tanzania (33%) zina umeme, ambapo 32% ya kaya za Tanzania Bara na 67% ya kaya za Zanzibar zina umeme wa grid. Asilimia 93 ya kaya Tanzania zinatumia teknolojia safi ya nishati kwa ajili ya kuangazia kama vile, umeme, taa zinazotumia nishati inayotokana na jua, tochi/taa za kuchaji umeme na taa za gesi asilia.

## Rasilimali za Kaya

Zaidi ya robo (27%) ya kaya za Tanzania zinamiliki baiskeli, ikilinganishwa na asilimia 12 za kaya zinazomiliki pikipiki na asilimia 3 za kaya zinazomiliki gari/malori. Asilimia 53 za kaya Tanzania zinamiliki ardhi kwa ajili ya kilimo ambapo 54% ya kaya za Tanzania Bara na 20% ya kaya za Zanzibar zina miliki ardhi kwa ajili ya kilimo.

### Matumizi ya Msingi ya Nishati Safi na Teknolojia kwa Eneo

Asilimia ya kaya zinazotegemea nishati safi na teknolojia



## Teknolojia ya Mawasiliano na Mtandao

Nchini Tanzania, asilimia 83 ya kaya zinamiliki simu za kiganjani, asilimia 28 zinamiliki runinga (televisheni), asilimia 44 zinamiliki redio na asilimia 3 zinamiliki kompyuta. Kwa ujumla, umiliki wa vifaa vya tehamu ni mkubwa kwa maeneo ya mijini kwa Tanzania Bara isipokuwa umiliki wa simu za kiganjani ambao uko kwa upande wa Zanzibar.

Chombo cha habari kinachotumika zaidi ni redio ambapo asilimia 32 ya wanawake na asilimia 52 ya wanaume wenye umri wa miaka 15-49 wanasikiliza radio angalau mara moja kwa wiki. Asilimia 30 ya wanawake na asilimia 47 ya wanaume wanatazama televisheni angalau mara moja kwa wiki. Asilimia 6 ya wanawake na asilimia 21 ya wanaume wanasoma magazeti kila wiki. Asilimia 54 ya wanawake na asilimia 34 ya wanaume hawapati huduma hizi tatu za habari angalau mara moja kwa wiki.

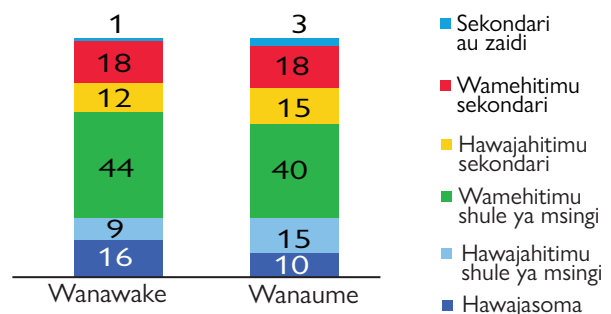
Asilimia 14 ya wanawake na asilimia 28 ya wanaume Tanzania wamewahi kutumia mtandao, ambapo asilimia 13 ya wanawake na asilimia 26 ya wanaume walitumia mtandao katika kipindi cha miezi 12 iliyopita kabla ya utafiti.

## Elimu na Kujua Kusoma na Kuandika

Nchini Tanzania, asilimia 16 ya wanawake na asilimia 10 ya wanaume wenye umri wa miaka 15-49 hawana elimu. Asilimia 31 ya wanawake na asilimia 36 ya wanaume wana elimu ya sekondari au zaidi. Asilimia 80 ya wanawake na asilimia 87 ya wanaume wenye miaka 15-49 wanajua kusoma na kuandika.

### Elimu kwa Jinsi

Mgawanyo wa asilimia kwa kiwango cha elimu



Takwimu sio sawa na 100% kwa sababu ya makadirio (rounding)



# HUDUMA YA MAJI NA USAFI WA MAZINGIRA KATIKA KAYA

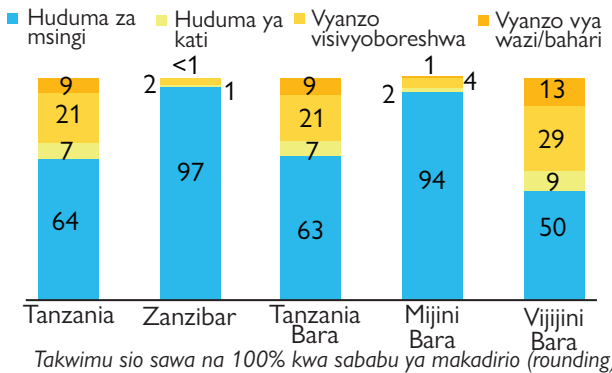
## Maji ya Kunywa

Kwa ujumla, asilimia 64 ya kaya nchini Tanzania zinapata angalau huduma ya msingi ya maji ya kunywa. Huduma ya msingi ya maji ya kunywa inajumuisha maji ya kunywa kutoka katika vyanzo vya maji vilivyoboreshwa vilivyopo kwenye maeneo ya makazi au muda wa kwenda kuchota maji na kurudi ni chini ya dakika 30. Asilimia 63 ya kaya za Tanzania Bara (94% mijini na 50% vijijini) zinapata huduma ya msingi ya maji ya kunywa na asilimia 97 ya kaya za Zanzibar zinapata huduma hiyo.

Kwa ujumla, asilimia 75 ya watu wanapata kiasi cha maji ya kunywa kinachotosheleza mahitaji. Kimkoa, upatikanaji wa maji ya kunywa yanayokidhi mahitaji ulikuwa ni wa kiwango cha chini katika Mkoa wa Tanga (46%) na wa kiwango cha juu katika Mkoa wa Songwe (96%). Theluthi mbili ya kaya hazitibu maji ya kunywa.

### Huduma za Maji ya Kunywa Kulingana na Kigezo cha SDG kwa Eneo

Asilimia ya kaya kulingana na huduma ya maji ya kunywa



## Usafi Wakati wa Hedhi

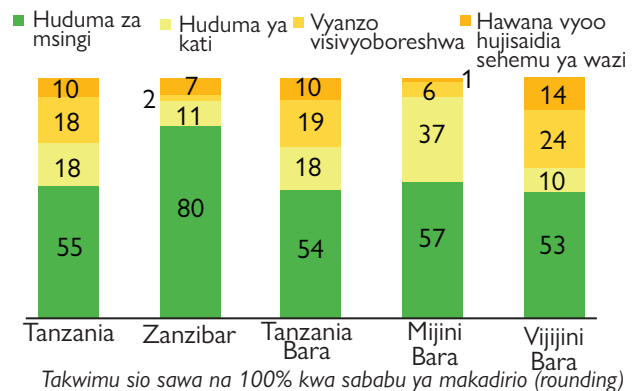
Miongoni mwa wanawake wenye miaka 15-49 waliopata hedhi katika kipindi cha mwaka mmoja kabla ya utafiti, asilimia 53 walitumia vipande vya nguo au vitambaa kwa ajili ya kujisitiri, asilimia 37 walitumia taulo za kike za kutupa, asilimia 12 walitumia taulo za kike za kurudia, asilimia 4 walitumia chupi pekee na chini ya asilimia moja walitumia njia ya kisasa ya kikombe cha hedhi (menstrual cup), pamba, karatasi laini/choo au hawakutumia kitu chochote. Miongoni wa wanawake walioingia kwenye hedhi katika kipindi hicho wakiwa nyumbani, asilimia 96 walitumia vifaa sahihi vya kujisitiri na waliweza kuvisafisha na kubadili kwa faragha.

## Huduma za Vyoo

Asilimia 55 ya kaya nchini Tanzania wana angalau huduma ya msingi ya choo, hii ikimaanisha kuwa wanatumia vyoo vilivyoboreshwa na ambavyo si vya kuchangia na kaya nyingine au kinyesi husafirishwa kwa usalama na kutibiwa kwenye mabwawa yaliyotengwa kwa kusudio hilo nje ya kaya. Kwa upande wa Tanzania bara, asilimia 54 ya watu wana angalau huduma ya msingi ya choo ukilinganisha na asilimia 80 ya Zanzibar. Hata hivyo, asilimia 36 ya watanzania wanapata huduma kiasi au huduma ya vyoo visivyoboreshwa na asilimia 10 bado wanajisaidia maeneo yaliyo wazi.

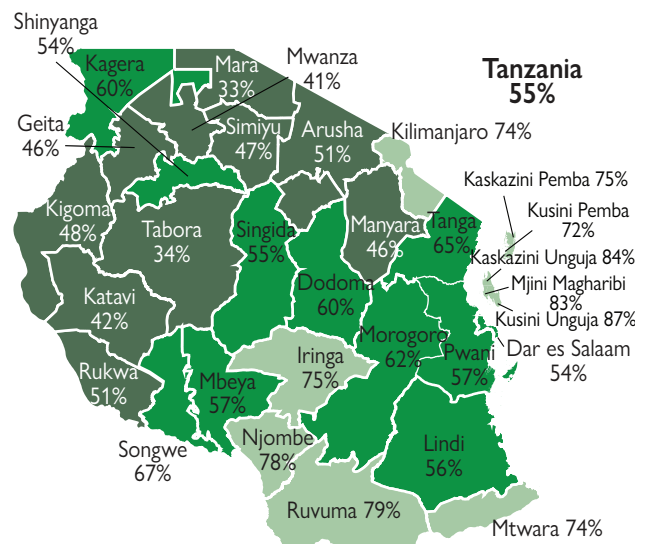
### Huduma za Vyoo Kulingana na Kigezo cha SDG kwa Eneo

Asilimia ya kaya kwa aina ya huduma ya choo



### Huduma ya Vyoo kwa Mikoa

Asilimia ya kaya zenye huduma za msingi za vyoo



# UZAZI NA VISABABISHI VYAKE

## Kiwango cha Uzazi

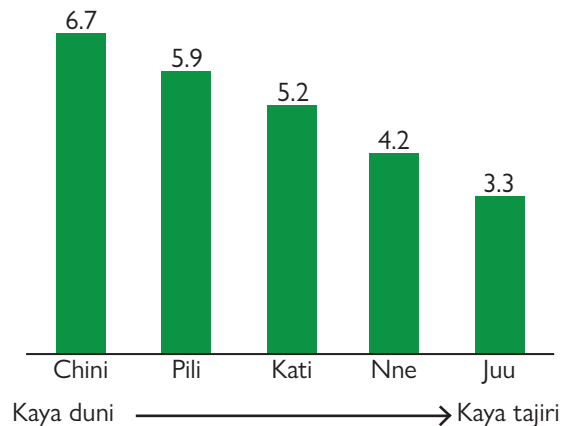
Utafiti umeonesha kuwa wanawake nchini Tanzania wanazaa wastani wa watoto 4.8. Kwa ujumla kiwango cha uzazi kimepungua kutoka wastani wa watoto 6.2 mwaka 1991-92 hadi watoto 4.8 kwa mwanamke mwaka 2022.

Wanawake wanaoishi katika maeneo ya vijijini wana uwezo wa kuwa na watoto wengi kuliko wanawake wa maeneo ya mijini (wastani wa watoto 5.5 dhidi ya 3.6 mtawalia). Kimkoa, uzazi unatofautiana kutoka wastani wa watoto 2.8 kwa mwanamke katika mkoa wa Dar es Salaam hadi wastani wa watoto 6.6 kwa mkoa wa Simiyu. Kuna tofauti ndogo ya uzazi kati ya Tanzania Bara na Zanzibar (wastani wa watoto 4.8 ukilinganisha na 4.7 kwa mwanamke).

Kiwango cha uzazi nchini Tanzania kinapungua kulingana na ongezeko la kiwango cha elimu, kutoka wastani wa watoto 6.3 kwa wanawake ambao hawana elimu hadi wastani wa watoto 3.8 kwa wanawake wenye elimu ya sekondari na zaidi. Aidha, utafiti huu umeonesha kuwa kiwango cha uzazi kinapungua kadiri hali ya uchumi wa kaya unavyoongezeka. Wanawake wanaoishi kwenye kaya za uchumi wa chini wana wastani wa watoto 6.7 ikilinganishwa na wanawake kutoka kwenye kaya zenye uchumi wa juu (wastani wa watoto 3.3).

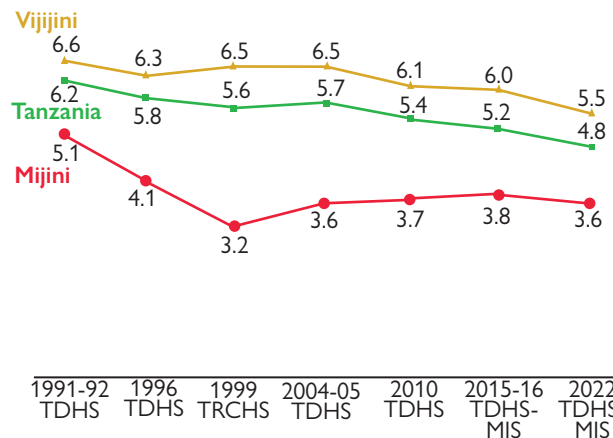
## Kiwango cha uzazi kwa hali ya uchumi wa kaya

Wastanii wa watoto kwa kila mwanamke katika kipindi cha miaka 3 kabla ya utafiti



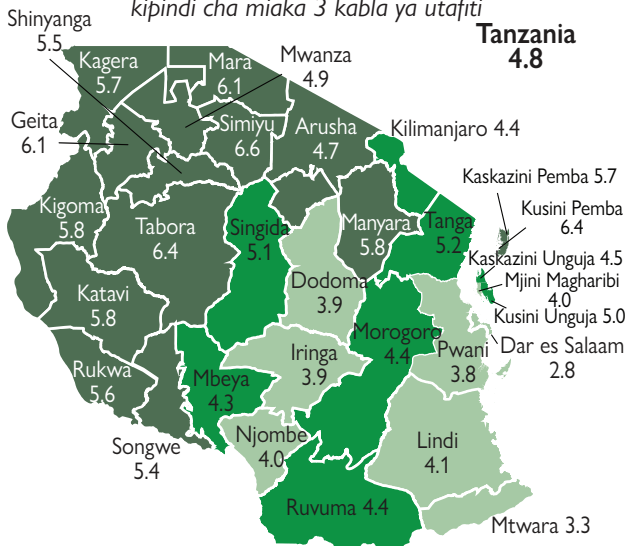
## Mwenendo wa Kiwango cha Uzazi kwa Eneo

Watoto kwa kila mwanamke katika kipindi cha miaka 3 kabla ya utafiti



## Kiwango cha Uzazi Kimkoa

Wastanii wa watoto kwa kila mwanamke katika kipindi cha miaka 3 kabla ya utafiti



## Umri wa Kuolewa, Kujamiiana na Kuzaa kwa Mara ya Kwanza

Kwa ujumla, asilimia 61 ya wanawake na asilimia 51 ya wanaume wenye umri wa miaka 15-49 wameolewa/wameoa au wanaishi pamoja na mwenza. Takribani theluthi moja (32%) ya wanawake wenye umri wa miaka 25-49 wameolewa wakiwa na miaka 18 ikilinganishwa na asilimia 5 ya wanaume. Kati ya vijana hao wenye umri wa miaka 20-24 asilimia 29 ya wanawake na asilimia 4 ya wanaume wameoa au wameolewa wakiwa na umri wa miaka 18.

\* Hali ya uchumi wa familia hukotolewa kwa kutumia rasilimali zinazomilikiwa na kaya katika utafiti wa DHS — kama vile, aina ya paa; chanzo cha maji; upatikanaji wa umeme; umiliki wa rasilimali za kudumu. Rasilimali hizi hujumuishwa katika fahirisi moja ya uchumi wa kaya. Kisha hugawanywa kwenye makundi 5 yenye uwiano sawa kwa kuzingatia uchumi wa kaya.

