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ZimStat
Zimbabwe National Statistics Agency

MICS

MULTIPLE INDICATOR CLUSTER SURVEY

2014

FINAL REPORT

European Commission

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MICS

ZIMBABWE

MULTIPLE INDICATOR CLUSTER SURVEY 2014

FINAL REPORT

MARCH, 2015

with support from

The Zimbabwe Multiple Indicator Cluster Survey (MICS) was carried out in 2014 by the Zimbabwe National Statistics Agency (ZIMSTAT) as part of the global MICS programme. Technical and financial support was coordinated by the United Nations Children's Fund (UNICEF).

The global MICS programme was developed by UNICEF in the 1990s as an international household survey programme to support countries in the collection of internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies and programmes, and to monitor progress towards the Millennium Development Goals (MDGs) and other internationally agreed upon commitments.

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Summary Table of Survey Implementation and the Survey Population, Zimbabwe MICS, 2014

Survey implementation			
Sample frame	2012 Zimbabwe Master Sample (ZMS12)	**Questionnaires**	Household Women (age 15-49) Men (age 15-54) Children under five
Updated	January 2014		
Interviewer training	February 2014	**Fieldwork**	February – April 2014
Survey sample			
Households		Children under five	
Sampled	17 047	Eligible	10 223
Occupied	16 041	Mothers/caregivers interviewed	9 884
Interviewed	15 686	Response rate (Percent)	96.7
Response rate (Percent)	97.8		
Women		Men	
Eligible for interviews	15 376	Eligible for interviews	9 008
Interviewed	14 408	Interviewed	7 914
Response rate (Percent)	93.7	Response rate (Percent)	87.9

Survey population			
Average household size	4.2	**Percentage of survey households**	
Percentage of population under:		Urban areas	30.6
Age 5	15.6	Rural areas	69.4
Age 18	50.3		
Percentage of women age 15-49 years with at least one live birth in the last 2 years	27.1	Manicaland	12.7
		Mashonaland Central	5.0
		Mashonaland East	11.7
		Mashonaland West	12.8
		Matabeleland North	8.8
		Matabeleland South	8.2
		Midlands	12.3
		Masvingo	11.1
		Harare	9.7
		Bulawayo	7.6

Housing characteristics	
Percentage of households with	
Electricity	32.3
Finished floor	70.1
Finished roofing	70.2
Finished walls	84.6
Mean number of persons per room used for sleeping	2.34

Household or personal assets	
Percentage of households that own	
A television	37.4
A refrigerator	18.7
Agricultural land	68.7
Farm animals/livestock	62.4
Percentage of households where at least a member has or owns a	
Mobile phone	84.4
Car or truck	8.8

Summary Table of Findings[1]

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Zimbabwe MICS, 2014

CHILD MORTALITY

Early childhood mortality*

MICS Indicator		Indicator	Description	Value
1.1		Neonatal mortality rate	Probability of dying within the first month of life	29
1.2	**MDG 4.2**	Infant mortality rate	Probability of dying between birth and the first birthday	55
1.3		Post-neonatal mortality rate	Difference between infant and neonatal mortality rates	25
1.4		Child mortality rate	Probability of dying between the first and the fifth birthdays	21
1.5	**MDG 4.1**	Under-five mortality rate	Probability of dying between birth and the fifth birthday	75

* Rates refer to the 5-year period preceding the survey.

NUTRITION

Nutritional status

MICS Indicator		Indicator	Description	Value
2.1a 2.1b	**MDG 1.8**	Underweight prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	 11.2 2.2
2.2a 2.2b		Stunting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median height for age of the WHO standard	 27.6 7.8
2.3a 2.3b		Wasting prevalence (a) Moderate and severe (b) Severe	Percentage of children under age 5 who fall below (a) minus two standard deviations (moderate and severe) (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	 3.3 0.7
2.4		Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	3.6

Nutritional Oedema

2.S1		Nutritional oedema prevalence	Percentage of children 6-59 months with bilateral oedema	0.2

Breastfeeding and infant feeding

2.5		Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	98.1
2.6		Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	58.9
2.7		Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed	41.0

[1] See Appendix G for a detailed description of MICS indicators

2.8	Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day	64.4
2.9	Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	84.4
2.10	Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	17.1
2.11	Median duration of breastfeeding	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day	17.7
2.12	Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed during the previous day	57.1
2.13	Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	87.3
2.14	Milk feeding frequency for non-breastfed children	Percentage of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	11.3
2.15	Minimum meal frequency	Percentage of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times or more during the previous day	59.1
2.16	Minimum dietary diversity	Percentage of children age 6–23 months who received foods from 4 or more food groups during the previous day	28.0
2.17a 2.17b	Minimum acceptable diet	(a) Percentage of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Percentage of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	17.3 4.6
2.18	Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	10.3
Salt iodisation			
2.19	Iodised salt consumption	Percentage of households with salt testing 15 parts per million or more of iodide/iodate	54.5
Low-birth weight			
2.20	Low-birth weight infants	Percentage of most recent live births in the last 2 years weighing below 2 500 grams at birth	10.1
2.21	Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	83.0
Vitamin A supplementation			
2.S2	Vitamin A Supplementation	Percentage of children age 6-59 months who received at least one high dose Vitamin A supplement in the last 6 months	32.3

CHILD HEALTH

Vaccinations

MICS Indicator	Indicator	Description	Value
3.1	Tuberculosis immunisation coverage	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	92.4
3.2	Polio immunisation coverage	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	84.9
3.S1	Diphtheria, pertussis and tetanus (DPT) immunisation coverage	Percentage of children age 12-23 months who received the third dose of DPT vaccine (DPT3) by their first birthday	85.4

3.4	**MDG 4.3**	Measles immunisation coverage	Percentage of children age 12-23 months who received measles vaccine by their first birthday	82.6
3.5		Hepatitis B immunisation coverage	Percentage of children age 12-23 months who received the third dose of Hepatitis B vaccine (HepB3) by their first birthday	85.4
3.6		Haemophilus influenzae type B (Hib) immunisation coverage	Percentage of children age 12-23 months who received the third dose of Hib vaccine (Hib3) by their first birthday	85.4
3.8		Full immunisation coverage	Percentage of children age 12-23 months who received all vaccinations recommended in the national immunisation schedule by their first birthday.	69.2
Tetanus toxoid				
3.9		Neonatal tetanus protection	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	63.5
Diarrhoea				
-		Children with diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	15.5
3.10		Care-seeking for diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	44.3
3.11		Diarrhoea treatment with oral rehydration salts (ORS) and zinc	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	13.8
3.12		Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	Percentage of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	56.4
Acute Respiratory Infection (ARI) symptoms				
-		Children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	5.3
3.13		Care-seeking for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	58.6
3.14		Antibiotic treatment for children with ARI symptoms	Percentage of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	34.3
Solid fuel use				
3.15		Use of solid fuels for cooking	Percentage of household members in households that use solid fuels as the primary source of domestic energy to cook	73.9
Malaria / Fever				
MICS Indicator		**Indicator**	**Description**	**Value**
-		Children with fever	Percentage of children under age 5 with fever in the last 2 weeks	27.1
3.16a 3.16b		Household availability of insecticide-treated nets (ITNs)	Percentage of households with (a) at least one ITN (b) at least one ITN for every two people	 42.2 20.9
3.17a 3.17b		Household vector control	Percentage of households (a) with at least one ITN or that have been sprayed by IRS in the last 12 months (b) with at least one ITN for every two people or that have been sprayed by IRS in the last 12 months	 47.6 34.0
3.18	**MDG 6.7**	Children under age 5 who slept under an ITN	Percentage of children under age 5 who slept under an ITN the previous night	26.8

3.19		Population that slept under an ITN	Percentage of household members who slept under an ITN the previous night	23.2
3.20		Care-seeking for fever	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	47.1
3.21		Malaria diagnostics usage	Percentage of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	14.1
3.22	**MDG 6.8**	Anti-malarial treatment of children under age 5	Percentage of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	3.0
3.23		Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment	Percentage of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy)	78.8
3.24		Pregnant women who slept under an ITN	Percentage of pregnant women who slept under an ITN the previous night	26.3
3.25		Intermittent preventive treatment for malaria during pregnancy	Percentage of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	6.4

WATER AND SANITATION

MICS Indicator		Indicator	Description	Value
4.1	**MDG 7.8**	Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	76.1
4.2		Water treatment	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	16.4
4.3	**MDG 7.9**	Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	35.0
4.4		Safe disposal of child's faeces	Percentage of children age 0-2 years whose last stools were disposed of safely	57.8
4.5		Place for handwashing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	10.3
4.6		Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent	55.8

REPRODUCTIVE HEALTH

Contraception and unmet need

MICS Indicator		Indicator	Description	Value
-		Total fertility rate	Total fertility rate for women age 15-49 years	4.3
5.1	**MDG 5.4**	Adolescent birth rate	Age-specific fertility rate for women age 15-19 years	120
5.2		Early childbearing	Percentage of women age 20-24 years who had at least one live birth before age 18	22.4
5.3	**MDG 5.3**	Contraceptive prevalence rate	Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	67.0
5.4	**MDG 5.6**	Unmet need	Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	10.4

