Tanzania

Demographic and Health Survey and Malaria Indicator Survey

2022

Key Indicators

The United Republic of Tanzania

Demographic and Health Survey and Malaria Indicator Survey 2022

Key Indicators Report

Ministry of Health
Dodoma

Ministry of Health
Zanzibar

National Bureau of Statistics
Dodoma

Office of Chief Government Statistician
Zanzibar

The DHS Program
ICF
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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 the Chief Government Statistician (OCGS) in collaboration with the Ministry of Health, Tanzania Mainland and the Ministry of Health, Zanzibar. The funding for the 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), Hilton Foundation, Irish AID, Legal and Human Rights Centre (LHRC), Nutrition International, Royal Norwegian Embassy, United Nations Children's Fund (UNICEF), and World Food Programme (WFP). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in implementing 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, Jakaya Kikwete Road, P. O. Box 2683, Dodoma, Tanzania; telephone: +255-26-296-3822; fax: +255-26 -296-3828; email: sg@nbs.go.tz; website: www.nbs.go.tz.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

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TABLES, FIGURES, AND MAPS

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet
AMO	assistant medical officer
ANC	antenatal care
ARI	acute respiratory infection
ART	antiretroviral therapy
CAPI	computer-assisted personal interviewing
CBR	crude birth rate
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
CSPro	Census and Survey Processing
DHS	Demographic and Health Survey
EA	enumeration area
ECDI	Early Childhood Development Index
FCDO	Foreign, Commonwealth and Development Office
FYDP	Five Year Development Plan
GFR	general fertility rate
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPS	global positioning system
HIV	human immunodeficiency virus
IPTp	intermittent preventive treatment during pregnancy
IRB	internal review board
ITN	insecticide-treated net
IUD	intrauterine contraceptive device
IYCF	infant and young child feeding
LAM	lactational amenorrhea method
LHRC	Legal and Human Rights Centre
LLIN	long-lasting insecticidal net
MCH	maternal and child health
MoH	Ministry of Health
NBS	National Bureau of Statistics
NGO/VCT	non-governmental organisation/voluntary counselling and testing
OCGS	Office of the Chief Government Statistician
ORS	oral rehydration salts
Pf	*Plasmodium falciparum*
PHC	population and housing census
PMI	President's Malaria Initiative
PNC	postnatal care

RDT	rapid diagnostic test
SD	standard deviation
SDG	Sustainable Development Goal
SDM	standard days method
SP	sulfadoxine-pyrimethamine
TDHS-MIS	Tanzania Demographic and Health Survey and Malaria Indicator Survey
TFNC	Tanzania Food and Nutrition Centre
TFR	total fertility rate
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

FOREWORD

The 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) is the 7th DHS survey in Tanzania to be conducted through The DHS Program. The 2022 TDHS-MIS was implemented by the National Bureau of Statistics (NBS), Tanzania Mainland, and the Office of the Chief Government Statistician (OCGS), Zanzibar, in collaboration with the Prime Minister Office (PMO), President Office, Regional Administrative and Local Government, the Ministry of Health (MoH) for Tanzania Mainland, the Ministry of Health (MoH) for Zanzibar, Tanzania Food and Nutrition Centre, National Malaria Control Program, Eastern Africa Statistical Training Centre, Sokoine University of Agriculture, and the University of Dodoma.

The main objective of the 2022 TDHS-MIS is to obtain current information on health to inform policies at global, regional, and national levels and to measure progress towards the Tanzania Development Vision 2025, the Third National Five Year Development Plan (FYDP III 2021/22–2025/26), East Africa Community Vision 2050 (EAC 2050), Africa Development Agenda 2063 (ADA 2063), and the Global Agenda 2030 on Sustainable Development Goals (2030 SDGs). The 2022 TDHS-MIS also helps to assess the progress made in improving the living standards of the people. This report presents only the key indicators from the 2022 TDHS-MIS; a more comprehensive report will be published later in 2023.

The 2022 TDHS-MIS had many collaborators, including the Government of Tanzania, ICF, United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID), the President's Malaria Initiative (PMI), Canadian International Development Agency (CIDA), Centers for Disease Control and Prevention (CDC), Foreign, Commonwealth and Development Office (FCDO), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Hilton Foundation, Irish AID, Nutrition International, Royal Norwegian Embassy and Legal and Human Rights Centre (LHRC), and World Food Programme (WFP).

It is my hope that this Key Indicators Report will provide policy makers, program managers, planners, and other stakeholders with key information they need for their endeavours until the detailed final report is available.

Hon. Ummy A. Mwalimu (Member of Parliament)
Minister for Health

SUSTAINABLE DEVELOPMENT GOAL INDICATORS

Sustainable development goal indicators—Tanzania DHS-MIS 2022

Indicator	Sex		Total
	Male	Female	
2. Zero hunger			
2.2.1 Prevalence of stunting among children under age 5	33.3	26.6	30.0
2.2.2 Prevalence of malnutrition among children under age 5			
a) Prevalence of wasting among children under age 5	4.2	2.4	3.3
b) Prevalence of overweight among children under age 5	3.7	3.3	3.5
3. Good health and well-being			
3.1.2 Proportion of births attended by skilled health personnel	na	na	85.0
3.2.1 Under-5 mortality rate[1]	na	na	43.0
3.2.2 Neonatal mortality rate[1]	na	na	24.0
3.7.1 Proportion of women of reproductive age (age 15–49 years) who have their need for family planning satisfied with modern methods	na	53.1	na
3.7.2 Adolescent birth rate per 1,000 women			
a) Girls age 10–4 years[2]	na	1	na
b) Women age 15–19 years[3]	na	112	na
4. Quality education			
4.2.1 Proportion of children age 24–59 months who are developmentally on track in health, learning and psychosocial well-being[4]	44.1	50.8	47.4

na = not applicable
[1] Expressed in terms of deaths per 1,000 live births for the 5-year period preceding the survey
[2] Equivalent to the age-specific fertility rate for girls age 10–14 for the 3-year period preceding the survey, expressed in terms of births per 1,000 girls age 10–14
[3] Equivalent to the age-specific fertility rate for women age 15–19 for the 3-year period preceding the survey, expressed in terms of births per 1,000 women age 15–19
[4] Equivalent to the Early Childhood Development Index 2030 (ECDI2030)

TANZANIA


UGANDA
KENYA
RWANDA
BURUNDI
DEM. REP. OF THE CONGO
ZAMBIA
MALAWI
MOZAMBIQUE
Kagera
Mara
Mwanza
Simiyu
Geita
Lake
Shinyanga
Northern
Arusha
Kilimanjaro
Kigoma
Western
Tabora
Manyara
Central
Singida
Dodoma
Tanga
Katavi
South West Highlands
Rukwa
Mbeya
Songwe
Iringa
Morogoro
Eastern
Pwani
Dar es Salaam
Njombe
Southern Highlands
Ruvuma
Lindi
Southern
Mtwara
Kaskazini Pemba
Kusini Pemba
Zanzibar
Kaskazini Unguja
Mjini Magharibi
Kusini Unguja
N
0
125
250
500
Kilometres

1 INTRODUCTION

The 2022 Tanzania Demographic and Health Survey and Malaria Indicator Survey (2022 TDHS-MIS) was implemented by the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician (OCGS) in collaboration with the Ministry of Health, Tanzania Mainland and the Ministry of Health, Zanzibar. Data collection took place from February to July 2022. ICF provided technical assistance through The Demographic and Health Survey Program (DHS), which is funded by the United States Agency for International Development (USAID) and offers financial support and technical assistance for population and health surveys in countries worldwide. Other agencies and organisations that facilitated the successful implementation of the survey through technical or financial support were the Government of Tanzania; 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); Hilton Foundation; Irish AID; Legal and Human Rights Centre (LHRC); Nutrition International; Royal Norwegian Embassy; United Nations Children's Fund (UNICEF); and World Food Programme (WFP).

This Key Indicators Report presents a first look at selected findings from the 2022 TDHS-MIS. A comprehensive analysis of the data will be presented in a final report in 2023.

SURVEY OBJECTIVES

The primary objective of the 2022 TDHS-MIS is to provide up-to-date estimates of basic demographic and health indicators. Specific objectives of the TDHS-MIS included to:

- Collect data to calculate demographic rates including fertility, infant and child mortality, adult and maternal mortality
- Collect data on disability among the household population
- Measure the level of contraceptive knowledge and use, by method
- Collect data on proximate determinants of fertility, fertility preferences, and unmet need for family planning
- Collect data on the reproductive health of women (antenatal, delivery, and postnatal care) and the health and nutrition of their children (breastfeeding and supplementary feeding practices, immunisations, and the prevalence and treatment of childhood illnesses)
- Collect information on the use of insecticide-treated mosquito nets, persons who slept under the nets, and the use of antimalarial drugs for treatment of fever among children under 5
- Collect data on women's experience of domestic violence (emotional, physical, and sexual violence)
- Collect data on maternal mortality and adult all-cause male and female adult mortality via the sisterhood method
- Collect data on female genital cutting among eligible women age 15–49
- Assess the nutritional status of children under five, and women and men age 15–49, by means of anthropometric measurements (height and weight) and by anaemia testing among women age 15–49 and children under 5
- Provide an estimate of malaria prevalence among children 6–59 months according to rapid diagnostic tests
- Provide information on the prevalence of high blood pressure among the adult population
- Measure the micronutrient status of women age 15-49 and children 6-59 months via venous blood sample testing

The information collected through the 2022 TDHS-MIS is intended to assist policymakers and programme managers in designing and evaluating programmes and strategies for improving the health of Tanzania's population. The 2022 TDHS-MIS also provides indicators relevant to track the Sustainable Development Goals (SDGs) for Tanzania and the Third National Five Year Development Plan (FYDP III).

2 SURVEY IMPLEMENTATION

2.1 SAMPLE DESIGN

The sample design for the 2022 TDHS-MIS had two stages and was intended to provide estimates for the entire country, for urban and rural areas in the Mainland, and for Zanzibar. For specific indicators, such as contraceptive use, the sample design allowed for the estimation of indicators for each of the 31 regions—26 regions from Tanzania Mainland and 5 regions from Zanzibar. The first stage involved selecting sample points (clusters), consisting of enumeration areas (EAs) delineated for the 2012 Tanzania Population and Housing Census (PHC). A total of 629 clusters were selected. Among the 629 EAs, 211 EAs were from urban areas and 418 EAs were from rural areas.

In the second stage, 26 households were to be systematically selected from each cluster, for a total anticipated sample size of 16,354 households for the 2022 TDHS-MIS.

A household listing operation was carried out in all the selected EAs before the main survey. The household listing operation consisted of visiting each of the selected EAs to draw a location map and a detailed sketch map and to list all residential households found in the EA with the address and the name of the head of the households. The resulting list of households served as sampling frame for the selection of households in the second stage. During the listing operation, field teams collected global positioning system (GPS) data—latitude, longitude, and altitude readings—to produce one GPS point per EA.

To estimate geographic differentials for certain demographic indicators, Tanzania was divided into nine geographic zones. Although these zones are not official administrative areas, this classification system is also used by the Reproductive and Child Health Section of the Ministry of Health. Grouping of regions into zones allows for a larger denominators and smaller sampling errors for indicators at the zonal level. The zones are as follows:

Mainland:
- Western zone: Tabora, Kigoma
- Northern zone: Kilimanjaro, Tanga, Arusha
- Central zone: Dodoma, Singida, Manyara
- Southern Highlands zone: Iringa, Njombe, Ruvuma
- Southern zone: Lindi, Mtwara
- South West Highlands zone: Mbeya, Rukwa, Katavi, Songwe
- Lake zone: Kagera, Mwanza,Geita, Mara, Simiyu, Shinyanga
- Eastern zone: Dar es Salaam, Pwani, Morogoro

Zanzibar:
- Zanzibar zone: Kaskazini Unguja, Kusini Unguja, Mjini Magharibi, Kaskazini Pemba, Kusini Pemba

All women age 15–49 who were either usual residents or visitors in the household on the night before the survey were included in the 2022 TDHS-MIS and were eligible to be interviewed. In a subsample of half of all the households selected for the survey, all men age 15–49 years were eligible to be interviewed if they were either usual residents or visitors in the household on the night before the survey. In this subsample, with the parent's or guardian's consent, all children age 0–59 months, all women age 15–49, and all men age 15–49 had their height and weight measured. Children 6–59 months were also tested for anaemia and malaria via rapid tests. Women were also tested for anaemia and were asked to provide a urine sample for laboratory testing to detect the presence of iodine.

A subsample of approximately 20 percent of all households were selected for the micronutrient component. Within those households, all interviewed women age 15-49 and children 6-59 months were eligible for venous blood collection. Samples were collected, processed and sent to the Tanzania Food and

Nutrition Centre (TFNC) for storage and analysis. Drops of the venous blood collected from women and children in the field were tested on-the-spot for anaemia and malaria. A range of micronutrient assays are expected to be carried out by TFNC and the results will be published in a separate report at a later date.

2.2 QUESTIONNAIRES

Four questionnaires were used for the 2022 TDHS-MIS: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, and the Biomarker Questionnaire. The questionnaires, based on The DHS Program's Model Questionnaires, were adapted to reflect the population and health issues relevant to Tanzania. In addition, a self-administered Fieldworker Questionnaire collected information about the survey's fieldworkers.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. Basic demographic information was collected on the characteristics of each person listed, including age, sex, marital status, education, and relationship to the head of the household. Parents' survival status was determined for children under age 18. The data on age and sex of household members obtained in the Household Questionnaire were used to identify women and men who were eligible for individual interviews. The Household Questionnaire also collected information on characteristics of the household's dwelling unit, such as source of water, type of toilet facilities, materials used for the floor of the dwelling unit, ownership of various durable goods, and ownership and use of mosquito nets. Questions were also asked about the disability status of household members age five and older.

The Woman's Questionnaire was used to collect information from all eligible women age 15–49. These women were asked questions on the following topics:

- Background characteristics (age, education, media exposure, and so on)
- Birth history and childhood mortality
- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal, delivery, and postnatal care
- Breastfeeding and infant feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Women's work and husbands' background characteristics
- Other health issues
- Adult mortality, including maternal mortality
- Female genital cutting
- Early childhood development
- Malaria
- Domestic violence

The Man's Questionnaire was administered to all men age 15–49 in the subsample of households selected for the men's survey. The Man's Questionnaire collected much of the same information found in the Woman's Questionnaire, but it was shorter because it did not contain a detailed reproductive history or questions on maternal and child health.

The Biomarker Questionnaire was used to record anthropometry (height and weight) measurements for children under 5 and women and men age 15–49; to record anaemia test results for children 6–59 months and women age 15–49; to record malaria rapid test results for children 6–59 months; and to document responses to a request for a household salt sample and a urine sample among women age 15–49. The samples were to be tested later for iodine at the Tanzania Food and Nutrition Centre (TFNC) laboratory.

The Fieldworker Questionnaire recorded basic background information on the people collecting data in the field, including the team supervisors, computer-assisted personal interviewing (CAPI) supervisors, interviewers, and biomarker technicians.

The questionnaires and the survey protocol, including administration of questionnaires and collection of biomarkers, were approved by the Medical Research Council of Tanzania and the Zanzibar Health Research Institute and reviewed by ICF's Internal Review Board (IRB).

2.3 ANTHROPOMETRY, ANAEMIA, AND MALARIA TESTING

Anthropometry. Weight measurements were taken using Seca scales with a digital display (model number SECA 878U). Height and length were measured with a ShorrBoard® measuring board. Children younger than age 24 months were measured lying down (recumbent length), while older children and adults were measured standing (height).

To assess the precision of measurements, two children per cluster were randomly selected to be measured a second time. The DHS Program defines a difference of less than 1 centimetre between the two height measurements as an acceptable level of precision. Children with a *z* score of less than −3 or more than 3 for height-for-age, weight-for-height, or weight-for-age were flagged and measured a second time. The remeasurement of flagged cases was performed to ensure accurate reporting of height.

Children with a confirmed *z* score of less than −3 or more than 3 for height-for-age, weight-for-height, or weight-for-age were referred to a local health facility for management.

Anaemia. Blood specimens for anaemia testing were collected from women and men age 15–49 who consented to be tested. Blood specimens were also collected from children age 6–59 months whose parents or guardians had given consent to the testing. Blood samples were drawn from a drop of blood taken from a finger prick (or a heel prick in the case of children age 6–11 months) and collected in a microcuvette. Haemoglobin analysis was carried out onsite using a battery-operated portable HemoCue® 201+ device. Results were provided verbally and in writing to those being tested. Parents or guardians of children with a haemoglobin level below 8 g/dl were provided with a referral and instructed to take the child to a health facility for follow-up care. Adults were referred for follow-up care if their haemoglobin levels were below 8 g/dl.

Malaria testing using a rapid diagnostic test (RDT). Another major objective of the 2022 TDHS-MIS was to provide information about the extent of malaria infection among children age 6–59 months. Using the same finger- (or heel-) prick used for anaemia testing, a drop of blood was tested immediately using the SD Bioline Ag Pf RDT, which is a rapid qualitative test for malaria specific to *Plasmodium falciparum* (Pf), the major cause of malaria in Tanzania. The test includes a disposable sample applicator that comes in a standard package. A tiny volume of blood is captured on an applicator and placed in the well of the testing device. The biomarker technicians involved in collecting biomarkers measurements were trained to perform the RDT in the field, in accord with manufacturers' instructions. As with the anaemia testing, malaria RDT results were provided to the child's parent or guardian in oral and written form and were recorded on the Biomarker Questionnaire.

Children who tested positive for malaria using the RDT were offered a full course of treatment according to Tanzania national malaria treatment guidelines, provided they were not currently on treatment with artemisinin-based combination therapy (ACT) and had not completed a full course of ACT during the preceding 2 weeks. To ascertain the correct dose, health technicians were provided with treatment guidance charts and were instructed to ask about signs of severe malaria and about any medications the child might already be taking. The biomarker technicians then provided the age-appropriate dose of ACT

along with instructions on how to administer the medicine to the child.[1] Children who tested positive and showed symptoms of severe malaria—haemoglobin levels below 8 g/dl, extreme weakness, loss of consciousness, rapid breathing, seizures, bleeding, jaundice, and dark urine—were not offered the treatment. Because the first-line treatment for severe malaria is parenteral quinine, the parents or guardians were advised to take the child to a health facility immediately. The parents or guardians of all other children treated were told to take the child to a health facility immediately if they became sicker, developed a fever or difficulty breathing, or were not able to drink or breastfeed. Parents also received counselling on how to prevent malaria. Children who tested positive to malaria in Zanzibar were not treated but were referred to closest health facility based on the current procedure for malaria elimination on the island.

Testing for Iodine Deficiency. Interviewing teams requested that women in the selected households provide a urine sample for iodine testing in the laboratory. Samples of urine collected in the field were packed into small tubes with tightly fitted caps for transport to the TFNC laboratory.

Results from the anaemia and iodine testing will be presented in the forthcoming 2022 TDHS-MIS final report.

2.4 TRAINING OF TRAINERS AND PRETEST

A pretest was conducted in Kilimanjaro region from 30 September to 21 October 2021. Eighteen interviewers (12 women and 6 men) and 6 health technicians (3 male and 3 female) participated in the training, conducted by trainers from NBS, OCGS, TFNC, NMCP and MoH, with technical assistance from ICF. Classroom instructions were provided during the first 15 days, and pretest field practice took place over 4 days in two rural clusters and one urban cluster. Following field practice, a debriefing session was held with the pretest field staff, and modifications to the questionnaires and CAPI applications were made based on lessons drawn from the exercise.

A training of trainers for questionnaire content and the CAPI system was held before the main training from 19 January to 25 January 2022 in Moshi, Kilimanjaro region.

2.5 TRAINING OF FIELD STAFF

The main training of the 2022 TDHS-MIS took place in Kilimanjaro region from 26 January 2022 to 21 February 2022. A total of 120 potential interviewers from across the country—including 60 female nurses, 20 male nurses, 20 team leaders, and 20 CAPI supervisors—were invited to participate in the training. The training sessions were conducted by NBS, OCGS, and MoH trainers with support from ICF. With support from ICF, trainers from TFNC and UNICEF provided training to 80 biomarker technicians, including 40 who were trained on the standard survey biomarkers (anthropometry and haemoglobin) and 40 who were trained on procedures for the micronutrient component.

Participants were evaluated through in-class exercises, quizzes, and observations made during field practice. By the end of the main training, 18 teams were formed, with 18 individuals serving as team leaders, 18 as CAPI supervisors, 18 as male interviewers, 54 as female interviewers, and 72 as biomarker technicians, including 36 for standard biomarkers and 36 for micronutrients. All the interviewers were nurses. The team leaders and CAPI supervisors received additional training on how to identify the selected households, how to implement the different subsamples, data quality control procedures, and how to coordinate the fieldwork.

[1] Dosage of ACT was based on recipient's age. The proper dosage for a child age 6 months to 3 years is one tablet of artemether-lumefantrine (co-formulated tablets containing 20 mg of artemether and 120 mg of lumefantrine) to be taken twice daily for 3 days, while the dosage for a child age 4–7 is two tablets of artemether-lumefantrine to be taken twice daily for 3 days.

All biomarker technicians were nurses, and they were trained to measure the height and weight of children and adults. The training on child height measurement included standardisation exercises, and re-standardisation exercises for those technicians who did not pass the standardisation exercises.

2.6 FIELDWORK

Data collection was carried out by 18 field teams 3 teams in Zanzibar and 15 teams on the Mainland. Each team was provided two vehicles (four-wheel drive trucks) with two drivers. The teams consisted of a team supervisor, a CAPI supervisor, three female interviewers, one male interviewer, and four biomarker technicians (two for standard biomarkers and two for micronutrients).

The team leader and CAPI supervisor were responsible for data quality in the field. The NBS and OCGS also coordinated and supervised all fieldwork activities. ICF provided technical assistance during the entire 5-month data collection period, which ran from 24 February to 21 July 2022.