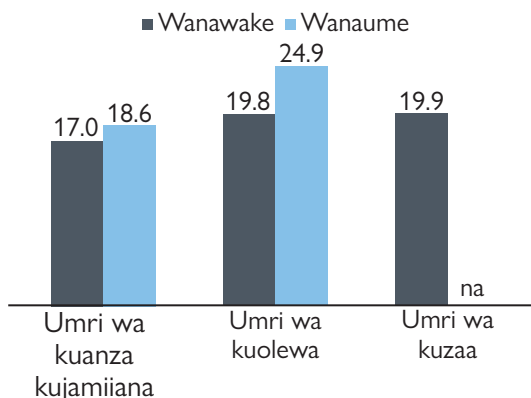
Nusu ya wanawake wenye umri wa miaka 25-49 wameolewa kwa mara ya kwanza wakiwa na wastani wa umri wa miaka 19.8. Wanawake wa vijijini wanaolewa mapema zaidi (miaka 19.2) ikilinganishwa na wanawake wa mjini (miaka 21.4). Wanaume wanaoa miaka 5 baadae zaidi ya wanawake. Wastani wa umri wa kuoja kwa wanaume wenye umri wa miaka 25-49 ni miaka 24.9.

Wastani wa umri wa kuanza kujamiiana kwa mara ya kwanza ni miaka 17.0 kwa wanawake wenye umri wa miaka 25-49, na wastani wa miaka 18.6 kwa wanaume wenye umri huo huo. Theluthi mbili ya wanawake na asilimia 41 ya wanaume wenye umri wa miaka 25-49 walijamiiana kabla ya umri wa miaka 18, na asilimia 14 ya wanawake na asilimia 7 ya wanaume wenye umri wa miaka 25-49 walijamiiana kabla ya miaka 15.

Wanawake wanaoishi vijijini walianza kushiriki tendo la kujamiiana mapema kwa wastani wa mwaka mmoja (miaka 0.9) ikilinganishwa na wanawake wa mjini. Wastani wa umri wa kuzaa kwa wanawake wenye umri wa miaka 25-49 ni miaka 19.9. Hii ina maana kuwa nusu ya wanawake wenye umri wa miaka 25-49 hupata watoto wa kwanza kabla ya kufikia umri huo. Kwa wastani, wanawake wa mjini hujifungua kwa mara ya kwanza miaka 1.2 baadaye ikilinganishwa na wanawake wa vijijini (miaka 20.8 kulinganisha na 19.6).

### Wastani wa Umri wa Kuanza Kujamiiana, Kuolewa, na Kuzaa

Miongoni wa wanawake na wanaume wenye umri wa miaka 15-49



### Ndoa za Mitala

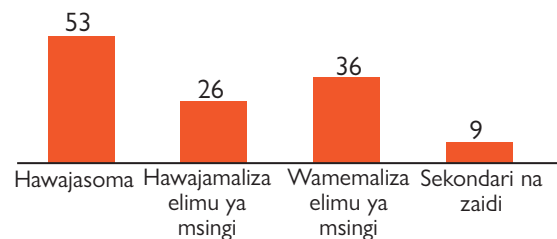
Asilimia 15 ya wanawake walioolewa wana mke mwenza mmoja au zaidi, asilimia 6 ya wanaume wana wake wawili au zaidi. Ndoa za mitala zipo zaidi kwa wanawake na wanaume ambao hawana elimu na wanaoishi katika kaya maskini.

### Mimba za Utotoni

Asilimia 22 ya vijana wanawake wenye umri wa miaka 15-19 wamewahi kupata ujuzito: Asilimia 16 walijifungua, asilimia 6 walikuwa wajawazito katika kipindi cha utafiti, asilimia 2 waliwahi kuharibikiwa mimba. Kimkoa, kiwango cha mimba za utotoni ni kidogo zaidi Mjini Magharibi (2%) na kikubwa zaidi Songwe (45%). Kiwango cha mimba za utotoni ni mara 6 zaidi kwa wanawake wasiokuwa na elimu (53%) ikilinganishwa na wale wenye elimu ya sekondari au zaidi (9%).

### Mimba za Utotoni kwa Kiwango cha Elimu

Asilimia ya wanawake wenye umri wa miaka 15-19 waliwahi kuwa wajawazito



### Matokeo ya Ujuzito na Utoaji wa Mimba

Taarifa za ujuzito kwa wanawake wenye umri wa miaka 15-49 kwa kipindi cha miaka mitatu kabla ya utafiti huu zimeonesha kuwa asilimia 90 ya wanawake walizaa watoto hai na asilimia 10 walipoteza ujuzito. Kati ya wanawake waliopoteza ujuzito; asilimia 8 mimba zao ziliharibika, asilimia 2 walizaa watoto wafu na asilimia chini ya moja walitoa mimba. Asilimia 23 ya mimba katika mkoa wa Dar es salaam ziliharibika, hiki ni kiwango kikubwa kuliko mkoa wowote na kiwango cha chini zaidi (chini ya asilimia moja) kilikuwa mkoa wa Rukwa.

# UZAZI WA MPANGO

## Matumizi ya Uzazi wa Mpango kwa Sasa

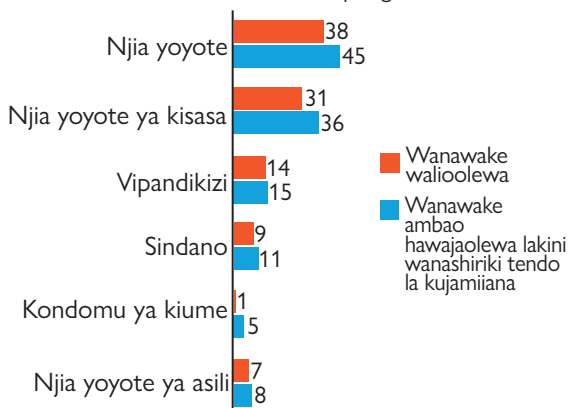
Nchini Tanzania, asilimia 38 ya wanawake ambao wameolewa kwa sasa wenye umri wa miaka 15-49 wanatumia njia mojawapo ya uzazi wa mpango, kati ya hao, asilimia 31 wanatumia njia za kisasa na asilimia 7 wanatumia njia za asili za uzazi wa mpango. Njia za kisasa zinazotumiwa zaidi na wanawake walioolewa ni vipandikizi (asilimia 14), ikifuatiwa na njia za sindano (asilimia 9).

Wanawake wengi walioolewa Tanzania Bara wanatumia njia za kisasa za uzazi wa mpango ukilinganisha na wale wa Zanzibar (asilimia 32 kwa asilimia 17 mtawalia). Wanawake wengi walioolewa wanaoishi mjini hutumia njia za kisasa zaidi (asilimia 35) ukilinganisha na vijijini (asilimia 29). Mkoa ya Simiyu na Kaskazini Unguja ina asilimia ndogo ya wanawake walioolewa wanaotumia njia za kisasa za uzazi wa mpango (asilimia 9 kwa kila mkoa). Matumizi ya njia za uzazi wa mpango ni makubwa kwa Mkoa wa Njombe (asilimia 56).

Matumizi ya uzazi wa mpango miongoni mwa wanawake ambao hawajaolewa na wanaoshiriki tendo la ndoa ni asilimia 45, ambapo asilimia 36 wanatumia njia za kisasa na asilimia 8 wanatumia njia za asili. Njia za uzazi wa mpango za kisasa zinazotumika zaidi ni vipandikizi (15%) na sindano (11%).

### Uzazi wa Mpango

Asilimia ya wanawake wenye umri wa miaka 15-49 wanaotumia uzazi wa mpango:

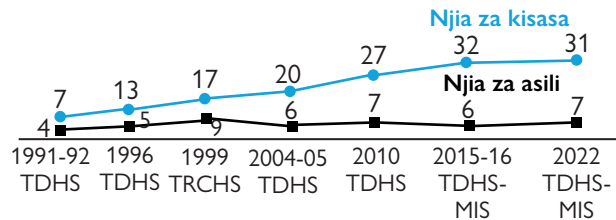


## Chanzo cha Upatikanaji wa Njia za Kisasa za Uzazi wa Mpango

Zaidi ya robo tatu (78%) ya watumiaji wa njia za kisasa za uzazi wa mpango, wanapata huduma hizo kutoka sekta ya umma, chanzo kikuu kikiwa zahanati (46%) kikifuatiwa na vituo vya afya (17%). Waliobaki (22%) hupata huduma hizo kutoka vyanzo vingine. Wanawake wengi wanatumia njia ya kipandikizi (92%), kitanzi (84%) na sindano (76%) ambazo hupatikana kutoka sekta ya umma. Asilimia 19 ya kondomu za kiume zilipatikana kutoka sekta ya umma na

## Mwenendo wa Matumizi ya Njia za Uzazi wa Mpango

Asilimia ya wanawake walioolewa wenye umri wa miaka 15-49 wanaotumia:



kiasi kikubwa (76%) zilipatikana kutoka kwenye vyanzo vingine.

Asilimia 14 ya watumiaji wa njia za kisasa za uzazi wa mpango hupata huduma hizo kupitia vyanzo vingine kama vile, maduka ya dawa (6%) na maduka ya dawa yaliyoidhinishwa (5%). Asilimia 5 tu ya wanawake hupata huduma ya njia za kisasa za uzazi wa mpango kupitia taasisi za kidini au za kujitolea na asilimia 2 ya wanawake hupata kutoka sekta binafsi.

## Mwenendo wa Matumizi ya Uzazi wa Mpango

Matumizi ya njia za kisasa za uzazi wa mpango miongoni mwa wanawake walioolewa yameongezeka kutoka asilimia 7 mwaka 1991-92 hadi asilimia 31 mwaka 2022. Matumizi ya njia za asili yaliongezeka kidogo kutoka asilimia 4 mwaka 1991-92 hadi asilimia 7 mwaka 2022.

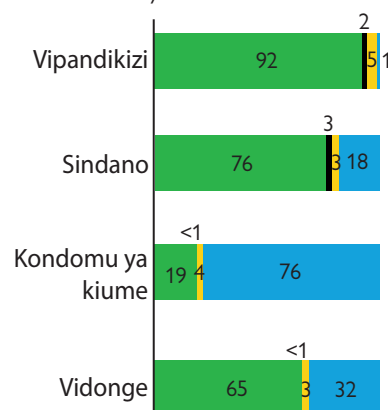
## Maamuzi ya Matumizi Baada ya Kuelimishwa

Watumiaji wa njia za uzazi mpango wana haki ya

### Chanzo cha Upatikanaji wa Njia za Uzazi wa Mpango

Asilimia ya usambazaji wa njia za uzazi mpango kwa watumiaji wenye umri wa miaka 15-49 kulingana na vyanzo vya hivi karibuni

■ Sekta ya umma ■ Sekta binafsi ya afya ■ Dini/mashirika ■ Nyingine



Takwimu sio sawa na 100% kwa sababu ya makadirio (rounding)

kufahamishwa kuhusu maudhi madogo madogo ya njia wanazotumia, nini cha kufanya kama watapata maudhi hayo na kuelezwa kuhusu njia nyingine zilizopo za kupanga uzazi. Asilimia 75 ya wanawake wenye umri wa miaka 15-49 wanaotumia njia za kisasa za uzazi wa mpango walifahamishwa kuhusu maudhi madogo madogo, asilimia 73 walifahamishwa nini cha kufanya iwapo watapata maudhi madogo madogo. Asilimia 78 walijulishwa kuhusu njia mbadala za kupanga uzazi zilizokuwepo. Kwa ujumla, asilimia 66 ya wanawake wanaotumia njia za kisasa walipokea aina zote tatu za taarifa za uzazi wa mpango, na asilimia 77 waliarifiwa kwamba wanaweza kubadili njia wanayotumia kama wakitaka au ikilazimu kufanya hivyo.

### Mahitaji ya Uzazi wa Mpango

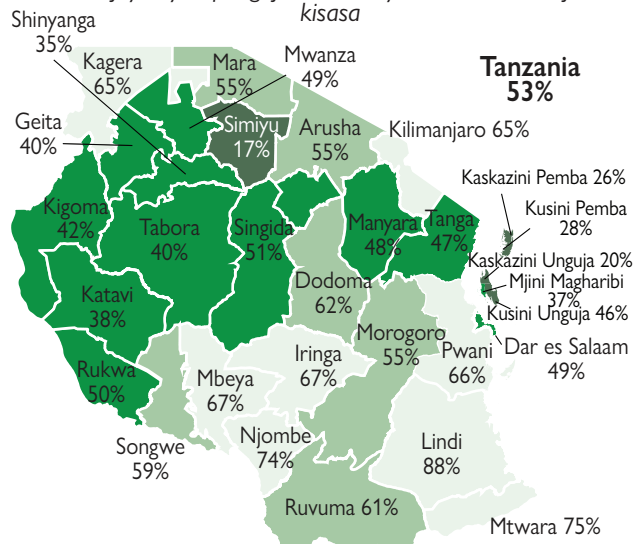
Wanawake ambao wanataka kusitisha au kuchelewesha kuzaa wanachukuliwa kuwa na mahitaji ya Uzazi wa Mpango. Mahitaji ya jumla ya uzazi wa mpango yanajumuisha mahitaji yasiyofikiwa na mahitaji yaliyofikiwa. Mahitaji yaliyofikiwa ni asilimia ya wanawake ambao kwa sasa wanatumia uzazi wa mpango. Mahitaji yasiyofikiwa ya uzazi wa mpango ni asilimia ya wanawake wanaotaka kusitisha au kuchelewesha kuzaa lakini hawatumii njia za uzazi wa mpango.

Asilimia 59 ya wanawake wote nchini walioolewa wana mahitaji ya uzazi wa mpango, kati ya hao, asilimia 21 ya wanawake wana mahitaji ambayo hayajafikiwa na asilimia 38 ya wanawake wana mahitaji yaliyofikiwa. Takribani wanawake 4 kati ya 10 walioolewa (41%) hawahitaji njia za uzazi wa mpango, jambo linaloonesha kwamba hawataki kuchelewesha au kupata mimba.

Wanawake ambao hawajaolewa lakini wanashiriki tendo la

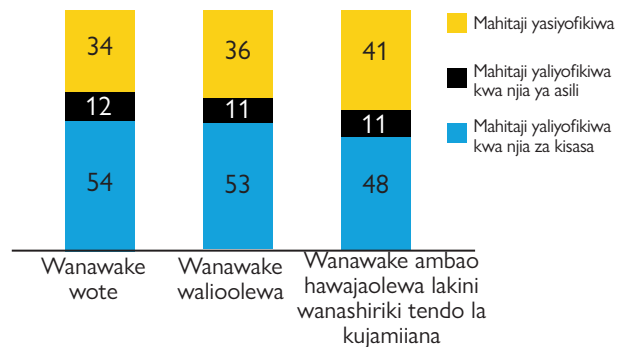
### Mahitaji ya Njia za Kisasa za Uzazi wa Mpango Yanayatumizwa kulingana na Mkoa

Asilimia ya wanawake wenye umri wa miaka 15-49 ambao mahitaji yao ya upangaji wa uzazi yanatumizwa na njia za kisasa



### Mahitaji ya Uzazi wa Mpango

Asilimia ya mgawanyo wa wanawake wenye umri wa miaka 15-49 wenye hitaji la kupanga uzazi



Takwimu sio sawa na 100% kwa sababu ya makadirio (rounding) kujamiiana (76%) wana mahitaji makubwa zaidi ya njia za uzazi wa mpango. Hii ni pamoja na asilimia 32 ya wanawake wenye mahitaji ambayo yasiyofikiwa ya uzazi wa mpango na asilimia 45 wenye mahitaji yaliyofikiwa.