Maternal and newborn health				
5.5a 5.5b	**MDG 5.5** **MDG 5.5**	Antenatal care coverage	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth (a) at least once by skilled health personnel (b) at least four times by any provider	 93.7 70.1
5.6		Content of antenatal care	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	51.8
5.S1		Iron supplementation	Percentage of women age 15-49 years with a live birth in the last 2 years who received iron supplements	83.5
5.S2		Folate supplementation	Percentage of women age 15-49 years with a live birth in the last 2 years who received folate supplement	66.9
5.7	**MDG 5.2**	Skilled attendant at delivery	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	80.0
5.8		Institutional deliveries	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	79.6
5.9		Caesarean section	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	6.0
Post-natal health checks				
5.10		Post-partum stay in health facility	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	83.5
5.11		Post-natal health check for the newborn	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	85.0
5.12		Post-natal health check for the mother	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	77.3
Maternal mortality				
5.13	**MDG 5.1**	Maternal mortality ratio	Deaths during pregnancy, childbirth, or within two months after delivery or termination of pregnancy, per 100 000 live births within the 7-year period preceding the survey	614

CHILD DEVELOPMENT			
MICS Indicator	**Indicator**	**Description**	**Value**
6.1	Attendance to early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	21.6
6.2	Support for learning	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	43.1
6.3	Father's support for learning	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	2.6
6.4	Mother's support for learning	Percentage of children age 36-59 months whose biological mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	17.3
6.5	Availability of children's books	Percentage of children under age 5 who have three or more children's books	3.4
6.6	Availability of playthings	Percentage of children under age 5 who play with two or more types of playthings	62.3

CHILD DEVELOPMENT

MICS Indicator	Indicator	Description	Value
6.7	Inadequate care	Percentage of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	18.5
6.8	Early child development index	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	61.8

LITERACY AND EDUCATION

MICS Indicator		Indicator	Description	Value
7.1	**MDG 2.3**	Literacy rate among young people	Percentage of young people age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education (a) women (b) men	 92.0 86.1
7.2		School readiness	Percentage of children in first grade of primary school who attended pre-school during the previous school year	86.2
7.3		Net intake rate in primary education	Percentage of children of school-entry age who enter the first grade of primary school	73.3
7.4	**MDG 2.1**	Primary school net attendance ratio (adjusted)	Percentage of children of primary school age currently attending primary or secondary school	93.3
7.5		Secondary school net attendance ratio (adjusted)	Percentage of children of secondary school age currently attending secondary school or higher	47.7
7.6	**MDG 2.2**	Children reaching last grade of primary	Percentage of children entering the first grade of primary school who eventually reach last grade	90.7
7.7		Primary completion rate	Number of children attending the last grade of primary school (excluding repeaters) divided by number of children of primary school completion age (age appropriate to final grade of primary school)	98.9
7.8		Transition rate to secondary school	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	78.9
7.9	**MDG 3.1**	Gender parity index (primary school)	Primary school net attendance ratio (adjusted) for girls divided by primary school net attendance ratio (adjusted) for boys	1.01
7.10	**MDG 3.1**	Gender parity index (secondary school)	Secondary school net attendance ratio (adjusted) for girls divided by secondary school net attendance ratio (adjusted) for boys	1.17

CHILD PROTECTION

Birth registration

MICS Indicator	Indicator	Description	Value
8.1	Birth registration	Percentage of children under age 5 whose births are reported registered	32.3

Child discipline			
8.3	Violent discipline	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	62.6
Early marriage and polygyny			
8.4	Marriage before age 15	Percentage of people age 15-49 years who were first married or in union before age 15 (a) Women (b) Men	 4.9 0.3
8.5	Marriage before age 18	Percentage of people age 20-49 years who were first married or in union before age 18 (a) Women (b) Men	 32.8 3.7
8.6	Young people age 15-19 years currently married or in union	Percentage of young people age 15-19 years who are married or in union (a) Women (b) Men	 24.5 1.7
8.7	Polygyny	Percentage of people age 15-49 years who are in a polygynous union (a) Women (b) Men	 10.1 3.8
8.8a 8.8b	Spousal age difference	Percentage of young women who are married or in union and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	 19.9 17.5
Attitudes Towards Domestic Violence			
8.12	Attitudes towards domestic violence	Percentage of people age 15-49 years who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food (a) Women (b) Men	 37.4 23.7
Children's living arrangements			
8.13	Children's living arrangements	Percentage of children age 0-17 years living with neither biological parent	26.6
8.14	Prevalence of children with one or both parents dead	Percentage of children age 0-17 years with one or both biological parents dead	17.9
8.15	Children with at least one parent living abroad	Percentage of children 0-17 years with at least one biological parent living abroad	10.6

HIV/AIDS AND SEXUAL BEHAVIOUR

HIV/AIDS knowledge and attitudes

MICS Indicator	Indicator	Description	Value
-	Have heard of AIDS	Percentage of people age 15-49 years who have heard of AIDS (a) Women (b) Men	 99.4 98.8

9.1	**MDG 6.3**	Knowledge about HIV prevention among young people	Percentage of young people age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission	
			(a) Women	56.4
			(b) Men	51.7
9.2		Knowledge of mother-to-child transmission of HIV	Percentage of people age 15-49 years who correctly identify all three means of mother-to-child transmission of HIV	
			(a) Women	63.4
			(b) Men	51.6
9.3		Accepting attitudes towards people living with HIV	Percentage of people age 15-49 years expressing accepting attitudes on all four questions toward people living with HIV	
			(a) Women	43.2
			(b) Men	43.8
HIV testing				
9.4		People who know where to be tested for HIV	Percentage of people age 15-49 years who state knowledge of a place to be tested for HIV	
			(a) Women	95.2
			(b) Men	93.5
9.5		People who have been tested for HIV and know the results	Percentage of people age 15-49 years who have been tested for HIV in the last 12 months and who know their results	
			(a) Women	50.6
			(b) Men	40.3
9.6		Sexually active young people who have been tested for HIV and know the results	Percentage of young people age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results	
			(a) Women	84.5
			(b) Men	58.9
9.7		HIV counselling during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	77.7
9.8		HIV testing during antenatal care	Percentage of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	89.3
Sexual behaviour				
9.9		Young people who have never had sex	Percentage of never married young people age 15-24 years who have never had sex	
			(a) Women	78.0
			(b) Men	61.9
9.10		Sex before age 15 among young people	Percentage of young people age 15-24 years who had sexual intercourse before age 15	
			(a) Women	4.1
			(b) Men	3.9
9.11		Age-mixing among sexual partners	Percentage of women age 15-24 years who had sex in the last 12 months with a partner who was 10 or more years older	17.9
9.12		Multiple sexual partnerships	Percentage of people age 15-49 years who had sexual intercourse with more than one partner in the last 12 months	
			(a) Women	1.2
			(b) Men	10.6

9.13		Condom use at last sex among people with multiple sexual partnerships	Percentage of people age 15-49 years who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	
			(a) Women	49.1
			(b) Men	43.1
9.14		Sex with non-regular partners	Percentage of sexually active young people age 15-24 years who had sex with a non-marital, non-cohabitating partner in the last 12 months	
			(a) Women	11.8
			(b) Men	28.8
9.15	**MDG 6.2**	Condom use with non-regular partners	Percentage of young people age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months	
			(a) Women	57.6
			(b) Men	74.9
Orphans				
9.16	**MDG 6.4**	Ratio of school attendance of orphans to school attendance of non-orphans	Proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents	0.94
Male circumcision				
9.17		Male circumcision	Percentage of men age 15-49 years who report having been circumcised	11.2

ACCESS TO MASS MEDIA AND ICT

Access to mass media

MICS Indicator	Indicator	Description	Value
10.1	Exposure to mass media	Percentage of people age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	
		(a) Women	8.0
		(b) Men	15.0
Use of information and communication technology			
10.2	Use of computers	Percentage of young people age 15-24 years who used a computer during the last 12 months	
		(a) Women	18.0
		(b) Men	24.0
10.S1	Use of computers	Percentage of adults who used a computer during the last 12 months	
		(a) Women age 15-49 years	13.9
		(b) Men age 15-54 years	22.2
10.S2	Use of mobile or non-mobile phones	Percentage of young people age 15-24 years who used a mobile or non-mobile phone during the last 12 months	
		(a) Young women	85.2
		(b) Young men	85.6
10.S3	Use of mobile or non-mobile phones	Percentage of adults who used a mobile or non-mobile phone during the last 12 months	
		(a) Women age 15-49 years	88.6
		(b) Men age 15-54 years	90.3
10.3	Use of internet	Percentage of young people age 15-24 years who used the internet during the last 12 months	
		(a) Women	21.6
		(b) Men	30.8

10.S4	Use of internet	Percentage of adults who used the internet during the last 12 months	
		(a) Women age 15-49 years	19.1
		(b) Men age 15-54 years	30.3

TOBACCO AND ALCOHOL USE

Tobacco use

MICS Indicator	Indicator	Description	Value
12.1	Tobacco use	Percentage of people age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	
		(a) Women	0.7
		(b) Men	19.4
12.2	Smoking before age 15	Percentage of people age 15-49 years who smoked a whole cigarette before age 15	
		(a) Women	0.1
		(b) Men	1.9

Alcohol use

12.3	Use of alcohol	Percentage of people age 15-49 years who had at least one alcoholic drink at any time during the last one month	
		(a) Women	2.0
		(b) Men	29.6
12.4	Use of alcohol before age 15	Percentage of people age 15-49 years who had at least one alcoholic drink before age 15	
		(a) Women	0.5
		(b) Men	2.8

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Appendix:

List of Abbreviations and Acronyms

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral treatment
ASFR	Age Specific Fertility Rate
BCG	Bacillus Calmette–Guérin
CBR	Crude Birth Rate
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CMR	Child Mortality Rate
CPF	Child Protection Fund
CRC	Convention on the Rights of the Child
CSPro	Census and Survey Processing System
DFID	Department for International Development
DK	Don't know
DPT	Diphtheria, Pertussis Tetanus
DQ	Data Quality
EA	Enumeration Area
EC	European Council
ECD	Early Childhood Development
ECDI	Early Child Development Index
ETF	Education Transition Fund
EPI	Expanded Programme on Immunisation
EU	European Union
FCTC	Framework Convention on Tobacco Control
GAPPD	The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
GARPR	Global AIDS Response Progress Reporting
GFR	General Fertility Rate
GMAP	The Global Malaria Action Plan
GoZ	Government of Zimbabwe
GPI	Gender Parity Index
GVAP	Global Vaccine Action Plan
HH	Household
HIV	Human Immunodeficiency Virus
HTF	Health Transition Fund
ICT	Information and Communication Technology
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
IUCD	Intrauterine Contraceptive Device
IYCF	Infant and Young Child Feeding practices
JMP	Joint Monitoring Programme
LAM	Lactational Amenorrhea Method
LLIN	Long Lasting Insecticidal Treated Nets
Mash Central	Mashonaland Central
Mash East	Mashonaland East
Mash West	Mashonaland West
Mat North	Matabeleland North
Mat South	Matabeleland South
MC	Male Circumcision

MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MICS5	Fifth global round of Multiple Indicator Cluster Surveys programme
MIMS	Multiple Indicator Monitoring Survey
MMR	Maternal Mortality Ratio
MMRate	Maternal Mortality Rate
MoHCC	Ministry of Health and Child Care
MTCT	Mother to Child Transmission
MTP	Medium Term Plan
NA	Not applicable
NAR	Net Attendance Rate
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Treatment
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
POA	Programme of Action
PNC	Postnatal Care
PNHC	Postnatal Health Checks
PPM	Parts Per Million
PPS	Probability Proportional to Size
PSUs	Primary Sampling Units
RHF	Recommended Home Fluid
SD	Standard Deviation
SMT	Survey Management Team
SP	Sulfadoxine-Pyrimethamine
SPSS	Statistical Package for Social Sciences
SRHR	Sexual Reproductive Health and Rights
SSS	Sugar and Salt Solution
STERP II	Short Term Emergency Recovery Programme II
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNFPA	United Nations Population Fund
UNAIDS	the Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation
ZimASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZDHS	Zimbabwe Demographic and Health Survey
ZEPI	Zimbabwe Expanded Programme on Immunisation
ZIMSTAT	Zimbabwe National Statistics Agency
ZMS12	Zimbabwe Master Sample 2012
ZNASP II	Zimbabwe National HIV/AIDS Strategic Plan II
ZNFPC	Zimbabwe National Family Planning Council
ZRP	Zimbabwe Republic Police
ZUNDAF	Zimbabwe United Nations Development Assistance Framework

Acknowledgements/Preface

The first Zimbabwe Multiple Indicator Cluster Survey (MICS), following the Multiple Indicator Monitoring Survey (MIMS) which was a customised version, was conducted in 2014. The MICS was designed to collect information on a variety of socioeconomic and health indicators required to inform the planning, implementation and monitoring of national policies and programmes for the enhancement of the welfare of women and children. The MICS plays a critical role in informing national policies such as the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimASSET) October 2013 to December 2018.

The Zimbabwe National Statistics Agency (ZIMSTAT) wishes to express sincere gratitude to the various institutions and individuals who worked tirelessly to make the survey a success. Their commitment and dedication to duty was above the norm and worth ZIMSTAT's profound gratitude.

The survey was made possible through financial and technical support from the United Nations Children's Fund (UNICEF), the European Union (EU), the United Nations Population Fund (UNFPA), the United Nations Development Fund (UNDP), the United States Agency for International Development (USAID) and Maternal and Child Health Integrated Programme (MCHIP). In addition, the expertise contributed by various consultants (global, regional and national) in the areas of sampling, training, fieldwork, data processing and report writing, timely coverage from the media, and input from various stakeholders who participated in MICS workshops cannot be overemphasized. This survey would not have been possible without the unwavering commitment of the Survey Management Team (SMT), field and data entry personnel, and patience and cooperation of respondents.

ZIMSTAT would like to acknowledge the following institutions who were members of the MICS Steering and Technical Committees for their invaluable contributions towards the accomplishment of the survey:

- Ministry of Finance and Economic Development;
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- Ministry of Environment, Water and Climate;
- Ministry of Information, Media and Broadcasting Services;
- Ministry of Women's Affairs, Gender and Community Development;
- Ministry of Local Government, Public Works and National Housing;
- Ministry of Justice, Legal and Parliamentary Affairs;
- Ministry of Information Communication Technology, Postal and Courier Services;
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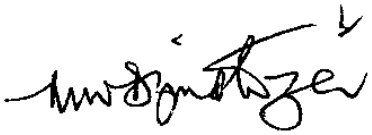
- European Commission (EC);
- United States Aid for International Development (USAID);
- Centres for Disease Control and Prevention (CDC);
- the World Bank (WB); and
- the Department for International Development (DFID).



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Executive Summary

This Final Report is based on the findings of the Zimbabwe Multiple Indicator Cluster Survey (MICS), conducted between February and April in 2014 by the Zimbabwe National Statistics Agency (ZIMSTAT). Technical and financial support for the survey was coordinated by the United Nations Children's Fund (UNICEF). The Zimbabwe MICS is a nationally representative survey of 17 047 households, comprising 14 408 women in the 15-49 years age group, 7 914 men age 15-54 years and 10 223 children under 5 years of age. The sample allows for the estimation of some key indicators at the national, provincial and urban/rural levels.

The MICS is designed to provide statistically sound and internationally comparable data essential for developing evidence-based policies and programmes and for monitoring progress towards national goals and global commitments. Among these global commitments are those emanating from the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the Education for All Declaration (EFA) and the Millennium Development Goals (MDGs). The Zimbabwe MICS 2014 results are critical for final MDG reporting in 2015, and are expected to form part of the baseline data for the post-2015 era.

This Final Report covers the following areas: sample and survey methodology, sample coverage and the characteristics of households and respondents, child mortality, child nutrition, child health, water and sanitation, reproductive health, early childhood development, literacy and education, child protection, HIV and sexual behaviour, mass media and information and communication technology, and tobacco and alcohol use.

CHILD MORTALITY

In the five years preceding the survey (2010-2014), Zimbabwe had neonatal, infant and under 5 mortality rates of 29, 55 and 75 per 1 000 live births, respectively, with males having higher rates than females. Variations in neonatal, infant and under 5 mortality were notable by province and by mother's level of education, and decreased with increasing levels of education of the mother. For under-5 mortality, rural areas recorded more deaths per 1 000 live births compared to urban areas and was highest in poorest households compared to those from the richest households. Comparing the MICS findings on under 5 mortality rates with those from the MIMS 2009, ZDHS 2010/11 and the MICS 2014, the results showed stagnation in under 5 mortality rates over the years.

CHILD NUTRITION

The World Health Organisation (WHO) standards were used in estimating child nutrition. In Zimbabwe, 11.2 percent of children under 5 years of age were moderately underweight and 2.2 percent were severely underweight while more than a quarter of children (27.6 percent) were moderately stunted or too short for their age and 3.3 percent were moderately wasted or too thin for their height. About 3.6 percent of the children were moderately overweight or too heavy for their height. Children in Matabeleland South Province were more likely to be underweight (13.9 percent) and wasted (3.9 percent) than children in other provinces while stunting (34.0 percent) was highest in Manicaland

Province. The results show that the percentage of stunted and underweight children was higher in rural compared to urban areas. Those children whose mothers had secondary or higher education were the least likely to be underweight and stunted compared to children born of mothers with no education. The prevalence of overweight among children tended to increase as the mother's level of education increased. Boys appeared to be slightly more likely to be underweight, stunted, and wasted than girls.

Breastfeeding is near universal in Zimbabwe with 98.1 percent of children ever breastfed. Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 58.9 percent of babies were breastfed for the first time within one hour of birth, while 92.2 percent of newborn babies in Zimbabwe started breastfeeding within one day of birth. Only 6.8 percent of children received prelacteal feed.

The Government of Zimbabwe promotes exclusive breastfeeding for all infants less than 6 months old. The MICS results showed that 41.0 percent of infants less than 6 months were exclusively breastfed, with infants in urban areas more likely to be exclusively breastfed than those in rural areas. Although none of the provinces is yet to reach the national target (90 percent), Matabeleland North and Matabeleland South provinces had the highest percentages of exclusively breastfed infants, 58.6 and 57.3, respectively, whilst Mashonaland West Province had the lowest (29.6 percent). Eighty-four percent of children age 12-15 months were still breastfeeding while 17.1 percent of children age 20-23 months were still breastfeeding. Overall, 64.4 percent of infants age 0-5 months were predominantly breastfed.

CHILD HEALTH

Zimbabwe has been implementing an immunisation programme under the Zimbabwe Expanded Programme of Immunisation (ZEPI) since 1982. The MICS results indicated that, overall, 80.3 percent of children age 12-23 months were fully vaccinated against vaccine preventable childhood diseases, while 87.6 percent were vaccinated for measles. Full vaccination was higher for urban areas than for rural areas, for children of mothers with secondary or higher education than for those with no education or primary education and for children from households in the richest wealth quintiles than those from the poorest. The proportion of children age 12-23 with full immunisation varied by province, with the lowest in Masvingo Province (65.2 percent) and the highest recorded for Matabeleland North Province (86.9 percent).