Fieldwork monitoring was an integral part of the 2022 TDHS-MIS and was carried out during field data collection by NBS, OCGS, and ICF. Field check tables were generated regularly from Syncloud to monitor data quality and fieldwork progress. Feedback was regularly provided to the field teams.

2.7 DATA PROCESSING

Processing the 2022 TDHS-MIS data began as soon as the fieldwork started. When data collection was completed in each cluster, the electronic data files were transferred via Syncloud to the NBS central office in Dodoma. The data files were registered and checked for inconsistencies, incompleteness, and outliers. Errors and inconsistencies were communicated to the field teams for review and correction. Secondary editing, done by NBS and OCGS data processors and field supervisors, was carried out at the central office, and included coding the open-ended questions and resolving inconsistencies. The paper Biomarker Questionnaires were collected by field supervisors, and they were then compared with the electronic data files to look for any inconsistencies arising during data entry. Data processing and editing were carried out using the Census and Survey Processing CSPro software package. The concurrent data collection and processing offered an advantage because it maximised the likelihood of having error-free data. Timely generation of field check tables allowed for effective monitoring. Secondary editing of the data was completed in October 2022.

3 KEY FINDINGS

3.1 RESPONSE RATES

Table 1 presents the response rates for the 2022 TDHS-MIS. A total of 16,312 households were selected for the TDHS-MIS sample. This number is slightly less than the target sample size of 16,354 because one EA could not be completed due to security issues, and a few other EAs were so small that they contained fewer than the 26 households indicated in the sample design. In these EAs, all households were selected. Of the 16,312 households selected, 15,907 were found to be occupied. Of the occupied households, 15,705 were successfully interviewed, yielding a response rate of 99%. In the interviewed households, 15,699 women age 15–49 were identified as eligible for individual interview. Interviews were completed with 15,254 women, yielding a response rate of 97%. In the subsample of households selected for the male survey, 6,367 men age 15–49 were identified as eligible for individual interview and 5,763 were successfully interviewed, yielding a response rate of 91%.

Table 1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Tanzania DHS-MIS 2022

	Tanzania Mainland				
Result	Urban	Rural	Total	Zanzibar	Tanzania
Household interviews					
Households selected	4,763	9,201	13,964	2,348	16,312
Households occupied	4,587	9,019	13,606	2,301	15,907
Households interviewed	4,493	8,957	13,450	2,255	15,705
Household response rate[1]	98.0	99.3	98.9	98.0	98.7
Interviews with women age 15–49					
Number of eligible women	4,741	8,345	13,086	2,613	15,699
Number of eligible women interviewed	4,576	8,110	12,686	2,568	15,254
Eligible women response rate[2]	96.5	97.2	96.9	98.3	97.2
Household interviews in subsample					
Households selected	2,382	4,600	6,982	1,170	8,152
Households occupied	2,288	4,502	6,790	1,147	7,937
Households interviewed	2,232	4,469	6,701	1,129	7,830
Household response rate in subsample[1]	97.6	99.3	98.7	98.4	98.7
Interviews with men age 15–49					
Number of eligible men	1,788	3,545	5,333	1,034	6,367
Number of eligible men interviewed	1,547	3,225	4,772	991	5,763
Eligible men response rate[2]	86.5	91.0	89.5	95.8	90.5

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

3.2 CHARACTERISTICS OF RESPONDENTS

Table 2 presents, by background characteristics, the weighted and unweighted numbers and percent distributions of women and men interviewed in the 2022 TDHS-MIS. Results presented in this report are based on weighted data, so results are representative of the country, of urban and rural residence, and of each of the 31 regions.

- Around one-third of the population of Tanzania live in urban areas (36% of women and 34% of men)
- 16% of women in Tanzania have no education, compared with 10% of men
- 72% of women and men report that their health is good or very good
- 27% of women age 15–49 have never been married, compared with 44% of men
- 61% of women and 51% of men are married or living with someone as if married
- 20% of the female respondents and one-quarter of male respondents are adolescents age 15-19

Table 2 Background characteristics of respondents

Percent distribution of women and men age 15–49, by selected background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15–19	20.2	3,083	3,142	25.1	1,444	1,457
20–24	17.9	2,727	2,710	16.2	934	959
25–29	16.6	2,533	2,500	14.8	850	846
30–34	13.6	2,076	2,041	13.3	765	722
35–39	12.4	1,884	1,882	12.0	693	686
40–44	10.4	1,588	1,550	10.5	607	621
45–49	8.9	1,363	1,429	8.1	469	472
Self-reported health status						
Very good	17.9	2,726	3,105	22.6	1,303	1,446
Good	54.1	8,254	8,042	49.8	2,872	2,890
Moderate	26.9	4,101	3,956	26.1	1,505	1,345
Bad	1.1	170	147	1.4	79	80
Very bad	0.0	3	4	0.0	3	2
Marital status						
Never married	26.5	4,047	4,232	43.7	2,517	2,573
Married	43.5	6,630	6,751	45.5	2,621	2,539
Living together	17.2	2,622	2,400	5.5	316	346
Divorced/separated	10.4	1,585	1,514	4.9	280	287
Widowed	2.4	370	357	0.5	28	18
Residence						
Urban	35.7	5,446	5,441	33.6	1,938	1,883
Rural	64.3	9,808	9,813	66.4	3,825	3,880
Mainland/Zanzibar						
Mainland	96.6	14,737	12,686	96.7	5,572	4,772
Urban	34.5	5,268	4,576	32.5	1,871	1,547
Rural	62.1	9,468	8,110	64.2	3,700	3,225
Zanzibar	3.4	517	2,568	3.3	191	991
Unguja	2.5	381	1,566	2.5	143	625
Pemba	0.9	137	1,002	0.8	48	366
Zone						
Western	8.3	1,268	1,127	8.7	501	449
Northern	11.4	1,733	1,461	10.9	631	470
Central	10.3	1,573	1,328	10.0	577	489
Southern Highlands	6.1	924	1,209	6.5	376	474
Southern	5.3	805	794	5.0	290	308
South West Highlands	8.7	1,322	1,767	9.1	526	725
Lake	29.2	4,454	3,148	29.4	1,694	1,255
Eastern	17.4	2,657	1,852	16.9	976	602
Zanzibar	3.4	517	2,568	3.3	191	991
Region						
Dodoma	5.1	772	463	4.4	255	157
Arusha	3.7	558	545	3.5	202	168
Kilimanjaro	2.7	417	399	3.0	171	138
Tanga	5.0	758	517	4.5	258	164
Morogoro	4.8	727	538	4.8	274	192
Pwani	3.5	539	479	3.1	180	139
Dar es Salaam	9.1	1,391	835	9.1	522	271
Lindi	2.2	336	362	2.2	128	147
Mtwara	3.1	468	432	2.8	162	161
Ruvuma	2.5	382	456	2.9	167	206
Iringa	2.1	326	368	2.1	123	124
Mbeya	3.2	489	454	3.4	195	187
Singida	2.5	384	403	2.6	149	163
Tabora	4.7	723	626	5.4	312	261
Rukwa	2.1	317	406	2.0	117	149
Kigoma	3.6	545	501	3.3	189	188
Shinyanga	3.5	533	539	3.3	192	194
Kagera	5.0	769	526	4.9	282	204
Mwanza	8.2	1,245	592	8.3	478	253
Mara	4.9	749	510	4.7	274	201
Manyara	2.7	417	462	3.0	174	169
Njombe	1.4	216	385	1.5	86	144
Katavi	1.3	197	525	1.3	74	222
Simiyu	2.5	374	437	2.8	163	188
Geita	5.1	782	544	5.3	306	215
Songwe	2.1	319	382	2.4	140	167
Kaskazini Unguja	0.5	70	461	0.4	25	180
Kusini Unguja	0.3	38	426	0.2	14	160
Mjini Magharibi	1.8	272	679	1.8	105	285
Kaskazini Pemba	0.4	64	494	0.4	21	170
Kusini Pemba	0.5	73	508	0.5	26	196

Continued...

Table 2—*Continued*

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Education						
No education	16.1	2,450	2,387	10.0	574	597
Primary incomplete	9.0	1,380	1,412	14.8	851	922
Primary complete[1]	44.2	6,744	6,001	39.6	2,282	2,056
Secondary +	30.7	4,681	5,454	35.7	2,055	2,188
Wealth quintile						
Lowest	16.2	2,466	2,271	15.3	883	826
Second	16.9	2,578	2,498	18.0	1,037	1,024
Middle	18.9	2,880	3,063	20.7	1,191	1,266
Fourth	22.0	3,359	3,378	23.5	1,355	1,341
Highest	26.0	3,971	4,044	22.5	1,298	1,306
Total 15–49	100.0	15,254	15,254	100.0	5,763	5,763

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
[1] Completed grade 7 at the primary level

3.3 FERTILITY

Table 3 shows the total fertility rate (TFR) and the age-specific fertility rates among women by 5-year age groups for the 3-year period preceding the survey.

Total fertility rate

The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey, based on detailed pregnancy histories provided by women.

Sample: Women age 15–49

- If fertility were to remain constant at current levels, a woman in Tanzania would bear an average of 4.8 children in her lifetime.
- In Tanzania Mainland, fertility is higher in rural areas than in urban areas. On average, rural women on the Mainland give birth to 5.5 children in their lifetime, compared with urban women on the Mainland who give birth to 3.6 children.
- Fertility is low among adolescents (112 births per 1,000 women age 15–19), peaks at 222 births per 1,000 among women age 25–29, and then decreases thereafter.

Table 3 Current fertility

Age-specific and total fertility rates, general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Tanzania DHS-MIS 2022

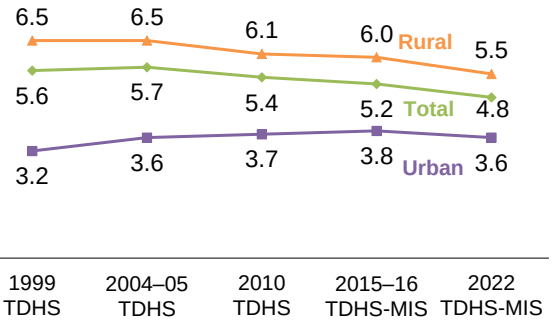
Age group	Tanzania Mainland			Zanzibar	Tanzania
	Urban	Rural	Total		
10–14	[1]	[1]	[1]	[1]	[1]
15–19	69	141	115	32	112
20–24	172	253	223	165	221
25–29	181	245	221	247	222
30–34	139	224	192	209	192
35–39	118	153	140	184	142
40–44	37	75	61	71	62
45–49	[7]	[17]	[14]	[22]	[14]
TFR (15-49)	3.6	5.5	4.8	4.7	4.8
GFR	124	190	166	147	165
CBR	31.9	34.6	33.8	32.9	33.8

Notes: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.
TFR: Total fertility rate expressed per woman
GFR: General fertility rate expressed per 1,000 women age 15–44
CBR: Crude birth rate, expressed per 1,000 population

Trends: **Figure 1** shows trends in TFR for all of Tanzania. The urban and rural estimates include the Mainland and Zanzibar combined. The TFR decreased from 5.6 children per woman in the 1999 TDHS to 4.8 in the 2022 TDHS-MIS. The trend in the national TFR is driven by a decreasing trend in the rural areas—from 6.5 in the 1999 and 2004-05 TDHS to 5.5 in 2022. Among urban women, the TFR has remained fairly constant since the 2004–05 TDHS.

Figure 1 **Trends in fertility by residence**

TFR for the 3 years before each survey



3.4 TEENAGE FERTILITY

Teenage pregnancy

Percentage of women age 15–19 who have ever been pregnant.

Sample: Women age 15–19

Table 4 shows the percentage of women age 15–19 who have ever been pregnant, according to the pregnancy history applied in the 2022 TDHS-MIS. This includes women who have had a live birth, women who have had a pregnancy that ended in an outcome other than a live birth—such as a stillbirth, miscarriage, or induced abortion—and women who are currently pregnant for the first time.

- 22% of women age 15–19 have ever been pregnant
- 16% of women age 15–19 have had a live birth
- 2% of women age 15–19 have had a pregnancy loss
- 6% of women age 15–19 are currently pregnant

Table 4 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Percentage of women age 15–19 who: Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant[2]	Have ever been pregnant[3]	Number of women
Age					
15	2.3	0.4	2.0	4.5	664
16	4.6	0.9	5.8	10.5	588
17	9.9	2.1	5.2	16.0	587
18	26.7	2.5	7.0	33.9	648
19	37.1	3.8	10.5	45.6	597
Residence					
Urban	11.8	2.3	4.2	16.4	1,068
Rural	18.3	1.7	7.0	24.9	2,015
Mainland/Zanzibar					
Mainland	16.6	2.0	6.2	22.7	2,968
Urban	12.2	2.4	4.4	17.0	1,025
Rural	18.9	1.8	7.2	25.6	1,943
Zanzibar	2.9	0.4	1.3	4.1	116
Unguja	2.4	0.4	1.2	3.6	78
Pemba	4.0	0.4	1.6	5.2	38

Continued...

Table 4—*Continued*

Background characteristic	Percentage of women age 15–19 who: Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant[2]	Have ever been pregnant[3]	Number of women
Zone					
Western	17.4	2.0	7.0	24.0	283
Northern	9.6	1.1	3.2	12.8	341
Central	15.7	0.4	7.6	22.2	355
Southern Highlands	22.5	1.9	6.3	29.4	157
Southern	20.7	1.6	3.1	25.4	143
South West Highlands	22.6	1.5	8.2	31.1	239
Lake	18.0	1.8	6.1	22.9	962
Eastern	12.7	4.5	6.9	21.7	488
Zanzibar	2.9	0.4	1.3	4.1	116
Region					
Dodoma	12.2	0.0	9.0	21.2	186
Arusha	9.8	1.6	3.1	13.1	123
Kilimanjaro	4.9	0.6	2.1	7.6	81
Tanga	12.3	0.9	3.9	15.6	137
Morogoro	19.6	2.4	9.2	28.0	161
Pwani	11.4	1.9	7.3	19.8	93
Dar es Salaam	8.4	6.9	5.2	18.1	234
Lindi	23.2	0.0	1.8	25.0	65
Mtwara	18.5	3.0	4.2	25.7	78
Ruvuma	27.3	3.9	8.7	37.2	76
Iringa	16.4	0.0	3.3	19.7	48
Mbeya	12.7	2.8	6.8	21.2	82
Singida	16.8	1.6	4.3	18.8	94
Tabora	22.2	2.3	7.9	29.1	162
Rukwa	19.2	0.0	10.3	29.6	58
Kigoma	10.9	1.5	5.7	17.2	121
Shinyanga	16.7	5.2	7.7	20.8	122
Kagera	16.2	0.8	3.1	19.3	140
Mwanza	12.6	1.4	2.8	16.3	272
Mara	24.3	1.6	5.3	31.1	171
Manyara	22.9	0.0	8.1	28.8	74
Njombe	20.5	0.0	4.9	25.5	33
Katavi	25.9	0.8	10.0	34.4	44
Simiyu	21.2	2.4	4.5	24.5	79
Geita	21.1	0.9	14.0	28.4	178
Songwe	38.1	1.8	6.6	44.7	55
Kaskazini Unguja	3.2	1.0	1.0	4.2	15
Kusini Unguja	12.4	2.0	0.0	12.9	6
Mjini Magharibi	1.0	0.0	1.3	2.3	56
Kaskazini Pemba	2.9	0.8	1.7	4.6	18
Kusini Pemba	5.0	0.0	1.6	5.8	20
Education					
No education	40.6	4.5	12.9	52.5	247
Primary incomplete	19.0	1.6	9.0	26.0	418
Primary complete	25.8	3.4	9.4	35.5	819
Secondary +	6.5	0.8	2.5	9.3	1,599
Wealth quintile					
Lowest	26.2	1.1	9.1	34.6	462
Second	21.5	2.5	7.6	29.5	551
Middle	15.9	1.9	5.9	21.2	638
Fourth	14.6	2.3	5.6	19.9	628
Highest	7.7	1.7	3.6	11.8	804
Total	16.1	1.9	6.0	22.0	3,083

[1] Stillbirth, miscarriage, or abortion. Includes women who have also had a prior live birth, and/or women who may be currently pregnant
[2] Includes all women who are currently pregnant, including those with a prior live birth and/or pregnancy loss
[3] The percentage of women who have ever been pregnant may not equal the sum of the first three columns because a woman may appear in more than one of these columns

3.5 FERTILITY PREFERENCES

Desire for another child

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilised are assumed not to want any more children.

Sample: Currently married women age 15–49

Table 5 shows fertility preferences among currently married women age 15–49 by number of living children.

- 24% of women want another child soon (within the next 2 years), 35% want to have another child later (in 2 or more years), and 2% want another child but have not decided when.
- 23% of women say they want no more children or are sterilised.
- The percentage of women who want no more children or have been sterilised increases with number of living children, from 1% with no living children to 56% with six or more children.

Table 5 Fertility preferences by number of living children

Percent distribution of currently married women age 15-49 by desire for children, according to number of living children, Tanzania DHS-MIS 2022

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	85.8	32.4	28.0	22.3	16.5	13.3	7.7	24.1
Have another later[3]	1.9	51.5	49.3	40.5	32.1	27.9	15.0	35.2
Have another, undecided when	1.3	3.1	2.4	3.0	2.2	1.2	1.3	2.2
Undecided	4.5	9.3	13.3	14.5	16.0	14.7	13.6	13.0
Want no more	0.5	1.5	5.0	14.7	27.4	33.5	48.8	19.4
Sterilised[4]	0.5	0.5	0.6	3.2	3.1	6.0	7.2	3.1
Declared infecund	5.4	1.7	1.3	2.0	2.7	3.4	6.5	3.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	479	1,476	1,820	1,701	1,336	866	1,574	9,252

[1] The number of living children includes a woman's current pregnancy
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilisation

3.6 FAMILY PLANNING

3.6.1 Contraceptive use

Contraceptive prevalence

Percentage of women who use any contraceptive method.

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Modern methods

Include male and female sterilisation, injectables, intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, emergency contraception, the standard days method, and lactational amenorrhea method.

Table 6 presents contraceptive use among currently married women and sexually active, unmarried women.

- 38% of currently married women are using any contraceptive method, including 31% who are using any modern method and 7% of women using any traditional method.
- Use of any method of contraception ranges from 13% in Geita to 52% in Lindi (**Map 1**).
- Implants are now the most commonly used contraceptive method among currently married women (14%), followed by injectables (9%).
- Among sexually active, unmarried women, 45% use any contraceptive method, including 36% using any modern method and 8% using any traditional method.