### Mahitaji ya Njia za Kisasa ya Uzazi wa Mpango Yaliyofikiwa

Mahitaji ya yaliyofikiwa ya njia za kisasa hupima kiwango ambacho wanawake wanaotaka kuchelewesha au kuacha kuzaa wanatumia njia za kisasa za uzazi wa mpango. Nchini Tanzania, kiwango cha njia za kisasa za uzazi wa mpango kilichofikiwa ni asilimia 53, kiwango hiki ni kikubwa zaidi kwa wanawake wa mjini walioolewa (72%), kuliko wanawake wa vijijini (60%). Kimkoa, kiwango ni cha chini kwa mkoa wa Simiyu (asilimia 17) na cha juu kwa mkoa wa Lindi (asilimia 88). Miongoni mwa wanawake ambao hawajaolewa na wanashiriki tendo la kujamiiana, mahitaji yaliyofikiwa ya njia za kisasa za uzazi wa mpango ni asilimia 59.

### Maamuzi Kuhusu Uzazi wa Mpango

Kwa ujumla, asilimia 85 ya wanawake walioolewa hufanya wenyewe maamuzi ya kutumia au kutokutumia njia za uzazi wa mpango peke yao (31%) au kwa pamoja na waume/wenza wao (54%). Asilimia ya kufanya maamuzi ya pamoja ya uzazi wa mpango inaongezeka kadiri elimu na hali ya uchumi wa kaya vinavyoongezeka.

### Upatikanaji wa Taarifa Kuhusu Uzazi wa Mpango

Nusu ya wanawake na asilimia 64 ya wanaume wenye umri wa miaka 15-49 walipata ujumbe kuhusu uzazi wa mpango kupitia redio katika kipindi cha miezi 12 kabla ya utafiti. Asilimia 50 ya wanawake na asilimia 53 ya wanaume waliona ujumbe wa uzazi wa mpango kwenye mbao za matangazo. Hata hivyo, asilimia 22 ya wanawake na asilimia 19 ya wanaume hawakupata ujumbe kuhusu uzazi wa mpango.

# VIFO VYA UTOTONI

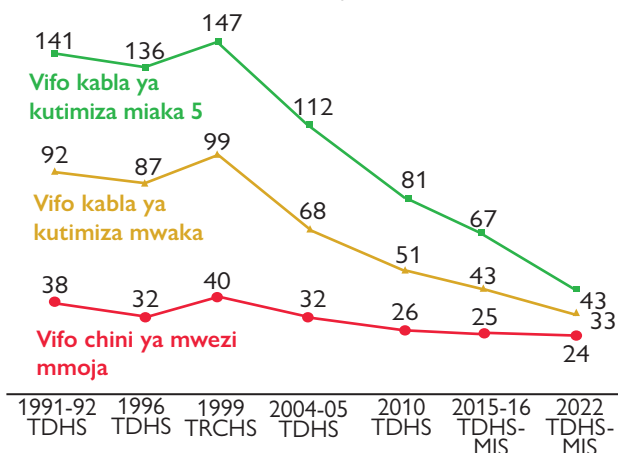
## Kiwango na Mwenendo

Kwa kipindi cha miaka mitano kabla ya Utafiti, kiwango cha vifo vya watoto wachanga (kabla ya kutimiza mwaka mmoja) ni vifo 33 kwa kila watoto 1,000 wanaozaliwa hai na vifo vya watoto chini ya miaka 5 ni vifo 43 kwa kila watoto 1,000 wanaozaliwa hai. Kwa kiwango hiki, inakadiriwa mtoto mmoja kati ya watoto 23 wa Tanzania hufariki kabla ya kutimiza miaka mitano. Aidha, vifo vya watoto wachanga kabla ya kutimiza mwezi mmoja ni vifo 24 kwa kila watoto 1,000 waliozaliwa hai.

Kiwango cha vifo vya watoto wenye umri chini ya miaka mitano kimepungua kutoka vifo 141 kwa kila watoto 1,000 waliozaliwa hai mwaka 1991-1992 hadi kufikia vifo 43 kwa kila watoto 1,000 waliozaliwa hai mwaka 2022.

### Mwenendo wa Vifo vya Utotoni

Vifo kwa kila vizazi hai 1,000 katika kipindi cha miaka 5 kabla ya Utafiti



## Viwango vya Vifo vya Watoto kwa Sifa Mbali Mbali

Maeneo ya mjini yana kiwango kikubwa zaidi cha vifo vya watoto chini ya miaka 5 ambacho ni vifo 49 kwa kila watoto 1,000 wanaozaliwa hai ikilinganishwa na maeneo ya vijijini yenye kiwango cha vifo 41 kwa kila watoto 1,000 wanaozaliwa hai kwa kipindi cha miaka mitano kabla ya utafiti. Kiwango cha vifo vya watoto wa kiume ni kikubwa zaidi (vifo 52 kwa kila watoto 1,000 wanaozaliwa hai) ikilinganishwa na watoto wa kike (vifo 34 kwa kila watoto 1,000 wanaozaliwa hai). Viwango vya vifo vya watoto chini ya miaka 5 kwa ngazi ya mkoa vinaonesha kiwango kikubwa katika mkoa wa Katavi (vifo 81 kwa kila watoto 1,000 wanaozaliwa hai) na kiwango kidogo katika mkoa wa Lindi (vifo 14 kwa kila watoto 1,000 wanaozaliwa hai) kwa kipindi cha miaka 10 iliyopita kabla ya utafiti.

## Muda baina ya Mtoto na Mtoto Anayefuata

Nchini Tanzania, wastani wa muda baina ya mtoto na mtoto anayefuata ni miezi 37.1. Kuachanisha watoto kwa muda angalau miezi 36 husaidia kupunguza hatari ya vifo vya watoto. Takribani nusu (48%) ya watoto ambao si wazaliwa wa kwanza huzaliwa chini ya muda unaoshauriwa kusubiri kabla ya kuzaa mtoto mwingine ambao ni miezi 36.

Viwango vya vifo kwa watoto wa chini ya miaka mitano ni vikubwa kwa watoto wachanga chini ya mwaka mmoja waliozaliwa miaka miwili kabla ya uzazi uliotangulia. Kiwango cha vifo kwa watoto wenye umri chini ya miaka mitano kwa watoto waliozaliwa chini ya miaka miwili baada ya mtoto aliyetangulia ni vifo 65 kwa kila watoto 1,000 wanaozaliwa hai, katika kipindi cha miaka kumi kabla ya utafiti huu. Kiwango hiki ni kikubwa zaidi ikilinganishwa na watoto waliozaliwa baada ya miaka miwili (vifo 41 kwa kila watoto 1,000 wanaozaliwa hai), baada ya miaka mitatu (vifo 32 kwa kila watoto 1,000 wanaozaliwa hai) na baada ya miaka minne au zaidi (vifo 46 kwa kila watoto 1,000 wanaozaliwa hai) baada ya uzazi uliotangulia. Nchini Tanzania, asilimia 17 ya watoto wasio wa kwanza kuzaliwa huzaliwa ndani ya miaka miwili baada ya mtoto wa kwanza.

# AFYA YA WATOTO

## Kiwango cha Utoaji wa Chanjo: Chanjo za Msingi

Nchini Tanzania, asilimia 53 ya watoto wenye umri wa miezi 12–23 wamepata chanjo zote za msingi; dozi moja kwa chanjo za BCG, surua, rubella na dozi tatu kwa chanjo za polio na chanjo zenye ‘diphtheria’, Homa ya ini, Haemophilus influenza type b (haijumuishi chanjo ya polio wanayopewa watoto mara tu baada ya kuzaliwa). Kiwango cha utoaji wa chanjo za msingi nchini kimeshuka kutoka asilimia 75 mwaka 2015-16 hadi asilimia 53 mwaka 2022. Aidha, asilimia 4 ya watoto wenye umri wa miezi 12–23 hawakupata chanjo kabisa.

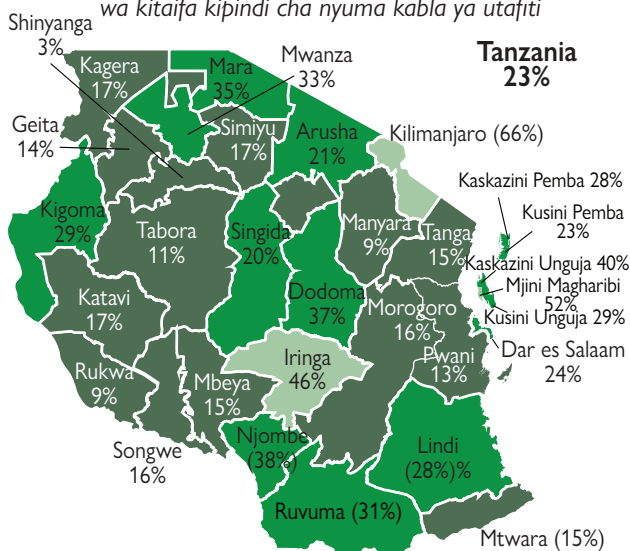
## Kiwango Cha Utoaji wa Chanjo: Ratiba za Chanjo Kitaifa

Kwa utaratibu wa kawaida mtoto mwenye umri wa miezi 12-23 anatakiwa awe amepata chanjo zote za msingi kulingana na mwongozo wa kitaifa. Chanjo hizi zinajumuisha dozi 4 za chanjo ya Polio (OPV), dozi 1 ya chanjo ya Polio ya sindano (IPV), dozi 3 za chanjo ya nimonia (Pneumococcal Vaccine), dozi 2 za chanjo ya rota (Rotavirus Vaccine) na dozi 1 ya chanjo ya surua/Rubella (MR).

DHS-MIS 2022 imeonesha kuwa nchini Tanzania, asilimia 23 ya watoto wenye umri wa miezi 12–23 wamechanjwa kikamilifu kulingana na ratiba ya chanjo ya kitaifa. Kiwango cha huduma ya chanjo kitaifa kinaongezeka kulingana na ongezeko la kiwango cha elimu ya mama, kutoka asilimia 13 ya watoto ambao mama zao hawana elimu hadi asilimia 31 ya watoto ambao mama zao wana elimu ya sekondari au zaidi. Kimkoa, kiwango cha utoaji chanjo kipo chini sana

### Kiwango Cha Utoaji wa Chanjo Kimkoa

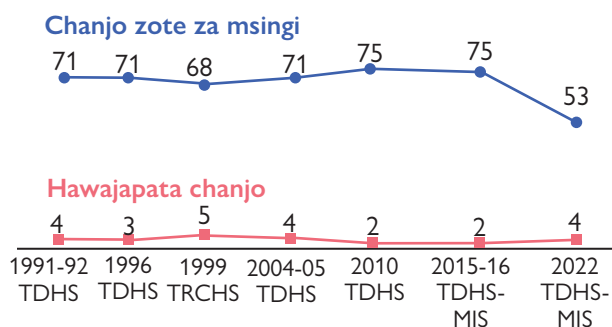
Asilimia ya watoto wenye umri wa miezi 12-23 waliopata chanjo zote za msingi kulingana na mpango wa kitaifa kipindi cha nyuma kabla ya utafiti



Takwimu katika mabano zinategemea idadi ya watoto 25-49 zisizo na uzito.

## Mwenendo wa Chanjo za Utotoni

Asilimia ya watoto wenye umri wa miezi 12-23 waliopata:



katika mkoa wa Shinyanga (3%) na kipo juu zaidi katika mkoa wa Kilimanjaro (66%).

Watoto wenye umri wa miezi 24–35 wanatakiwa kupata chanjo zote stahiki kulingana na umri wao. Chanjo hizo zinajumuisha zile zinazotolewa kulingana na ratiba ya chanjo kitaifa kwa watoto wenye umri wa miezi 12-23, na dozi ya pili ya chanjo ya surua. Asilimia 64 ya watoto wenye umri wa miezi 24–35 nchini wamepata dozi ya pili ya chanjo ya surua na asilimia 23 wamepata chanjo zote stahiki kulingana na ratiba ya chanjo kitaifa.

## Huduma na Matibabu ya Magonjwa ya Watoto

Asilimia 2 ya watoto nchini wenye umri chini ya miaka 5 walikuwa na dalili za maambukizi hatari ya njia ya hewa (Acute respiratory infection - ARI) katika kipindi cha wiki mbili kabla ya utafiti na asilimia 79 ya watoto hao walipelekwa katika kituo cha kutolea huduma za afya kwa ajili ya kupata ushauri au matibabu.

Kwa ujumla asilimia 11 ya watoto wenye umri chini ya miaka 5 walipata homa ndani ya wiki 2 kabla ya utafiti. Idadi kubwa ya watoto (78%) ya waliokuwa na homa walipelekwa kwenye vituo vya kutolea huduma za afya au kwa mtoa huduma wa afya kwa ajili ya kupata matibabu. Miongoni mwa watoto wenye umri chini ya miaka 5, asilimia 9 waliugua magonjwa ya kuharisha ndani ya wiki 2 kabla ya utafiti na kati ya hao, asilimia 64 walitafutiwa ushauri au matibabu. Watoto wenye umri wa miezi 6-11 ndio walioathirika zaidi (19%) na magonjwa ya kuharisha.

Watoto wanaouguua magonjwa ya kuharisha wanatakiwa kupewa vimiminika hasa tiba ya kimiminika chenye mchanganyiko wa sukari na chumvi (ORT). Asilimia 49 ya watoto wenye umri chini ya miaka 5 waliouguua ugonjwa wa kuharisha walipewa dawa ya ORT na asilimia 23 hawakupata matibabu.

# HUDUMA WAKATI WA UJAUZITO NA HUDUMA ZA WATOTO WACHANGA

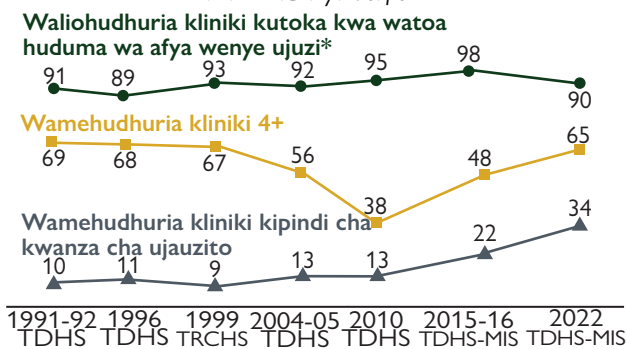
## Huduma za Kliniki Wakati wa Ujauzito

Asilimia 90 ya akina mama walio na umri wa miaka 15–49 waliojifungua watoto hai au wafu miaka miwili kabla ya utafiti walipata huduma za kliniki wakati wa ujauzito (ANC) kutoka kwa mtoa huduma mwenye ujuzi. Watoa huduma wenye ujuzi wanajumuisha Madaktari, Madaktari wasaidizi, Afisa Tabibu, Wauguzi, na Wauguzi Wakunga.

Muda sahihi na ubora wa utoaji huduma za kliniki ya ujauzito ni muhimu. Asilimia 65 ya wanawake wenye umri kati ya miaka 15-49 walifanya mahudhurio manne au zaidi na asilimia 34 ya akina mama walifanya hudhurio la kwanza mapema ndani ya miezi mitatu ya ujauzito. Asilimia 81 ya akina mama waliojifungua watoto hai au watoto wafu ndani ya miaka miwili kabla ya utafiti, walitumia vidonge vyenye madini chuma na asilimia 62 walitumia vidonge kwa ajili ya kuzuia maambukizi ya minyoo wakati wa ujauzito. Asilimia 85 ya uzao wa hivi karibuni kwa akina mama walipata kinga ya ugonjwa wa pepopunda kwa ajili ya watoto.

### Mwenendo wa Mahudhurio ya kliniki za wazawazito

Asilimia ya wanawake wenye umri wa miaka 15-49 waliojifungua watoto hai katika kipindi cha miaka 2 kabla ya utafiti



\*Watoa huduma za afya wenye ujuzi wanajumuisha Daktari/Daktari Msaidizi, Afisa Tabibu, Afisa Tabibu Msaidizi, Muuguzi/Mkungu, Muuguzi Msaidizi na Mtoa huduma za afya ya uzazi.