For individual vaccinations, immunisation was high with 92.4 percent of children age 12-23 months having received a BCG vaccination and 93.7 percent having received the first dose of Pentavalent (DTP-HepB-Hib) vaccine by the age of 12 months. The percentage declined to 91 percent for the second dose of Pentavalent vaccine and 85.4 percent for the third dose. Similarly, 94.2 percent of children received Polio 1 vaccine by age 12 months and this declined to 84.9 percent by the third dose. The coverage for measles vaccine by 12 months was 82.6 percent. The percentage of children age 12-23 months who had been fully vaccinated by their first birthday was 69.2 percent while that of age 24-35 months was 54.4 percent.

At national level, 15.5 percent of children under 5 years of age were reported to have had diarrhoea in the two weeks preceding the survey of whom 44.3 percent visited a health facility or a health

provider for treatment. The proportion that was seen in a health facility or provider was lowest in Matabeleland South Province (31.5 percent), the highest was recorded in Mashonaland Central Province (60.6 percent) and 45.5 percent were in rural areas while 40.4 percent were in urban areas. About 43 percent of the children with diarrhoea in the two weeks preceding the survey received fluids from Oral Rehydration Salts (ORS) packets or pre-packaged ORS fluids and 56.7 percent received Sugar and Salt Solution (SSS).

The percentage of children age 0-59 months for whom the mother/primary caregiver reported symptoms of Acute Respiratory Infection (ARI) in the last two weeks preceding the survey was 5.3 percent. Fifty-nine percent of children age 0-59 months with symptoms of ARI were taken to a health facility or provider and 34.3 percent received antibiotics. The percentage was 48.5 percent in urban areas and 31.0 percent in rural areas. The use of antibiotics was highest for children age 12-23 months (42.6 percent) compared to other age groups.

Overall, 73.9 percent of the household population in Zimbabwe used solid fuels for cooking, mainly wood (73.4 percent). Use of solid fuels was high in rural areas (95.7 percent) but low in urban areas (17.1 percent). It declined with education of head of household from 95.8 percent for those with no education to 25.1 percent for those with higher education.

The survey sought information on the availability and use of bed nets, indoor residual spraying in the last 12 months at household level, care seeking behaviour for children under 5 and Intermittent Preventive Treatment (IPTp) for pregnant women. The results indicated that 53.7 percent of households had at least one mosquito net (any type), 42.2 percent had at least one Insecticide-Treated Mosquito Net (ITN) and 40.4 percent had at least one Long-Lasting Insecticidal Treated Net (LLIN). Further, 23.2 percent of households received indoor residual spraying during the last 12 months, and 34.0 percent had at least one ITN for every two household members and/or received IRS during the last 12 months.

WATER AND SANITATION

The Zimbabwe MICS 2014 indicated that 76.1 percent of the population was using an improved source of drinking water (98.4 percent in urban areas and 67.5 percent in rural areas). Harare and Bulawayo Provinces (the major cities) were at 97.2 percent and 98.9 percent, respectively. Of the predominantly rural provinces, Masvingo Province had the least percentage (64.3) of the household population using improved drinking water sources. The source of drinking water for the population varied by province. Use of Piped water[2] as a source of drinking water in Harare Province was 29.0 percent as compared to 98.1 percent in Bulawayo. In Harare, 68.7 percent of the population used water from a tubewell/borehole, protected well, protected spring, rainwater collection or bottled water while the corresponding proportion is only 1.3 percent in Bulawayo. In the predominantly rural provinces, Mashonaland West and Midlands Provinces, 27.3 percent and 27.7 percent, respectively, use piped water. At the other end of the scale, 13.5 percent of those residing in Masvingo Province and 12.1 percent of those in Mashonaland East Province used piped water.

[2] Piped water refers to various sources, including piped water into dwelling, backyard, neighbours house or public stand pipe.

Households were asked of the methods they were using for treating water at home to make it safer to drink. The main methods of water treatment were boiling (6 percent), bleaching/chlorination (4.8 percent) and use of water treatment tablets (4.6 percent).

Overall, 31.7 percent of the population had access/lived in households that had access to improved drinking water sources on the premises. In urban areas, 76.4 percent of the population had access to improved drinking water sources that were on premises compared to 14.6 percent in rural areas. A quarter of the population (24.9 percent) lived in households that took less than 30 minutes to fetch water from an improved water source while 19 percent spent 30 minutes or more per roundtrip. The percentage of households/population living in households that spent 30 minutes or more when fetching drinking water was highest in Matabeleland North Province (32.1 percent), Masvingo Province (27.5 percent) and Matabeleland South Province (25.9 percent). In 80 percent of the households, an adult woman was the person who usually fetched drinking water, when the source was not on the premises.

About 62 percent of the population of Zimbabwe was living in households using improved sanitation facilities. Use of improved sanitation facilities was almost universal in urban areas (98.9 percent) compared to 56.5 percent in rural areas. Overall, 29.7 percent of households used improved water sources and improved sanitation. A higher proportion of the population in urban areas had access to both improved water sources and improved sanitation (46.9 percent) compared to 23.1 percent in rural areas.

In Zimbabwe, a specific place for handwashing was observed for 19.9 percent of the households. The majority of households (78.4 percent) practice 'run to waste', hence, a specific place of handwashing was not observed. The percentage of households with a specific place for handwashing where water and soap or other cleansing agents were present was 10.3 percent. Of these, the highest proportions of households with a designated place for handwashing where water and soap or other cleansing agents were present were observed in Bulawayo Province (41.0 percent), Midlands (19.5 percent) and Harare Province (17.2 percent). It was higher in urban areas (27.9 percent) compared to rural areas (2.6 percent) and increased with an increase in socio-economic status of the household and the level of education of the head of the household.

REPRODUCTIVE HEALTH

The Total Fertility Rate (TFR) for Zimbabwe for the three years preceding the MICS was 4.3 births per woman. Fertility was considerably higher in rural areas (4.8 births per woman) than in urban areas (3.4 births per woman). Adolescent birth rate was 120 births per 1 000 women. About 24 percent of women age 15-19 years had begun child bearing and 0.6 percent had had a live birth before age 15. More women age 15-19 years in rural areas (28.7 percent) had begun child bearing than their peers in urban areas (14.2 percent). Of the predominantly rural provinces, Mashonaland Central had the highest proportion of women 15-19 years who had begun child bearing (29.2 percent) and this was lowest in Masvingo Province (22.3 percent).

Current use of contraception was reported by 67 percent of women currently married or in union of whom 66.5 percent used any modern methods. The most commonly used method was the pill (43.9

percent), followed by injectables, which accounted for 9 percent. About 8 percent of married women reported using implants and 3.3 percent were using the male condom. Thirty-three percent of married women were not using any form of contraception.

The unmet need for contraception in Zimbabwe was 10.4 percent. The unmet need for contraception ranged from 8.6 percent in Mashonaland East Province to 17.9 percent in Matabeleland South Province. Unmet need declined with level of education of the woman from 21.4 percent for those with no education to 6.5 percent for those with higher levels of education. It also declined with higher socio-economic status as it was 13.9 percent for women in poorest households compared to 9.2 percent for those in the richest households.

The proportion of women who had had a birth in the two years preceding the survey and received ANC from any skilled provider was 93.7 percent. Among these, a majority of women (80.1 percent) received ANC from a nurse/midwife. Seventy percent of the mothers received ANC at least four times as recommended and 31.2 percent of the women had their first ANC visit during the first trimester of their last pregnancy. Among the women who had had a live birth during the two years preceding the survey, 92.3 percent reported that a blood sample was taken during ANC visits, 89.4 percent had their blood pressure measured and 52.9 percent reported that a urine specimen was taken at least once during the ANC visits.

About 80 percent of women who delivered in the two years preceding the survey were assisted by a skilled attendant. Delivery by a skilled attendant varied by urban (92.9 percent) and rural (74.6 percent) areas. Overall, 83.5 percent of women who gave birth in a health facility stayed 12 hours or more in the facility after delivery and 77 percent spent at least a day. Across the country, the percentage of women who stayed 12 hours or more varied from 67.5 percent in Mashonaland Central Province to 95 percent in Matabeleland North Province. A much higher proportion (92.6 percent) of women who had delivered in a private facility stayed 12 hours or more compared to those who delivered in a public facility (81.6 percent).

Overall mortality rates for adults aged 15-49 years were estimated at 9.8 per 1 000 population for either sex. There were 149 maternal deaths in the seven years preceding the survey. During the last seven years, roughly between 2007 and 2014, the maternal mortality rate, which is the annual number of maternal deaths per 1 000 women age 15-49, was 0.86. Maternal deaths accounted for 9.2 percent of all deaths among women age 15-49 years. For any given age group, maternal deaths are a relatively rare occurrence, and as such the age-specific pattern should be interpreted with caution.

EARLY CHILDHOOD DEVELOPMENT

About 22 percent of children age 36-59 months were attending an organised early childhood education programme. The proportion of children age 36-59 months attending an organised early childhood education programme was 26.2 percent in urban areas compared to 20.1 percent in rural areas. Among children age 36-59 months, attendance in early childhood education programmes was highest in Manicaland Province at 26.5 percent and lowest in Midlands Province (14 percent). Sex differentials were minimal (male 20.1 percent and female 23.1 percent).

The proportion of children age 36-59 months with whom an adult household member engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey was 43.1. The mean number of activities that adults engaged with children was 3. In Zimbabwe, 3.4 percent of children under 5 years of age lived in households where at least 3 children's books were present for the child. And 62.3 percent of children under 5 years of age played with two or more types of playthings.