Map 1 Contraceptive use by region

Percentage of currently married women age 15–49

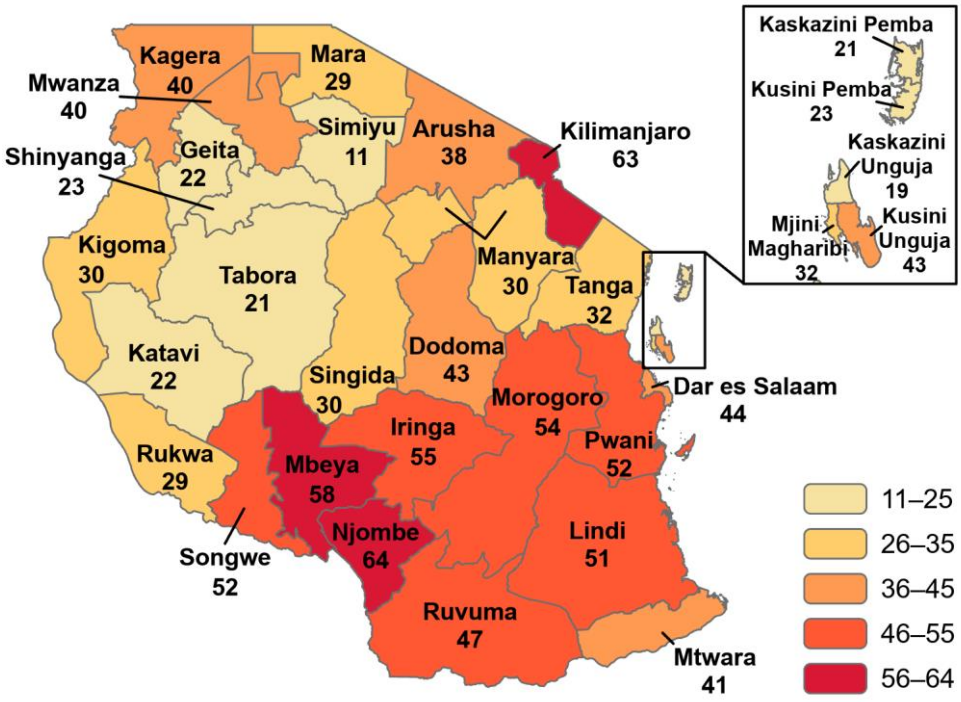


Table 6 Current use of contraception according to background characteristics

Percent distribution of currently married women and sexually active unmarried women age 15–49, by contraceptive method currently used, according to background characteristics, Tanzania DHS-MIS 2022

			Modern method											Traditional method					
Background characteristic	Any method	Any modern method	Female sterili-sation	Male sterili-sation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Emergency contra-ception	SDM	LAM	Any traditional method	Rhythm	Withdrawal	Other	Not currently using	Total	Number of women
									CURRENTLY MARRIED WOMEN											
Number of living children																				
0	3.9	2.5	0.4	0.0	0.0	0.5	0.1	0.4	1.2	0.0	0.0	0.0	0.0	1.4	1.3	0.1	0.0	96.1	100.0	675
1–2	38.7	32.2	0.6	0.0	0.8	9.2	16.7	2.8	1.7	0.0	0.1	0.0	0.5	6.5	4.4	1.9	0.2	61.3	100.0	3,289
3–4	44.3	36.7	3.2	0.0	1.4	10.7	16.2	3.5	1.1	0.0	0.0	0.0	0.6	7.6	4.3	2.6	0.7	55.7	100.0	2,951
5+	37.2	30.7	6.9	0.1	0.9	7.8	10.7	1.9	1.2	0.0	0.0	0.0	1.1	6.5	3.0	2.7	0.9	62.8	100.0	2,337
Age																				
15–19	18.4	15.2	0.0	0.0	0.0	4.4	8.7	0.2	0.8	0.0	0.0	0.0	1.1	3.2	1.6	1.4	0.2	81.6	100.0	564
20–24	33.6	29.8	0.0	0.0	0.3	7.7	17.4	2.3	1.5	0.0	0.1	0.0	0.4	3.8	2.0	1.6	0.1	66.4	100.0	1,614
25–29	40.7	34.9	0.2	0.0	1.1	10.3	18.1	3.1	1.0	0.0	0.0	0.0	1.2	5.8	3.2	2.1	0.4	59.3	100.0	1,894
30–34	41.9	34.1	1.0	0.0	1.6	11.2	14.7	3.0	1.9	0.0	0.1	0.0	0.6	7.9	5.0	2.3	0.6	58.1	100.0	1,616
35–39	44.5	35.9	3.6	0.2	1.2	11.4	14.6	2.6	1.2	0.0	0.0	0.0	0.9	8.6	4.4	3.8	0.5	55.5	100.0	1,427
40–44	40.9	31.9	8.2	0.0	0.8	6.9	10.6	3.8	1.4	0.0	0.0	0.0	0.1	8.9	6.3	2.0	0.7	59.1	100.0	1,181
45–49	27.8	21.9	11.5	0.2	1.0	3.5	3.2	1.5	1.0	0.0	0.0	0.0	0.0	5.9	3.3	1.6	1.1	72.2	100.0	954
Residence																				
Urban	45.7	35.1	3.3	0.1	1.5	9.0	15.2	3.2	2.0	0.0	0.1	0.0	0.7	10.6	7.3	2.8	0.4	54.3	100.0	2,894
Rural	33.9	29.3	2.9	0.0	0.7	8.5	13.1	2.3	1.0	0.0	0.0	0.0	0.6	4.7	2.2	1.9	0.5	66.1	100.0	6,358
Mainland/Zanzibar																				
Mainland	80.3	65.3	6.2	0.1	2.1	17.8	28.7	5.7	3.1	0.0	0.1	0.0	1.3	14.9	9.6	4.4	0.9	119.7	200.0	8,965
Urban	46.1	35.7	3.4	0.1	1.4	9.2	15.4	3.3	2.1	0.0	0.1	0.0	0.7	10.4	7.4	2.6	0.4	53.9	100.0	2,801
Rural	34.1	29.6	2.9	0.0	0.7	8.6	13.3	2.4	1.0	0.0	0.0	0.0	0.6	4.5	2.2	1.8	0.5	65.9	100.0	6,163
Zanzibar	52.9	32.8	5.5	0.0	2.1	8.6	14.6	1.0	0.7	0.0	0.0	0.1	0.2	20.1	4.7	13.6	1.7	147.1	200.0	288
Unguja	30.9	18.5	2.1	0.0	1.7	4.0	9.3	0.9	0.5	0.0	0.0	0.1	0.0	12.5	3.7	7.7	1.0	69.1	100.0	211
Pemba	21.9	14.3	3.5	0.0	0.4	4.6	5.3	0.1	0.3	0.0	0.0	0.0	0.2	7.6	1.0	5.9	0.7	78.1	100.0	76
Zone																				
Western	24.3	20.4	3.2	0.1	0.3	4.8	10.5	1.0	0.7	0.0	0.0	0.0	0.0	3.9	1.6	1.7	0.6	75.7	100.0	808
Northern	40.0	31.9	3.6	0.1	1.3	8.3	14.1	2.8	1.3	0.0	0.2	0.0	0.2	8.1	4.5	3.3	0.3	60.0	100.0	1,058
Central	35.6	30.5	3.4	0.0	0.9	6.3	14.8	3.5	1.2	0.0	0.1	0.0	0.3	5.1	4.0	1.1	0.0	64.4	100.0	948
Southern Highlands	53.8	45.8	4.9	0.0	1.4	10.5	19.9	4.6	3.5	0.1	0.0	0.0	0.9	8.0	5.6	2.2	0.3	46.2	100.0	541
Southern	45.1	44.3	2.1	0.2	0.2	17.1	17.4	7.1	0.2	0.0	0.0	0.0	0.0	0.8	0.5	0.0	0.3	54.9	100.0	454
South West Highlands	43.7	37.3	1.3	0.1	0.7	11.4	19.0	3.2	1.5	0.0	0.0	0.0	0.1	6.3	4.0	1.6	0.7	56.3	100.0	862
Lake	29.8	26.2	3.3	0.0	1.0	7.3	10.1	1.9	1.2	0.0	0.1	0.0	1.4	3.6	2.2	0.6	0.8	70.2	100.0	2,775
Eastern	48.7	35.4	2.4	0.0	1.1	11.1	16.3	2.3	1.5	0.0	0.0	0.0	0.7	13.3	7.6	5.4	0.3	51.3	100.0	1,519
Zanzibar	28.5	17.4	2.4	0.0	1.3	4.2	8.2	0.7	0.4	0.0	0.0	0.1	0.0	11.2	3.0	7.2	1.0	71.5	100.0	288

Continued...

Table 6—*Continued*

Background characteristic	Any method	Any modern method	Modern method											Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	Male sterilisation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Emergency contraception	SDM	LAM		Rhythm	Withdrawal	Other			
Region																				
Dodoma	42.5	36.1	2.9	0.0	0.4	7.4	17.3	5.5	2.4	0.0	0.2	0.0	0.0	6.3	4.7	1.6	0.0	57.5	100.0	422
Arusha	37.6	30.1	3.7	0.0	2.5	6.0	13.2	2.0	2.0	0.0	0.3	0.0	0.4	7.5	5.4	1.4	0.7	62.4	100.0	337
Kilimanjaro	62.8	48.9	8.8	0.0	0.8	13.9	18.3	5.0	1.2	0.0	0.3	0.0	0.5	13.9	6.7	6.6	0.6	37.2	100.0	214
Tanga	32.1	25.9	1.4	0.2	0.6	7.6	12.9	2.3	0.9	0.0	0.0	0.0	0.0	6.2	3.1	3.1	0.0	67.9	100.0	507
Morogoro	54.0	38.9	2.0	0.0	0.8	12.0	17.5	3.1	2.5	0.0	0.0	0.0	1.1	15.0	4.0	10.8	0.2	46.0	100.0	438
Pwani	51.9	43.4	1.2	0.0	1.1	17.1	18.5	3.8	0.8	0.0	0.0	0.0	0.9	8.6	6.2	1.8	0.7	48.1	100.0	338
Dar es Salaam	44.1	29.7	3.1	0.0	1.2	7.9	14.7	1.1	1.3	0.0	0.0	0.0	0.4	14.4	10.3	3.8	0.3	55.9	100.0	744
Lindi	50.8	50.3	2.2	0.0	0.6	19.5	23.9	3.4	0.6	0.0	0.0	0.0	0.0	0.5	0.5	0.0	0.0	49.2	100.0	180
Mtwara	41.4	40.4	2.1	0.3	0.0	15.5	13.1	9.4	0.0	0.0	0.0	0.0	0.0	1.0	0.5	0.0	0.5	58.6	100.0	275
Ruvuma	46.8	40.5	5.4	0.0	0.9	10.5	16.3	4.4	3.0	0.0	0.0	0.0	0.0	6.3	3.3	2.6	0.3	53.2	100.0	225
Iringa	55.3	45.4	3.4	0.0	1.8	8.9	20.1	4.8	5.1	0.0	0.0	0.0	1.2	10.0	8.1	1.9	0.0	44.7	100.0	188
Mbeya	57.9	47.8	2.2	0.4	1.3	17.7	18.3	3.7	3.9	0.0	0.0	0.0	0.3	10.1	6.9	1.4	1.8	42.1	100.0	286
Singida	29.9	26.2	5.3	0.0	1.3	2.9	13.4	2.2	0.4	0.0	0.0	0.0	0.8	3.7	3.2	0.5	0.0	70.1	100.0	246
Tabora	20.7	18.6	3.0	0.0	0.4	4.2	9.3	0.9	0.7	0.0	0.0	0.0	0.0	2.1	0.9	0.6	0.6	79.3	100.0	486
Rukwa	29.4	28.0	0.7	0.0	0.0	4.8	20.6	1.9	0.0	0.0	0.0	0.0	0.0	1.4	0.9	0.0	0.5	70.6	100.0	213
Kigoma	29.8	23.3	3.4	0.4	0.0	5.7	12.1	1.1	0.6	0.0	0.0	0.0	0.0	6.5	2.7	3.4	0.5	70.2	100.0	322
Shinyanga	23.2	20.1	4.0	0.0	0.4	3.6	7.5	1.9	1.8	0.0	0.6	0.0	0.4	3.2	0.8	0.5	1.8	76.8	100.0	351
Kagera	39.7	38.0	3.9	0.0	2.2	8.9	18.5	3.6	1.0	0.0	0.0	0.0	0.0	1.7	1.7	0.0	0.0	60.3	100.0	503
Mwanza	39.7	31.6	4.8	0.0	1.2	7.3	11.3	1.8	2.0	0.0	0.0	0.0	3.0	8.2	5.6	1.8	0.8	60.3	100.0	680
Mara	28.8	26.4	3.4	0.0	1.5	8.7	7.4	2.1	1.6	0.0	0.0	0.0	1.6	2.4	1.3	0.0	1.1	71.2	100.0	478
Manyara	30.2	25.8	2.4	0.0	1.2	7.8	12.3	1.5	0.3	0.0	0.0	0.0	0.3	4.4	3.6	0.8	0.0	69.8	100.0	280
Njombe	63.7	55.5	6.0	0.0	1.8	12.8	25.8	4.6	1.9	0.5	0.0	0.0	2.1	8.2	5.9	1.8	0.5	36.3	100.0	128
Katavi	21.6	19.7	0.2	0.0	0.4	6.7	11.6	0.5	0.3	0.0	0.0	0.0	0.0	1.9	1.6	0.2	0.1	78.4	100.0	130
Simiyu	10.9	8.5	0.2	0.0	0.3	2.9	3.8	0.4	0.1	0.0	0.0	0.0	0.8	2.4	1.6	0.0	0.8	89.1	100.0	259
Geita	21.9	20.5	1.8	0.0	0.1	9.0	7.4	0.7	0.2	0.0	0.0	0.0	1.2	1.4	0.3	0.7	0.5	78.1	100.0	504
Songwe	51.6	42.9	1.5	0.0	0.7	12.5	22.4	5.3	0.5	0.0	0.0	0.0	0.0	8.7	4.6	4.1	0.0	48.4	100.0	233
Kaskazini Unguja	18.7	9.4	0.8	0.0	0.0	4.3	4.1	0.2	0.0	0.0	0.0	0.0	0.0	9.4	1.1	7.1	1.1	81.3	100.0	40
Kusini Unguja	43.1	26.6	2.3	0.0	0.1	8.4	13.7	1.7	0.3	0.0	0.0	0.0	0.0	16.5	4.4	10.3	1.8	56.9	100.0	24
Mjini Magharibi	32.3	19.7	2.4	0.0	2.4	3.2	10.0	1.0	0.6	0.0	0.0	0.2	0.0	12.6	4.3	7.5	0.9	67.7	100.0	147
Kaskazini Pemba	21.0	13.1	2.1	0.0	0.4	3.6	5.8	0.2	0.5	0.0	0.0	0.0	0.4	7.9	0.3	6.9	0.6	79.0	100.0	36
Kusini Pemba	22.7	15.3	4.6	0.0	0.4	5.5	4.9	0.0	0.0	0.0	0.0	0.0	0.0	7.4	1.6	5.0	0.8	77.3	100.0	41
Education																				
No education	24.8	22.5	3.0	0.1	0.2	6.8	9.8	1.6	0.4	0.0	0.0	0.0	0.6	2.3	0.8	1.2	0.3	75.2	100.0	1,887
Primary incomplete	35.6	30.7	3.6	0.0	1.1	9.9	12.7	1.7	0.9	0.0	0.0	0.0	0.8	4.9	2.5	1.9	0.5	64.4	100.0	771
Primary complete	39.2	33.2	3.4	0.1	0.6	9.8	14.5	3.0	1.2	0.0	0.0	0.0	0.6	6.0	2.9	2.5	0.5	60.8	100.0	4,628
Secondary +	46.8	34.5	1.9	0.0	2.3	7.4	16.3	3.0	2.8	0.0	0.2	0.0	0.6	12.3	9.3	2.5	0.6	53.2	100.0	1,967
Wealth quintile																				
Lowest	23.5	20.4	1.2	0.0	0.3	5.9	10.5	1.1	0.6	0.0	0.0	0.0	0.7	3.1	1.1	1.4	0.6	76.5	100.0	1,715
Second	31.8	28.1	2.2	0.1	0.4	8.5	12.9	2.2	0.7	0.0	0.0	0.0	1.1	3.7	1.5	1.7	0.5	68.2	100.0	1,716
Middle	40.6	35.1	4.5	0.1	0.7	9.6	15.1	3.6	0.9	0.0	0.0	0.0	0.6	5.5	2.3	2.7	0.5	59.4	100.0	1,761
Fourth	42.3	36.7	3.4	0.0	0.6	11.7	15.8	2.9	1.8	0.0	0.1	0.0	0.3	5.6	3.4	2.0	0.2	57.7	100.0	1,970
Highest	46.9	33.7	3.5	0.1	2.5	7.4	14.2	3.1	2.3	0.0	0.1	0.0	0.5	13.3	9.5	3.1	0.6	53.1	100.0	2,090
Total	37.6	31.1	3.0	0.0	0.9	8.7	13.8	2.6	1.3	0.0	0.0	0.0	0.6	6.5	3.8	2.2	0.5	62.4	100.0	9,252

Continued...

Table 6—*Continued*

Background characteristic	Any method	Any modern method	Modern method											Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	Male sterilisation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Emergency contraception	SDM	LAM		Rhythm	Withdrawal	Other			
	SEXUALLY ACTIVE UNMARRIED WOMEN[1]																			
Residence																				
Urban	48.6	34.5	1.5	0.0	0.2	8.6	12.5	3.7	7.2	0.3	0.6	0.0	0.0	14.1	10.5	3.2	0.4	51.4	100.0	537
Rural	41.5	37.5	1.9	0.0	0.2	12.1	16.0	3.4	3.5	0.0	0.1	0.0	0.3	4.1	2.8	0.9	0.4	58.5	100.0	705
Total	44.6	36.2	1.7	0.0	0.2	10.6	14.5	3.5	5.1	0.1	0.3	0.0	0.2	8.4	6.1	1.9	0.4	55.4	100.0	1,242

Note: If more than one method is used, only the most effective method is considered in this tabulation.
SDM = Standard days method
LAM = Lactational amenorrhea method
[1] Women who are not married and have had sexual intercourse within 30 days preceding the survey

Trends: Among currently married women, use of any modern method of contraception is roughly the same as was reported in the 2015–16 TDHS-MIS. However, among sexually active, unmarried women, use of any modern method has decreased from 46% in 2015–16 to 36% in 2022.

3.6.2 Need and demand for family planning

Table 7 presents data on unmet need, met need, and total demand for family planning among currently married and sexually active unmarried women. These indicators help evaluate the extent to which family planning programmes in Tanzania are meeting the demand for services.

Unmet need for family planning

Proportion of women who (1) are not pregnant and not postpartum amenorrhoeic and are considered fecund and want to postpone their next birth for 2 or more years or stop childbearing altogether but are not using a contraceptive method, or (2) have a mistimed or unwanted current pregnancy, or (3) are postpartum amenorrhoeic and their last birth in the last 2 years was mistimed or unwanted.

Met need for family planning

Current contraceptive use (any method).

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Demand for family planning:	Unmet need for family planning + met need (current contraceptive use (any method))
Proportion of demand satisfied:	$\frac{\text{Current contraceptive use (any method)}}{\text{Unmet need + current contraceptive use (any method)}}$
Proportion of demand satisfied by modern methods:	$\frac{\text{Current contraceptive use (any modern method)}}{\text{Unmet need + current contraceptive use (any method)}}$

- 21% of currently married women have an unmet need for family planning.
- 59% of currently married women have demand for family planning; 64% of the demand for family planning is satisfied; 53% is satisfied by modern methods.
- 32% of sexually active, unmarried women have an unmet need for family planning.
- 76% of sexually active, unmarried women have demand for family planning; 59% of the demand is satisfied; 48% is satisfied by modern methods.

Table 7 Need and demand for family planning among currently married women and sexually active unmarried women

Percentage of currently married women and sexually active unmarried women age 15–49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, according to background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
CURRENTLY MARRIED WOMEN							
Age							
15–19	22.5	18.4	15.2	40.9	564	45.0	37.2
20–24	25.0	33.6	29.8	58.5	1,614	57.3	50.9
25–29	20.5	40.7	34.9	61.1	1,894	66.5	57.1
30–34	19.6	41.9	34.1	61.5	1,616	68.2	55.3
35–39	21.2	44.5	35.9	65.8	1,427	67.7	54.6
40–44	21.2	40.9	31.9	62.0	1,181	65.9	51.5
45–49	16.2	27.8	21.9	44.0	954	63.2	49.8
Residence							
Urban	17.8	45.7	35.1	63.5	2,894	71.9	55.3
Rural	22.4	33.9	29.3	56.3	6,358	60.2	51.9
Mainland/Zanzibar							
Mainland	20.9	37.9	31.5	58.8	8,965	64.5	53.7
Urban	17.7	46.1	35.7	63.9	2,801	72.2	55.9
Rural	22.3	34.1	29.6	56.5	6,163	60.5	52.5
Zanzibar	24.0	28.5	17.4	52.6	288	54.3	33.0
Unguja	21.7	30.9	18.5	52.6	211	58.8	35.1
Pemba	30.6	21.9	14.3	52.5	76	41.7	27.2
Zone							
Western	26.1	24.3	20.4	50.4	808	48.2	40.5
Northern	19.0	40.0	31.9	59.0	1,058	67.8	54.0
Central	19.8	35.6	30.5	55.4	948	64.3	55.1
Southern Highlands	15.1	53.8	45.8	68.9	541	78.1	66.5
Southern	9.8	45.1	44.3	54.9	454	82.1	80.6
South West Highlands	21.3	43.7	37.3	65.0	862	67.2	57.5
Lake	26.0	29.8	26.2	55.8	2,775	53.5	47.0
Eastern	16.0	48.7	35.4	64.7	1,519	75.3	54.7
Zanzibar	24.0	28.5	17.4	52.6	288	54.3	33.0
Region							
Dodoma	16.3	42.5	36.1	58.8	422	72.3	61.5
Arusha	17.2	37.6	30.1	54.7	337	68.6	55.0
Kilimanjaro	12.8	62.8	48.9	75.6	214	83.1	64.7
Tanga	22.8	32.1	25.9	54.9	507	58.4	47.2
Morogoro	17.5	54.0	38.9	71.5	438	75.5	54.5
Pwani	13.9	51.9	43.4	65.8	338	78.9	65.9
Dar es Salaam	16.1	44.1	29.7	60.2	744	73.3	49.4
Lindi	6.2	50.8	50.3	57.0	180	89.2	88.2
Mtwara	12.2	41.4	40.4	53.6	275	77.2	75.3
Ruvuma	19.3	46.8	40.5	66.1	225	70.8	61.3
Iringa	12.7	55.3	45.4	68.0	188	81.4	66.7
Mbeya	13.8	57.9	47.8	71.7	286	80.7	66.7
Singida	21.8	29.9	26.2	51.8	246	57.9	50.6
Tabora	26.3	20.7	18.6	47.0	486	44.0	39.5
Rukwa	26.6	29.4	28.0	56.0	213	52.5	50.0
Kigoma	25.8	29.8	23.3	55.6	322	53.6	41.8
Shinyanga	33.5	23.2	20.1	56.7	351	41.0	35.4
Kagera	19.0	39.7	38.0	58.8	503	67.6	64.7
Mwanza	24.3	39.7	31.6	64.0	680	62.0	49.3
Mara	19.3	28.8	26.4	48.1	478	59.8	54.8
Manyara	23.2	30.2	25.8	53.4	280	56.6	48.3
Njombe	11.2	63.7	55.5	74.9	128	85.0	74.1
Katavi	29.9	21.6	19.7	51.5	130	41.9	38.2
Simiyu	39.2	10.9	8.5	50.2	259	21.8	16.9
Geita	29.3	21.9	20.5	51.2	504	42.7	39.9
Songwe	20.9	51.6	42.9	72.5	233	71.2	59.2
Kaskazini Unguja	28.6	18.7	9.4	47.3	40	39.6	19.8
Kusini Unguja	14.2	43.1	26.6	57.3	24	75.2	46.4
Mjini Magharibi	21.0	32.3	19.7	53.3	147	60.6	36.9
Kaskazini Pemba	29.5	21.0	13.1	50.5	36	41.5	25.9
Kusini Pemba	31.5	22.7	15.3	54.2	41	41.9	28.3
Education							
No education	24.9	24.8	22.5	49.7	1,887	49.9	45.2
Primary incomplete	24.3	35.6	30.7	59.9	771	59.4	51.2
Primary complete	20.6	39.2	33.2	59.8	4,628	65.6	55.6
Secondary +	16.9	46.8	34.5	63.8	1,967	73.4	54.1

Continued...