## Huduma za Kujifungua

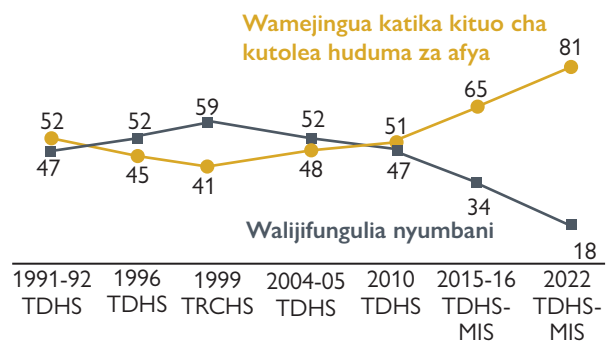
Asilimia 81 ya watoto waliozaliwa katika vituo vya kutolea huduma za afya, kiasi kikubwa cha watoto (75%) walizaliwa katika vituo vya umma. Bado ipo changamoto ya watoto wanaozaliwa majumbani ambapo Utafiti huu unaonesha kuwa asilimia 18 ya watoto walizaliwa nyumbani. Kwa ujumla, kiwango cha akina mama wanaojifungulia vituoni kimeongezeka katika kipindi cha miongo mitatu iliyopita kutoka asilimia 52 hadi asilimia 81 na asilimia ya watoto wanaozaliwa nyumbani imepungua kutoka asilimia 47 hadi asilimia 18.

Idadi ya watoto waliozaliwa katika vituo vya kutolea huduma za afya inatofautiana kutoka asilimia 56 kwa mkoa wa Manyara hadi asilimia 99 kwa mkoa ya Dar es Salaam na Iringa. Kiwango cha akina mama wanaojifungulia vituoni kinaongezeka kadri hali ya uchumi wa kaya inavyozidi kuwa nzuri, kutoka asilimia 64 kwenye kaya zenye uchumi wa chini hadi asilimia 97 kwa kaya zenye kiwango cha juu cha uchumi.

Asilimia 85 ya watoto wote waliozaliwa hai nchini, walizaliwa kwa msaada wa watoa huduma wenye ujuzi. Mkoa wa Manyara una asilimia ndogo ya watoto wanaozaliwa kwa msaada wa watoa huduma wenye ujuzi (61%). Mkoa wa Kilimanjaro na Dar es Salaam ina asilimia kubwa ya watoto wanaozaliwa kwa msaada wa watoa huduma wenye ujuzi (99%).

### Mwenendo wa Sehemu za Kujifungulia

Asilimia ya watoto waliozaliwa miaka 2 kabla ya utafiti



## Kujifungua kwa Upasuaji

Asilimia 11 ya watoto waliozaliwa hai ndani ya miaka miwili kabla ya utafiti walizaliwa kwa njia ya upasuaji. Njia ya upasuaji inatumika zaidi katika vituo binafsi (30%) kuliko vituo vya umma (12%). Kiwango kikubwa cha kujifungua kwa njia ya upasuaji kinaonekana zaidi maeneo ya mijini (19%) ikilinganishwa na maeneo ya vijijini (8%). Kujifungua kwa upasuaji kunaongezeka kadri hali ya uchumi wa kaya inavyoongezeka kutoka kiwango cha chini (4%) hadi kiwango cha juu (24%).



## Huduma Baada ya Kujifungua kwa Akina Mama

Huduma baada ya kujifungua husaidia kuzuia matatizo kwa mama na mtoto. Asilimia 51 ya akina mama wenye umri wa miaka 15-49 walipata huduma ya uchunguzi ndani ya siku mbili baada ya kujifungua, kati ya hao asilimia 28 walipata huduma ya uchunguzi ndani ya masaa manne. Uchunguzi wa awali unatofautiana sana kimkoa kutoka asilimia 18 kwa mkoa wa Kaskazini Pemba hadi asilimia 86 kwa mkoa wa Iringa. Asilimia 44 ya akina mama hawakupata huduma ya uchunguzi ndani ya siku 41 baada ya kujifungua.

Kati ya akina mama waliofanyiwa uchunguzi na watoa huduma kwa uzazi wao wa mwisho uliopita, asilimia 32 walipimwa shinikizo la damu, asilimia 39 walifanya majadiliano na mtoa huduma juu ya kutokwa na damu ukeni na asilimia 45 walifanya majadiliano na mtoa huduma juu ya huduma za uzazi wa mpango.

## Huduma kwa Watoto Wachanga Baada ya Kuzaliwa

Asilimia 54 ya watoto wachanga waliozaliwa hivi karibuni walipata huduma ya uchunguzi baada ya kuzaliwa ndani ya siku mbili na asilimia 24 walipata huduma ya uchunguzi ndani ya masaa matatu. Asilimia 41 ya watoto wachanga hawakupata huduma ya uchunguzi ndani ya siku 41 baada ya kuzaliwa. Kimkoa, asilimia ya watoto wachanga waliopata huduma baada ya kuzaliwa ilikuwa kubwa katika mkoa wa Iringa (85%) na ndogo mkoa wa Katavi (20%). Asilimia 24 pekee ya akina mama walipata huduma ya uchunguzi baada ya kujifungua yenye vigezo vyote vitatu.

Asilimia kubwa (79%) ya watoto wachanga walipimwa uzito baada ya kuzaliwa. Nusu yao walichunguzwa kitovu, asilimia 45 ya mama zao walipewa ushauri na kuangaliwa wakati wa unyonyeshaji. Asilimia 35 ya akinamama waliojifungua walielimishwa juu ya dalili za hatari kwa mtoto na asilimia 34 ya watoto wao walipimwa joto la mwili. Asilimia 24 ya watoto wachanga walipata huduma za uchunguzi baada ya kuzaliwa kwa kuzingatia vigezo vyote vitano.

## Uchunguzi wa Saratani ya Matiti na Shingo ya Kizazi

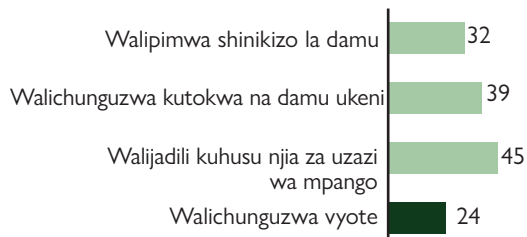
Ni asilimia 5 tu ya akina mama wenye umri wa miaka 15-49 ndio wamewahi kufanyiwa uchunguzi wa saratani ya matiti na daktari au mtoa huduma za afya. Asilimia 7 wamewahi kufanyiwa uchunguzi wa saratani ya shingo ya kizazi. Akina mama wenye elimu ya sekondari na zaidi walionekana kuwa na kiwango kikubwa cha kufanyiwa uchunguzi wa saratani ya matiti na shingo ya kizazi. Aidha, jinsi hali ya uchumi inavyoongezeka ndivyo na uwezekano wa akina mama kuchunguzwa saratani ya matiti na ya shingo ya kizazi unavyoongezeka.

Utafiti wa Afya ya Uzazi na Mtoto na Viashiria vya Malaria wa Mwaka 2022 (DHS-MIS 2022)

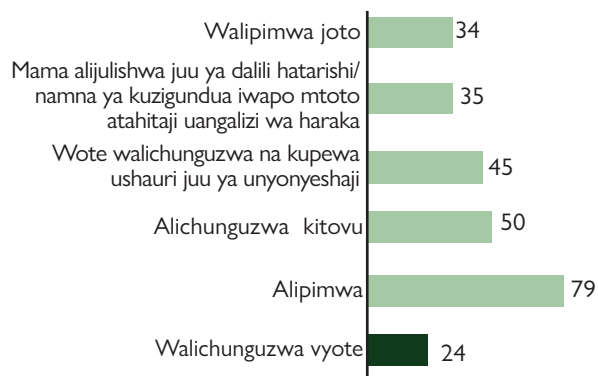
## Huduma za Mama na Mtoto Baada ya Kujifungua

Miongoni mwa wanawake wenye umri wa miaka 15-49 waliojifungua watoto hai katika kipindi cha miaka 2 kabla ya utafiti ambao walichunguzwa ndani ya siku mbili baada ya kujifungua na mtoa huduma wa afya katika uzao wao wa hivi karibuni

### UCHUNGUZI WA AKINA MAMA



### UCHUNGUZI WA WATOTO



## Matatizo Katika Kupata Huduma za Afya

Nusu ya akina mama wenye umri wa miaka 15-49 walikuwa na angalau tatizo moja la kushindwa kupata huduma za afya walipokuwa wanaumwa. Tatizo kubwa lilikuwa nikupata fedha kwa ajili ya matibabu (36%) na umbali kufikia kituo cha kutolea huduma za afya (29%). Idadi kubwa ya wanawake wanaoishi vijijini (56%) walikuwa na angalau tatizo moja kupata huduma za afya ikilinganishwa na wanawake wanaoishi maeneo ya mjini (39%).

## Vifo vya Akina Mama Vitokanavyo na Uzazi

Vifo vya akina mama vitokanavyo na uzazi vinajumuisha wanawake waliofariki wakiwa wajawazito, wakati wa kujifungua na waliofariki ndani ya siku 42 baada ya kujifungua bila kujumuisha waliofariki kwa ajali au sababu nyingine zisizohusiana na ujazito.

Viwango vya vifo vitokanavyo na uzazi nchini Tanzania ni vifo 104 kwa kila vizazi hai 100,000 kwa kipindi cha miaka saba kabla ya utafiti. Aidha, mizania ya kiwango cha vifo vitokanavyo na uzazi inaashiria vifo hivi vinaweza kuwa kati ya 59 hadi 149 kwa kila vizazi hai 100,000.

# HALI YA LISHE

## Hali ya Lishe kwa Watoto

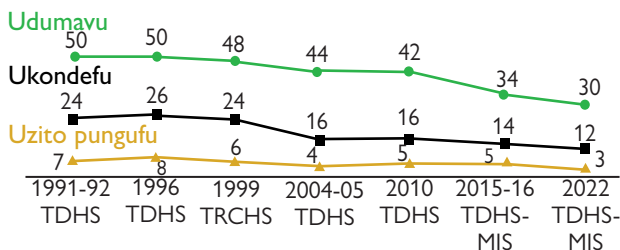
Utafiti wa mwaka 2022 ulipima hali ya lishe miongoni mwa watoto wenye umri wa chini ya miaka 5. Hali ya lishe kwa watoto hupimwa kwa kulinganishwa na viwango rejea vya ukuaji wa watoto kutoka Shirika la Afya Duniani (WHO) vya mwaka (2006b). Kwa ujumla, asilimia 30 ya watoto chini ya miaka 5 wana udumavu. Udumavu huashiria hali ya lishe pungufu kwa muda mrefu.

Matokeo ya utafiti yanaonesha kuwa hali ya udumavu hupungua endapo elimu ya mama na hali ya uchumi wa kaya itaongezeka. Kiwango cha udumavu maeneo ya vijijini ni kikubwa (asilimia 33) ukilinganisha na maeneo ya mijini (asilimia 21). Mkoa wa Mjini Magharibi una kiwango cha chini cha udumavu (asilimia 13) na mkoa wa Iringa una kiwango cha juu (asilimia 57) ikilinganishwa na mikoa mingine.

Asilimia 3 ya watoto wenye umri chini ya miaka 5 wana ukondefu (kulingana na kigezo cha uzito na urefu wao). Aidha, asilimia 12 ya watoto walio na umri chini ya miaka 5 wana uzito pungufu. Kwa ujumla, viwango vya hali ya lishe na ukuaji wa watoto chini ya miaka mitano vimeendelea kuboreka ukilinganisha na miaka iliyopita. Viwango vya udumavu vimepungua kutoka asilimia 50 mwaka 1991-92 hadi kufikia asilimia 30 mwaka 2022.

### Mwenendo wa Vipimo vya Ukuaji kwa Mtoto

Asilimia ya watoto wenye umri wa chini ya miaka 5 waliopata utapiamlo kwa kuzingatia vigezo rejea vya ukuaji wa watoto kutoka Shirika la Afya Duniani WHO 2006

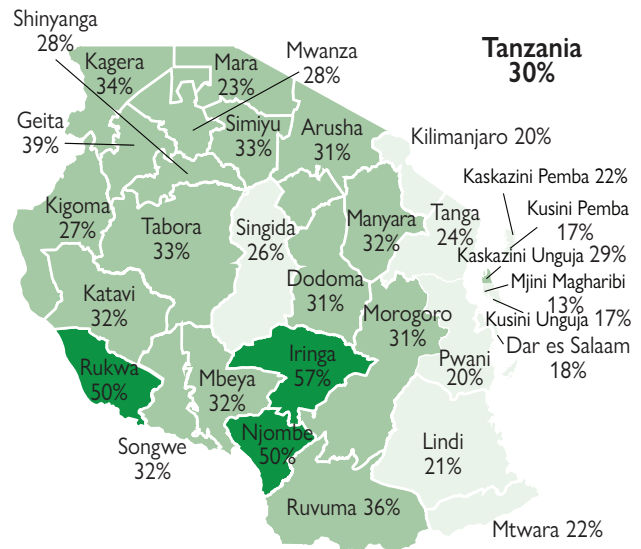


## Hali ya Lishe kwa Wanawake

Utafiti wa mwaka 2022 ulikusanya vipimo vya uzito na urefu kutoka kwa wanawake wenye umri wa miaka 15-49. Miongoni vya vijana balehe wanawake, asilimia 18 ya vijana wenye umri wa miaka 15-19 wana ukondefu na asilimia 12 wana uzito uliozidi au uliokithiri (vipimo vya BMI – kwa – umri).

## Kiwango cha Udumavu Kimkoa

Asilimia ya watoto chini ya miaka 5 wenye udumavu



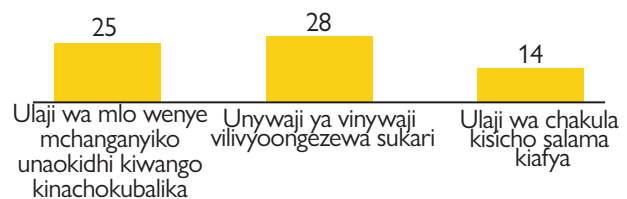
Miongoni mwa wanawake wenye umri wa miaka 20-49, asilimia 7 wana uzito pungufu na asilimia 36 wana uzito uliozidi au uliokithiri. Hali ya uzito uliozidi au uliokithiri miongoni mwa wanawake wenye umri wa miaka 20-49 inaonekana kuongezeka kadiri elimu na hali ya uchumi wa kaya inavyoongezeka.

Utafiti huu ulikusanya taarifa za ulaji wa vyakula na vinywaji miongoni mwa wanawake siku moja kabla ya utafiti. Kwa ujumla, asilimia 25 ya wanawake wamekula vyakula kutoka makundi 5 ya vyakula miongoni mwa makundi 10 yaliyoainishwa, hivyo kukidhi mahitaji ya mchanganyiko wa vyakula unaokidhi kiwango cha chini kinachokubalika kwa wanawake.

Aidha, zaidi ya robo (asilimia 28) ya wanawake walitumia vinywaji vilivyoongezwa sukari na asilimia 14 walikula vyakula visivyo salama kiafya siku moja kabla ya utafiti.

### Ulaji wa Mlo Unaokidhi Viwango Miongoni mwa Wanawake

Asilimia ya wanawake wenye umri wa miaka 15-49 waliokunywa vinywaji vilivyoongezwa sukari na vyakula visivyo salama kiafya



# ULISHAJI WA WATOTO WACHANGA NA WADOGO NA NYONGEZA YA MADINI NA VITAMINI

## Unyonyeshaji wa Maziwa ya Mama na Uanzishwaji wa Vyakula vya Nyongeza kwa Watoto Wachanga na Wadogo

Asilimia 95 ya watoto chini ya miaka 2 walinyonyeshwa maziwa ya mama. Watoto 7 kati ya 10 walinyonyeshwa maziwa ya mama pekee kwa siku 2 baada ya kuzaliwa, na asilimia 90 walinyonyeshwa maziwa ya mama ndani ya saa moja baada ya kuzaliwa.