In Zimbabwe, 61.8 percent of children age 36-59 months were developmentally on track. Early Child Development Index (ECDI) was higher among girls (64.3 percent) than boys (59.2 percent). The index was higher in the 48-59 months age group (67.2 percent) compared to the 36-47 months age group (57.1 percent). Higher ECDI was observed in children attending an early childhood education programme at 71.1 percent compared to 59.3 percent among those who were not attending.

LITERACY AND EDUCATION

Ninety-two percent of young women and 86 percent of young men and 15-24 were literate. Of women who stated that primary school was their highest level of education 62.8 percent were able to read in full the statement shown to them, compared to only 49.1 percent of men.

Pre-school education is important for the readiness of children to school. Overall, 86.2 percent of children who were currently attending the first grade of primary school were attending pre-school the previous year. The proportion of children who attended pre-school the previous year currently attending first grade of primary school increased with the education status of the mother. The proportion was 80.6 percent for children with mothers with no education, while it was 90.8 percent for mothers with higher education. The highest percentage of children attending first grade who had attended pre-school the previous year were in the Manicaland and Midlands provinces (about 89 percent) while the least was in Bulawayo Province (76.1 percent). Socio-economic status suggests a positive relationship with school readiness. While the indicator was 86.7 percent among the poorest households, it increased to 90 percent among those children living in the richest households.

Of the children who were of the official primary school entry age, 73.3 percent were in the first grade of primary school. The percentage of children of primary school entry age entering grade 1 increased with an increase in mother's education and socioeconomic status; for the proportion of children age 6 years whose mothers had at least secondary school education was 82.2 percent. In richest households, the proportion was 86.8 percent while it was 65.8 percent among children living in the poorest households. The majority of children of primary school age were attending school (93.7 percent). Attendance ratio was above 90 percent for both boys and girls by different background characteristics. About seven percent of primary age children were out of school, including both children who were not attending any type of school AND those who were attending pre-school. Only 3.2 percent of primary age children were out of school (not attending any type of school).

Almost 55 percent of children of lower secondary school age were attending lower secondary school or higher education and 24.3 percent were attending primary school. One out of five children of lower secondary school age were out of school. The net attendance ratio for girls of 59.6 percent was higher

than that for boys 50.5 percent while the proportion out of school was higher for boys (21.0 percent) than for girls (20.1 percent).

Of all children starting grade one, 90.7 percent will reach grade 7. Girls were more likely to reach grade 7 than boys. The proportion of girls entering grade 1 who eventually reach grade 7 was 91.8 percent, compared to 89.6 percent for boys. The primary school completion rate was 98.9 percent (99.5 percent for boys and 98.4 percent for girls) with a transition rate of 78.9 percent from primary to secondary school.

The GPI (Gender Parity Index) for primary school was 1.01, indicating no differences in the attendance of girls and boys. The GPI for secondary school was 1.18, suggesting girls were attending secondary school at a higher rate than boys.

CHILD PROTECTION

The MICS indicated that the births of 32.3 percent of children under 5 years of age in Zimbabwe have been registered. Of these, 18.9 percent possessed birth certificates as seen by the interviewer, 10.1 percent were said to be in possession but were not seen by the interviewer whilst 3.4 percent did not have birth certificates but were said to be registered with the Registrar's Office. Birth registration increased from 21.9 percent at 0-11 months to 38.8 percent at 48-59 months. Urban areas had a higher percentage (57.2 percent) of under-5s who had registered births than rural areas (23.4 percent). Children in Mashonaland West Province (22.4 percent) recorded the lowest percentage in birth registration. Harare (54.9 percent) and Bulawayo (56.5 percent) provinces had the highest proportion of children under 5 years of age whose births were registered. Birth registration increased with household wealth with the poorest household showing the lowest registration (17.3 percent) compared to the richest at 68.0 percent.

In the MICS, respondents to the household questionnaire were asked a series of questions on the methods adults in the household used to discipline a selected child in the month preceding the survey. The three disciplinary methods assessed were non-violent discipline, psychological aggression, and physical punishment. About 63 percent of children age 1-14 years were subjected to a violent discipline method, 53.3 percent were subjected to psychological aggression and 4.7 percent experienced severe physical punishment. Children between 3 and 9 years were more likely to be subjected to one form or other of violent discipline, psychological aggression, severe physical punishment or any physical punishment than the other age groups.

Among women age 15-49 years, about one in twenty (5 percent) were married before age 15 and among women age 20-49 years, about one in three (32.8 percent) were married before age 18. About one in four women age 15-19 years were currently married. For men age 15-54 years, 0.3 percent were married before age 15 and 3.9 percent of men 20-54 years were married before age 18 while 1.7 percent of men age 15-19 years were currently married or in union. Polygyny (the practice of having more than one wife) has implications for the frequency of exposure to sexual activity, therefore, fertility. The percentage of women age 15-49 years who were in a polygynous marriage/union was 10.1 percent while the percentage was 4.1 percent for men age 15-54 years. The proportion of men and women in polygynous marriages or unions decreased with education and household wealth.

The survey assessed the attitudes of women age 15-49 years and men age 15-54 years towards wife beating by asking the respondents whether husbands were justified to hit or beat their wives in each of the following situations: If she goes out without telling him; neglects the children; argues with him; refuses to have sex with him; burns the food; and commits infidelity. In Zimbabwe, 37.4 percent of women and 23.7 percent of men felt that a husband/partner was justified in hitting or beating his wife in at least one of the five situations (excluding infidelity). Of all six reasons provided, the highest proportion of women (43.2 percent) and men (24.6 percent) believed that a partner was justified in beating his wife if she committed infidelity. Convergence of views towards domestic violence was observed between men and women according to some background characteristics. The proportions of respondents who felt that it was justifiable to hit or beat a wife in any of the five reasons (excluding infidelity) and those respondents who felt likewise if a woman committed infidelity were highest for men and women who were residing in rural areas, who were younger, had attained primary education and those who had never been married nor in union.

The MICS results showed that 26.6 percent of children under age 18 lived with neither biological parent. The older the child the more likely they were to live with neither biological parent. Twenty-nine percent of children in rural areas lived with neither biological parent compared to 19.3 percent in urban areas. Eighteen percent of the children had one or both parents deceased. About 3 percent of children age 0-17 years had both parents living abroad whilst 10.6 percent had at least one parent living abroad.

HIV AND AIDS AND SEXUAL BEHAVIOUR

Nearly all the women age 15-49 years and men age 15-54 years had heard about human immuno-deficiency virus and the acquired immuno-deficiency syndrome (HIV and AIDS) at 99.4 percent and 98.8 percent, respectively. Overall, 62.5 percent of women and 59.5 percent of men had comprehensive knowledge of HIV. Among young women and men age 15-24 years, this proportion was 56.4 percent and 51.7 percent, respectively. Knowledge of HIV prevention and transmission was higher amongst women age 15-49 years in urban areas compared to their rural counterparts. Comprehensive knowledge was least in Matabeleland South Province (55.6 percent) and highest in Bulawayo Province 67.9 percent. Results suggest that there is a correlation between age and HIV knowledge as older women were more likely to know about HIV than younger women. Knowledge increased with woman's education and household wealth quintile. Knowledge of HIV prevention and transmission was higher amongst men in urban areas (68.9 percent) compared to their rural counterparts (55.0 percent), increased with increasing age, education and household wealth quintiles. This pattern is similar to that of women. Comprehensive knowledge was least in Matabeleland South Province (45.1 percent) and highest in Bulawayo Province at 67.6 percent.

The MICS assessed knowledge of Mother-To-Child-Transmission (MTCT) of HIV where respondents were asked whether HIV can be transmitted from a mother to child during pregnancy, during delivery and through breastfeeding. Nationally, 96.8 percent of women knew that HIV can be transmitted from mother to child. However, the percentage of women who knew all three means of HIV transmission from mother to child was 63.4 percent and 52.0 percent for men. MTCT knowledge for both men and women generally increased with age and levels of education.

The indicators on attitudes towards people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are considered low if respondents report an accepting attitude on the following four situations: 1) would care for a family member with AIDS in own home; 2) would buy fresh vegetables from a vendor who is HIV-positive; 3) thinks that a female teacher who is HIV-positive should be allowed to teach in school; and 4) would not want to keep it a secret if a family member is HIV-positive. In Zimbabwe, 99.6 percent of women and 99.7 percent of men who have heard of AIDS agreed with at least one accepting statement. The most common accepting attitude for both women and men was willingness to care for a family member with AIDS in respondent's house (97.1 percent and 96.4 percent, respectively). On willingness to care for a family member with AIDS in respondent's house, the highest proportion for women (98.5 percent) was in Masvingo Province while that for men (98.8 percent) was in Mashonaland Central Province.

About 95 percent of women age 15-49 years and 94.0 percent of men age 15-54 years knew of a place to get tested. Knowledge of a place to get tested for both men and women was universal across all provinces, by age groups, sexual activity, level of education and household wealth. The proportion of the women age 15-49 years who were tested in the last twelve months preceding the survey and knew the results was 50.6 percent while the proportion for men age 15-54 years was 40.5 percent. For both women and men, Midlands Province had the least proportions tested in the last twelve months preceding the survey and knew their HIV result.