Table 7—*Continued*

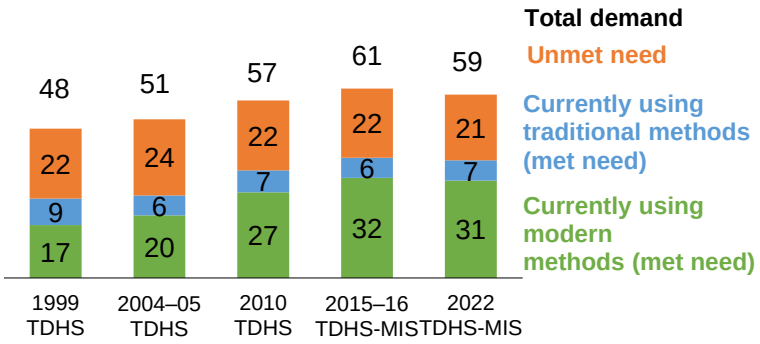
Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
Wealth quintile							
Lowest	26.9	23.5	20.4	50.4	1,715	46.6	40.5
Second	22.8	31.8	28.1	54.6	1,716	58.3	51.4
Middle	20.9	40.6	35.1	61.5	1,761	66.0	57.1
Fourth	20.8	42.3	36.7	63.1	1,970	67.1	58.2
Highest	15.0	46.9	33.7	61.9	2,090	75.8	54.4
Total	21.0	37.6	31.1	58.6	9,252	64.2	53.1
SEXUALLY ACTIVE UNMARRIED WOMEN[4]							
Residence							
Urban	30.2	48.6	34.5	78.8	537	61.7	43.8
Rural	32.5	41.5	37.5	74.0	705	56.1	50.6
Total	31.5	44.6	36.2	76.1	1,242	58.6	47.6

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.
[1] Percentage of demand satisfied is met need divided by total demand.
[2] Modern methods include female sterilisation, male sterilisation, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, standard days method (SDM), lactational amenorrhea method (LAM), and other modern methods.
[3] Total demand is the sum of unmet need and met need.
[4] Women who are not married and have had sexual intercourse within 30 days preceding the survey.

Trends: Total demand for family planning increased from 48% in 1999 to 61% in 2015–16, then decrease slightly to 59% in 2022 (**Figure 2**). Unmet need has remained fairly consistent over time at just over 20%. Met need has increased from 25% in 1999 to 38% in 2015–16 and 2022, with the change driven by increased use of modern methods.

Figure 2 **Trends in use, need, and demand for family planning**

Percentage of currently married women age 15–49



3.7 EARLY CHILDHOOD MORTALITY

Neonatal mortality: The probability of dying within the first month of life.

Postneonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

Child mortality: The probability of dying between the first and fifth birthday.

Under-5 mortality: The probability of dying between birth and the fifth birthday.

Table 8 presents estimates for three successive 5-year periods prior to the 2022 TDHS-MIS. The rates are estimated directly from the information collected as part of a retrospective pregnancy history. In the pregnancy history female respondents list all of the children they have given birth to, along with each child's date of birth, survivorship status, and current age or age at death.

- The under-5 mortality rate for the 5-year period preceding the 2022 TDHS-MIS is 43 deaths per 1,000 live births.
- The infant mortality rate—that is, deaths in the first year of life—is 33 deaths per 1,000 live births.
- The neonatal mortality rate is 24 deaths per 1,000 live births. This indicates that deaths during the first month of life account for more than half of all infant deaths.

Table 8 Early childhood mortality rates

Neonatal, post-neonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Tanzania DHS-MIS 2022

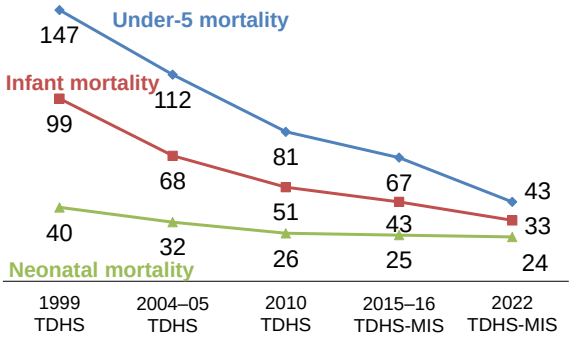
Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0–4	24	9	33	10	43
5–9	21	14	36	16	51
10–14	20	17	37	24	60

[1] Computed as the difference between the infant and neonatal mortality rates

Trends: **Figure 3** shows trends in the under-5, infant, and neonatal mortality rates for the last five DHS surveys conducted in Tanzania. There are notable decreases in all three mortality rates over time. For example, the under-5 mortality rate decreased from 147 per 1,000 live births in the 1999 TDHS to 43 deaths per 1,000 live births in the 2022 TDHS-MIS. Neonatal mortality decreased at the slowest pace.

***Figure 3* Trends in early childhood mortality rates**

Deaths per 1,000 live births in the 5-year period preceding the survey



3.8 MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. **Table 9** presents key indicators related to maternal care.

3.8.1 Antenatal care

Antenatal care from a skilled provider

Pregnancy care received from skilled providers, such as a doctor, assistant medical officer (AMO), clinical officer, nurse/midwife, assistant nurse, or a Maternal and Child Health(MCH) aide.

Sample: Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

Antenatal care (ANC) from a skilled provider is important to monitor pregnancy and reduce morbidity and mortality risks for the mother and child during pregnancy, at delivery, and during the postnatal period.

- Nearly 9 in 10 women received ANC from a skilled provider for their last live birth in the two years before the survey. This ranges from 65% in Njombe to 100% in Kagera, Kusini Unguja and Kaskazini Pemba.
- 65% of women received 4 or more ANC visits during the pregnancy that resulted in their last live birth in the 2 years before the survey.
- 81% of women took any iron-containing supplements during the pregnancy.

3.8.2 Tetanus toxoid

Protection against neonatal tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

Sample: Women age 15–49 with a live birth in the 2 years before the survey

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many countries. Neonatal tetanus is often caused by failure to observe hygienic procedures during delivery.

- The last live births of 85% of women with a live birth in the 2 years before the survey were protected against neonatal tetanus

Table 9 Maternal care indicators

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth, percentage with four or more ANC visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy for the most recent live birth or stillbirth, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Tanzania DHS-MIS 2022

	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
Background characteristic	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage of women with a postnatal check during the first 2 days after birth[4]	Number of women
					LIVE BIRTHS					
Mother's age at birth										
<20	91.0	63.5	80.4	74.0	650	85.1	81.7	673	48.0	650
20–34	89.8	66.3	81.0	86.2	2,960	85.2	81.8	3,082	49.8	2,960
35–49	88.6	61.7	81.1	89.5	724	83.8	78.2	752	55.7	724
Residence										
Urban	91.9	75.9	83.1	87.2	1,193	95.9	94.3	1,251	59.8	1,193
Rural	88.9	61.0	80.1	84.0	3,142	80.8	76.1	3,255	47.0	3,142
Mainland/Zanzibar										
Mainland	89.5	64.7	80.8	84.6	4,209	84.8	81.0	4,373	50.2	4,209
Urban	91.7	75.8	82.9	87.1	1,157	96.0	94.3	1,214	59.4	1,157
Rural	88.6	60.4	80.0	83.7	3,051	80.6	75.9	3,159	46.7	3,051
Zanzibar	98.9	79.4	85.3	93.4	126	89.2	86.6	133	59.2	126
Unguja	99.0	82.6	86.5	93.1	87	94.1	92.4	91	70.5	87
Pemba	98.7	72.1	82.4	94.0	39	78.4	73.9	42	34.0	39
Zone										
Western	83.3	54.4	83.9	77.9	445	83.4	80.7	466	45.7	445
Northern	79.3	61.8	88.1	83.9	462	79.4	72.3	472	43.3	462
Central	96.9	64.2	78.5	82.2	430	80.9	76.8	441	43.9	430
Southern Highlands	89.5	70.7	93.3	89.8	233	98.6	97.8	242	79.3	233
Southern	98.9	76.5	88.8	88.3	174	98.1	96.8	180	74.9	174
South West Highlands	83.4	59.8	81.8	83.1	419	87.7	83.6	428	40.4	419
Lake	91.2	61.3	72.7	85.0	1,471	80.2	75.9	1,546	49.3	1,471
Eastern	93.9	81.3	86.7	89.1	576	93.6	91.0	597	54.4	576
Zanzibar	98.9	79.4	85.3	93.4	126	89.2	86.6	133	59.2	126
Region										
Dodoma	97.2	76.8	78.7	81.4	189	93.2	90.9	195	55.3	189
Arusha	94.7	66.3	83.0	84.7	141	66.9	65.6	144	38.6	141
Kilimanjaro	85.5	63.4	86.8	92.6	102	100.0	95.2	107	68.1	102
Tanga	66.5	58.2	92.0	79.4	220	77.7	65.6	221	34.8	220
Morogoro	99.1	82.3	89.2	87.0	209	87.1	82.2	213	44.9	209
Pwani	73.5	60.4	88.6	84.7	116	91.2	86.6	119	46.8	116
Dar es Salaam	99.1	90.2	83.7	92.8	250	100.0	100.0	265	65.9	250
Lindi	99.0	69.5	90.4	84.5	81	97.8	96.2	85	76.3	81
Mtwara	98.8	82.5	87.4	91.7	93	98.4	97.4	95	73.7	93
Ruvuma	96.5	77.9	93.1	89.0	108	98.4	95.8	111	74.5	108
Iringa	94.1	72.5	93.9	92.9	80	98.9	100.0	84	86.4	80
Mbeya	91.4	68.2	89.7	87.7	126	84.2	80.9	130	48.0	126
Singida	97.3	59.7	74.2	86.8	105	84.1	78.0	107	37.9	105
Tabora	85.8	50.3	81.7	71.7	270	75.3	72.7	286	39.5	270
Rukwa	70.5	51.4	75.1	89.5	114	98.1	94.9	115	24.2	114
Kigoma	79.5	60.8	87.3	87.5	175	96.1	93.5	180	55.3	175
Shinyanga	66.7	44.9	60.7	75.1	159	83.2	81.1	167	42.6	159
Kagera	100.0	71.5	67.8	91.3	264	84.4	77.2	272	60.0	264
Mwanza	97.8	66.2	80.5	85.4	353	83.9	80.1	380	56.1	353
Mara	99.5	75.1	77.9	83.2	255	74.7	71.8	274	36.5	255
Manyara	96.2	49.9	81.6	79.8	135	61.2	56.2	140	32.5	135
Njombe	64.5	49.9	93.0	86.4	45	98.7	98.7	47	78.4	45
Katavi	65.9	41.6	78.9	71.9	71	74.4	66.5	72	20.9	71
Simiyu	66.7	36.0	71.8	78.5	154	76.2	72.5	160	44.6	154
Geita	94.3	56.4	70.0	89.5	286	77.1	72.1	294	48.9	286
Songwe	99.1	70.6	81.5	78.4	108	89.7	86.0	112	61.1	108
Kaskazini Unguja	96.8	69.1	71.6	93.8	18	84.4	81.7	19	59.3	18
Kusini Unguja	100.0	84.1	91.8	96.2	11	93.9	90.8	11	55.8	11
Mjini Magharibi	99.5	86.5	90.1	92.3	59	97.1	95.9	62	76.5	59
Kaskazini Pemba	100.0	76.1	76.4	92.6	16	81.5	76.0	18	18.0	16
Kusini Pemba	97.8	69.1	86.8	95.1	23	76.1	72.3	24	45.8	23

Continued...

Table 9—*Continued*

Background characteristic	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage of women with a postnatal check during the first 2 days after birth[4]	Number of women
Mother's education										
No education	86.2	53.5	74.5	79.0	894	72.1	65.8	932	38.4	894
Primary complete	92.7	59.6	75.9	84.4	421	80.0	76.9	431	43.0	421
Primary incomplete	87.8	63.8	82.1	86.2	1,975	86.5	82.3	2,053	50.9	1,975
Secondary+	95.3	79.7	86.2	87.7	1,044	95.2	93.8	1,089	63.1	1,044
Wealth quintile										
Lowest	85.9	51.4	77.8	78.6	980	70.1	63.6	1,017	37.6	980
Second	88.6	59.0	80.1	83.3	865	80.3	76.3	898	47.0	865
Middle	90.0	63.5	81.5	87.6	838	86.3	82.1	873	49.9	838
Fourth	91.5	71.8	79.1	83.0	850	93.1	90.2	885	55.6	850
Highest	93.5	83.0	87.0	93.4	801	98.2	97.2	833	65.4	801
Total	89.7	65.1	80.9	84.9	4,335	85.0	81.2	4,506	50.5	4,335
STILLBIRTHS										
Total	90.5	60.2	78.1	na	83	95.9	93.2	85	60.7	83
LIVE BIRTHS AND STILLBIRTHS[5]										
Total	89.8	65.0	80.9	na	4,418	85.2	81.4	4,591	50.7	4,418

Note: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation.
na = not applicable
[1] Skilled provider includes doctor/assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife, assistant nurse, and MCH aide.
[2] Iron tablets or syrup
[3] Includes mothers with two injections during the pregnancy of her most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the last live birth
[4] Includes women who received a check from a doctor/assistant medical officer (AMO), clinical officer, assistant clinical officer, nurse/midwife, assistant nurse, MCH aide, community health worker, or traditional birth attendant
[5] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data on antenatal care and postnatal checks are tabulated for the most recent birth only.

3.8.3 Delivery care

Institutional deliveries

Deliveries that occur in a health facility.

Sample: All live births and/or stillbirths in the 2 years before the survey

Skilled assistance during delivery

Births delivered with the assistance of a doctor, assistant medical officer (AMO), clinical officer, nurse/midwife, assistant nurse, or MCH aide.

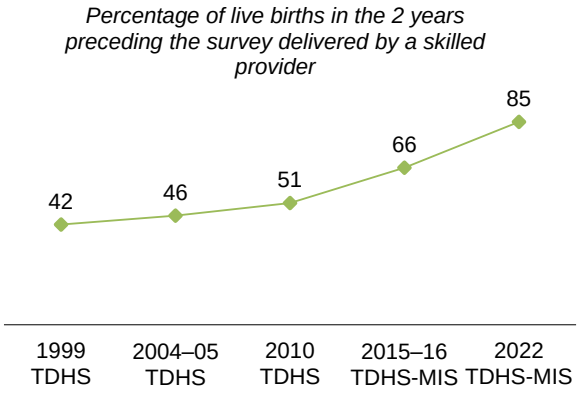
Sample: All live births and/or stillbirths in the 2 years before the survey

Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for the mother and baby or both (Van Lerberghe and De Brouwere 2001; WHO 2006a).

- 81% of live births in the 2 years preceding the survey were born in a health facility, compared with 93% of stillbirths.
- 85% of live births in the 2 years preceding the survey were delivered by a skilled birth attendant, as were 96% of stillbirths.

Trends: The percentage of births assisted by a skilled birth attendant has increased markedly over time. There has been a large increase from 66% in the 2015–16 TDHS-MIS to 85% in the 2022 TDHS-MIS. The data in **Figure 4** may differ slight from previous survey reports because the births included here have been restricted from those during the 5 years before the survey to those in the 2 years before the survey.

***Figure 4* Trends in delivery assistance**



3.8.4 Postnatal care for the mother

A large proportion of maternal and neonatal deaths occur during the first 48 hours after delivery. Thus, prompt postnatal care (PNC) for both the mother and the child is important to treat any complications arising from the delivery, as well as to provide the mother with important information on how to care for herself and her child. Safe motherhood programmes recommend that all women receive a check of their health during the first 2 days after birth.

- Slightly over half of women who had a live birth in the 2 years before the survey received a postnatal check during the first 2 days after their last live birth.
- Among women with a stillbirth in the 2 years before the survey, 61% received a postnatal check during the first 2 days after their last stillbirth.

3.9 EARLY CHILDHOOD DEVELOPMENT INDEX 2030

The 2022 TDHS-MIS included the Early Childhood Development Index 2030 (ECDI2030) module developed by UNICEF. This module was administered as part of the 2022 TDHS-MIS Woman's Questionnaire. Respondents were asked a set of questions about the youngest biological child living with them who was between the ages of 24 and 59 months. The questions were about the way the child behaved in certain everyday situations, and the skills and knowledge the child had acquired. The questions reflect the increasing complexity of the skills children acquire as they grow. The data generated by the ECDI2030 can be used to inform government efforts to improve developmental outcomes among children.

Early Childhood Development Index 2030 (ECDI2030)

The 20 items that comprise the ECDI2030 are organised according to the three general domains of health, learning, and psychosocial well-being. Each of the three general domains is composed of a set of core sub-domains:

- Health sub-domains: gross motor development, fine motor development, and self-care.
- Learning sub-domains: expressive language, literacy, numeracy, pre-writing, and executive functioning.
- Psychosocial well-being sub-domains: emotional skills, social skills, internalizing behaviour, and externalizing behaviour.

The ECDI2030 module is not designed to report on individual domains separately. Rather, it is meant to produce a single summary score that captures the interlinked developmental concepts embedded in the three domains mentioned in SDG 4.2.1. Children are considered to be developmentally on track if they have achieved the minimum number of milestones expected for their age group:

- 24–29 months: at least 7 milestones
- 30–35 months: at least 9 milestones
- 36–41 months: at least 11 milestones
- 42–47 months: at least 13 milestones
- 48–59 months: at least 15 milestones

Children developmentally on track

Percentage of children who have achieved the minimum number of milestones expected for their age group

Sample: Youngest children age 24–59 months who live with their biological mother

- According to the ECDI2030 (**Table 10**), 47% of youngest children age 24–59 months living with their biological mother are on-track in health, learning, and psychosocial well-being.
- The percentage of children on-track decreases with age from 58% of children age 24–35 months to 36% of children age 48–59 months.
- Slightly more than half of girls (51%) are on-track in health, learning, and psychosocial well-being compared with 44% of boys.

Table 10 Early Childhood Development Index 2030

Percentage of children age 24–59 months who are developmentally on-track in health, learning, and psychosocial well-being, Tanzania DHS-MIS 2022

Background characteristic	Early Childhood Development Index 2030	
	Percentage developmentally on-track	Number of children age 24 to 59 months
Sex		
Male	44.1	2,542
Female	50.8	2,452
Age		
24–35	57.5	1,864
36–47	45.3	1,781
48–59	36.2	1,349
Residence		
Urban	56.3	1,362
Rural	44.1	3,632
Mainland/Zanzibar		
Mainland	47.0	4,850
Urban	55.9	1,317
Rural	43.7	3,533
Zanzibar	60.8	144
Unguja	65.4	100
Pemba	50.3	44

Continued...

Table 10—*Continued*

Background characteristic	Early Childhood Development Index 2030	
	Percentage developmentally on-track	Number of children age 24 to 59 months
Zone		
Western	20.9	475
Northern	59.9	585
Central	55.9	524
Southern Highlands	48.6	262
Southern	25.9	181
South West Highlands	30.7	493
Lake	53.2	1,659
Eastern	48.9	670
Zanzibar	60.8	144
Region		
Dodoma	61.3	210
Arusha	73.1	193
Kilimanjaro	69.8	115
Tanga	46.6	278
Morogoro	45.8	212
Pwani	48.8	176
Dar es Salaam	51.4	282
Lindi	21.5	77
Mtwara	29.1	104
Ruvuma	22.9	108
Iringa	68.2	89
Mbeya	52.6	141
Singida	54.8	147
Tabora	20.3	273
Rukwa	16.0	145
Kigoma	21.7	201
Shinyanga	45.4	201
Kagera	69.0	292
Mwanza	48.2	384
Mara	56.4	285
Manyara	50.0	167
Njombe	65.0	64
Katavi	27.8	75
Simiyu	51.8	162
Geita	47.9	335
Songwe	24.8	132
Kaskazini Unguja	44.4	20
Kusini Unguja	75.4	11
Mjini Magharibi	69.8	69
Kaskazini Pemba	44.1	21
Kusini Pemba	55.9	24
Mother's education		
No education	32.3	1,085
Primary incomplete	43.9	447
Primary complete	49.1	2,437
Secondary+	60.9	1,025
Wealth quintile		
Lowest	36.5	1,130
Second	41.0	978
Middle	44.2	958
Fourth	52.7	1,022
Highest	65.4	906
Total	47.4	4,994

3.10 CARE SEEKING AND TREATMENT OF CHILD ILLNESS

Acute respiratory infection (ARI), fever, and dehydration from diarrhoea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is crucial in reducing child deaths. **Table 11** presents information on care seeking for ill children in Tanzania. Overall, less than two percent (1.5%) of children under age 5 showed symptoms of an ARI, 11% exhibited fever, and 9% experienced diarrhoea in the 2 weeks preceding the survey.

- Advice or treatment was sought for 79% of children with symptoms of ARI in the 2 weeks before the survey.
- Advice or treatment was sought for 78% of children with fever in the 2 weeks before the survey.

- Advice or treatment was sought for 64% of children with diarrhoea in the 2 weeks before the survey.
- Less than half (39%) of children with diarrhoea received oral rehydration salts (ORS), and 33% received ORS and continued feeding.