Shirika la Afya Duniani (WHO) linashauri kuwa watoto wenye umri chini ya miezi 6 wanapaswa kunyonyeshwa maziwa ya mama pekee bila ya kulishwa kitu kingine chochote. Karibia theluthi mbili ya watoto (64%) wenye umri chini ya miezi 6 walinyonyeshwa maziwa ya mama pekee, na ambapo asilimia 5 ya watoto wa umri chini ya miezi 6 hawakunyonyeshwa.

Vyakula vya nyongeza vinapaswa kutolewa kwa watoto pindi wanapofikisha miezi 6 ili kukidhi mahitaji yao ya lishe na kupunguza uwezekano wa kupata utapiamlo. Kwa ujumla, asilimia 89 ya watoto walio na umri wa miezi 6-8 walilishwa vyakula vigumu, vigumu kiasi au vilaini siku moja kabla ya utafiti.

## Utoaji wa Vitamini A, Madini Chuma na Dawa za Kutibu Maambukizi ya Minyoo

Virutubishi ni vitamini na madini muhimu katika ukuaji na afya bora ya mtoto. Vitamini A ni miongoni mwa virutubishi muhimu kwa watoto katika kuzuia upofu na maambukizi mbalimbali. Zaidi ya nusu (asilimia 53) ya watoto wenye umri wa miezi 6-59 walipewa matone ya vitamini A katika kipindi cha miezi 6 kabla ya utafiti.

Madini chuma ni muhimu kwenye utengenezwaji wa chembe chembe nyekundu za damu. Asilimia 11 ya watoto wenye umri wa miezi 6-59 walipewa nyongeza ya virutubishi vyenye madini chuma katika kipindi cha miezi 12 kabla ya utafiti.

Matibabu ya maambukizi ya minyoo miongoni mwa watoto ni muhimu ili kupunguza uwezekano wa maambukizi ya magonjwa ambayo huathiri hali ya lishe na ukuaji wa watoto. Asilimia 50 ya watoto wenye umri wa miezi 12-59 walipewa vidonge dhidi ya maambukizi ya minyoo katika kipindi cha miezi 6 kabla ya utafiti.

## Hali ya Madini Joto (Iodine) kwa Wanakaya

Sampuli ya chumvi ilikusanywa kutoka kwenye asilimia 95 ya kaya zilizochaguliwa kwa ajili ya kupima uwepo wa madini joto. Kwa ujumla, asilimia 84 ya kaya zilibainika kuwa zinatimia chumvi yenye madini joto. Wastani wa kiwango cha madini joto kwenye sampuli za mkojo kwa wanawake wasio wajawazito kilikuwa 185µg/L, na 166 µg/L kwa

wanawake wajawazito ikiashiria utoshelevu wa madini joto mwilini.

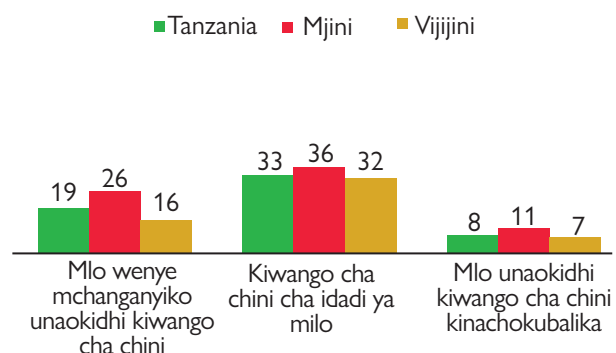
## Mlo Unaokidhi Kiwango cha chini cha Mchanganyiko Unaokubalika na Ulishaji wa Vyakula Visivyo Salama Kiafya

Watoto wenye umri wa miezi 6-23 wanapewa mlo unaokidhi kiwango cha chini kinachokubalika endapo walipewa chakula kutoka angalau makundi 5 kati ya makundi 8 maalum ya vyakula ndani ya siku moja iliyopita, na kwa idadi ya mlo inayotakiwa kulingana na umri. Watoto wasionyonyeshwa maziwa ya mama wanapaswa kupewa angalau mlo miwili ya maziwa kwa kiwango cha chini cha mlo unaokubalika. Asilimia 8 ya watoto wenye umri wa miezi 6-23 walilishwa vyakula na vinywaji vyenye angalau makundi 5 kati ya 8 yaliyoanishwa na idadi ya mlo inayohitajika siku moja kabla ya utafiti. Aidha, asilimia 19 ya watoto hao walilishwa vyakula kutoka katika makundi angalau 5 kati ya 8 na asilimia 33 walilishwa chakula kwa kiwango cha chini cha mlo kinachokubalika. Miongoni mwa watoto wasionyonya maziwa ya mama, asilimia 12 walipewa maziwa na chakula kingine kwa kiwango cha chini cha mlo kinachokubalika.

Asilimia 10 ya watoto wanaonyonyeshwa maziwa ya mama wanalishwa mlo unaokidhi kiwango cha chini cha mlo na kwa idadi inayotakiwa kulingana na umri, ikilinganishwa na asilimia 3 ya wale ambao hawanyonyeshwi. Viwango vya ulaji wa mlo inayokidhi kiwango cha chini cha mlo na idadi ya mlo siku moja kabla ya utafiti ni vya chini miongoni mwa kaya masikini. Matumizi ya vyakula visivyo salama kiafya miongoni mwa watoto wadogo na wachanga ni lazima yaepukwe na badala yake, vitumike vyakula vyenye virutubishi muhimu kwa watoto. Watoto 3 kati ya 10 wenye umri wa miezi 6-23 walikunywa vinywaji vilivyoongezwa sukari, asilimia 7 walilishwa vyakula visivyo salama kiafya na asilimia 40 hawakulishwa mbogamboga au matunda siku moja kabla ya utafiti.

### Mlo unaokidhi kiwango cha chini kinachokubalika kwa Watoto

Asilimia ya watoto wachanga chini ya miezi 6–23 wanaoishi na mama zao ambao walipata mlo wenye mchanganyiko unaokidhi kiwango cha chini, kiwango cha chini cha idadi ya mlo na mlo unaokidhi kiwango cha chini kinachokubalika



# UFAHAMU WA VIRUSI VYA UKIMWI (VVU), MTAZAMO, NA TABIA

## Ufahamu na Njia za Kuzuia Maambukizi ya VVU

Asilimia 82 ya wanawake na asilimia 79 ya wanaume wenye umri wa miaka 15 – 49 wamewahi kusikia kuwa dawa za ARVs zinatibu VVU. Wanawake wengi (72%) ukilinganisha na wanaume (56%) wanafahamu kuwa hatari ya maambukizi kutoka kwa mama kwenda kwa mtoto inaweza kupunguzwa kwa kutumia vidonge maalum. Aidha, asilimia 10 ya wanawake na asilimia 11 ya wanaume wamewahi kusikia kuhusu dawa za kujikinga na maambukizi, ingawa asilimia 56 ya wanawake na asilimia 64 ya wanaume wanakubali kuwa watu wanaweza kujikinga na maambukizi ya VVU wakitumia dawa (PreP). Ufahamu wa dawa za kupunguza makali ya VVU unaongezeka kwa makundi rika na pia kwa kadiri kiwango cha elimu na hali ya uchumi wa kaya inavyoongezeka kwa jinsi zote.

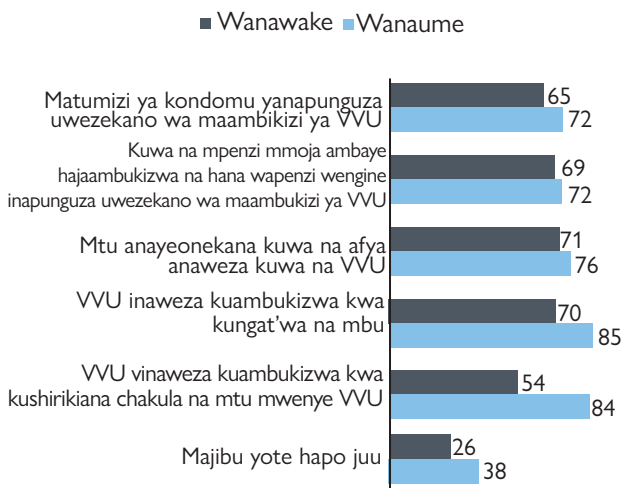
Kati ya wanawake na wanaume wenye umri wa miaka 15–24, asilimia 42 ya wanawake na asilimia 38 ya wanaume wana uelewa kuhusu kujikinga na VVU. Takriban theluthi mbili (65%) ya wanawake na asilimia 72 ya wanaume wanafahamu kuwa matumizi ya kondomu wakati wa kujamiiana yanaweza kupunguza uwezekano wa kupata maambukizi ya VVU. Asilimia 79 ya wanawake na asilimia 72 ya wanaume wanafahamu kwamba, kuwa na mpenzi mmoja ambaye hajaathirika inaweza pia kupunguza uwezekano wa kupata maambukizi ya VVU.

## Wapenzi Wengi na Tabia Hatarishi

Asilimia 4 ya wanawake wenye umri kati ya miaka 15–49 wameshiriki ngono na mpenzi zaidi ya mmoja katika kipindi

### Ufahamu Kuhusu Virusi vya Ukimwi Miongoni mwa Vijana

Asilimia ya vijana wa kike na kiume wenye umri wa miaka 15-24 ambao wanawanafahau:



cha miezi 12 kabla ya utafiti. Asilimia 21 ya wanawake wameshiriki ngono na wanaume ambao sio wenza wao na wala hawaishi nao, na kati ya hao asilimia 22 walitumia kondomu mara ya mwisho waliposhiriki ngono na wenzi hawa.

Takriban robo ya wanaume wa kitanzania (23%) wenye umri kati ya miaka 15–49 wameshiriki ngono na mpenzi zaidi ya mmoja katika kipindi cha miezi 12 kabla ya utafiti. Asilimia 38 ya wanaume wameshiriki ngono na wanawake ambao sio wenza wao na wala hawaishi nao na kati ya hao asilimia 43 walitumia kondomu mara ya mwisho waliposhiriki ngono na wapenzi hawa.

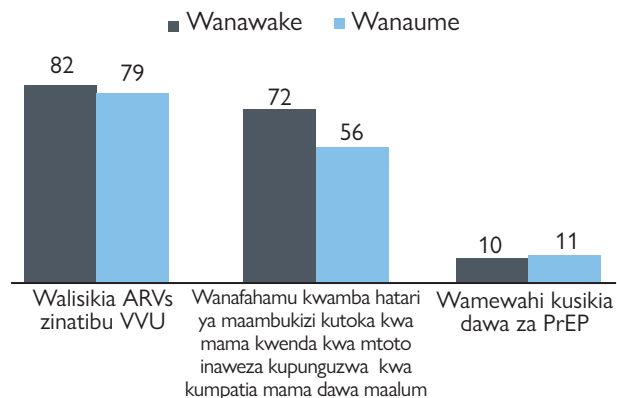
## Upimaji wa VVU

Wanawake 8 kati ya 10 wenye umri wa miaka 15–49 wamewahi kupima VVU na kupata majibu yao ikilinganishwa na asilimia 64 kwa wanaume. Katika kipindi cha miezi 12 kabla ya utafiti, asilimia 37 ya wanawake na asilimia 31 ya wanaume walipima VVU na kupata majibu yao. Wanawake wachache (18%) wamewahi kusikia kuhusu vifaa vya kujipima VVU mwenyewe ikilinganishwa na wanaume (31%), na asilimia 3 ya wanawake na asilimia 5 ya wanaume wamewahi kuvitumia vifaa hivyo. Kati ya wanawake wajawazito waliopima VVU wakati wa mahudhurio ya kliniki au wakati wa kujifungua, asilimia 88 walipata majibu yao.

Upimaji wa VVU umeongezeka kutoka asilimia 12 kwa wanawake na wanaume ambao wamewahi kupima na kupokea majibu mwaka 2004-05 na kufikia asilimia 80 kwa wanawake na asilimia 64 kwa wanaume mwaka 2022. Kiwango cha upimaji wa VVU kwa wanaume ni kikubwa zaidi maeneo ya mjini kuliko vijijini (33% na 29% mtawalia) na kwa wanawake ni (40% na 35% mtawalia).

### Ufahamu wa Matumizi ya Dawa za Kupunguza Makali ya VVU

Asilimia ya wanawake na wanaume wenye umri wa miaka 15-49 ambao:



# UWEZESHAJI WANAWAKE

## Ajira

Asilimia 68 ya wanawake na asilimia 98 ya wanaume wenye umri wa miaka 15–49 walio kwenye ndoa nchini Tanzania walikuwa kwenye ajira katika kipindi cha miezi 12 kabla ya utafiti. Kwa ujumla, 45% ya wanawake na 64% ya wanaume walio kwenye ndoa ambao walikuwa kwenye ajira katika kipindi cha miezi 12 kabla ya utafiti walilipwa fedha, na asilimia 38 ya wanawake na asilimia 20 ya wanaume hawakulipwa kwa kazi walizofanya.

Asilimia 90 ya wanawake walio kwenye ndoa na waliokuwa na ajira katika kipindi cha miezi 12 kabla ya utafiti na kulipwa malipo ya fedha walifanya maamuzi ya matumizi ya ujira wao wenyewe au kwa kushirikiana na waume/wenza wao. Kati ya wanawake waliopokea malipo ya fedha, 8% walipokea kiasi kikubwa cha ujira kuliko waume/wenza wao, 68% walipokea kiasi kidogo kuliko waume/wenza wao, na 16% walipokea kiasi karibu sawa na waume/wenza wao.

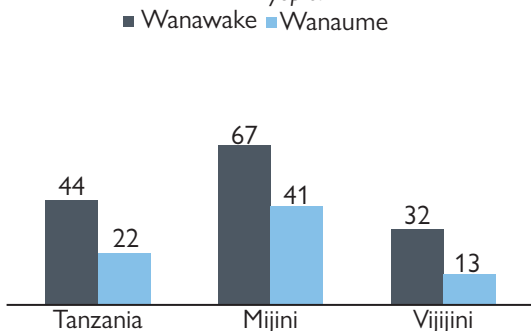
## Umiliki wa Mali

Asilimia 37 ya wanawake na wanaume wenye umri wa miaka 15–49 wanamiliki nyumba (peke yao au kwa pamoja na wenza wao). Zaidi ya robo ya wanawake (26%) na asilimia 32 ya wanaume wanamiliki ardhi (wenyewe au kwa ushirika).

Wanaume wengi (75%) wanamiliki simu ya kiganjani kuliko wanawake (59%). Hata hivyo, wanawake wengi (44%) ukilinganisha na wanaume (22%) wanamiliki na wamekuwa wakitumia akaunti ya benki au simu ya kiganjani kwa miamala ya fedha katika kipindi cha miezi 12 kabla ya utafiti. Matumizi ya benki au simu ya mkononi kwa miamala ya fedha ni makubwa kwa maeneo ya mijini kuliko vijijini kati ya wanaume na wanawake.

### Matumizi ya Akaunti ya Benki au Simu za Kiganjani katika Miamala ya Kifedha kwa Eneo

Asilimia ya wanawake na wanaume wenye umri wa miaka 15–49 ambao wanamiliki na kutumia akaunti ya benki au simu ya kiganjani kufanya miamala katika kipindi cha miezi 12 iliyopita



## Ushiriki Katika Maamuzi ya Kaya

Utafiti wa mwaka 2022, unaonesha kwamba wanawake waliokuwa kwenye ndoa waliulizwa kuhusu ushiriki wao katika aina tatu za maamuzi kwenye kaya: kuhusu huduma ya afya yao wenyewe, kufanya manunuzi ya msingi ya kaya na kutembelea ndugu au jamaa zao.