The percentage of pregnant women age 15-49 years who had given birth two years preceding the survey and had received HIV counselling and testing during ANC was 77.7 percent. More women in urban areas (83.4 percent) compared to those in rural areas (75.4 percent) were counselled. Matabeleland North Province had the highest proportion of women who had received HIV counselling during ANC (87.8 percent) and Mashonaland West Province had the least (67.2 percent). The proportion also increased with education level of the pregnant women (66.2 percent for those with no education and 85.2 percent for those with higher education) and with wealth quintile. About 89 percent of all women who attended ANC were offered an HIV test, got tested and received their results.

Results on sexual behaviour of young women age 15 to 24 years indicated that 4.1 percent of young women had sex before the age of 15 years, 58.7 percent had ever had sex and 1.3 percent had had sex with more than one sexual partner in the last 12 months preceding the survey. Amongst young women who had had sex, 17.9 percent had sex with a man 10 or more years older and 11.8 percent had it with a non-marital/non-cohabiting partner. For young men, 3.9 percent had sex before the age of 15 years, 46 percent had ever had sex and 8.3 percent had had sex with more than one sexual partner in the last 12 months preceding the survey.

Eleven percent of men age 15-54 were circumcised. Men were most likely to be circumcised between ages 15 and 19 years (34.2 percent), 18.3 percent were circumcised between ages 10 and 14 years whilst 16.4 percent were circumcised when they were 25 years or older.

MEDIA AND INFORMATION AND COMMUNICATION TECHNOLOGY

The proportion of women age 15-49 years who read a newspaper or magazine, listened to the radio or watched television at least once a week was eight percent and 15 percent for men age 15-54 years. For both women and men, exposure to the three types of media increased with an increase in education and household wealth quintile. Urban provinces (Harare and Bulawayo) recorded high exposure compared to predominantly rural provinces. Radio was the most common medium that the majority of both women and men were exposed to with about 44.5 percent of women and 57.5 percent of men listening to a radio at least once a week.

Twenty-six percent of women age 15-24 years had ever used a computer, 18 percent had used a computer during the last year and 10 percent had used one at least once a week during the last month. Overall, 23.3 percent of women age 15-24 years had ever used the internet, while 21.6 percent had used it during the last year. The proportion of young women who had used the internet more frequently, at least once a week during the last month, was smaller, at 15.8 percent. Both computer and internet use during the last 12 months was more prevalent among women age 15-19 years. Use of a computer and the internet was strongly associated with area, education and wealth. The proportion of women who had ever used a mobile or non-mobile phone was 88.5 percent while use in the last twelve months was 85.2 percent and those who had used a mobile or non-mobile phone at least once a week during the last one month was 71.2 percent. Urban areas had higher use than rural areas, while a greater proportion of young women with higher education had used the mobile or non-mobile phones more than those with lower or no education.

Twenty-four percent of young men age 15-24 years had used a computer during the last 12 months preceding the survey. Young men in urban areas were more likely to have used a computer than their counterparts in the rural areas (68.7 percent and 16.6 percent, respectively). Three-quarters of young men in the richest quintile had ever used a computer compared with one in twenty in the lowest wealth quintile. The proportion of young men who had used the internet during the reference period was 30.8 percent. Sixty-nine percent and 16.6 percent of young men in urban and rural areas, respectively, had used the internet during the last 12 months preceding the survey and the percentage increased with an increase in household wealth.

TOBACCO AND ALCOHOL USE

The proportion of women age 15-49 years who used any tobacco product in the month preceding the survey was 0.7 percent while it was 20.3 percent for men age 15-54 years. Tobacco use decreased with an increase in men's education and generally with household wealth. Sixty-two percent of men had never smoked cigarettes or used other tobacco products. Among the 15-19 years age group, 89.4 percent had never smoked cigarettes or used other tobacco products.

A majority of women (88.8 percent) had never had an alcoholic drink in their life, less than one percent had at least one before age 15 and two percent had at least one anytime during the last month prior to the survey. Women residing in urban areas, with higher levels of education and from the richest wealth quintile were more likely to have had at least one alcoholic drink at any time during the one month prior to the survey. Forty-four percent of men age 15-54 years had never had an alcoholic drink

in their life and 29.6 percent had at least one alcoholic drink at any time during one month prior to the survey and 2.8 percent had at least one alcoholic drink before age 15.

1 Introduction

This chapter covers the background to and the objectives of the Zimbabwe Multiple Indicator Cluster Survey (MICS) 2014. It also gives a brief background on the socio-economic status of the country and the strategies and plans put in place by the Government of Zimbabwe (GoZ) to improve the well-being of the population, especially women and children.

1.1 Background

This report is based on the Zimbabwe Multiple Indicator Cluster Survey (MICS), conducted in 2014 by the Zimbabwe National Statistics Agency (ZIMSTAT). The survey is designed to provide statistically sound and internationally comparable data essential for developing evidence-based policies and programmes and for monitoring progress towards national goals and global commitments. Among these global commitments are those emanating from the World Fit for Children Declaration and Plan of Action, the goals of the United Nations General Assembly Special Session on HIV/AIDS, the Education for All Declaration and the Millennium Development Goals (MDGs).

There is evidence of growing confidence and improvement in the economy over the last few years. The Gross Domestic Product[3] grew at 11 percent and five percent in 2012 and 2013, respectively. Despite promising developments in the country's economic sphere, there are challenges that still remain to achieve sufficient recovery to enable effective rehabilitation of social and health services that had been undermined by years of economic decline and stagnation. One of the major concerns that the country is facing is the issue of low levels of formal employment (11 percent[4]) which adversely affect the capacity of most households and individuals to afford basic commodities including health care services. This does not only directly impact on individuals but it also shrinks the tax base for Government.

According to the Poverty and Poverty Datum Line Analysis in Zimbabwe 2011/12, 62.6 percent of households were deemed poor whilst 16.2 percent were in extreme poverty (ZIMSTAT, 2013).

In 2010, the GoZ launched the Three Year Rolling Macroeconomic and Budget Framework, 2010-12 also referred to as the Short Term Economic Recovery Programme II (STERP II), and began implementation of a five-year strategic development plan, the Zimbabwe 2011-2015 Medium Term Plan (MTP) aimed at stimulating sustainable economic recovery and growth. To guide national development for the period 2013 to 2018, the GoZ developed a new economic blue print, the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZimASSET). The economic blueprint "*was crafted to achieve sustainable development and social equity anchored on indigenization, empowerment and employment creation which will be largely propelled by the judicious exploitation of the country's abundant human and natural resources. The four strategic clusters identified under ZimASSET are: Food Security and Nutrition; Social Services and Poverty Eradication; Infrastructure and Utilities; and Value Addition and Beneficiation*" (GoZ, 2013).

[3] ZIMSTAT. 2014. *Quarterly Digest of Statistics 3rd Quarter 2014*
[4] *2011 Labour Force Survey Report, ZIMSTAT 2012.*

In such a transitional environment of socio-economic recovery towards sustained growth and development, it is critical that policy, planning and programming be informed by recent and comprehensive studies such as the MICS.

The Zimbabwe MICS 2014 results are critical for final MDG reporting in 2015 and are expected to form part of the baseline data for the post-2015 era. The survey results are expected to contribute to the evidence base of several other important initiatives, including Committing to Child Survival: A Promise Renewed 2012[5].

This Final Report, produced following the publication of the Key Findings Report in August 2014, consists of 14 chapters as follows: Chapter 1 which is an introductory note to the report; Chapter 2 on sample and survey methodology; Chapter 3 on sample coverage and the characteristics of households and respondents; Chapter 4 covers child mortality; Chapter 5 dwells on child nutrition; Chapter 6 discusses child health; Chapter 7 focuses on water and sanitation; Chapter 8 deals with reproductive health; Chapter 9 presents early childhood development; Chapter 10 deliberates on literacy and education; Chapter 11 on child protection; Chapter 12 covers HIV and sexual behaviour; Chapter 13 dwells on mass media and information and communication technology; and finally Chapter 14 on tobacco and alcohol use.

1.2 Survey Objectives

The Zimbabwe MICS 2014 primary objectives were:

- To collect information critical to the monitoring and reporting on selected indicators for all the 8 MDGs,
- To assist in monitoring of Government of Zimbabwe (GoZ) ZimASSET national priorities focusing on basic social services,
- To assist monitoring the Zimbabwe United Nations Development Assistance Framework (ZUNDAF) 2012 to 2015 and individual GoZ/United Nations programme social outcome indicators including transition funds, namely, the Health Transition Fund (HTF), Education Transition Fund (ETF), Child Protection Fund (CPF), and Water, Sanitation and Hygiene (WASH) programme
- To provide decision makers with evidence on the situation of children's and women's welfare and rights and other vulnerable groups in Zimbabwe.

[5] The Child Survival Call to Action was launched in 2012. The Call is now known as *Committing to Child Survival: A Promise Renewed* (a global movement to end child deaths from preventable causes) and the accountability framework proposed by the Commission on Information and Accountability for the Global Strategy for Women's and Children's Health 2010).

2 Sample and Survey Methodology

Chapter two presents the sample design and survey methodology, content for the four questionnaires, the interviewer training process, fieldwork, data management and processing and the appraisal workshop.

In October 2013, the Zimbabwe National Statistics Agency (ZIMSTAT) and the United Nations Children's Fund (UNICEF) organised a one-day consultative workshop for stakeholders and the members of the Steering and Technical Committees. Participants agreed on the most critical indicators to be collected in the survey, established and agreed on the composition and Terms of Reference for the two Committees.