Table 11 Treatment for acute respiratory infection, fever, and diarrhoea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had fever during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought; and among children under age 5 who had diarrhoea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given a fluid made from oral rehydration salt (ORS) packets, and percentage given ORS and continued feeding, according to background characteristics, Tanzania DHS-MIS 2022

	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea			
Background characteristic	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet	Percentage given ORS and continued feeding[3]	Number of children
Age in months								
<6	*	11	(88.9)	48	56.0	19.6	14.7	84
6–11	(95.1)	32	82.4	159	66.8	42.7	37.0	200
12–23	(80.4)	39	80.0	304	64.6	37.8	31.7	330
24–35	(68.5)	31	74.4	206	64.2	45.3	38.9	147
36–47	*	21	74.5	184	66.5	42.0	37.2	102
48–59	(83.4)	27	74.3	196	57.5	41.0	33.1	70
Sex								
Male	81.8	94	79.8	575	62.5	36.9	30.6	517
Female	75.8	68	75.4	523	65.6	41.8	36.3	415
Residence								
Urban	82.7	65	82.6	325	63.6	38.5	34.1	318
Rural	77.0	97	75.7	773	64.1	39.4	32.7	615
Mainland/Zanzibar								
Mainland	78.7	157	77.6	1,066	63.9	38.8	33.0	911
Urban	82.5	64	82.7	318	63.7	38.4	34.0	313
Rural	76.0	92	75.5	749	64.0	39.0	32.4	597
Zanzibar	(97.8)	5	80.8	32	64.0	52.0	40.4	22
Unguja	(97.4)	5	90.1	20	71.6	56.6	47.6	13
Pemba	*	1	64.1	11	52.5	45.1	29.5	9
Zone								
Western	*	1	72.7	68	62.9	46.8	43.7	89
Northern	(81.6)	28	72.5	174	66.7	47.2	41.0	135
Central	*	9	68.3	69	70.6	48.2	39.0	100
Southern Highlands	*	8	(83.9)	24	(59.3)	(34.9)	(24.9)	22
Southern	*	1	*	21	*	*	*	3
South West Highlands	*	12	55.7	35	43.8	33.7	30.2	47
Lake	(87.7)	65	78.2	457	65.3	35.3	30.9	357
Eastern	*	34	86.8	218	60.8	31.5	23.2	158
Zanzibar	(97.8)	5	80.8	32	64.0	52.0	40.4	22
Region								
Dodoma	*	3	*	39	(73.3)	(55.8)	(41.0)	62
Arusha	*	15	77.1	91	(74.7)	(66.3)	(63.1)	49
Kilimanjaro	*	6	(80.5)	37	(42.7)	(29.3)	(19.9)	33
Tanga	*	7	(57.1)	46	(74.4)	(40.5)	(33.6)	53
Morogoro	*	3	93.3	92	71.8	31.0	25.3	74
Pwani	*	4	(74.9)	34	*	*	*	16
Dar es Salaam	*	27	84.6	92	(53.0)	(33.3)	(23.0)	69
Lindi	*	1	*	12	*	*	*	2
Mtwara	*	0	*	8	*	*	*	2
Ruvuma	*	3	*	16	*	*	*	13
Iringa	*	2	*	6	*	*	*	5
Mbeya	*	4	*	12	*	*	*	18
Singida	*	0	*	5	*	*	*	15
Tabora	*	0	(64.6)	37	(59.3)	(49.7)	(45.2)	48
Rukwa	*	5	*	8	*	*	*	13
Kigoma	*	1	(82.2)	31	(67.2)	(43.4)	(41.9)	41
Shinyanga	*	4	(79.9)	45	(68.1)	(37.0)	(37.0)	34
Kagera	*	32	81.1	111	(53.8)	(37.6)	(30.9)	61
Mwanza	*	16	86.3	125	66.6	42.3	41.4	124
Mara	*	0	(76.5)	53	(62.1)	(19.3)	(7.7)	67
Manyara	*	6	(71.3)	25	*	*	*	23
Njombe	*	3	*	2	*	*	*	5
Katavi	*	2	*	9	*	*	*	7
Simiyu	*	2	(78.3)	28	*	*	*	16
Geita	*	10	64.4	96	(75.5)	(37.1)	(34.8)	55
Songwe	*	1	*	6	*	*	*	10
Kaskazini Unguja	*	1	(89.2)	5	(70.7)	(56.7)	(31.7)	4

Continued...

Table 11—*Continued*

Background characteristic	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea			
	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet	Percentage given ORS and continued feeding[3]	Number of children
Region *(continued)*								
Kusini Unguja	*	2	(86.4)	4	*	*	*	2
Mjini Magharibi	*	2	(91.6)	12	*	*	*	7
Kaskazini Pemba	*	0	(69.5)	6	(49.6)	(41.6)	(31.3)	4
Kusini Pemba	*	0	(58.5)	6	(55.1)	(48.3)	(27.9)	5
Mother's education								
No education	*	23	70.8	189	72.0	44.0	39.4	147
Primary complete	*	19	66.3	119	50.8	33.0	28.6	112
Primary incomplete	78.8	73	81.6	508	63.4	38.0	31.8	428
Secondary+	81.4	47	80.1	282	65.9	41.0	33.8	245
Wealth quintile								
Lowest	*	25	70.8	195	73.5	50.8	42.7	156
Second	(79.8)	30	80.6	192	62.7	42.5	34.0	158
Middle	(75.9)	27	75.9	197	62.8	31.0	27.7	194
Fourth	(90.7)	43	75.5	264	61.9	36.3	31.6	209
Highest	(75.4)	37	84.7	250	60.8	38.2	32.0	215
Total	79.3	162	77.7	1,098	63.9	39.1	33.1	932

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Symptoms of ARI include short, rapid breathing which was chest-related and/or difficult breathing which was chest-related.
[2] Includes advice or treatment from the following sources: public sector, religious/voluntary sector, private medical sector, pharmacy, accredited drug dispensing outlet (ADDO), and NGO/VCT Centre. Excludes advice or treatment from a shop/kiosk/market/traditional practitioner.
[3] Continued feeding includes children who were given more, same as usual, or somewhat less food during the diarrhoea episode.

3.11 CHILD NUTRITIONAL STATUS

Anthropometry is commonly used to measure child nutritional status. The anthropometric measurements are used to report on child growth indicators. The distribution of height and weight for children under age 5 is compared with the WHO growth standard reference population (WHO 2006b). The distribution of a well-nourished population will be similar to the reference population, while the distribution of a poorly nourished population will not. The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (*z* scores) from the median of the reference population. Values that are greater than two standard deviations below the median of the WHO child growth standards are used to define malnutrition.

Stunting (assessed via height-for-age)

Height-for-age is a measure of growth faltering. Children whose height-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered short for their age (stunted). Children who are below minus three standard deviations (−3 SD) are considered severely stunted.

Sample: Children under age 5

Wasting (assessed via weight-for-height)

The weight-for-height index measures body mass in relation to body height or length and describes acute undernutrition. Children whose *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are considered thin (wasted). Children whose weight-for-height *z* score is below minus three standard deviations (−3 SD) from the median of the reference population are considered severely wasted.

Sample: Children under age 5

Underweight (assessed via weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-for-age *z* score is below minus two standard deviations (−2 SD) from the median of the reference population are classified as underweight. Children whose weight-for-age *z* score is below minus three standard deviations (−3 SD) from the median are considered severely underweight.

Sample: Children under age 5

Overweight (assessed via weight-for-height)

Children whose weight-for-height *z* score is more than two standard deviations (+2 SD) above the median of the reference population are considered overweight.

Sample: Children under age 5

Height and weight measurements were obtained for 5,589 children under age 5. The percentages with valid data for height-for-age, weight-for-height, and weight-for-age were 96%, 97%, and 97%, respectively. Results for height-for-age, weight-for-height, and weight-for-age are shown in **Table 12**.

- 30% of children under age five are stunted (short for their age), and 9% are severely stunted.
- 3% of children under age five are wasted (thin for their height), while 4% are overweight.
- 12% of children under age five are underweight, and 3% are severely underweight.

Trends: The percentage of children under age 5 who are stunted has decreased steadily from 48% in the 1999 TDHS to 30% in the 2022 TDHS-MIS (**Figure 5**). There has been little change over time in the percentage of children who are wasted or overweight.

Figure 5 **Trends in nutritional status of children**

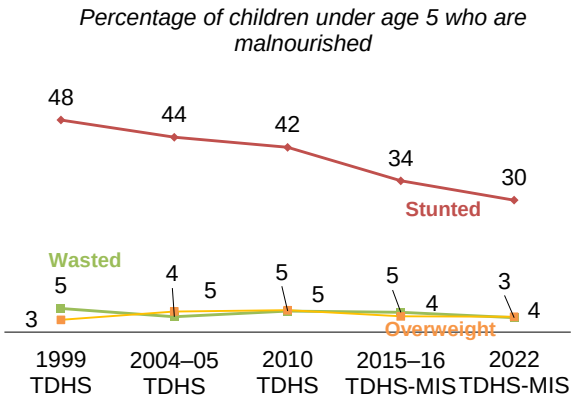


Table 12 Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, according to background characteristics, Tanzania DHS-MIS 2022

	Height-for-age[1]				Weight-for-height					Weight-for-age			
Background characteristic	Percent-age below -3 SD	Percent-age below -2 SD[2]	Mean *z* score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD[2]	Percent-age above +2 SD	Mean *z* score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD[2]	Mean *z* score (SD)	Number of children
Age in months													
<6	5.6	17.7	-0.8	550	0.9	2.1	13.6	0.7	553	2.1	5.3	-0.1	556
6–11	6.3	18.8	-1.1	521	0.3	3.4	4.2	0.1	522	2.4	12.9	-0.6	522
12–23	12.0	36.3	-1.6	1,118	1.5	4.8	2.4	-0.1	1,124	3.8	13.6	-0.9	1,122
24–35	11.1	38.7	-1.6	1,068	0.8	2.6	2.8	0.0	1,073	2.9	13.5	-0.9	1,077
36–47	9.2	30.9	-1.5	1,085	0.9	3.3	2.5	-0.0	1,095	2.3	13.3	-0.9	1,092
48–59	6.2	25.8	-1.4	1,108	0.7	3.1	0.9	-0.2	1,118	2.2	11.0	-1.0	1,109
0–23	9.0	27.4	-1.3	2,189	1.1	3.8	5.6	0.1	2,199	3.0	11.3	-0.6	2,200
24–59	8.8	31.7	-1.5	3,261	0.8	3.0	2.1	-0.1	3,286	2.5	12.6	-0.9	3,278
Sex													
Male	10.3	33.3	-1.5	2,775	1.1	4.2	3.7	0.0	2,793	3.3	13.7	-0.8	2,789
Female	7.5	26.6	-1.3	2,675	0.7	2.4	3.3	0.0	2,692	2.1	10.3	-0.8	2,688
Mother's interview status													
Interviewed	8.5	29.7	-1.4	4,774	0.9	3.2	3.6	0.0	4,795	2.7	11.7	-0.8	4,798
Not interviewed, but in household	8.2	32.7	-1.3	119	1.0	2.5	2.5	-0.0	121	0.7	15.2	-0.8	119
Not interviewed, not in household[3]	12.9	32.3	-1.4	557	1.0	4.1	2.8	-0.0	569	3.5	14.5	-0.9	560
Residence													
Urban	5.4	20.5	-1.2	1,417	0.9	3.1	3.4	-0.0	1,423	1.7	10.3	-0.7	1,422
Rural	10.1	33.4	-1.5	4,033	0.9	3.4	3.5	0.0	4,062	3.0	12.7	-0.8	4,055
Mainland/Zanzibar													
Mainland	9.0	30.4	-1.4	5,287	0.9	3.2	3.5	0.0	5,318	2.6	12.0	-0.8	5,312
Urban	5.5	20.7	-1.2	1,372	0.9	3.0	3.4	0.0	1,378	1.8	10.4	-0.7	1,376
Rural	10.3	33.8	-1.5	3,914	0.9	3.2	3.6	0.0	3,940	3.0	12.5	-0.8	3,935
Zanzibar	4.6	17.6	-1.0	163	1.1	8.2	2.3	-0.5	167	4.1	14.7	-1.0	166
Unguja	3.7	16.7	-1.0	110	1.1	9.6	2.0	-0.6	111	4.1	15.4	-1.0	112
Pemba	6.4	19.5	-1.1	53	1.2	5.5	2.8	-0.3	55	4.1	13.2	-0.9	54
Zone													
Western	9.0	30.5	-1.4	526	0.4	2.8	4.5	0.0	533	3.1	12.2	-0.8	531
Northern	6.4	25.5	-1.2	541	1.5	4.8	2.3	-0.3	549	2.0	15.0	-0.9	541
Central	11.1	29.8	-1.4	564	0.9	2.8	4.6	0.0	564	4.2	14.0	-0.8	567
Southern Highlands	13.2	46.2	-1.8	285	0.6	2.4	8.6	0.4	283	3.0	11.7	-0.7	286
Southern	6.6	21.8	-1.1	209	0.5	2.1	1.0	-0.0	209	2.8	8.1	-0.7	209
South West Highlands	11.2	37.5	-1.5	545	1.5	3.1	4.2	0.2	550	2.7	10.8	-0.7	549
Lake	9.7	31.0	-1.5	1,946	0.7	2.6	2.7	0.0	1,955	2.5	11.9	-0.8	1,954
Eastern	4.9	23.0	-1.1	670	1.2	4.6	3.4	-0.1	676	1.6	10.4	-0.7	675
Zanzibar	4.6	17.6	-1.0	163	1.1	8.2	2.3	-0.5	167	4.1	14.7	-1.0	166
Region													
Dodoma	10.3	30.7	-1.5	201	0.7	1.4	7.1	0.3	203	3.6	11.0	-0.7	203
Arusha	7.2	30.7	-1.4	171	0.0	4.5	0.7	-0.3	171	4.2	20.1	-1.0	171
Kilimanjaro	7.6	20.4	-1.0	97	1.3	2.9	6.1	-0.1	98	1.1	16.4	-0.7	97
Tanga	5.5	24.1	-1.1	273	2.6	5.6	2.0	-0.3	280	0.9	11.2	-0.9	273
Morogoro	9.2	30.6	-1.4	230	1.0	3.9	2.9	0.1	233	1.3	10.0	-0.7	234
Pwani	5.2	20.2	-1.1	169	0.7	6.2	3.8	-0.1	169	2.6	12.1	-0.7	169
Dar es Salaam	0.9	18.4	-1.0	272	1.7	4.3	3.6	-0.2	274	1.3	9.7	-0.7	272
Lindi	5.6	21.3	-1.2	99	1.1	2.1	0.0	-0.2	99	2.3	10.0	-0.8	99
Mtwara	7.6	22.3	-1.1	110	0.0	2.1	2.0	0.1	110	3.3	6.4	-0.5	110
Ruvuma	7.4	35.6	-1.5	124	0.5	2.8	5.4	0.1	124	2.8	12.2	-0.8	125
Iringa	17.3	56.9	-2.1	99	1.0	1.9	9.0	0.7	98	4.4	10.7	-0.7	99
Mbeya	5.0	31.5	-1.3	152	0.0	0.6	5.2	0.4	154	0.8	1.4	-0.4	154
Singida	8.5	25.7	-1.3	155	1.4	2.3	3.8	-0.1	154	1.6	11.1	-0.8	156
Tabora	9.3	33.1	-1.4	302	0.6	3.0	3.8	0.0	308	3.9	12.2	-0.9	308
Rukwa	20.7	49.8	-1.9	173	4.8	8.3	3.2	-0.0	174	5.8	19.4	-1.1	175
Kigoma	8.7	27.1	-1.4	223	0.0	2.5	5.5	0.1	225	2.1	12.2	-0.7	223
Shinyanga	7.5	27.5	-1.3	221	0.0	1.3	1.3	0.1	224	2.8	8.6	-0.7	221
Kagera	12.9	34.3	-1.6	362	0.8	3.7	2.7	0.0	365	4.1	15.4	-0.9	363
Mwanza	10.9	27.9	-1.5	448	0.0	1.8	1.9	0.0	446	2.8	15.1	-0.9	452
Mara	6.6	23.4	-1.3	311	1.4	3.4	2.9	-0.0	311	1.5	7.6	-0.7	311
Manyara	13.8	32.0	-1.5	207	0.8	4.7	2.8	-0.1	207	6.9	18.9	-0.9	207
Njombe	18.5	50.4	-2.1	62	0.0	2.1	14.1	0.7	61	1.2	12.2	-0.7	62
Katavi	10.9	32.2	-1.4	85	0.0	1.8	2.3	0.1	87	2.1	14.0	-0.8	86
Simiyu	7.0	33.2	-1.4	217	0.4	1.7	5.1	0.0	219	1.0	11.4	-0.8	218
Geita	10.4	38.6	-1.7	386	1.4	3.3	2.9	0.1	390	2.2	10.3	-0.9	387
Songwe	6.0	31.9	-1.3	134	0.0	0.0	5.5	0.3	135	1.1	8.1	-0.5	135
Kaskazini Unguja	5.9	29.0	-1.2	23	1.5	10.0	1.6	-0.7	24	6.5	21.0	-1.2	24
Kusini Unguja	2.4	16.7	-1.0	13	0.0	3.5	0.9	-0.3	13	1.7	6.1	-0.7	13

Continued…

Table 12–*Continued*

Background characteristic	Height-for-age[1]				Weight-for-height					Weight-for-age			
	Percent-age below -3 SD	Percent-age below -2 SD[2]	Mean *z* score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD[2]	Percent-age above +2 SD	Mean *z* score (SD)	Number of children	Percent-age below -3 SD	Percent-age below -2 SD[2]	Mean *z* score (SD)	Number of children
Region *(continued)*													
Mjini Magharibi	3.3	12.8	-1.0	74	1.1	10.5	2.4	-0.6	75	3.8	15.2	-1.0	75
Kaskazini Pemba	6.4	21.8	-1.1	25	1.8	7.7	2.8	-0.4	27	5.8	15.5	-1.0	26
Kusini Pemba	6.4	17.3	-1.0	28	0.6	3.3	2.7	-0.2	28	2.5	11.0	-0.8	28
Mother's education[4]													
No education	10.8	36.3	-1.5	1,073	1.6	4.7	2.5	-0.1	1,088	3.8	12.7	-0.9	1,080
Primary complete	11.9	33.7	-1.6	512	1.4	3.2	4.3	-0.0	512	4.9	15.9	-0.9	514
Primary incomplete	7.9	29.8	-1.4	2,309	0.7	2.7	3.5	0.0	2,316	1.9	11.7	-0.8	2,320
Secondary+	5.5	20.5	-1.1	999	0.4	2.9	4.4	0.0	1,000	1.7	8.8	-0.6	1,004
Wealth quintile													
Lowest	13.4	38.6	-1.6	1,246	0.9	4.3	3.1	-0.1	1,260	5.1	15.6	-1.0	1,253
Second	9.5	34.5	-1.5	1,118	0.9	2.8	4.0	0.1	1,127	2.6	12.6	-0.8	1,127
Middle	10.4	31.2	-1.5	1,106	1.4	3.7	3.7	0.0	1,108	2.6	12.4	-0.8	1,115
Fourth	6.6	27.1	-1.4	1,083	0.7	2.7	3.1	0.0	1,088	1.7	10.8	-0.8	1,085
Highest	2.8	14.6	-0.9	898	0.6	2.9	3.6	0.0	902	0.9	7.5	-0.5	898
Total	8.9	30.0	-1.4	5,450	0.9	3.3	3.5	0.0	5,485	2.7	12.1	-0.8	5,477

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards.
[1] Recumbent length is measured for children under age 2; standing height is measured for all other children.
[2] Includes children who are below -3 SD from the WHO Growth Standards population median
[3] Includes children whose mothers are deceased
[4] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

3.12 INFANT AND YOUNG CHILD FEEDING

Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Recommended IYCF practices include early initiation of breastfeeding within the first hour of life, exclusively breastfeeding for the first 6 months of life, and feeding children a diet that meets a minimum diversity (WHO and UNICEF 2021).

Early initiation of breastfeeding

Percentage of children born in the 0–23 months before the survey who were put to the breast within 1 hour of birth.

Sample: Children born 0–23 months before the survey

Exclusive breastfeeding under 6 months

Percentage of children age 0–5 months who are fed exclusively with breastmilk during the previous day.

Sample: Youngest children age 0–5 months living with the mother

Minimum dietary diversity 6–23 months

Percentage of children age 6–23 months who are fed a minimum of 5 out of 8 defined food groups during the previous day. The 8 food groups are: breastmilk; grains, roots, and tubers; legumes and nuts; dairy products (milk yogurt, cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Sample: Youngest children age 6–23 months living with the mother

Key IYCF indicators are presented in **Table 13**.

- 70% of children born in the 2 years before the survey engaged in early initiation of breastfeeding.
- 64% of children under 6 months of age are exclusively breastfed.
- 19% of children age 6–23 months met the minimum dietary diversity requirement.

Table 13 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Tanzania DHS-MIS 2022

Indicator	Indicator numerator and denominator	Value
Early initiation of breastfeeding	Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	70.2
	Number of children born in the last 2 years	4,506
Exclusive breastfeeding under 6 months	Percentage of children age 0–5 months who were fed exclusively with breastmilk during the previous day	64.3
	Number of youngest children age 0–5 months living with the mother	1,098
Minimum dietary diversity 6–23 months	Percentage of children age 6–23 months who were fed foods and beverages from at least 5 out of 8 defined food groups during the previous day	18.8
	Number of youngest children age 6–23 months living with the mother	3,090
Sweet beverage consumption 6–23 months	Percentage of children age 6–23 months who were given a sweet beverage during the previous day	30.0
	Number of youngest children age 6–23 months living with the mother	3,090
Unhealthy food consumption 6–23 months	Percentage of children age 6–23 months fed unhealthy foods during the previous day	8.7
	Number of youngest children age 6–23 months living with the mother	3,090

Unhealthy infant and young child feeding practices should be avoided because they can promote unhealthy weight gain, and unhealthy foods can replace nutritious foods that provide important nutrients for children. For infants and young children, the consumption of sweet foods and beverages increases the risk of dental caries and childhood obesity. The indicator definition below for unhealthy food consumption describes sentinel unhealthy foods—foods that are high in sugar, salt, or unhealthy fats—that are commonly consumed by infants and young children (WHO and UNICEF 2021).

Sweet beverage consumption 6–23 months

Percentage of children age 6–23 months who are given a sweet beverage during the previous day.

Unhealthy food consumption 6–23 months

Percentage of children age 6–23 months who are fed sentinel unhealthy foods during the previous day.