Asilimia 74 ya wanawake walioolewa wana mamlaka binafsi au ya pamoja ya kufanya maamuzi kuhusu huduma ya afya yao wenyewe, 64% hufanya manunuzi ya msingi ya kaya na 68% hufanya maamuzi ya kutembelea ndugu au jamaa zao. Kwa ujumla, 55% ya wanawake walio kwenye ndoa wanashiriki maamuzi kwenye aina tatu za maamuzi yaliyoainishwa na 18% ya wanawake walio kwenye ndoa hawashiriki kwenye lolote kati ya maamuzi hayo matatu.

Kati ya wanaume walio kwenye ndoa, wengi wao wanafanya maamuzi wenyewe au kwa pamoja na wake zao kuhusu huduma ya afya zao (92%) na maamuzi makubwa ya kaya (91%). Kwa ujumla, 88% ya wanaume walio kwenye ndoa wanashiriki kwenye maamuzi wenyewe au kwa pamoja na wake zao na asilimia 5 hawashiriki katika kutoa maamuzi yaliyoainishwa.

## Ushiriki wa Wanawake Katika Kufanya Maamuzi Kwenye Masuala ya Kujamiiana na Afya ya Uzazi

Nusu ya wanawake walio kwenye ndoa wenye umri wa miaka 15–49 hufanya maamuzi wenyewe kwenye masuala ya kujamiiana na afya ya uzazi, pamoja na uzazi wa mpango. Ushiriki katika maamuzi kuhusiana na kujamiiana na afya ya uzazi ni mkubwa kwa wanawake wa mjini na wale wenye elimu zaidi.

## Mtazamo Kuhusu Kumpiga Mke

Takriban nusu (48%) ya wanawake na theluthi moja (32%) ya wanaume wanaamini mume ana haki ya kumpiga mke/mwenza iwapo hatawahudumia watoto, atatoka nyumbani bila kumtaarifu, atabishana nae, atakataa kujamiiana au kuunguza chakula. Kutokuhudumia watoto inatolewa na idadi kubwa ya wanawake (38%) na wanaume (23%) kama sababu kubwa ya mwanaume kumpiga mkewe au mwenza.

# UDHIBITI NA MATIBABU YA MALARIA

## Matumizi ya Vyandarua

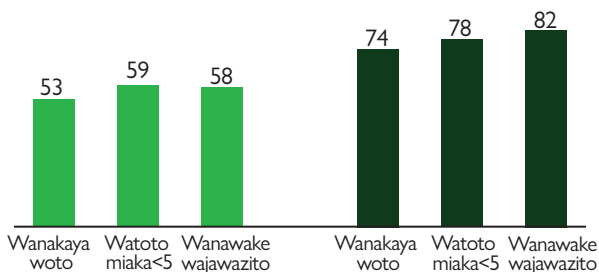
Zaidi ya theluthi mbili ya kaya (67%) nchini zinamiliki chandarua angalau kimoja kilichowekwa dawa dhidi ya mbu (ITN). Hata hivyo, ni 35% tu ya kaya ambazo zina vyandarua vyenye dawa vinavyotosheleza mahitaji ya kila mwanakaya, kwa kigezo cha chandarua kimoja kwa watu wawili. Bado kuna 33% ya kaya hazina vyandarua vyenye dawa. Umiliki wa angalau chandarua kimoja chenye dawa umeongezeka kutoka 23% mwaka 2004-05 hadi 91% mwaka 2011-12 na kupungua hadi 67% mwaka 2022.

Miongoni mwa wanakaya, 53% walikuwa na uwezo wa kupata chandarua chenye dawa na walilala ndani ya chandarua hicho usiku wa kuamkia siku ya utafiti. Kwa kaya yenye chandarua angalau kimoja chenye dawa, 74% ya wanakaya walilala ndani ya chandarua hicho usiku wa kuamkia siku ya utafiti. Kimkoa, matumizi ya vyandarua vyenye dawa yapo chini mkoa wa Arusha (25%) na yapo juu katika mkoa wa Kusini Pemba (76%). Sababu kuu iliyotolewa ya kutotumia chandarua chenye dawa ilikuwa ni kukihifadhi kwa matumizi ya baadaye au chandarua hicho kilikuwa cha ziada. Watoto na wanawake wajawazito wako kwenye hatari kubwa zaidi ya kuathirika na ugonjwa wa malaria. Takribani watoto 6 kati ya 10 (59%) walio chini ya umri wa miaka 5 na 58% ya wanawake wajawazito walilala ndani ya chandarua chenye dawa usiku wa kuamkia siku ya utafiti

### Matumizi ya Vyandarua Vilivyowekwa Dawa

Asilimia ya waliolala kwenye chandarua kilichowekwa dawa usiku wa kuamkia siku ya utafiti, miongoni: **Kaya zote**

Asilimia ya waliolala kwenye chandarua kilichowekwa dawa usiku wa kuamkia siku ya mahojiano, miongoni: **Kaya zenye angalau chandarua kimoja kilichowekwa dawa**

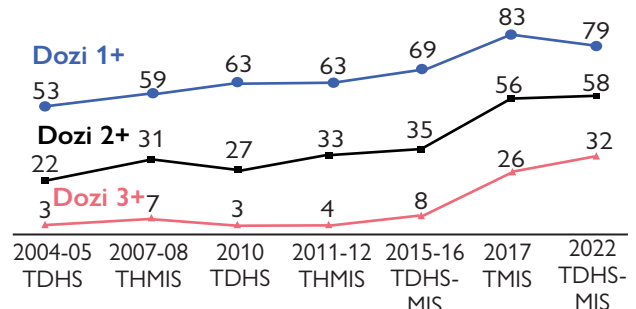


## Matumizi ya Tibakinga ya Vipindi Dhidi ya Malaria kwa Wanawake Wajawazito

Ugonjwa wa malaria wakati wa ujuzito unachangia uzazi wa watoto wenye uzito pungufu, vifo vya watoto wachanga na matatizo mengine. Ili kuzuia malaria, wanawake wajawazito lazima wapewe tibakinga ya vipindi dhidi ya malaria (Angalau dozi tatu za dawa ya SP/Fansida kwenye mahudhuri yake ya kliniki). Takribani wanawake wajawazito 6 kati ya 10 (58%) walitumia dozi mbili au zaidi za tibakinga dhidi ya malaria na asilimia 32 ya wanawake wajawazito walitumia dozi pendekezwa yaani dozi tatu au zaidi.

## Mwenendo wa matumizi ya dawa za kuthibiti malaria kwa wajawazito - IPTp

Asilimia ya wanawake wenye umri wa miaka 15-49 waliojifungua watoto hai au wafu katika kipindi cha miaka 2 kabla ya utafiti ambao walipata dozi moja, mbili, tatu za SP/Fansidar



Wanawake wajawazito wanaotumia dozi tatu au zaidi za tibakinga dhidi ya malaria wanaongezeka kulingana na ongezeko la kiwango cha elimu (23% mpaka 39%) na hali ya uchumi wa kaya (24% hadi 44%). Kwa Tanzania Bara, asilimia 42 ya wajawazito maeneo ya mijini wanapata dozi pendekezwa, yaani dozi tatu au zaidi ikilinganishwa na wanawake wanaoishi vijijini (29%). Kwa ujumla, wanawake wajawazito wanaotumia dozi tatu au zaidi za tibakinga dhidi ya malaria imeongezeka, kutoka 3% mwaka 2004-05 mpaka 32% mwaka 2022.

## Utafutaji wa Huduma Baada ya Dalili za Ugonjwa wa Malaria kwa Watoto

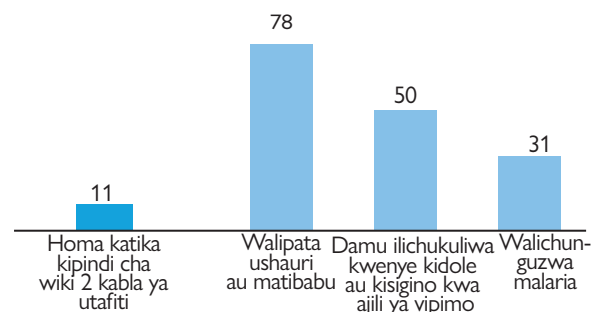
Asilimia 11 ya watoto chini ya miaka 5 walikuwa na homa kama dalili kuu ya ugonjwa wa malaria katika kipindi cha wiki mbili kabla ya utafiti. Asilimia 78 ya watoto hawa walitafutiwa tiba na ushauri. Nusu ya watoto waliotafutiwa tiba au ushauri walichukuliwa sampuli ya damu kwenye kidole au kisigino kwa ajili ya kupimwa malaria na 31% ya watoto hao walikutwa na vimelea vya malaria baada ya kupimwa na mhudumu wa afya.

Dawa mseto ya malaria (ACT) ndiyo tiba inayopendekezwa kwa ajili ya kutibu ugonjwa wa malaria kwa nukta Nchini Tanzania, miongoni mwa watoto chini ya miaka 5 waliokuwa na homa katika kipindi cha wiki mbili kabla ya utafiti na ambao walipewa tiba dhidi ya malaria, 95% walipewa dawa aina ya mseto kwa ajili ya kutibu malaria.

### Homa kwa Watoto

Asilimia ya watoto wenye umri chini ya miaka 5

Asilimia ya watoto wenye umri chini ya miaka 5 waliokutwa na homa katika kipindi cha wiki 2 kabla ya utafiti



# VIWANGO VYA MAAMBUKIZI YA MALARIA NA UPUNGUFU WA DAMU

## Viwango vya Maambukuzi ya Malaria

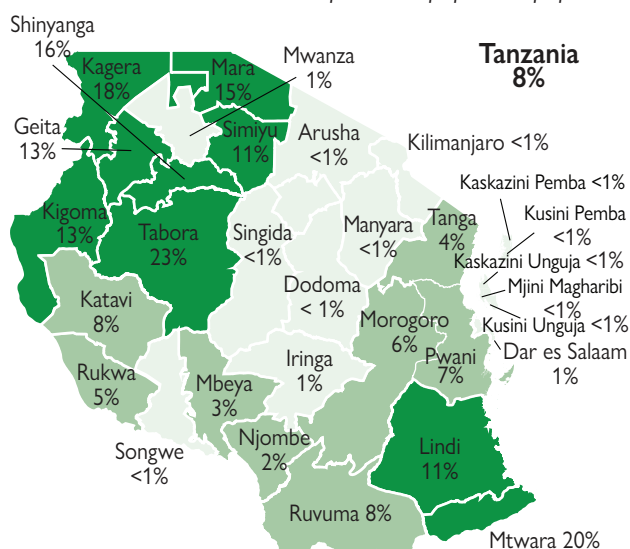
Watoto wote wenye umri wa miezi 6-59 waliorodheshwa kwenye kaya walipaswa kupimwa malaria kwa kutumia kipimo cha malaria cha papo kwa papo (mRDT). Kati ya watoto waliopaswa kupimwa malaria, asilimia 97 walipimwa kwa kutumia kipimo cha papo kwa papo.

Asilimia 8 ya watoto wenye umri wa miezi 6-59 walikutwa na maambukizi ya malaria kwa kutumia kipimo cha mRDT. Kiwango cha maambukizi ya malaria kinapungua kulingana na hali ya uchumi wa kaya, kutoka 15% kwa watoto wanaoishi kwenye kaya masikini zaidi mpaka 1% ya watoto wanaoishi kwenye kaya zenye hali ya juu ya uchumi.

Viwango vya maambukizi ya malaria ni vikubwa zaidi miongoni mwa watoto wanaoishi vijijini (10%) kuliko mijini (1%). Chini ya asilimia moja ya watoto Zanzibar walikutwa na maambukizi ya malaria. Kimkoa, mikoa ya Tabora (23%), Mtwara (20) na Kagera (18%) ilikuwa na viwango vya juu vya maambukizi ya malaria.

### Kiwango cha Maambukizi ya Malaria Kimkoa

Asilimia ya watoto wenye umri wa miezi 6-59 waliokutwa na malaria kwa kutumia kipimo cha papo kwa papo



# UFAHAMU NA UPATIKANAJI WA TAARIFA ZA MALARIA

## Upataji wa Taarifa za Malaria

Asilimia 63 ya wanawake na 57% ya wanaume wenye umri wa miaka 15-49 waliona au kusikia ujumbe wa malaria miezi sita kabla ya utafiti. Chanzo kikuu cha taarifa/jumbe kilikuwa ni redio (65% kwa wanawake na 78% kwa wanaume).

## Elimu Kuhusu Malaria

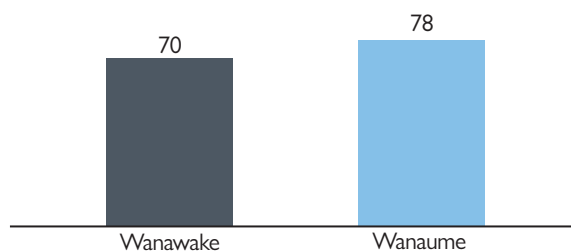
Wanawake na wanaume waliulizwa kuhusu njia za kujikinga ugonjwa wa malaria. Karibu watu wote walisema kulala kwenye vyandarua vya kawaida au vyenye dawa ni mojawapo ya njia za kujikinga na malaria. Njia nyingine zilizotajwa za kujikinga na malaria ni pamoja na; kuweka mazingira kwenye hali ya usafi, kufukia madimbwi ya maji yaliyotuuama na kutumia dawa za kufukuza mbu. Kwa ujumla, 83% ya wanawake na 75% ya wanaume walisema kwamba dawa ya mseto ya malaria inaweza kupatikana kwenye kituo cha kutolea huduma za afya au duka la dawa la karibu.

## Mtazamo Kuhusu Malaria

Wanawake na wanaume waliulizwa kuhusu mtazamo wao iwapo walikubaliana au kutokubaliana na sentensi zenye ujumbe wa malaria zifuatazo; kwamba hawapendi kulala kwenye vyandarua kutokana na hali ya hewa ya joto na iwapo mtoto atapata homa ni vyema kumpatia dawa zozote zilizopo nyumbani. Kwa ujumla, 70% ya wanawake na 78% ya wanaume wana mtazamo chanya na sentensi zilizoainishwa hapo juu. Mtazamo huo chanya unaongezeka kadri kiwango cha elimu kinavyoongezeka miongoni mwa wanaume na wanawake.

### Mtazamo Kuhusu Tabia za Malaria

Asilimia ya wanawake na wanaume wenye umri wa miaka 15-49 waliokuwa na mtazamo chanya kuhusu malaria



# UKATILI WA MAJUMBANI

## Uzoefu wa Ukatili wa Kimwili

Asilimia 27 ya wanawake wa Tanzania wenye umri wa miaka 15-49 wamewahi kufanyiwa ukatili wa kimwili tangu wakiwa na umri wa miaka 15. Katika kipindi cha miezi 12 iliyopita kabla ya utafiti, 18% ya wanawake walifanyiwa ukatili wa kimwili. Zaidi ya theluthi moja (35%) ya wanawake walioolewa au wanaoishi na wenza wa karibu wamewahi kufanyiwa ukatili wa kimwili, ikilinganishwa na 4% ya wanawake ambao hawajawahi kuolewa. Miongoni mwa wanawake walioachika, kutengana, au wajane, 50% wamewahi kufanyiwa ukatili wa kimwili.

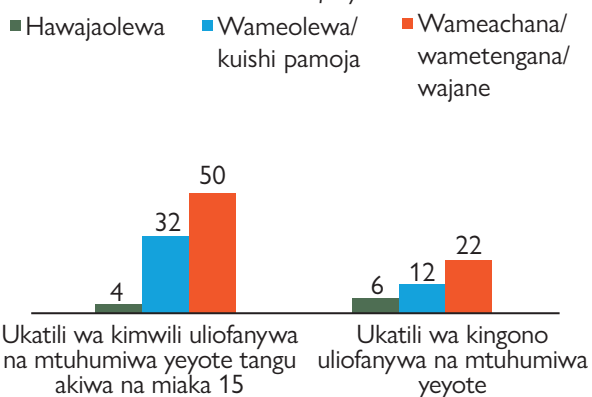
Miongoni mwa wanawake waliowahi kuolewa au kuwa na mpenzi/mwenza/mtu wa karibu, watuhumiwa wa ukatili wa kimwili ni waume wa sasa na wa zamani/wapenzi. Mama/mama wa kambo na baba/baba wa kambo ndio watuhumiwa wa ukatili wa kimwili miongoni mwa wanawake ambao hawajawahi kuolewa wala kuwa na wapenzi.