2.1 Sample Design

The sample for the Zimbabwe Multiple Indicator Cluster Survey was designed to provide estimates for a large number of indicators on the situation of children and women at the national, provincial and urban/rural levels. The ten provinces of the country are Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Midlands, Masvingo, Harare and Bulawayo. With the exception of Bulawayo, the other nine provinces were stratified into urban and rural areas. The sample was selected in two stages with the selection of census enumeration areas/clusters in the first stage and selection of households in the second stage. Within each stratum, a specified number of clusters were selected systematically with probability proportional to size. At the second sampling stage, 25 households were selected from each cluster using systematic random sampling.

After a household listing was carried out within the selected enumeration areas, a representative sample of 17 075 households was drawn from 683 clusters. One cluster in Masvingo Province (Tokwe-Mukosi) was not enumerated due to flooding as affected households were re-located. The sample was stratified by province, urban and rural areas and is not self-weighting. For reporting national level results, sample weights are used. A more detailed description of the sample design can be found in Appendix C, Sample Design.

2.2 Questionnaires

A set of four questionnaires was used in the survey. These questionnaires were adapted and customized from standard MICS5 questionnaires[6]. All questionnaires were translated from English to two main vernacular languages in Zimbabwe, i.e. Shona and Ndebele.

The questionnaires are described below:

A household questionnaire was used to collect basic demographic information on all de jure household members (usual residents), the household, and the dwelling. This questionnaire was responded to by the head of household or a chief respondent covered the household information panel, listing of household members, education, child discipline for children 1-14 years of age, household characteristics, water and sanitation, handwashing, indoor residual spraying, use of Insect Treated Nets (ITNs), and salt iodisation.

[6] The model MICS5 questionnaires can be found at http://www.childinfo.org/mics5_questionnaire.html

A Woman's questionnaire was administered to all women in the 15 to 49 year age group from each selected household, encompassed the woman's information panel, her background characteristics, fertility, birth history, desire for last birth, maternal and newborn health, maternal mortality, post-natal care, marriage/union, illness symptoms, attitudes towards domestic violence, access to mass media and use of information communication technology, tobacco and alcohol use, contraception, unmet need, sexual behaviour, and knowledge on HIV and AIDS.

A Man's questionnaire for the 15 to 54 year age group was administered in every third household selected. The man's information panel, his background characteristics, fertility, marriage/union, attitudes towards domestic violence, access to mass media and use of information communication technology, tobacco and alcohol use, sexual behaviour, circumcision and knowledge on HIV and AIDS.

The **under-five questionnaire** was administered to mothers (or primary caregivers) of children under 5 years of age[7] living in the households. Normally, the questionnaire was administered to mothers of under-5 children; in cases when the mother was not listed in the household listing panel, a primary caregiver for the child was identified and interviewed. The questionnaire covered children's characteristics, birth registration, early childhood development, breastfeeding and dietary intake, care of illness, immunisation and anthropometry.

2.3 Pre-test

A pre-test workshop was conducted from 24 November to 7 December, 2013. During pre-test, fieldwork was conducted in selected urban and rural localities. The clusters used for pre-testing were not part of the final sample selection. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires. A copy of the Zimbabwe MICS questionnaires is provided in Appendix J.

2.4 Training and Fieldwork

Training for the fieldwork was conducted for 20 days in February 2014. Training included presentations on interviewing techniques and the contents of the questionnaires. Mock interviews were conducted among trainees to gain practice in asking questions. In addition, trainees received instructions and practiced weighing and measuring the height of children under five years of age. Salt testing, for the presence of iodine, was practiced as part of the training. Towards the end of the training period, trainees spent three days practicing interviewing in areas outside the MICS sample.

The data were collected by 29 mobile teams; each team comprised a team leader, a measurer, four to five interviewers and a driver. Teams were supported by a provincial and national supervisors. The survey did not use Field Editors, even though it is one of the recommendations of MICS and part of the field protocols of the survey programme. However, their duties were assumed by the Field Supervisors. Fieldwork began in February and ended in April 2014.

As part of the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content, observed the place for handwashing, types of exterior walls, roofing materials, flooring materials and mosquito nets. Children under five years of age had their

[7]The terms "children under 5", "children age 0-4 years", and "children age 0-59 months" are used interchangeably in this report.

weight and height measured and were assessed for oedema. Details and findings of these observations and measurements are provided in the respective sections of the report.

2.5 Data Processing

Data were entered into the computers using the Census and Surveys Processing System (CSPro) software package, Version 5.0. The data were entered on 32 desktop computers by 42 data entry operators and nine data entry supervisors. For quality assurance purposes, all questionnaires were double-entered and internal consistency checks were performed. Procedures and standard programmes developed under the global MICS programme and adapted to the Zimbabwe questionnaire were used throughout. Data entry started two weeks into data collection in March 2014 and was completed in May 2014. Data were analysed using the Statistical Package for Social Sciences (SPSS) software, Version 21. Model syntax and tabulation plans developed by the Global MICS team were customized and used for this purpose.

2.6 Quality Control

ZIMSTAT used a variety of and complementary quality control measures and checks to ensure that the MICS data and findings were of high quality. Some of the controls utilized include the following:

Training*:* All persons involved in the MICS received at least one form of training to strengthen their capacity in their designated area of focus. All interviewers and supervisors were trained on the data collection tools at one central location, which ensured the sharing of the same information and understanding of the survey objectives, instruments and expected survey output.

Field Teams Supervision*:* Supervision was done by Team Leaders, Provincial Supervisors and National Supervisors. The supervision involved observing the interviews and visiting completed clusters for spot checks.

Field Editing*:* Questionnaires were edited in the field. This was done to ensure that quality data was collected and high response rates for households and all eligible individuals was achieved.

Data entry feedback to the field team*:* Data entry commenced two weeks after the survey started. This enhanced data quality as field check tables containing identified errors were sent back to the field without delay.

Data verification: All questionnaires were double entered to ensure accurate data capturing. Secondly, a verification exercise of households in selected clusters was undertaken.

Global and Regional Technical Support*:* MICS received technical support from both the global and regional MICS Teams at all stages of the survey and this included experts coming into the country at pre-test, fieldwork, data entry and data processing stages.

2.7 Quality Assurance

Steering and Technical Committees: Two committees were established to oversee the MICS process. The Steering Committee for the MICS was responsible for providing overall guidance to the survey's Technical Committee with regards to the organization, implementation, financing of the survey, the dissemination and utilization of the survey results. The Committee was chaired by ZIMSTAT and

comprised designated representatives from relevant Government institutions, UN agencies and donor agencies involved in the MICS. The overall objective of the Technical Committee was to provide technical input at all stages until the final reports are published. The Technical Committee reported to the Steering Committee.

An appraisal workshop was held in May 2014 to reflect and evaluate the whole survey process. All survey staff categories were represented at the workshop.

3 Sample Coverage and the Characteristics of Households and Respondents

This chapter presents the MICS sample coverage and the characteristics of the households and their population including women age 15-49 years, men age 15-54 years and children under 5 years of age. The sample coverage includes response rates by households, women, men and children by urban/rural areas and by provinces. The second section of the chapter focuses on characteristics of households, population and household composition and their distribution. This is followed by a description of characteristics of respondents (women, men and children under 5 years of age). The chapter concludes with a review of respondents' housing characteristics, asset ownership as well as household wealth quintiles.

3.1 Sample Coverage

The Zimbabwe MICS 2014 was based on a representative sample[8] of 17 047 households[9]. Of the sampled households, 33.6 percent (5 723 households) were in urban areas and 66.4 percent (11 324 households) were in rural areas with response rates of 96 percent and 98.7 percent, respectively.

Out of the 17 047 households selected for the sample, 16 041 were found to be occupied. Of these, 15 686 were successfully interviewed yielding a household response rate of 97.8 percent. In the interviewed households, 15 376 women (age 15-49 years) were identified. Of these, 14 408 women were successfully interviewed, yielding a response rate of 93.7 percent.

The survey also sampled men (age 15-54 years), but required only a subsample. A man's questionnaire, for age 15-54 years, was administered in every third household selected. Nine thousand and eight (9 008) men age 15-54 years were listed in the household questionnaires. Questionnaires were completed for 7 914 eligible men, a response rate of 87.9 percent. The response rates for men in urban areas was lower than for those in rural areas with Harare Province having an even lower response rate compared to Bulawayo Province. The possible reasons for non-response are that respondents were either not reached by data collectors or due to lack of accessibility, refused to provide data, or were unable to provide data. Non-response tends to bias estimates. Therefore, users are to be cautious in interpreting the results with a low response rate, particularly results on men from Harare.

There were 10 223 children under 5 years of age listed for the household questionnaires. Questionnaires were completed for 9 884 of these children, a response rate of 96.7 percent. Overall response rates of 91.6 percent, 85.9 percent and 94.5 percent were calculated for the individual interviews of women, men and under-5s, respectively. The household response rates by province were generally high across all provinces ranging from 95 percent for Harare Province to 99.3 percent for Midlands Province. The individual response rates for all categories were lowest in Harare and highest in Masvingo provinces, see Table HH.1.

[8] The sample is representative at national, provincial and urban/rural levels

[9] A representative sample of 17 075 households was drawn from 683 clusters. One cluster in Masvingo Province (Tokwe-Mukosi) was not enumerated due to flooding as affected households were re-located. From the remaining 17 050 households, three could not be located hence the 17 047 households remaining.