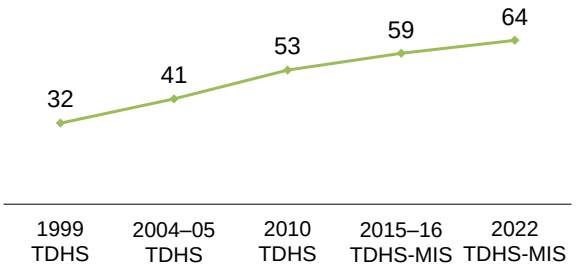
Sample: Youngest children age 6–23 months living with the mother

- 30% of children age 6–23 months were fed a sweet beverage.
- 9% of children age 6–23 months consumed unhealthy foods.

Trends: The percentage of children under the age of 6 months who are exclusively breastfed has steadily increased over time, from 32% in the 1999 TDHS to 64% in the 2022 TDHS-MIS (**Figure 6**).

***Figure 6* Trends in exclusive breastfeeding**

Percentage of children age 0–5 months



3.13 MALARIA

3.13.1 Ownership and use of insecticide-treated nets

Insecticide-treated nets (ITNs) repel and kill mosquitoes, thus providing protection against mosquito bites and reducing the transmission of malaria parasites. When high coverage of ITNs is achieved, they help decrease malaria risk at the individual level as well as at the community level by reducing the vector population. The distribution and use of ITNs is one of the core interventions for preventing malaria infection in Tanzania.

Ownership of insecticide-treated nets

Households that have at least one insecticide-treated net (ITN). An ITN is a factory-treated net that does not require any further treatment.

Sample: Households

Full household ITN coverage

Percentage of households with at least one ITN for every two people.

Sample: Households (with at least one person who stayed in the household the night before the survey)

Table 14 presents information on household ownership of ITNs.

- 74% of households own at least one ITN. This indicator ranges from 49% in Arusha to 92% in Katavi and Kaskazini Unguja.
- 41% of households have full ITN coverage.

Table 14 Household possession of insecticide-treated nets

Percentage of households with at least one insecticide-treated net (ITN); average number of ITNs per household; and percentage of households with at least one ITN per two persons who stayed in the household last night, according to background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Percentage of households with at least one ITN[1]	Average number of ITNs[1] per household	Number of households	Percentage of households with at least one ITN[1] for every two persons who stayed in the household last night[2]	Number of households with at least one person who stayed in the household last night
Residence					
Urban	75.3	1.6	5,094	46.9	5,072
Rural	72.8	1.5	10,611	37.8	10,585
Mainland/Zanzibar					
Mainland	73.5	1.5	15,278	40.5	15,233
Urban	75.4	1.6	4,965	47.1	4,943
Rural	72.6	1.5	10,313	37.3	10,290
Zanzibar	77.9	2.2	427	49.8	424
Unguja	73.9	2.0	307	47.4	305
Pemba	88.0	2.7	120	55.9	119
Zone					
Western	74.5	1.6	1,159	29.7	1,154
Northern	67.0	1.4	1,849	38.1	1,843
Central	73.8	1.6	1,816	43.5	1,815
Southern Highlands	70.5	1.5	1,077	47.1	1,074
Southern	76.6	1.5	1,031	54.6	1,030
South West Highlands	72.9	1.6	1,483	42.9	1,478
Lake	76.1	1.7	4,252	34.7	4,243
Eastern	73.7	1.5	2,611	44.7	2,596
Zanzibar	77.9	2.2	427	49.8	424
Region					
Dodoma	84.8	1.8	882	57.6	881
Arusha	49.0	1.0	499	22.8	499
Kilimanjaro	57.3	1.2	528	35.8	524
Tanga	84.2	1.9	822	48.8	821
Morogoro	77.0	1.5	743	40.4	742
Pwani	73.6	1.4	555	47.8	549
Dar es Salaam	71.8	1.4	1,313	45.8	1,305
Lindi	80.2	1.6	438	59.6	438

Continued…

Table 14—*Continued*

Background characteristic	Percentage of households with at least one ITN[1]	Average number of ITNs[1] per household	Number of households	Percentage of households with at least one ITN[1] for every two persons who stayed in the household last night[2]	Number of households with at least one person who stayed in the household last night
Region *(continued)*					
Mtwara	74.0	1.4	593	50.8	592
Ruvuma	74.0	1.5	428	44.9	428
Iringa	77.6	1.7	381	56.8	379
Mbeya	73.1	1.6	552	48.1	548
Singida	71.5	1.5	469	36.4	469
Tabora	78.0	1.7	602	26.0	600
Rukwa	76.1	1.5	379	39.7	378
Kigoma	70.6	1.5	557	33.7	554
Shinyanga	59.8	1.3	505	23.7	504
Kagera	77.5	1.7	851	42.0	850
Mwanza	85.3	1.9	1,067	45.0	1,061
Mara	78.2	1.6	710	33.8	709
Manyara	55.3	1.1	465	24.0	465
Njombe	54.8	1.1	267	36.6	267
Katavi	92.3	2.8	168	57.0	168
Simiyu	52.1	1.1	410	15.7	410
Geita	83.8	1.8	709	30.2	709
Songwe	61.0	1.2	385	32.2	383
Kaskazini Unguja	92.3	2.8	67	70.7	66
Kusini Unguja	82.7	2.1	37	58.5	36
Mjini Magharibi	66.3	1.7	204	37.7	203
Kaskazini Pemba	86.5	2.7	54	53.2	54
Kusini Pemba	89.2	2.7	65	58.1	65
Wealth quintile					
Lowest	62.9	1.2	2,891	26.0	2,880
Second	73.9	1.5	2,906	34.9	2,903
Middle	78.5	1.7	3,060	42.7	3,050
Fourth	75.8	1.6	3,493	45.2	3,486
Highest	75.9	1.8	3,355	52.1	3,338
Total	73.6	1.6	15,705	40.7	15,657

[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2010 TDHS, 2011–12 THMIS, and 2015–16 TDHS-MIS, this was known as a long-lasting insecticidal net (LLIN).
[2] De facto household members

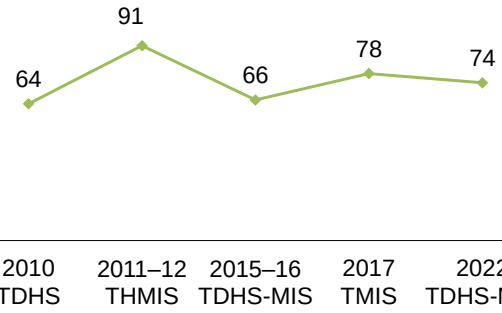
Trends: There has been no clear trend in ownership of ITNs over time (**Figure 7**). The estimate for the 2022 TDHS-MIS is similar to but slightly lower than the estimate of ITN ownership for the 2015–16 TDHS-MIS (74% versus 78%).

ITNs act as both a physical and a chemical barrier against mosquitoes. By reducing the vector population, ITNs can help reduce malaria risk at the community level, as well as reduce the risk to the individuals who use them. **Table 15** shows the use of ITNs by children under age 5 and by pregnant women.

- 64% of children under age 5 slept under an ITN the night before the survey. In households that own at least one ITN, 81% of children under age 5 slept under an ITN the night before the survey.
- 66% of pregnant women age 15–49 slept under an ITN the night before the survey. 85% of pregnant women in households that owned at least one ITN slept under an ITN the night before the survey.

Figure 7 **Trends in household ownership of insecticide-treated nets**

Percentage of households owning at least one insecticide-treated net (ITN)



Note: In surveys prior to 2017 the definition of an ITN included nets that had been soaked with insecticides within the past 12 months. In surveys starting in 2017, an ITN is defined as a factory-treated net that does not require any further treatment. In the 2010 TDHS, 2011-12 THMIS, and 2015-16 TDHS-MIS, this was known as a long-lasting insecticidal net (LLIN). The definition of an ITN in surveys conducted prior to 2017 included nets that had been soaked with insecticides within the past 12 months.

Table 15 Use of insecticide-treated nets by children and pregnant women

Percentage of children under age 5 who slept under an insecticide-treated net (ITN) the night before the survey; among children under age 5 in households with at least one ITN, percentage who slept under an ITN the night before the survey; percentage of pregnant women age 15–49 who slept under an ITN the night before the survey; and among pregnant women age 15–49 in households with at least one ITN, percentage who slept under an ITN the night before the survey, according to background characteristics, Tanzania DHS-MIS 2022

	Children under age 5 in all households		Children under age 5 in households with at least one ITN[1]		Pregnant women age 15–49 in all households		Pregnant women age 15–49 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of pregnant women	Percentage who slept under an ITN[1] last night	Number of pregnant women
Residence								
Urban	68.1	2,972	83.0	2,437	62.2	322	83.3	240
Rural	62.6	8,348	79.5	6,575	67.1	841	85.2	662
Mainland/Zanzibar								
Mainland	64.0	10,984	80.5	8,730	65.7	1,128	85.0	872
Urban	68.3	2,873	83.1	2,362	62.2	316	83.4	235
Rural	62.5	8,111	79.6	6,368	67.1	812	85.6	637
Zanzibar	66.1	336	78.7	282	66.0	35	74.3	31
Unguja	59.7	229	74.5	184	54.8	21	63.5	18
Pemba	80.0	107	86.6	98	84.2	13	90.6	12
Zone								
Western	58.5	1,146	70.8	946	68.7	118	85.1	95
Northern	53.0	1,218	76.9	840	53.0	140	82.1	91
Central	63.0	1,172	82.5	895	68.0	153	89.3	117
Southern Highlands	62.0	577	78.9	454	61.2	52	79.2	40
Southern	79.3	419	92.1	360	(80.9)	34	(92.6)	30
South West Highlands	63.6	1,086	82.6	836	67.3	105	88.1	80
Lake	66.6	3,946	80.6	3,262	68.7	353	82.2	295
Eastern	68.1	1,420	85.1	1,136	63.5	173	87.8	125
Zanzibar	66.1	336	78.7	282	66.0	35	74.3	31
Region								
Dodoma	76.9	475	86.0	424	(88.8)	69	(96.4)	64
Arusha	40.9	369	79.4	190	(33.9)	49	*	19
Kilimanjaro	46.8	260	69.8	175	(49.2)	31	*	20
Tanga	63.4	589	78.5	475	(70.3)	61	(83.3)	51
Morogoro	63.3	483	80.3	381	(65.0)	51	(80.7)	41
Pwani	67.9	335	88.8	257	(69.3)	34	*	25
Dar es Salaam	72.1	602	87.0	499	60.4	87	(90.8)	58
Lindi	81.9	189	91.8	168	*	12	*	11
Mtwara	77.1	230	92.4	192	*	22	*	19
Ruvuma	68.4	263	85.8	210	(74.3)	22	*	18
Iringa	60.8	193	71.8	163	*	16	*	14
Mbeya	61.1	327	83.6	239	(58.3)	34	*	21
Singida	64.8	319	83.6	247	(67.3)	40	(87.2)	31
Tabora	56.3	689	66.4	584	67.8	73	(84.9)	59
Rukwa	65.0	305	82.8	239	(74.4)	26	(85.0)	22
Kigoma	61.8	457	77.9	362	(70.3)	45	(85.5)	37

Continued...

Table 15—*Continued*

Background characteristic	Children under age 5 in all households		Children under age 5 in households with at least one ITN[1]		Pregnant women age 15–49 in all households		Pregnant women age 15–49 in households with at least one ITN[1]	
	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of pregnant women	Percentage who slept under an ITN[1] last night	Number of pregnant women
Region *(continued)*								
Shinyanga	57.2	470	84.2	319	(56.8)	37	(85.0)	25
Kagera	69.4	695	81.1	594	(62.4)	52	(76.4)	42
Mwanza	67.3	917	75.1	821	(63.1)	59	(65.7)	57
Mara	72.0	662	84.9	561	76.8	74	(89.1)	64
Manyara	44.2	379	74.8	224	(36.1)	45	(72.2)	22
Njombe	50.2	121	75.1	81	*	13	*	8
Katavi	81.0	175	84.5	168	(85.1)	20	(90.5)	19
Simiyu	46.1	441	73.1	278	(52.7)	38	(82.0)	24
Geita	76.2	761	84.3	688	80.5	93	90.7	82
Songwe	54.0	279	79.4	190	(57.3)	25	*	17
Kaskazini Unguja	68.9	47	72.5	45	(63.2)	7	(64.0)	7
Kusini Unguja	66.1	25	74.9	22	(66.4)	3	(66.4)	3
Mjini Magharibi	55.9	158	75.2	117	(46.8)	11	*	9
Kaskazini Pemba	75.5	49	84.2	44	(80.4)	7	(88.5)	6
Kusini Pemba	83.8	58	88.5	55	(88.0)	7	(92.7)	6
Wealth quintile								
Lowest	54.8	2,614	77.5	1,849	56.7	262	84.3	177
Second	63.5	2,328	78.0	1,895	69.2	231	84.9	188
Middle	67.0	2,203	79.9	1,848	71.4	202	86.3	168
Fourth	67.9	2,213	82.7	1,818	70.9	225	84.1	190
Highest	69.4	1,962	85.0	1,602	62.8	242	84.0	181
Total	64.1	11,320	80.5	9,012	65.7	1,162	84.7	902

Note: Table is based on children and pregnant women who stayed in the household the night before the interview.
Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2010 TDHS, 2011–12 THMIS, 2015–16 TDHS-MIS, this was known as a long-lasting insecticidal net (LLIN).

3.13.2 Malaria in pregnancy

Intermittent preventive treatment (IPTp) during pregnancy

Percentage of women who took at least 3 doses of SP (sulfadoxine-pyrimethamine)/Fansidar during their last pregnancy.

Sample: Women age 15–49 with a live birth or a stillbirth in the 2 years before the survey

Malaria infection during pregnancy is a major public health problem in Tanzania, with substantial risks for the mother, her foetus, and the neonate. Intermittent preventive treatment of malaria in pregnancy (IPTp) is a full therapeutic course of antimalarial medicine given to pregnant women at routine antenatal care visits to prevent malaria. IPTp helps prevent maternal malaria episodes, maternal and fatal anaemia, placental parasitaemia, low birth weight, and neonatal mortality. Results for the coverage of IPTp are shown in **Table 16**.

- 32% of women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey received three or more doses of IPTp. The coverage of this intervention is much higher in Mainland Tanzania, where 33% of women with a live birth in the 2 years before the survey received three or more doses of IPTp during pregnancy, than in Zanzibar, where fewer than 1% received three or more doses.
- Coverage of this intervention also varies widely by zone, with 50% of women in Southern having received 3 or more doses of IPTp compared with 17% in South West Highlands.

Table 16 Use of intermittent preventive treatment (IPTp) by women during pregnancy

Percentage of women age 15–49 with a live birth and/or a stillbirth in the 2 years preceding the survey who received one or more doses of SP/Fansidar, received two or more doses of SP/Fansidar, and received three or more doses of SP/Fansidar during the pregnancy that resulted in the last live birth or stillbirth, according to background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth and/or a stillbirth in the 2 years preceding the survey
		LIVE BIRTHS		
Residence				
Urban	83.9	64.5	40.4	1,193
Rural	77.5	56.1	28.3	3,142
Mainland/Zanzibar				
Mainland	81.5	60.1	32.6	4,209
Urban	86.4	66.4	41.6	1,157
Rural	79.6	57.7	29.2	3,051
Zanzibar	5.0	2.4	0.3	126
Unguja	6.1	2.8	0.1	87
Pemba	2.7	1.4	0.8	39
Zone				
Western	73.2	51.5	21.5	445
Northern	85.6	61.8	36.2	462
Central	82.3	58.2	30.0	430
Southern Highlands	93.8	82.2	46.4	233
Southern	96.5	66.9	50.4	174
South West Highlands	75.3	45.5	16.7	419
Lake	78.1	59.6	33.1	1,471
Eastern	87.6	67.6	39.6	576
Zanzibar	5.0	2.4	0.3	126
Region				
Dodoma	87.0	63.6	36.8	189
Arusha	72.9	40.2	19.4	141
Kilimanjaro	91.6	63.8	35.7	102
Tanga	90.9	74.7	47.2	220
Morogoro	82.0	57.6	26.3	209
Pwani	88.6	64.1	36.4	116
Dar es Salaam	91.8	77.6	52.3	250
Lindi	97.7	62.8	53.5	81
Mtwara	95.4	70.5	47.7	93
Ruvuma	92.3	79.3	51.0	108
Iringa	97.4	84.5	36.4	80

Continued...

Table 16—*Continued*

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth and/or a stillbirth in the 2 years preceding the survey
Region *(continued)*				
Mbeya	73.9	52.3	25.0	126
Singida	83.0	57.5	26.3	105
Tabora	70.3	46.3	14.8	270
Rukwa	73.4	42.1	11.0	114
Kigoma	77.6	59.5	31.9	175
Shinyanga	66.9	51.0	26.1	159
Kagera	80.8	66.5	37.5	264
Mwanza	84.9	65.1	42.7	353
Mara	75.8	57.6	31.8	255
Manyara	75.3	51.2	23.3	135
Njombe	91.4	85.0	53.3	45
Katavi	81.0	37.0	8.0	71
Simiyu	67.7	49.3	22.5	154
Geita	80.9	58.6	27.8	286
Songwe	75.1	46.4	18.5	108
Kaskazini Unguja	1.6	0.7	0.0	18
Kusini Unguja	6.0	5.8	0.8	11
Mjini Magharibi	7.4	3.0	0.0	59
Kaskazini Pemba	3.6	1.3	0.8	16
Kusini Pemba	2.1	1.4	0.8	23
Wealth quintile				
Lowest	74.8	53.6	24.2	980
Second	79.1	56.6	29.0	865
Middle	78.5	58.3	31.1	838
Fourth	80.2	58.0	32.2	850
Highest	84.5	66.8	43.7	801
Total	79.2	58.4	31.7	4,335
STILLBIRTHS				
Total	78.5	51.9	28.2	83
LIVE BIRTHS AND STILLBIRTHS[1]				
Total	79.2	58.3	31.5	4,401

[1] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

3.13.3 Case management of malaria in children

Careseeking for children under 5 with fever

Percentage of children under 5 with a fever in the 2 weeks before the survey for whom advice or treatment was sought from a health provider, a health facility, or a pharmacy.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Diagnosis of malaria in children under 5 with fever

Percentage of children under 5 with a fever in the 2 weeks before the survey who had blood taken from a finger or heel for testing. This is a proxy measure of diagnostic testing for malaria.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Artemisinin-based combination therapy (ACT) for children under 5 with fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey who took an ACT.

Sample: Children under age 5 with a fever in the 2 weeks before the survey who took any antimalarial drug

- 11% of children under age 5 had a fever in the 2 weeks before the survey (**Table 17**).
- Among children with a fever, 78% were taken for advice or treatment and 50% had blood taken for testing.
- Among children with a fever who took any antimalarial drug, 95% of children took an ACT.

Trends**:** Since the 2011–12 THMIS (when this question was first introduced), the percentage of children under age 5 with fever who had blood taken from a finger or heel for testing has doubled, rising from 25% to 50%.

Table 17 Children with fever and careseeking, diagnosis, and treatment of fever

Percentage of children under age 5 with fever in the 2 weeks preceding the survey; among children under age 5 with fever, percentage for whom advice or treatment was sought, percentage who had blood taken from a finger or heel; and among children under age 5 with fever who took any antimalarial drug, percentage who took any artemisinin-based combination therapy (ACT), according to background characteristics, Tanzania DHS-MIS 2022

	Children under age 5		Children under age 5 with fever			Children under age 5 with fever who took any antimalarial drug	
Background characteristic	Percentage with fever in the 2 weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage who had blood taken from a finger or heel for testing	Number of children	Percentage who took any ACT	Number of children
Residence							
Urban	11.4	2,853	82.6	59.1	325	96.1	87
Rural	10.1	7,643	75.7	46.7	773	94.3	277
Mainland/Zanzibar							
Mainland	10.5	10,181	77.6	51.0	1,066	94.8	363
Urban	11.5	2,757	82.7	59.9	318	96.1	87
Rural	10.1	7,424	75.5	47.1	749	94.4	277
Zanzibar	10.0	315	80.8	31.4	32	*	0
Unguja	9.4	216	90.1	32.4	20	*	0
Pemba	11.4	100	64.1	29.6	11	*	0
Zone							
Western	6.3	1,085	72.7	53.1	68	(100.0)	44
Northern	15.3	1,135	72.5	27.8	174	*	17
Central	6.5	1,068	68.3	41.9	69	*	8
Southern Highlands	4.5	537	(83.9)	(70.1)	24	*	10
Southern	5.3	387	*	*	21	*	8
South West Highlands	3.5	990	55.7	36.1	35	*	9
Lake	12.6	3,617	78.2	51.8	457	93.9	189
Eastern	16.0	1,363	86.8	68.2	218	96.1	77
Zanzibar	10.0	315	80.8	31.4	32	*	0
Region							
Dodoma	8.9	436	*	*	39	*	6
Arusha	25.8	355	77.1	17.3	91	*	7
Kilimanjaro	15.1	243	(80.5)	(19.5)	37	*	2
Tanga	8.5	537	(57.1)	(55.3)	46	*	9
Morogoro	20.3	455	93.3	65.5	92	(100.0)	39
Pwani	10.5	320	(74.9)	(71.6)	34	*	19
Dar es Salaam	15.7	588	84.6	69.8	92	*	19
Lindi	7.1	171	*	*	12	*	4
Mtwara	3.9	215	*	*	8	*	4
Ruvuma	6.6	237	*	*	16	*	8
Iringa	3.2	181	*	*	6	*	2
Mbeya	4.2	287	*	*	12	*	3
Singida	1.9	282	*	*	5	*	0
Tabora	5.6	652	(64.6)	(53.7)	37	*	26
Rukwa	2.9	277	*	*	8	*	1
Kigoma	7.3	434	(82.2)	(52.4)	31	*	18
Shinyanga	10.8	415	(79.9)	(46.9)	45	*	20
Kagera	17.9	623	81.1	71.5	111	(100.0)	61
Mwanza	14.4	867	86.3	61.2	125	*	34
Mara	8.5	621	(76.5)	(30.8)	53	*	18
Manyara	7.3	350	(71.3)	(29.2)	25	*	2
Njombe	2.1	118	*	*	2	*	1
Katavi	5.5	162	*	*	9	*	5
Simiyu	7.5	373	(78.3)	(30.1)	28	*	17
Geita	13.4	718	64.4	36.9	96	(93.6)	39
Songwe	2.2	264	*	*	6	*	0
Kaskazini Unguja	11.6	44	(89.2)	(34.5)	5	*	0
Kusini Unguja	14.3	25	(86.4)	(50.2)	4	*	0
Mjini Magharibi	7.9	147	(91.6)	(26.1)	12	*	0
Kaskazini Pemba	12.8	46	(69.5)	(34.8)	6	*	0
Kusini Pemba	10.3	54	(58.5)	(24.1)	6	*	0

Continued...