## Uzoefu wa Ukatili wa Kingono

Asilimia 12 ya wanawake nchini wenye umri wa miaka 15-49 wamewahi kufanyiwa ukatili wa kingono ikijumuisha 7% ya wanawake walifanyiwa ukatili huo katika kipindi cha miezi 12 kabla ya utafiti. Asilimia 22 ya wanawake walioachika, kutengana, au wajane wamewahi kufanyiwa ukatili wa kingono.

### Waliowahi Kukumbana na Ukatili kwa Hali ya Ndoa

Asilimia ya wanawake wenye umri wa miaka 15-49 waliowahi kufanyiwa:



## Utafutaji Msaada wa Kuzuia Ukatili

Miongoni mwa wanawake ambao wamewahi kufanyiwa ukatili wa kimwili au kingono, 38% walitafuta msaada wa kuzuia ukatili na 13% hawakutafuta msaada lakini walimwambia mtu mwingine kuhusu ukatili huo. Takribani nusu ya wanawake (49%) waliofanyiwa ukatili wa kimwili au wa kingono hawakuwahi kutafuta msaada na hawakuwahi kumwambia mtu yeyote. Vyanzo vikuu vya msaada ambavyo wanawake walivitumia ni familia zao (62%) na familia ya waume au wapenzi wao (39%).

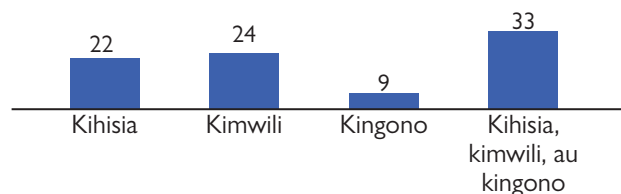
## Ukatili Baina ya Wenza

Wanawake 2 kati ya 5 waliowahi kuwa na wenza wamepitia ukatili wa kimwili, kingono, au kihisia kutoka kwa mume au mwenza wa sasa au hivi karibuni.

Katika kipindi cha miezi 12 iliyopita kabla ya utafiti, 33% ya wanawake ambao wamewahi kuwa na wenza walifanyiwa ukatili na mume/mpenzi yeyote wa hivi

### Ukatili wa Hivi Karibuni Uliofanywa na Mume/Mwenza Yeyote

Asilimia ya wanawake wenye 15-49 waliowahi kuwa na mume/mwenza waliowahi kufanyiwa ukatili katika kipindi cha miezi 12 iliyopita



karibuni. Hii inajumuisha 22% waliopata ukatili wa kihisia, 24% ya ukatili wa kimwili, na 9% walipata ukatili wa kingono.

Ukatili uliofanywa na mume au mwenza wa hivi karibuni ni mkubwa zaidi katika maeneo ya vijijini (34%). Vitendo vya ukatili ni zaidi ya mara mbili kwa Tanzania Bara (33%) kuliko Zanzibar (15%). Kimkoa, ukatili wa hivi karibuni wa wenza ni kati ya 9% ya wanawake wa Kaskazini Uguja na Kusini Pemba hadi 64% kwa wanawake wa mkoa wa Mara.



# UKEKETAJI KWA WANAWAKE

## Ukeketaji kwa Wanawake

Idadi kubwa ya wanawake (87%) na wanaume (90%) wenye umri wa miaka 15-49 wamewahi kusikia kuhusu ukeketaji. Uelewa kuhusu ukeketaji unaongezeka kadri kiwango cha elimu ya wanawake na wanaume kinavyoongezeka, kutoka 72% ya wanawake na 73% ya wanaume wasio na elimu hadi 95% ya wanawake na 96% ya wanaume walio na elimu ya sekondari au elimu ya juu. Kwa ujumla, 8% ya wanawake nchini wenye umri wa miaka 15-49 wamekeketwa. Aina maarufu ya ukeketaji ni ile ya kukata nyama na kuiondoa (89%).

Kiwango cha ukeketaji kwa Zanzibar ni chini ya asilimia moja ikilinganishwa na 9% kwa Tanzania Bara. Kimkoa, kiwango cha ukeketaji ni chini ya asilimia moja katika mikoa mingi hadi 43% katika mikoa ya Manyara na Arusha.

Ukeketaji nchini Tanzania, unafanywa kipindi chote cha utoto. Hata hivyo, wanawake wengi walisema kuwa walikeketwa kabla ya kufikisha umri wa mwaka mmoja (34%) au wakiwa na umri wa miaka 15 au zaidi (20%). Kiwango cha wanawake waliokeketwa kimepungua kwa zaidi ya nusu kutoka 18% ya wanawake kwa mwaka 1996 hadi 8% mwaka 2022.

## Ukeketaji Miongoni mwa Watoto wa Kike

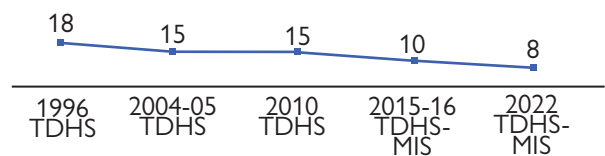
Ili kufahamu ni kwa kiasi gani watoto wa kike wanaendelea kukeketwa, wanawake waliohojiwa kwenye utafiti wa mwaka 2022 ambao wana watoto wa kike wenye miaka chini ya 15, waliulizwa kama watoto wao wamekeketwa. Kwa ujumla, chini ya 1% ya watoto wa kike wa umri chini ya miaka 15 wamekeketwa, hata hivyo, kwa kuwa zaidi ya 20% ya wanawake wenye umri wa miaka 15-49 walikeketwa wakiwa na umri wa miaka 15 au zaidi, bado kuna uwezekano mkubwa kwamba watoto wa kike wenye umri huu wanaweza kukeketwa baadae.

## Mtazamo Kuhusiana na Ukeketaji

Asilimia 97 ya wanawake na 94% ya wanaume wenye umri wa miaka 15-49 wanaamini kwamba ukeketaji haukubaliki na dini zao. Vile vile, 98% ya wanawake na 96% ya wanaume wanaamini kuwa ukeketaji haupaswi kuendelea.

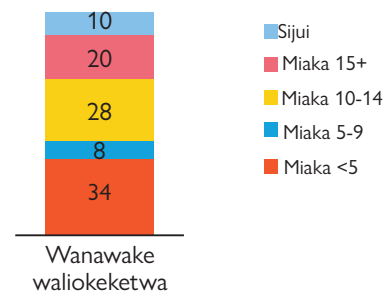
## Mwenendo wa Ukeketaji kwa Wanawake

Asilimia ya wanawake wenye umri wa miaka 15-49 waliokeketwa



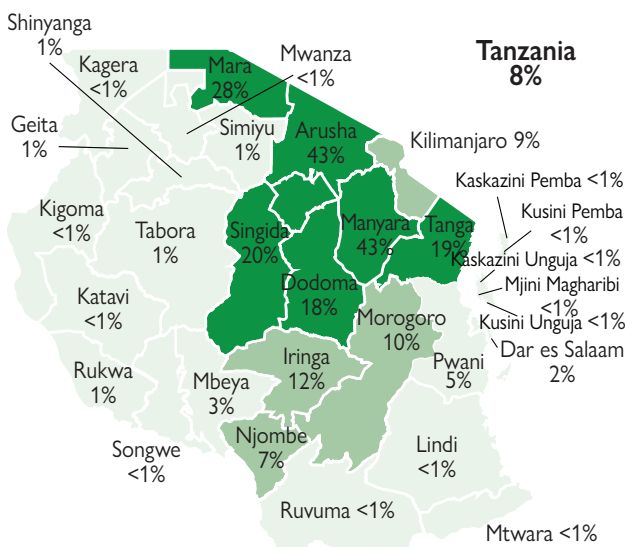
## Umri wa Ukeketaji

Asilimia ya wanawake wenye umri wa miaka 15-49 kwa umri wa kukeketwa



## Kiwango cha Ukeketaji Kimkoa

Asilimia ya wanawake wenye umri wa miaka 15-49 waliokeketwa



Uzazi	Tanzania	Eneo	
		Mjini	Vijijini
Kiwango cha uzazi (Idadi ya watoto kwa kila mwanamke)	4.8	3.6	5.5
Wastani wa umri wa kuzaa mtoto wa kwanza kwa wanawake wenye umri wa miaka 25–49	19.9	20.8	19.6
Wanawake wenye umri wa miaka 15–19 waliowahi kuwa wajawazito <sup>1</sup> (%)	22	16	25
<b>Uzazi wa Mpango (wanawake walioolewa wenye umri wa miaka 15–49)</b>			
Matumizi ya sasa ya njia yoyote ya kisasa ya uzazi wa Mpango (%)	38	46	34
Matumizi ya sasa ya njia za kisasa ya uzazi wa Mpango (%)	31	35	29
Mahitaji yaliyotoshelezwa ya njia za kisasa za uzazi wa mpango (%)	53	55	52
<b>Huduma Wakati wa Ujauzito na Huduma za Watoto Wachanga</b>			
Wanawake wajawazito wenye umri wa miaka 15–49 waliopata huduma ya mama mjamzito mara <sup>4+2</sup> (%)	65	76	61
Watoto waliozaliwa katika kituo cha kutolea huduma ya afya (%)	81	94	76
Watoto waliozaliwa kwa msaada wa watoa huduma wenye ujuzi <sup>3</sup> (%)	85	96	81
<b>Afya ya Mtoto (Miongoni mwa watoto wenye umri wa miezi 12–23)</b>			
Watoto wenye umri wa miezi 12-23 waliokamilisha chanjo (Chanjo za msingi) <sup>4</sup> (%)	53	54	52
Watoto wenye umri wa miezi 12-23 waliokamilisha chanjo (Mpango wa kitaifa) <sup>5</sup> (%)	23	26	22
<b>Huduma za Maji, Vyoo na Usafi wa Mazingira</b>			
Kaya zinazopata huduma za msingi za maji ya kunywa kwa vigezo vya SDGs (%)	64	94	52
Kaya zinazopata huduma za msingi za vyoo kwa vigezo vya SDGs <sup>6</sup> (%)	55	58	54
<b>Lishe</b>			
Watoto wenye umri chini ya miaka 5 wenye udumavu (%)	30	21	33
Watoto waliozaliwa kipindi cha miaka 2 iliyopita, waliowahi kunyonyeshwa (%)	95	95	96
<b>Malaria</b>			
Kaya zilizo na angalau chandarua kimoja kilichowekwa dawa (ITN) <sup>7</sup> (%)	67	60	71
Wanawake wajawazito wenye umri wa miaka 15-49 waliotumia angalau dozi 3 au zaidi za SP/Fansidar wakati wa ujauzito (%)	32	40	28
<b>Vifo vya Utotoni (Vifo kwa kila vizazi hai 1,000, miaka 10 kabla ya Utafiti)<sup>8</sup></b>			
Vifo vya watoto wachanga (Chini ya umri wa mwezi 1)	24	35	21
Vifo vya watoto wenye umri chini ya miaka 5	43	49	41
<b>VVU na Ukimwi</b>			
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kupima VVU na kupokea majibu (%)	80	81	79
Wanaume wenye umri wa miaka 15–49 ambao wamewahi kupima VVU na kupokea majibu (%)	64	68	62
<b>Uwezesaji Wanawake</b>			
Wanawake wenye umri wa miaka 15–49 wanaomiliki na kutumia akaunti ya benki au wanaotumia simu ya kiganjani kwa ajili ya huduma za kifedha katika kipindi cha miezi 12 iliyopita kabla ya utafiti (%)	44	67	32
Wanaume wenye umri wa miaka 15–49 wanaomiliki na kutumia akaunti ya benki au wanaotumia simu ya kiganjani kwa ajili ya huduma za kifedha katika kipindi cha miezi 12 iliyopita kabla ya utafiti (%)	22	41	13
<b>Ukatili wa Majumbani</b>			
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kufanyiwa ukatili wa kimwili tangu wakiwa na umri wa miaka 15 (%)	27	22	29
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kuwa na mume/mwenza waliowahi kufanyiwa ukatili na mume/mwenza katika kipindi cha miezi 12 kabla ya Utafiti <sup>9</sup> (%)	33	29	34
<b>Ukeketaji</b>			
Wanawake wenye umri wa miaka 15–49 waliowahi kukeketwa (%)	8	4	11

Angalizo: Takwimu katika mabano zimetokana na sampuli ya watoto 25 – 49 (watoto 250-499). <sup>1</sup>Wanawake wenye umri wa miaka 15–19 ambao wamewahi kujifungua watoto hai, kupoteza ujauzito (mtoto mfu, kuharibikiwa mimba, kutoa mimba), au kwa sasa ni wajawazito. <sup>2</sup>Wanawake wajawazito wenye umri wa miaka 15–49 waliojifungua watoto hai katika kipindi cha miaka 2 kabla ya utafiti. <sup>3</sup>Watoa huduma wenye ujuzi wanajumuisha Daktari/Daktari Msaidizi, Afisa Tabibu, Afisa Tabibu Msaidizi, Muuguzi/Mkunga, Muuguzi Msaidizi na Mtoa huduma za afya ya uzazi. <sup>4</sup>Waliokamilisha chanjo za msingi inajumuisha BCG, dozi 3 za chanjo ya DPT, dozi 3 za chanjo ya polio, na dozi moja ya chanjo ya surua-rubella. <sup>5</sup>Kukamilisha chanjo kulingana na mpango wa kitaifa hii ikijumuisha chanjo zote za msingi, vilevile

Zanzibar	Tanzania Bara	Jina la Mkoa						
		Dodoma	Arusha	Kilimanjaro	Tanga	Morogoro	Pwani	Dar es Salaam
4.7	4.8	3.9	4.7	4.4	5.2	4.4	3.8	2.8
22.2	19.9	19.7	20.6	20.8	20.1	19.4	19.7	21.9
4	23	21	13	8	16	28	20	18
29	38	43	38	63	32	54	52	44
17	32	36	30	49	26	39	43	30
33	54	62	55	65	47	55	66	49
79	65	77	66	63	58	82	60	90
87	81	91	66	95	66	82	87	>99
89	85	93	67	>99	78	87	91	>99
70	52	66	54	(84)	42	51	49	51
40	23	37	21	(66)	15	16	13	24
97	63	63	64	93	46	68	73	96
80	54	60	51	74	65	62	57	54
18	30	31	31	20	24	31	20	18
98	95	99	99	99	97	95	94	94
77	67	79	39	54	84	73	61	37
<1	33	37	19	36	47	26	36	52
34	23	18	21	(36)	19	26	37	49
47	47	(26)	44	(54)	36	62	(70)	61
74	80	73	69	79	78	82	88	85
58	64	62	52	68	68	64	77	69
45	44	56	43	60	50	40	58	83
32	22	23	23	36	20	15	31	54
8	27	33	45	27	18	37	26	18
15	33	37	29	40	30	27	24	20
<1	9	18	43	9	19	10	5	2

dozi 4 za chanjo ya OPV, dozi moja ya chanjo ya IPV na dozi tatu za chanjo ya pneumococcal, dozi 2 za chanjo ya rotavirus, na dozi nyingine ya MR. <sup>6</sup>Angalau huduma ya msingi ya vyoo: safely managed and basic sanitation services. <sup>7</sup>Chandarua kilichowekwa dawa (ITN) ni chandarua kilichowekwa dawa moja kwa moja toka kiwandani haihitajiki kuwekwa dawa tena. <sup>8</sup>Takwimu ni za miaka 10 kabla ya Utafiti isipokuwa za Kitaifa, mijini, kijijini, vijijini (maandishi yake yamelala), zinawakilisha miaka 5 kabla ya utafiti. <sup>9</sup>Yaweza kuwa ukatili wa kihisia, kimwili au kingono.