Table 17—*Continued*

Background characteristic	Children under age 5		Children under age 5 with fever			Children under age 5 with fever who took any antimalarial drug	
	Percentage with fever in the 2 weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage who had blood taken from a finger or heel for testing	Number of children	Percentage who took any ACT	Number of children
Wealth quintile							
Lowest	8.1	2,409	70.8	44.9	195	96.3	79
Second	9.2	2,088	80.6	46.3	192	91.9	85
Middle	9.8	2,001	75.9	49.4	197	94.3	67
Fourth	12.5	2,110	75.5	42.6	264	97.9	71
Highest	13.2	1,889	84.7	66.8	250	(93.3)	62
Total	10.5	10,497	77.7	50.4	1,098	94.7	364

Note: Parentheses indicate that a figure is based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes advice or treatment from the following sources: public sector, religious/voluntary sector, private medical sector, pharmacy, a credited drug dispensing outlet (ADDO), NGO/VCT Centre. Excludes advice or treatment from a shop/kiosk/market/traditional practitioner.

3.13.4 Malaria prevalence in children

Children age 6–59 months were eligible for malaria testing using a rapid diagnostic test (RDT; specifically, SD Bioline Ag Pf), and 97% of eligible children were tested by RDT. Among those tested, 8% tested positive for malaria (**Table 18**). Prevalence of malaria is higher in rural areas (10%) than in urban areas (less than 1%). Prevalence of malaria in children ranges from less than 1 percent in every region in Zanzibar, plus Arusha, Kilimanjaro, Manyara, Dodoma, Singida and Songwe, to 20% in Mtwara and 23% in Tabora (**Map 2**).

Table 18 Prevalence of malaria in children

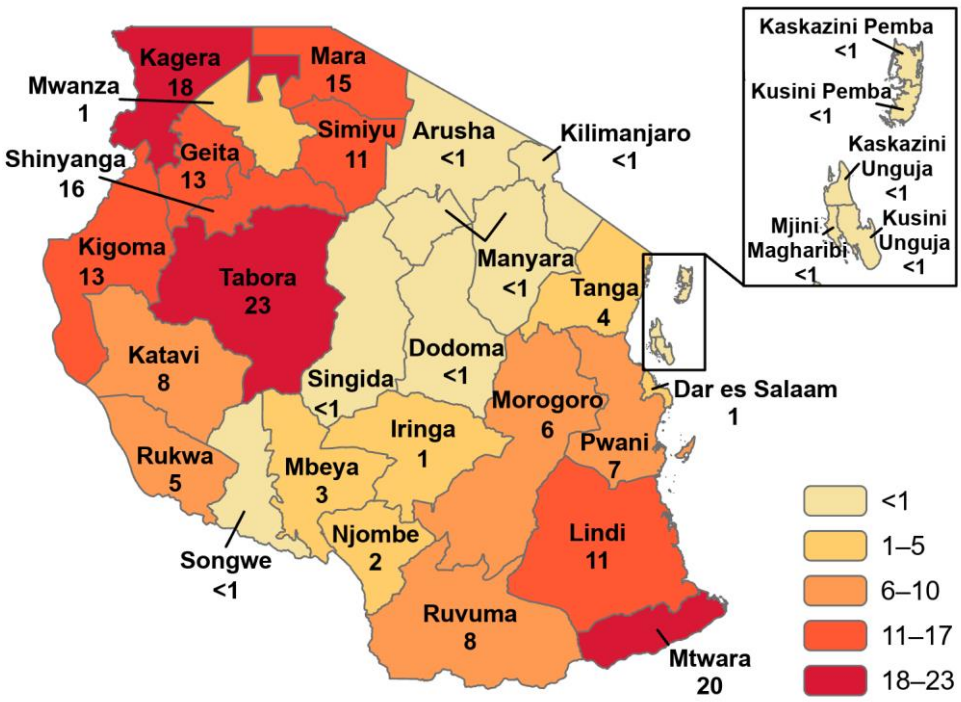
Percentage of children age 6–59 months classified as having malaria, according to background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Malaria prevalence according to RDT	
	RDT positive	Number of children
Residence		
Urban	0.7	1,277
Rural	10.4	3,647
Mainland/Zanzibar		
Mainland	8.1	4,773
Urban	0.7	1,236
Rural	10.7	3,537
Zanzibar	0.0	151
Unguja	0.0	101
Pemba	0.0	50
Zone		
Western	18.9	475
Northern	2.1	479
Central	0.1	514
Southern Highlands	4.0	254
Southern	15.7	184
South West Highlands	3.9	491
Lake	11.5	1,768
Eastern	4.0	609
Zanzibar	0.0	151
Region		
Dodoma	0.0	182
Arusha	0.0	151
Kilimanjaro	0.0	84
Tanga	4.0	244
Morogoro	5.8	211
Pwani	6.7	150
Dar es Salaam	0.9	249
Lindi	11.2	88
Mtwara	19.7	96
Ruvuma	7.8	108
Iringa	0.9	90
Mbeya	3.4	135
Singida	0.0	141
Tabora	23.4	276
Rukwa	5.4	156
Kigoma	12.7	199
Shinyanga	15.6	203
Kagera	17.5	333
Mwanza	0.9	410
Mara	15.1	276
Manyara	0.3	191
Njombe	1.9	56
Katavi	8.1	78
Simiyu	11.2	199
Geita	13.4	347
Songwe	0.0	122
Kaskazini Unguja	0.0	22
Kusini Unguja	0.0	12
Mjini Magharibi	0.0	68
Kaskazini Pemba	0.0	24
Kusini Pemba	0.0	25
Wealth quintile		
Lowest	14.5	1,133
Second	10.9	1,005
Middle	7.9	999
Fourth	3.1	990
Highest	0.6	798
Total	7.9	4,924

RDT = Rapid diagnostic test SDBioline Ag Pf

Map 2 Prevalence of malaria in children by region

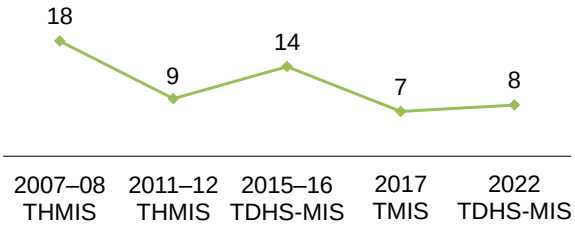
Percentage of children age 6-59 months who tested positive for malaria by RDT



Trends: With respect to interpreting trends in malaria prevalence over time, it is important to note the season in which data were collected in different surveys. In Tanzania, there are two major patterns of rainfall, short rains in November-January and heavy rains in March-May. Despite these seasonal fluctuations, the rainfall patterns, temperatures, and humidity that characterise the tropical climate in Tanzania support continuous malaria transmission year round.

Figure 8 Trends in prevalence of malaria in children

Percentage of children age 6-59 months who tested positive for malaria by RDT



The 2022 TDHS-MIS was conducted from February to July 2022. The months of fieldwork (noted in the box below) should be considered when comparing malaria trends over time. The percentage of children under age 5 who tested positive for malaria according to RDT results has generally decreased over time, from 18% in the 2007-08 THMIS to 8% in the 2022 TDHS-MIS (**Figure 8**).

Survey	Fieldwork Dates
2007–08 THMIS	October 2007–February 2008
2011–12 THMIS	December 2011–May 2012
2015–16 TDHS-MIS	August 2015–February 2016
2017 TMIS	October 2017–December 2017
2022 TDHS-MIS	February 2022–July 2022

3.14 HIV

3.14.1 Prevention knowledge among young people

Knowledge about HIV prevention

Knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission—HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Sample: Women and men age 15–24

Knowledge of how HIV is transmitted is crucial to enabling people to avoid HIV infection, and this is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours.

- As shown in **Table 19** below, less than half of women and men (42% and 38%, respectively) age 15–24 have thorough knowledge of HIV prevention (as defined above).
- Two-thirds (65%) of women age 15–24 know that using condoms every time they have sexual intercourse is an HIV prevention strategy.

72% of men age 15–24 know that limiting sexual intercourse to one uninfected partner can reduce the chance of acquiring HIV.

Table 19 Knowledge about HIV prevention methods among young people

Percentage of young women and young men age 15–24 who, in response to prompted questions, say that people can reduce the risk of getting HIV by using condoms every time they have sexual intercourse, and by having one sex partner who is not infected and has no other partners, and percentage with knowledge about HIV prevention, according to background characteristics, Tanzania DHS-MIS 2022

	Women age 15–24				Men age 15–24			
Background characteristic	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Percentage with knowledge about HIV prevention[3]	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Percentage with knowledge about HIV prevention[3]	Number of men
Age								
15–19	61.6	74.7	38.0	3,083	70.8	69.0	36.9	1,444
15–17	58.5	71.6	35.0	1,838	69.7	64.8	33.7	888
18–19	66.3	79.2	42.5	1,245	72.7	75.7	42.0	556
20–24	68.5	83.2	45.9	2,727	74.9	75.9	40.8	934
20–22	67.7	81.7	45.2	1,738	74.8	73.8	37.8	594
23–24	69.9	85.8	47.0	989	75.1	79.6	46.1	340
Marital status								
Never married	65.4	77.0	42.4	3,332	72.2	70.7	38.1	2,110
Ever had sex	73.0	83.3	47.3	1,251	76.7	74.8	43.0	1,068
Never had sex	60.8	73.2	39.4	2,081	67.7	66.5	33.1	1,042
Ever married	64.1	80.9	40.8	2,478	73.7	79.9	41.3	268
Residence								
Urban	69.8	82.3	49.3	2,075	75.5	74.5	43.9	784
Rural	62.1	76.6	37.5	3,735	70.9	70.4	35.8	1,594
Mainland/Zanzibar								
Mainland	65.4	79.0	42.0	5,599	73.4	72.3	39.2	2,295
Urban	70.5	82.8	49.8	1,995	76.8	74.9	44.8	754
Rural	62.7	76.9	37.7	3,604	71.8	71.0	36.4	1,541
Zanzibar	49.7	70.2	33.4	211	44.9	56.7	18.5	84
Unguja	49.8	69.2	34.0	151	42.8	59.0	20.9	59
Pemba	49.3	72.6	32.1	60	49.8	51.5	13.0	25
Zone								
Western	61.4	75.0	36.7	538	68.1	66.6	36.3	241
Northern	56.3	76.6	35.2	618	81.7	81.1	52.2	253
Central	65.9	73.8	40.3	640	63.3	72.4	32.3	233
Southern Highlands	78.2	81.8	54.9	297	75.6	62.8	36.8	146
Southern	70.7	78.6	42.7	277	81.9	89.6	42.7	96
South West Highlands	64.0	77.7	37.7	502	80.9	81.6	50.5	192
Lake	66.3	80.2	43.9	1,746	74.3	70.3	37.8	752
Eastern	67.0	83.7	45.2	980	69.0	68.4	33.5	380
Zanzibar	49.7	70.2	33.4	211	44.9	56.7	18.5	84
Region								
Dodoma	72.7	76.0	44.2	343	62.0	70.4	35.5	95
Arusha	58.8	79.4	37.1	215	82.1	88.1	48.4	67
Kilimanjaro	72.6	80.6	43.0	149	75.0	68.8	49.2	81
Tanga	44.6	71.8	29.0	254	86.5	86.1	57.0	105
Morogoro	63.8	74.3	38.4	287	80.6	59.7	35.5	107
Pwani	51.2	83.9	34.6	208	85.4	86.9	51.3	67

Continued...

Table 19—*Continued*

Background characteristic	Women age 15–24				Men age 15–24			
	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Percentage with knowledge about HIV prevention[3]	Number of women	Using condoms[1]	Limiting sexual intercourse to one uninfected partner[2]	Percentage with knowledge about HIV prevention[3]	Number of men
Region *(continued)*								
Dar es Salaam	75.7	89.3	53.7	485	57.7	66.8	26.6	206
Lindi	79.7	79.7	44.1	118	87.2	95.9	42.7	45
Mtwara	63.9	77.8	41.7	159	77.1	84.1	42.8	51
Ruvuma	62.9	66.4	36.4	135	78.6	59.7	31.6	74
Iringa	91.2	97.4	70.7	97	(60.1)	(62.8)	(35.7)	46
Mbeya	60.5	83.7	42.7	185	83.9	81.5	55.4	70
Singida	56.5	62.5	31.7	151	66.6	76.3	24.8	64
Tabora	55.7	71.6	34.9	298	67.1	61.2	36.2	154
Rukwa	69.8	64.0	34.5	118	81.6	76.9	54.3	39
Kigoma	68.5	79.1	38.9	240	69.9	76.2	36.5	86
Shinyanga	55.6	74.7	25.7	215	67.5	68.4	28.6	88
Kagera	85.0	83.7	62.0	251	72.4	64.3	35.6	100
Mwanza	63.9	76.3	43.0	501	79.0	69.5	40.8	239
Mara	64.4	87.5	50.0	311	76.4	70.5	28.6	117
Manyara	59.8	80.5	39.9	146	62.0	71.4	34.7	74
Njombe	90.5	90.3	70.0	65	(93.1)	(70.9)	(52.9)	27
Katavi	64.7	76.8	37.1	80	80.2	79.4	36.8	31
Simiyu	43.8	71.0	21.7	142	58.7	67.4	29.7	75
Geita	74.1	84.4	47.1	326	78.6	78.8	52.7	134
Songwe	63.5	82.6	33.4	119	76.9	86.5	49.2	53
Kaskazini Unguja	45.9	58.0	24.9	29	38.6	44.3	7.4	12
Kusini Unguja	70.5	84.9	50.1	13	47.5	49.6	11.8	5
Mjini Magharibi	48.4	70.4	34.5	109	43.4	64.3	25.9	41
Kaskazini Pemba	49.5	77.6	32.6	28	50.5	51.4	10.4	11
Kusini Pemba	49.2	68.2	31.6	32	49.2	51.6	15.0	14
Education								
No education	40.3	60.9	19.3	636	59.0	53.6	20.2	175
Primary incomplete	56.5	69.2	26.5	625	61.2	63.3	24.1	443
Primary complete	64.5	78.7	39.3	1,926	74.1	73.0	36.6	636
Secondary +	73.1	85.2	52.5	2,624	78.0	77.1	48.0	1,124
Wealth quintile								
Lowest	49.4	66.5	26.6	914	62.9	60.5	25.6	348
Second	62.4	76.0	34.5	1,005	73.0	73.8	36.8	462
Middle	66.6	78.9	43.4	1,109	74.0	73.1	38.4	510
Fourth	69.9	83.6	46.7	1,292	74.2	71.0	41.6	542
Highest	70.3	83.5	50.3	1,490	74.9	76.8	45.4	515
Total 15–24	64.9	78.7	41.7	5,810	72.4	71.7	38.4	2,378

Note: Figures in parentheses are based on 25–49 unweighted cases.
[1] Using condoms every time they have sexual intercourse
[2] Partner who has no other partners
[3] Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about transmission or prevention of HIV—HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

3.14.2 Sexual behaviour

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of HIV. Results on key sexual behaviours are shown in **Tables 20.1** and **20.2**.

- Among women and men age 15–49 who had sexual intercourse with a person who was neither their spouse nor lived with them in the last 12 months before the survey, 22% of women and 43% of men used a condom the last time they had sex with such a partner.
- Among women age 15–49 who ever had sexual intercourse, the mean number of lifetime sexual partners is 3.2, compared with 8.3 among men.

Table 20.1 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Women

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the last 12 months, and percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them; among those having more than one partner in the last 12 months, percentage reporting that a condom was used during last intercourse; among women age 15–49 who had sexual intercourse in the last 12 months with a person who was neither their husband nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Tanzania DHS-MIS 2022

	All women			Women who had 2+ partners in the last 12 months		Women who had intercourse in the last 12 months with a person who was neither their husband nor lived with them		Women who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them	Number of women	Percentage who reported using a condom during last sexual intercourse	Number of women	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Age									
15–24	3.9	22.2	5,810	14.2	229	21.6	1,290	2.4	3,710
15–19	3.0	18.5	3,083	18.8	91	23.6	570	1.9	1,241
20–24	5.0	26.4	2,727	11.1	137	19.9	720	2.6	2,468
25–29	5.8	20.4	2,533	11.9	147	22.0	516	2.9	2,469
30–39	4.7	19.4	3,960	16.4	186	22.8	770	3.6	3,895
40–49	3.4	19.3	2,951	8.8	101	20.1	570	3.7	2,910
Marital status									
Never married	3.9	36.4	4,047	24.2	157	20.0	1,474	2.9	1,879
Married/living together	3.2	4.1	9,252	3.2	300	34.0	378	2.8	9,179
Divorced/separated/widowed	10.5	66.2	1,955	20.2	205	20.0	1,295	5.1	1,925
Residence									
Urban	5.8	26.1	5,446	13.8	317	23.0	1,421	3.7	4,533
Rural	3.5	17.6	9,808	13.2	346	20.6	1,725	2.9	8,450
Mainland/Zanzibar									
Mainland	4.5	21.2	14,737	13.3	657	21.7	3,122	3.2	12,641
Urban	6.0	26.9	5,268	13.6	315	23.0	1,415	3.7	4,425
Rural	3.6	18.0	9,468	13.0	341	20.7	1,706	2.9	8,216
Zanzibar	1.1	4.8	517	*	6	18.4	25	1.8	343
Unguja	1.4	6.2	381	*	5	19.3	23	1.9	255
Pemba	0.2	0.9	137	*	0	*	1	1.5	87
Zone									
Western	3.1	13.4	1,268	(17.9)	39	20.0	170	2.5	1,059
Northern	3.0	15.9	1,733	(19.4)	53	20.8	275	2.3	1,433
Central	4.1	22.2	1,573	6.0	65	25.8	350	3.0	1,322
Southern Highlands	2.1	25.0	924	(36.7)	19	22.2	231	3.2	831
Southern	5.2	29.2	805	(22.2)	42	16.4	235	4.2	726
South West Highlands	2.5	19.6	1,322	(26.9)	34	17.4	260	2.5	1,186
Lake	4.9	18.8	4,454	8.2	217	23.0	839	3.7	3,755
Eastern	7.1	28.7	2,657	12.3	189	22.0	762	3.5	2,328
Zanzibar	1.1	4.8	517	*	6	18.4	25	1.8	343

Continued...

Table 20.1—*Continued*

Background characteristic	All women			Women who had 2+ partners in the last 12 months		Women who had intercourse in the last 12 months with a person who was neither their husband nor lived with them		Women who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them	Number of women	Percentage who reported using a condom during last sexual intercourse	Number of women	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Region									
Dodoma	5.3	27.1	772	(5.9)	41	29.9	209	3.2	630
Arusha	1.6	15.3	558	*	9	13.0	86	2.0	458
Kilimanjaro	5.3	21.8	417	*	22	27.5	91	2.7	337
Tanga	2.9	13.0	758	*	22	21.4	99	2.2	638
Morogoro	5.1	24.6	727	(13.2)	37	19.3	179	3.3	648
Pwani	6.1	23.6	539	(4.5)	33	29.5	127	3.1	458
Dar es Salaam	8.6	32.8	1,391	14.2	119	21.0	456	3.8	1,223
Lindi	8.0	31.3	336	(8.8)	27	13.8	105	4.1	303
Mtwara	3.2	27.7	468	*	15	18.6	130	4.3	422
Ruvuma	1.7	26.9	382	*	6	27.0	103	3.6	346
Iringa	2.0	25.3	326	*	7	16.6	83	3.0	291
Mbeya	4.3	23.8	489	*	21	27.2	116	2.6	433
Singida	3.8	19.6	384	*	15	22.6	75	3.0	323
Tabora	4.8	15.5	723	(20.3)	34	25.4	112	3.1	631
Rukwa	1.9	21.6	317	*	6	6.4	68	2.7	290
Kigoma	0.9	10.6	545	*	5	9.5	58	1.6	428
Shinyanga	2.4	12.6	533	*	13	26.0	67	3.4	438
Kagera	3.3	14.7	769	*	26	35.6	113	2.7	662
Mwanza	5.7	21.7	1,245	(5.9)	71	19.2	270	4.6	1,020
Mara	7.1	24.0	749	(16.0)	53	27.1	180	3.5	654
Manyara	2.3	15.6	417	*	9	16.3	65	2.5	369
Njombe	2.8	21.3	216	*	6	21.4	46	2.8	194
Katavi	1.5	15.3	197	*	3	4.5	30	2.4	175
Simiyu	3.7	13.7	374	*	14	21.1	51	3.7	319
Geita	5.1	20.2	782	(3.0)	40	15.2	158	3.5	662
Songwe	1.2	14.0	319	*	4	17.4	45	2.1	288
Kaskazini Unguja	1.2	4.2	70	*	1	*	3	2.1	47
Kusini Unguja	2.4	10.5	38	*	1	(5.0)	4	2.0	30
Mjini Magharibi	1.3	6.0	272	*	4	(22.7)	16	1.8	178
Kaskazini Pemba	0.2	1.3	64	*	0	*	1	1.5	41
Kusini Pemba	0.2	0.5	73	*	0	*	0	1.4	46
Education									
No education	3.7	15.1	2,450	9.6	90	15.0	370	2.9	2,348
Primary incomplete	5.6	20.7	1,380	8.1	77	14.7	286	3.5	1,116
Primary complete	5.0	21.1	6,744	12.9	337	23.0	1,422	3.2	6,258
Secondary +	3.4	22.8	4,681	19.5	159	24.1	1,068	3.1	3,262

Continued...

Table 20.1—*Continued*

Background characteristic	All women			Women who had 2+ partners in the last 12 months		Women who had intercourse in the last 12 months with a person who was neither their husband nor lived with them		Women who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their husband nor lived with them	Number of women	Percentage who reported using a condom during last sexual intercourse	Number of women	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Wealth quintile									
Lowest	2.9	16.7	2,466	5.5	71	13.9	411	2.7	2,220
Second	3.4	16.7	2,578	12.7	88	20.0	430	2.7	2,242
Middle	3.9	20.3	2,880	16.3	111	21.3	584	3.1	2,458
Fourth	6.5	24.5	3,359	9.8	220	20.8	822	3.6	2,894
Highest	4.3	22.7	3,971	20.1	172	27.1	900	3.4	3,170
Total	4.3	20.6	15,254	13.5	662	21.7	3,146	3.2	12,984

Note: Figures in parentheses are based on 15–49 unweighted cases. An asterisk indicates that a case is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

Table 20.2 Multiple sexual partners and higher-risk sexual intercourse in the last 12 months: Men

Among all men age 15–49, percentage who had sexual intercourse with more than one sexual partner in the last 12 months, and percentage who had intercourse in the last 12 months with a person who was neither their wife nor lived with them; among those having more than one partner in the last 12 months, percentage reporting that a condom was used during last intercourse; among men age 15–49 who had sexual intercourse in the last 12 months with a person who was neither their wife nor lived with them, percentage who used a condom during last sexual intercourse with such a partner; and among men who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Tanzania DHS-MIS 2022

	All men			Men who had 2+ partners in the last 12 months		Men who had intercourse in the last 12 months with a person who was neither their wife nor lived with them		Men who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their wife nor lived with them	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Age									
15–24	15.5	39.7	2,378	34.8	369	41.3	944	5.2	1,321
15–19	7.0	25.8	1,444	48.2	101	36.4	372	3.5	517
20–24	28.6	61.2	934	29.7	267	44.5	571	6.4	803
25–29	34.9	49.1	850	27.8	297	47.3	417	9.7	798
30–39	25.9	32.9	1,458	14.7	378	46.8	480	8.7	1,380
40–49	26.7	29.6	1,076	14.4	287	39.3	318	10.8	995
Marital status									
Never married	17.2	45.7	2,517	46.1	432	43.5	1,150	6.5	1,405
Married/living together	26.7	26.3	2,937	9.1	785	46.2	771	8.8	2,804
Divorced/separated/widowed	36.7	76.9	309	32.7	113	33.9	237	12.9	285
Type of union									
In polygynous union	72.2	26.8	179	3.7	129	(37.4)	48	9.1	168
Not in polygynous union	23.8	26.2	2,758	10.2	656	46.7	723	8.7	2,636
Not currently in union	19.3	49.1	2,826	43.3	546	41.8	1,387	7.6	1,690
Residence									
Urban	26.4	43.9	1,938	28.2	511	48.8	850	9.9	1,526
Rural	21.4	34.2	3,825	20.0	820	39.8	1,308	7.5	2,968
Mainland/Zanzibar									
Mainland	23.5	38.3	5,572	23.4	1,307	43.6	2,133	8.4	4,385
Urban	26.6	44.7	1,871	28.4	499	49.2	837	10.1	1,488
Rural	21.8	35.0	3,700	20.3	808	39.9	1,295	7.6	2,897
Zanzibar	12.4	13.6	191	9.8	24	27.9	26	4.3	109
Unguja	13.9	16.2	143	9.8	20	29.0	23	4.8	85
Pemba	8.0	5.8	48	(9.8)	4	*	3	2.7	24

Continued...

Table 20.2—*Continued*

Background characteristic	All men			Men who had 2+ partners in the last 12 months		Men who had intercourse in the last 12 months with a person who was neither their wife nor lived with them		Men who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their wife nor lived with them	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Zone									
Western	15.5	30.2	501	23.9	78	38.3	151	6.9	376
Northern	19.1	34.6	631	29.3	120	39.7	218	6.4	462
Central	25.6	39.0	577	27.2	148	35.2	225	7.8	463
Southern Highlands	26.6	45.1	376	27.5	100	58.7	169	6.9	310
Southern	38.5	49.4	290	11.2	112	28.0	143	13.0	262
South West Highlands	28.7	36.7	526	17.7	151	49.3	193	8.5	439
Lake	21.7	34.9	1,694	20.0	367	44.6	591	7.9	1,280
Eastern	23.7	45.2	976	30.8	232	46.9	442	10.6	793
Zanzibar	12.4	13.6	191	9.8	24	27.9	26	4.3	109
Region									
Dodoma	31.3	45.7	255	(33.3)	80	45.1	117	8.9	220
Arusha	18.0	31.5	202	(20.0)	36	38.0	64	5.4	156
Kilimanjaro	21.7	45.9	171	(27.8)	37	31.6	79	8.4	116
Tanga	18.1	29.6	258	(37.7)	47	49.6	76	6.0	190
Morogoro	16.3	36.6	274	(39.5)	45	46.7	100	7.9	210
Pwani	33.5	42.3	180	(33.1)	60	46.7	76	7.5	148
Dar es Salaam	24.3	50.8	522	26.7	127	47.1	265	12.9	435
Lindi	26.6	39.7	128	(3.3)	34	16.4	51	12.8	116
Mtwara	47.9	57.0	162	14.7	78	34.3	93	13.1	145
Ruvuma	25.9	45.2	167	25.5	43	46.7	75	7.4	141
Iringa	26.9	43.9	123	(34.1)	33	68.0	54	6.2	96
Mbeya	20.6	34.1	195	(28.7)	40	62.4	66	7.4	166
Singida	16.8	34.1	149	(31.2)	25	27.8	51	6.8	114
Tabora	18.4	33.7	312	26.8	57	40.6	105	8.0	236
Rukwa	41.0	46.1	117	8.9	48	31.6	54	9.5	99
Kigoma	10.8	24.4	189	*	20	(32.9)	46	5.0	140
Shinyanga	18.9	33.9	192	(16.9)	36	49.0	65	6.2	160
Kagera	20.9	30.2	282	(16.7)	59	58.9	85	6.4	217
Mwanza	26.3	40.7	478	32.4	125	43.4	194	9.1	343
Mara	21.1	35.1	274	(10.7)	58	43.8	96	9.6	219
Manyara	24.7	33.4	174	(13.4)	43	21.7	58	6.9	129
Njombe	27.3	46.6	86	(22.0)	23	68.7	40	7.1	73
Katavi	42.2	49.2	74	19.8	31	40.5	37	14.7	66
Simiyu	22.0	37.1	163	(8.2)	36	32.7	61	6.7	134
Geita	17.2	29.3	306	(14.6)	53	39.2	89	7.7	207
Songwe	22.5	25.7	140	(14.8)	31	(60.8)	36	5.4	108
Kaskazini Unguja	6.3	4.1	25	*	2	*	1	1.8	13

Continued...

Table 20.2—*Continued*

Background characteristic	All men			Men who had 2+ partners in the last 12 months		Men who had intercourse in the last 12 months with a person who was neither their wife nor lived with them		Men who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the last 12 months	Percentage who had intercourse in the last 12 months with a person who was neither their wife nor lived with them	Number of men	Percentage who reported using a condom during last sexual intercourse	Number of men	Percentage who reported using a condom during last sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Region *(continued)*									
Kusini Unguja	11.6	18.1	14	*	2	(20.8)	2	5.0	10
Mjini Magharibi	16.0	18.8	105	(11.1)	17	31.1	20	5.3	62
Kaskazini Pemba	5.3	2.7	21	*	1	*	1	3.3	11
Kusini Pemba	10.2	8.3	26	*	3	*	2	2.3	14
Education									
No education	22.3	35.0	574	9.4	128	23.3	201	8.2	468
Primary incomplete	20.7	32.5	851	18.3	176	34.9	277	8.9	592
Primary complete	25.7	37.7	2,282	18.1	586	42.3	862	8.6	1,978
Secondary +	21.4	39.9	2,055	35.8	440	52.3	819	7.8	1,455
Wealth quintile									
Lowest	20.4	31.4	883	14.1	180	25.6	277	7.8	684
Second	20.2	32.4	1,037	17.9	209	39.1	336	7.2	819
Middle	22.3	37.6	1,191	20.6	266	41.3	448	8.0	914
Fourth	26.7	41.9	1,355	22.5	361	47.0	568	8.8	1,077
Highest	24.3	40.9	1,298	34.7	315	53.2	531	9.4	1,001
Total 15–49	23.1	37.5	5,763	23.1	1,331	43.4	2,159	8.3	4,494

Note: Figures in parentheses are based on 15–49 unweighted cases. An asterisk indicates that a case is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

3.14.3 Prior HIV testing

HIV testing programmes diagnose people living with HIV so that they can be linked to care and access antiretroviral therapy (ART). Knowledge of HIV status also helps HIV negative individuals reduce risk and remain negative. As shown in **Tables 21.1** and **22.2**:

- 80% of women age 15–49 have been tested for HIV and received the results of the test; less than 1% have ever been tested and did not receive the results of the test.
- 35% of men age 15–49 have never been tested for HIV.
- The percentage of women and men ever tested for HIV was lowest among those age 15–19 (38% and 18%, respectively).

Table 21.1 Coverage of prior HIV testing: Women

Percent distribution of women age 15–49 by HIV testing status and by whether they received the results of the last test, percentage of women ever tested, and percentage of women who were tested in the last 12 months and received the results of the last test, according to background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of women
	Ever tested and received results	Ever tested, did not receive results	Never tested				
Age							
15–24	59.4	0.8	39.8	100.0	60.2	29.8	5,810
15–19	37.0	0.8	62.2	100.0	37.8	19.7	3,083
20–24	84.7	0.9	14.5	100.0	85.5	41.2	2,727
25–29	93.0	1.2	5.8	100.0	94.2	44.9	2,533
30–39	94.2	0.7	5.1	100.0	94.9	42.9	3,960
40–49	88.4	1.1	10.5	100.0	89.5	33.8	2,951
Marital status							
Never married	46.0	0.7	53.3	100.0	46.7	24.4	4,047
Ever had sex	75.0	0.5	24.5	100.0	75.5	43.2	1,906
Never had sex	20.2	0.8	79.0	100.0	21.0	7.7	2,141
Married or living together	91.4	1.0	7.6	100.0	92.4	39.9	9,252
Divorced/separated/widowed	93.6	0.8	5.6	100.0	94.4	44.9	1,955
Residence							
Urban	81.3	0.8	17.9	100.0	82.1	40.2	5,446
Rural	78.7	0.9	20.4	100.0	79.6	34.4	9,808
Mainland/Zanzibar							
Mainland	79.8	0.9	19.3	100.0	80.7	36.6	14,737
Urban	81.6	0.8	17.6	100.0	82.4	40.6	5,268
Rural	78.9	0.9	20.2	100.0	79.8	34.4	9,468
Zanzibar	73.8	0.7	25.5	100.0	74.5	31.2	517
Unguja	74.3	0.8	25.0	100.0	75.0	31.7	381
Pemba	72.5	0.4	27.1	100.0	72.9	29.9	137
Zone							
Western	80.0	0.9	19.1	100.0	80.9	37.4	1,268
Northern	75.4	1.0	23.6	100.0	76.4	35.2	1,733
Central	73.8	1.1	25.1	100.0	74.9	28.5	1,573
Southern Highlands	88.6	0.9	10.5	100.0	89.5	42.5	924
Southern	83.0	1.1	15.9	100.0	84.1	28.4	805
South West Highlands	80.8	0.8	18.4	100.0	81.6	37.4	1,322
Lake	78.1	0.9	21.0	100.0	79.0	38.1	4,454
Eastern	84.6	0.8	14.7	100.0	85.3	39.7	2,657
Zanzibar	73.8	0.7	25.5	100.0	74.5	31.2	517
Region							
Dodoma	73.0	0.7	26.3	100.0	73.7	30.6	772
Arusha	69.2	0.7	30.1	100.0	69.9	26.9	558
Kilimanjaro	78.6	1.2	20.3	100.0	79.7	40.2	417
Tanga	78.2	1.1	20.7	100.0	79.3	38.5	758
Morogoro	81.8	1.5	16.6	100.0	83.4	32.5	727
Pwani	87.5	1.0	11.5	100.0	88.5	40.6	539
Dar es Salaam	84.8	0.3	14.9	100.0	85.1	43.2	1,391
Lindi	80.8	0.8	18.5	100.0	81.5	28.6	336
Mtwara	84.5	1.4	14.1	100.0	85.9	28.2	468
Ruvuma	88.6	1.3	10.0	100.0	90.0	44.1	382
Iringa	88.0	0.7	11.3	100.0	88.7	39.2	326
Mbeya	83.7	0.4	15.9	100.0	84.1	40.4	489
Singida	72.2	1.2	26.6	100.0	73.4	29.9	384
Tabora	82.3	0.6	17.1	100.0	82.9	39.8	723

Continued...

Table 21.1—*Continued*

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the last test: Ever tested and received results	Ever tested, did not receive results	Never tested	Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of women
Region *(continued)*							
Rukwa	76.1	1.0	22.9	100.0	77.1	34.3	317
Kigoma	77.0	1.2	21.9	100.0	78.1	34.2	545
Shinyanga	65.2	0.4	34.4	100.0	65.6	32.4	533
Kagera	85.9	1.4	12.7	100.0	87.3	46.4	769
Mwanza	77.1	1.1	21.8	100.0	78.2	33.9	1,245
Mara	82.3	0.5	17.2	100.0	82.8	41.4	749
Manyara	76.8	1.6	21.6	100.0	78.4	23.2	417
Njombe	89.6	0.4	10.0	100.0	90.0	44.7	216
Katavi	76.5	0.3	23.2	100.0	76.8	37.7	197
Simiyu	69.4	0.3	30.3	100.0	69.7	40.1	374
Geita	80.8	1.1	18.1	100.0	81.9	36.4	782
Songwe	83.7	1.5	14.8	100.0	85.2	35.7	319
Kaskazini Unguja	68.7	2.0	29.3	100.0	70.7	27.1	70
Kusini Unguja	80.8	1.3	17.9	100.0	82.1	30.9	38
Mjini Magharibi	74.8	0.4	24.8	100.0	75.2	33.0	272
Kaskazini Pemba	71.6	0.4	28.0	100.0	72.0	29.5	64
Kusini Pemba	73.4	0.4	26.3	100.0	73.7	30.2	73
Education							
No education	81.9	0.9	17.2	100.0	82.8	30.9	2,450
Primary incomplete	74.1	0.9	25.0	100.0	75.0	32.2	1,380
Primary complete	86.2	0.9	12.9	100.0	87.1	39.3	6,744
Secondary +	70.6	0.9	28.5	100.0	71.5	36.5	4,681
Wealth quintile							
Lowest	75.7	0.9	23.3	100.0	76.7	30.1	2,466
Second	79.2	1.0	19.7	100.0	80.3	31.7	2,578
Middle	80.3	1.1	18.7	100.0	81.3	35.8	2,880
Fourth	81.9	0.7	17.4	100.0	82.6	39.6	3,359
Highest	79.9	0.8	19.3	100.0	80.7	41.3	3,971
Total	79.6	0.9	19.5	100.0	80.5	36.5	15,254

Table 21.2 Coverage of prior HIV testing: Men

Percent distribution of men age 15–49 by HIV testing status and by whether they received the results of the last test, percentage of men ever tested, and percentage of men who were tested in the last 12 months and received the results of the last test, according to background characteristics, Tanzania DHS-MIS 2022

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of men
	Ever tested and received results	Ever tested, did not receive results	Never tested				
Age							
15–24	33.8	0.8	65.5	100.0	34.5	16.3	2,378
15–19	17.6	0.9	81.6	100.0	18.4	6.6	1,444
20–24	58.9	0.6	40.6	100.0	59.4	31.3	934
25–29	80.0	0.9	19.1	100.0	80.9	40.5	850
30–39	88.6	0.3	11.1	100.0	88.9	41.2	1,458
40–49	84.8	1.0	14.3	100.0	85.7	39.7	1,076
Marital status							
Never married	34.3	0.8	64.8	100.0	35.2	15.6	2,517
Ever had sex	49.8	1.1	49.1	100.0	50.9	24.3	1,427
Never had sex	14.1	0.5	85.4	100.0	14.6	4.2	1,090
Married or living together	87.6	0.6	11.9	100.0	88.1	42.6	2,937
Divorced/separated/widowed	81.7	0.9	17.4	100.0	82.6	38.0	309
Residence							
Urban	67.7	0.5	31.8	100.0	68.2	33.0	1,938
Rural	62.1	0.8	37.1	100.0	62.9	29.3	3,825
Mainland/Zanzibar							
Mainland	64.2	0.7	35.1	100.0	64.9	30.7	5,572
Urban	68.1	0.6	31.4	100.0	68.6	33.1	1,871
Rural	62.3	0.8	37.0	100.0	63.0	29.5	3,700
Zanzibar	58.2	0.4	41.3	100.0	58.7	26.7	191
Unguja	63.2	0.4	36.4	100.0	63.6	30.0	143
Pemba	43.4	0.4	56.2	100.0	43.8	16.6	48
Zone							
Western	48.7	0.2	51.1	100.0	48.9	22.0	501
Northern	62.9	0.9	36.3	100.0	63.7	30.5	631
Central	54.0	0.8	45.3	100.0	54.7	26.1	577
Southern Highlands	75.1	0.6	24.3	100.0	75.7	36.2	376
Southern	64.7	0.6	34.7	100.0	65.3	22.6	290
South West Highlands	70.2	0.3	29.5	100.0	70.5	36.1	526
Lake	65.8	0.9	33.3	100.0	66.7	32.4	1,694
Eastern	68.8	0.7	30.4	100.0	69.6	32.4	976
Zanzibar	58.2	0.4	41.3	100.0	58.7	26.7	191
Region							
Dodoma	61.7	0.4	37.9	100.0	62.1	31.1	255
Arusha	51.9	0.8	47.3	100.0	52.7	20.4	202
Kilimanjaro	68.0	0.0	32.0	100.0	68.0	37.1	171
Tanga	68.1	1.5	30.5	100.0	69.5	34.1	258
Morogoro	64.2	1.0	34.8	100.0	65.2	31.9	274
Pwani	76.7	0.0	23.3	100.0	76.7	38.1	180
Dar es Salaam	68.5	0.9	30.6	100.0	69.4	30.7	522
Lindi	60.0	0.6	39.4	100.0	60.6	19.0	128
Mtwara	68.4	0.6	31.0	100.0	69.0	25.5	162
Ruvuma	74.8	1.2	24.0	100.0	76.0	39.4	167
Iringa	72.4	0.0	27.6	100.0	72.4	29.5	123
Mbeya	72.3	0.0	27.7	100.0	72.3	37.4	195
Singida	55.9	0.6	43.5	100.0	56.5	27.4	149
Tabora	50.9	0.0	49.1	100.0	50.9	25.0	312
Rukwa	74.4	0.0	25.6	100.0	74.4	36.7	117
Kigoma	45.0	0.5	54.4	100.0	45.6	17.0	189
Shinyanga	70.0	0.6	29.5	100.0	70.5	24.8	192
Kagera	76.0	1.4	22.6	100.0	77.4	44.4	282
Mwanza	61.3	1.0	37.7	100.0	62.3	25.8	478
Mara	63.8	1.0	35.1	100.0	64.9	40.0	274
Manyara	40.9	1.6	57.6	100.0	42.4	17.5	174
Njombe	79.4	0.5	20.1	100.0	79.9	39.5	86
Katavi	67.7	0.7	31.6	100.0	68.4	41.8	74
Simiyu	65.4	1.2	33.4	100.0	66.6	34.4	163
Geita	62.7	0.3	37.0	100.0	63.0	28.7	306
Songwe	65.2	0.6	34.2	100.0	65.8	30.6	140
Kaskazini Unguja	54.2	1.5	44.3	100.0	55.7	20.8	25
Kusini Unguja	62.3	1.8	35.9	100.0	64.1	20.4	14
Mjini Magharibi	65.4	0.0	34.6	100.0	65.4	33.5	105
Kaskazini Pemba	31.0	0.9	68.1	100.0	31.9	7.3	21
Kusini Pemba	53.4	0.0	46.6	100.0	53.4	24.1	26

Continued...

Table 21.2—*Continued*

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the last test			Total	Percentage ever tested	Percentage who have been tested for HIV in the last 12 months and received the results of the last test	Number of men
	Ever tested and received results	Ever tested, did not receive results	Never tested				
Education							
No education	54.6	0.8	44.6	100.0	55.4	24.2	574
Primary incomplete	52.9	0.6	46.5	100.0	53.5	23.1	851
Primary complete	73.8	0.7	25.5	100.0	74.5	34.7	2,282
Secondary +	60.4	0.7	38.9	100.0	61.1	30.8	2,055
Wealth quintile							
Lowest	54.9	1.1	44.0	100.0	56.0	22.2	883
Second	60.1	0.6	39.3	100.0	60.7	29.1	1,037
Middle	62.7	0.9	36.3	100.0	63.7	28.9	1,191
Fourth	67.9	0.4	31.7	100.0	68.3	35.8	1,355
Highest	70.5	0.5	29.0	100.0	71.0	33.4	1,298
Total 15–49	64.0	0.7	35.3	100.0	64.7	30.6	5,763

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