Uzazi	Jina la Mkoa		
	Lindi	Mtwara	Ruvuma
Kiwango cha uzazi (Idadi ya watoto kwa kila mwanamke)	4.1	3.3	4.4
Wastani wa umri wa kuzaa mtoto wa kwanza kwa wanawake wenye umri wa miaka 25–49	19.8	19.3	18.9
Wanawake wenye umri wa miaka 15–19 waliowahi kuwa wajawazito <sup>1</sup> (%)	25	26	37
<b>Uzazi wa Mpango (wanawake walioolewa wenye umri wa miaka 15–49)</b>			
Matumizi ya sasa ya njia yoyote ya kisasa ya uzazi wa Mpango (%)	51	41	47
Matumizi ya sasa ya njia za kisasa ya uzazi wa Mpango (%)	50	40	41
Mahitaji yaliyotoshelezwa ya njia za kisasa za uzazi wa mpango (%)	88	75	61
<b>Huduma Wakati wa Ujauzito na Huduma za Watoto Wachanga</b>			
Wanawake wajawazito wenye umri wa miaka 15–49 waliopata huduma ya mama mjamzito mara <sup>4+2</sup> (%)	70	83	78
Watoto waliozaliwa katika kituo cha kutolea huduma ya afya (%)	96	97	96
Watoto waliozaliwa kwa msaada wa watoa huduma wenye ujuzi <sup>3</sup> (%)	98	98	98
<b>Afya ya Mtoto (Miongoni mwa watoto wenye umri wa miezi 12–23)</b>			
Watoto wenye umri wa miezi 12-23 waliokamilisha chanjo (Chanjo za msingi) <sup>4</sup> (%)	(55)	(31)	59
Watoto wenye umri wa miezi 12-23 waliokamilisha chanjo (Mpango wa kitaifa) <sup>5</sup> (%)	(28)	(15)	44
<b>Huduma za Maji, Vyoo na Usafi wa Mazingira</b>			
Kaya zinazopata huduma za msingi za maji ya kunywa kwa vigezo vya SDGs (%)	59	69	70
Kaya zinazopata huduma za msingi za vyoo kwa vigezo vya SDGs <sup>6</sup> (%)	56	74	79
<b>Lishe</b>			
Watoto wenye umri chini ya miaka 5 wenye udumavu (%)	21	22	36
Watoto waliozaliwa kipindi cha miaka 2 iliyopita, waliowahi kunyonyeshwa (%)	95	97	93
<b>Malaria</b>			
Kaya zilizo na angalau chandarua kimoja kilichowekwa dawa (ITN) <sup>7</sup> (%)	72	67	73
Wanawake wajawazito wenye umri wa miaka 15-49 waliotumia angalau dozi 3 au zaidi za SP/Fansidar wakati wa ujauzito (%)	54	48	51
<b>Vifo vya Utotoni (Vifo kwa kila vizazi hai 1,000, miaka 10 kabla ya Utafiti)<sup>8</sup></b>			
Vifo vya watoto wachanga (Chini ya umri wa mwezi 1)	(6)	(12)	41
Vifo vya watoto wenye umri chini ya miaka 5	(14)	(40)	(70)
<b>VVU na Ukimwi</b>			
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kupima VVU na kupokea majibu (%)	81	85	89
Wanaume wenye umri wa miaka 15–49 ambao wamewahi kupima VVU na kupokea majibu (%)	60	68	75
<b>Uwezesaji Wanawake</b>			
Wanawake wenye umri wa miaka 15–49 wanaomiliki na kutumia akaunti ya benki au wanaotumia simu ya kiganjani kwa ajili ya huduma za kifedha katika kipindi cha miezi 12 iliyopita kabla ya utafiti (%)	33	37	39
Wanaume wenye umri wa miaka 15–49 wanaomiliki na kutumia akaunti ya benki au wanaotumia simu ya kiganjani kwa ajili ya huduma za kifedha katika kipindi cha miezi 12 iliyopita kabla ya utafiti (%)	8	9	18
<b>Ukatili wa Majumbani</b>			
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kufanyiwa ukatili wa kimwili tangu wakiwa na umri wa miaka 15 (%)	9	13	24
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kuwa na mume/mwenza waliowahi kufanyiwa ukatili na mume/mwenza katika kipindi cha miezi 12 kabla ya Utafiti <sup>9</sup> (%)	16	26	26
<b>Ukeketaji</b>			
Wanawake wenye umri wa miaka 15–49 waliowahi kukeketwa (%)	<1	<1	<1

Angalizo: Takwimu katika mabano zimetokana na sampuli ya watoto 25 – 49 (watoto 250-499). <sup>1</sup>Wanawake wenye umri wa miaka 15–19 ambao wamewahi kujifungua watoto hai, kupoteza ujauzito (mtoto mfu, kuharibikiwa mimba, kutoa mimba), au kwa sasa ni wajawazito. <sup>2</sup>Wanawake wajawazito wenye umri wa miaka 15–49 waliojifungua watoto hai katika kipindi cha miaka 2 kabla ya utafiti. <sup>3</sup>Watoa huduma wenye ujuzi wanajumuisha Daktari/Daktari Msaidizi, Afisa Tabibu, Afisa Tabibu Msaidizi, Muuguzi/Mkunga, Muuguzi Msaidizi na Mtoa huduma za afya ya uzazi. <sup>4</sup>Waliokamilisha chanjo za msingi inajumuisha BCG, dozi 3 za chanjo ya DPT, dozi 3 za chanjo ya polio, na dozi moja ya chanjo ya surua-rubella. <sup>5</sup>Kukamilisha chanjo kulingana na mpango wa kitaifa hii ikijumuisha chanjo zote za msingi, vilevile

Jina la Mkoa									
Iringa	Mbeya	Singida	Tabora	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
3.9	4.3	5.1	6.4	5.6	5.8	5.5	5.7	4.9	6.1
21.3	20	20.4	18.6	19.6	19.9	19.8	19.8	19.6	19.7
20	21	19	29	30	17	21	19	16	31
55	58	30	21	29	30	23	40	40	29
45	48	26	19	28	23	20	38	32	26
67	67	51	40	50	42	35	65	49	55
73	68	60	50	51	61	45	72	66	75
>99	81	78	73	95	94	81	77	80	72
99	84	84	75	98	96	83	84	84	75
69	52	65	36	39	76	32	46	56	68
46	15	20	14	11	29	3	17	33	35
71	69	44	46	63	62	59	57	73	47
75	57	55	34	51	48	54	60	41	33
57	32	26	33	50	27	28	34	28	23
95	98	98	93	98	99	91	99	95	95
77	72	70	74	76	69	57	75	80	77
36	25	26	15	11	32	26	38	43	32
(34)	33	11	27	14	22	21	23	17	12
(62)	(67)	22	52	36	60	44	55	47	36
88	84	72	82	76	77	65	86	77	82
72	72	56	51	74	45	70	76	61	64
67	57	39	18	22	23	35	36	41	38
22	20	11	11	9	15	12	21	28	20
29	18	25	37	14	20	28	38	24	49
47	23	28	43	15	34	37	43	40	64
12	3	20	1	1	<1	1	<1	<1	28

dozi 4 za chanjo ya OPV, dozi moja ya chanjo ya IPV na dozi tatu za chanjo ya pneumococcal, dozi 2 za chanjo ya rotavirus, na dozi nyingine ya MR. <sup>6</sup>Angalau huduma ya msingi ya vyoo; safely managed and basic sanitation services. <sup>7</sup>Chandarua kilichowekwa dawa (ITN) ni chandarua kilichowekwa dawa moja kwa moja toka kiwandani haihitajiki kuwekwa dawa tena. <sup>8</sup>Takwimu ni za miaka 10 kabla ya Utafiti isipokuwa za Kitaifa, mijini, kijijini, vijijini (maandishi yake yamelala), zinawakilisha miaka 5 kabla ya utafiti. <sup>9</sup>Yaweza kuwa ukatili wa kihisia, kimwili au kingono.

Uzazi	Jina la Mkoa		
	Manyara	Njombe	Katavi
Kiwango cha uzazi (Idadi ya watoto kwa kila mwanamke)	5.8	4	5.8
Wastani wa umri wa kuzaa mtoto wa kwanza kwa wanawake wenye umri wa miaka 25–49	20.8	20.4	19
Wanawake wenye umri wa miaka 15–19 waliowahi kuwa wajawazito <sup>1</sup> (%)	29	26	34
<b>Uzazi wa Mpango (wanawake walioolewa wenye umri wa miaka 15–49)</b>			
Matumizi ya sasa ya njia yoyote ya kisasa ya uzazi wa Mpango (%)	30	64	22
Matumizi ya sasa ya njia za kisasa ya uzazi wa Mpango (%)	26	56	20
Mahitaji yaliyotoshelezwa ya njia za kisasa za uzazi wa mpango (%)	48	74	38
<b>Huduma Wakati wa Ujauzito na Huduma za Watoto Wachanga</b>			
Wanawake wajawazito wenye umri wa miaka 15–49 waliopata huduma ya mama mjamzito mara <sup>4+2</sup> (%)	50	50	42
Watoto waliozaliwa katika kituo cha kutolea huduma ya afya (%)	56	99	67
Watoto waliozaliwa kwa msaada wa watoa huduma wenye ujuzi <sup>3</sup> (%)	61	99	74
<b>Afya ya Mtoto (Miongoni mwa watoto wenye umri wa miezi 12–23)</b>			
Watoto wenye umri wa miezi 12-23 waliokamilisha chanjo (Chanjo za msingi) <sup>4</sup> (%)	45	(65)	35
Watoto wenye umri wa miezi 12-23 waliokamilisha chanjo (Mpango wa kitaifa) <sup>5</sup> (%)	9	(38)	17
<b>Huduma za Maji, Vyoo na Usafi wa Mazingira</b>			
Kaya zinazopata huduma za msingi za maji ya kunywa kwa vigezo vya SDGs (%)	50	84	52
Kaya zinazopata huduma za msingi za vyoo kwa vigezo vya SDGs <sup>6</sup> (%)	46	78	42
<b>Lishe</b>			
Watoto wenye umri chini ya miaka 5 wenye udumavu (%)	32	50	32
Watoto waliozaliwa kipindi cha miaka 2 iliyopita, waliowahi kunyonyeshwa (%)	95	95	96
<b>Malaria</b>			
Kaya zilizo na angalau chandarua kimoja kilichowekwa dawa (ITN) <sup>7</sup> (%)	52	54	92
Wanawake wajawazito wenye umri wa miaka 15-49 waliotumia angalau dozi 3 au zaidi za SP/Fansidar wakati wa ujauzito (%)	23	53	8
<b>Vifo vya Utotoni (Vifo kwa kila vizazi hai 1,000, miaka 10 kabla ya Utafiti)<sup>8</sup></b>			
Vifo vya watoto wachanga (Chini ya umri wa mwezi 1)	8	(36)	24
Vifo vya watoto wenye umri chini ya miaka 5	29	(72)	81
<b>VVU na Ukimwi</b>			
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kupima VVU na kupokea majibu (%)	77	90	77
Wanaume wenye umri wa miaka 15–49 ambao wamewahi kupima VVU na kupokea majibu (%)	41	79	68
<b>Uwezesaji Wanawake</b>			
Wanawake wenye umri wa miaka 15–49 wanaomiliki na kutumia akaunti ya benki au wanaotumia simu ya kiganjani kwa ajili ya huduma za kifedha katika kipindi cha miezi 12 iliyopita kabla ya utafiti (%)	29	65	23
Wanaume wenye umri wa miaka 15–49 wanaomiliki na kutumia akaunti ya benki au wanaotumia simu ya kiganjani kwa ajili ya huduma za kifedha katika kipindi cha miezi 12 iliyopita kabla ya utafiti (%)	12	21	16
<b>Ukatili wa Majumbani</b>			
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kufanyiwa ukatili wa kimwili tangu wakiwa na umri wa miaka 15 (%)	25	33	18
Wanawake wenye umri wa miaka 15–49 ambao wamewahi kuwa na mume/mwenza waliowahi kufanyiwa ukatili na mume/mwenza katika kipindi cha miezi 12 kabla ya Utafiti <sup>9</sup> (%)	27	40	15
<b>Ukeketaji</b>			
Wanawake wenye umri wa miaka 15–49 waliowahi kukeketwa (%)	43	7	<1

Angalizo: Takwimu katika mabano zimetokana na sampuli ya watoto 25 – 49 (watoto 250-499). <sup>1</sup>Wanawake wenye umri wa miaka 15–19 ambao wamewahi kujifungua watoto hai, kupoteza ujauzito (mtoto mfu, kuharibikiwa mimba, kutoa mimba), au kwa sasa ni wajawazito. <sup>2</sup>Wanawake wajawazito wenye umri wa miaka 15–49 waliojifungua watoto hai katika kipindi cha miaka 2 kabla ya utafiti. <sup>3</sup>Watoa huduma wenye ujuzi wanajumuisha Daktari/Daktari Msaidizi, Afisa Tabibu, Afisa Tabibu Msaidizi, Muuguzi/Mkunga, Muuguzi Msaidizi na Mtoa huduma za afya ya uzazi. <sup>4</sup>Waliokamilisha chanjo za msingi inajumuisha BCG, dozi 3 za chanjo ya DPT,

Jina la Mkoa							
Simiyu	Geita	Songwe	Kaskazini Unguja	Kusini Unguja	Mjini Magharibi	Kaskazini Pemba	Kusini Pemba
6.6	6.1	5.4	4.5	5	4	5.7	6.4
19.9	19	19.6	22.8	21.3	22.8	20.8	22.1
25	28	45	4	13	2	5	6
11	22	52	19	43	32	21	23
9	21	43	9	27	20	13	15
17	40	59	20	46	37	26	28
36	56	71	69	84	87	76	69
73	72	86	82	91	96	76	72
76	77	90	84	94	97	82	76
41	48	53	84	73	70	69	60
17	14	16	40	29	52	28	23
54	52	50	97	93	98	92	99
47	46	67	84	87	83	75	72
33	39	32	29	17	13	22	17
91	91	97	98	98	>99	97	96
50	82	61	92	82	66	86	89
23	28	19	<1	1	<1	1	1
15	18	10	27	47	34	33	37
28	39	(36)	(36)	(68)	46	41	54
69	81	84	69	81	75	72	73
65	63	65	54	62	65	31	53
21	41	33	28	47	56	31	31
14	16	11	15	29	40	26	24
22	34	27	6	17	9	7	5
35	34	30	9	18	18	12	9
1	1	<1	<1	<1	<1	<1	<1

dozi 3 za chanjo ya polio, na dozi moja ya chanjo ya surua-rubella. <sup>5</sup>Kukamilisha chanjo kulingana na mpango wa kitaifa hii ikijumuisha chanjo zote za msingi, vilevile dozi 4 za chanjo ya OPV, dozi moja ya chanjo ya IPV na dozi tatu za chanjo ya pneumococcal, dozi 2 za chanjo ya rotavirus, na dozi nyingine ya MR. <sup>6</sup>Angalau huduma ya msingi ya vyoo: safely managed and basic sanitation services. <sup>7</sup>Chandarua kilichowekwa dawa (ITN) ni chandarua kilichowekwa dawa moja kwa moja toka kiwandani haihitajiki kuwekwa dawa tena. <sup>8</sup>Takwimu ni za miaka 10 kabla ya Utafiti isipokuwa za Kitaifa, mijini, kijijini, vijijini (maandishi yake yamelala), zinawakilisha miaka 5 kabla ya utafiti. <sup>9</sup>Yaweza kuwa ukatili wa kihisia, kimwili au kingono.