Table HH.1: Results of household, women's, men's and under-5 interviews

Number of households, women, men, and children under 5 by results of the household, women's, men's and under-5's interviews, and household, women's, men's and under-5's response rates, Zimbabwe MICS, 2014

		Area		Province									
	Total	Urban	Rural	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Matabeleland North	Matabeleland South	Midlands	Masvingo	Harare	Bulawayo
Households													
Sampled	17 047	5 723	11 324	2 025	1 625	1 800	1 850	1 251	1 250	1 875	1 798	2 300	1 273
Occupied	16 041	5 347	10 694	1 892	1 544	1 676	1 741	1 199	1 184	1 779	1 680	2 182	1 164
Interviewed	15 686	5 134	10 552	1 870	1 531	1 658	1 696	1 168	1 147	1 766	1 661	2 072	1 117
Household response rate[10]	97.8	96.0	98.7	98.8	99.2	98.9	97.4	97.4	96.9	99.3	98.9	95.0	96.0
Women													
Eligible	15 376	5 743	9 633	1 733	1 430	1 468	1 668	1 121	1 076	1 729	1 564	2 396	1 191
Interviewed	14 408	5 335	9 073	1 597	1 377	1 392	1 555	1 052	989	1 652	1 513	2 158	1 123
Women's response rate	93.7	92.9	94.2	92.2	96.3	94.8	93.2	93.8	91.9	95.5	96.7	90.1	94.3
Women's overall response rate	91.6	89.2	92.9	91.1	95.5	93.8	90.8	91.4	89.0	94.8	95.6	85.5	90.5
Men													
Eligible	9 008	3 190	5 818	977	944	881	1 065	655	586	1 048	797	1 394	661
Interviewed	7 914	2 600	5 314	859	869	807	966	587	523	977	750	1 023	553
Men's response rate	87.9	81.5	91.3	87.9	92.1	91.6	90.7	89.6	89.2	93.2	94.1	73.4	83.7
Men's overall response rate	85.9	78.3	90.1	86.9	91.3	90.6	88.4	87.3	86.5	92.5	93.0	69.7	80.3
Children under 5													
Eligible	10 223	2 923	7 300	1 298	1 095	1 004	1 110	826	747	1 152	1 108	1 275	608
Mothers/caretakers interviewed	9 884	2 808	7 076	1 238	1 061	982	1 075	808	716	1 112	1 092	1 209	591
Under-5's response rate	96.7	96.1	96.9	95.4	96.9	97.8	96.8	97.8	95.9	96.5	98.6	94.8	97.2
Under-5's overall response rate	94.5	92.2	95.6	94.3	96.1	96.8	94.3	95.3	92.9	95.8	97.4	90.0	93.3

[10] The denominator for the household response rate is the number of households found to be occupied during fieldwork (HH9 = 01, 02, 04, 07); the numerator is the number of households with complete household questionnaires (HH9 = 01). The denominator for the women's response rate is the number of eligible women enumerated in the household listing form (HH12); the numerator is the number of women with a complete interview (HH13). The denominator for the men's response rate is the number of eligible men enumerated in the household listing form (HH13A); the numerator is the number of men with a complete interview (HH13B). The denominator for the response rate for the questionnaire for children under 5 is the number of under-5 children identified in the household listing form (HH14); the numerator is the number of complete questionnaires for children under 5 (HH15).

Overall response rates are calculated for women, men and under-5's by multiplying the household response rate by the women's, men's and under-5's response rates, respectively.

3.2 Characteristics of Households

The weighted age and sex distribution of the survey population is provided in Table HH.2. The distribution was also used to produce the population pyramid in Figure HH.1. In the 15 686 households successfully interviewed in the survey, 65 259 household members were listed. Of these, 30 986 (47.5 percent) were males, and 34 273 (52.5 percent) were females. The estimated average household size from MICS was 4.2 persons, as was for the Zimbabwe Population Census 2012.

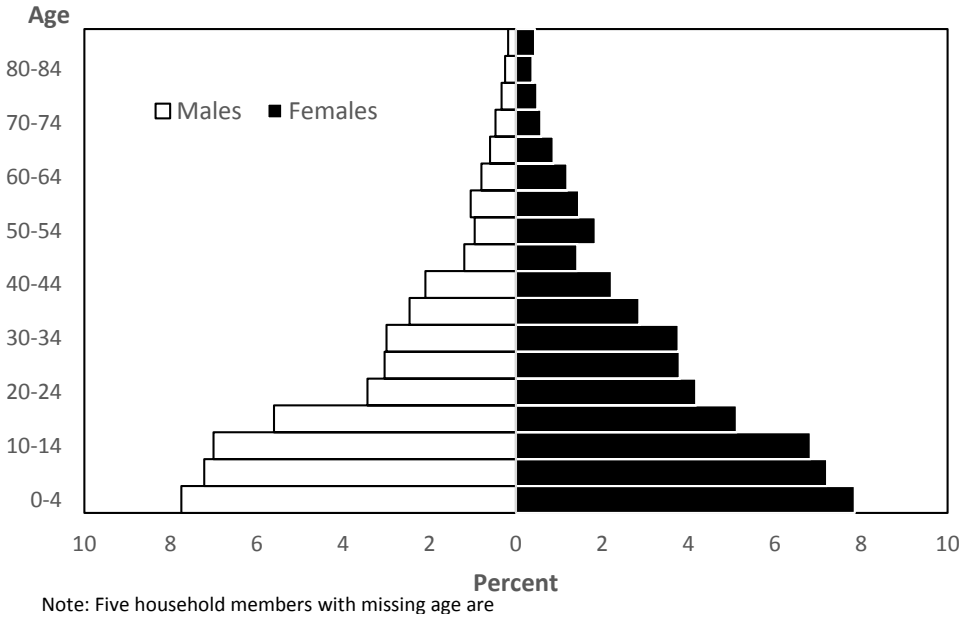
Table HH.2: Household age distribution by sex

Percent and frequency distribution of the household population by five-year age groups, dependency age groups, and by child (age 0-17 years) and adult populations (age 18 or more), by sex, Zimbabwe MICS, 2014

	Total		Males		Females	
	Number	Percent	Number	Percent	Number	Percent
Total	**65 259**	**100.0**	**30 986**	**100.0**	**34 273**	**100.0**
Age						
0-4	10 180	15.6	5 058	16.3	5 122	14.9
5-9	9 416	14.4	4 712	15.2	4 705	13.7
10-14	9 030	13.8	4 573	14.8	4 457	13.0
15-19	6 999	10.7	3 659	11.8	3 340	9.7
20-24	4 969	7.6	2 244	7.2	2 725	8.0
25-29	4 462	6.8	1 986	6.4	2 476	7.2
30-34	4 416	6.8	1 958	6.3	2 458	7.2
35-39	3 475	5.3	1 610	5.2	1 865	5.4
40-44	2 820	4.3	1 370	4.4	1 450	4.2
45-49	1 709	2.6	782	2.5	927	2.7
50-54	1 828	2.8	624	2.0	1 205	3.5
55-59	1 636	2.5	684	2.2	952	2.8
60-64	1 299	2.0	523	1.7	777	2.3
65-69	962	1.5	393	1.3	569	1.7
70-74	691	1.1	309	1.0	382	1.1
75-79	539	0.8	218	0.7	321	0.9
80-84	414	0.6	164	0.5	250	0.7
85+	408	0.6	119	0.4	289	0.8
Missing/DK	5	0.0	3	0.0	2	0.0
Dependency age groups						
0-14	28 627	43.9	14 342	46.3	14 284	41.7
15-64	33 614	51.5	15 438	49.8	18 176	53.0
65+	3 013	4.6	1 202	3.9	1 810	5.3
Missing/DK	5	0.0	3	0.0	2	0.0
Child and adult populations						
Children age 0-17 years	32 855	50.3	16 548	53.4	16 307	47.6
Adults age 18+ years	32 398	49.6	14 435	46.6	17 964	52.4
Missing/DK	5	0.0	3	0.0	2	0.0

The population pyramid (Figure HH.1) is broad based indicating a high proportion of population (43.9 percent) was of age below 15 years. About fifty-two percent (51.5 percent) of the population was in the 15 to 64 age category, with 4.6 percent age 65 years and above. The MICS age composition was comparable to the results of MIMS 2009, (42.0 percent, 54.0 percent and 4.0 percent) and the 2012 Population Census indicating 41.0 percent, 55 percent and four percent, respectively. Half of the population (50.3 percent) was under the age of 18 years. The percentage of males under 18 years of age was 53.4 percent while for females it was 47.6 percent. The drop between age groups 10-14 to 15-19 and having more men age 55-59 years compared to women in the same age group may be due to data quality issues, age heaping and digit preference. Appendix F contains Data Quality Tables and provides details on population by single years in Table DQ.1 and Figure DQ.1.

Figure HH.1: Age and sex distribution of household population, Zimbabwe MICS, 2014



Note: Five household members with missing age are

Tables HH.3, HH.4 and HH.5 provide information on household composition and background characteristics of female respondents age 15-49 years, male respondents age 15-54 years, and children under 5 years of age. Both unweighted and weighted numbers are presented. This information is essential for the interpretation of findings presented later in the report and provides background information on the representativeness of the survey sample. The remaining tables in this report are presented only with weighted numbers.[11]

The total number of weighted and unweighted households are equal, since sample weights were normalised. The table also shows the weighted mean household size estimated by the survey. About 62 percent of the households were male headed compared to 65 percent from the Zimbabwe 2012 Population Census. The highest proportions of households were in Mashonaland West Province at 12.8 percent and Manicaland Province at 12.7 while Mashonaland Central Province had the lowest (five percent). Sixty-nine percent of the households were in rural areas.

[11]See Appendix C: Sample Design, for more details on sample weights.

About a third of the households (34.4 percent) had household sizes of 4-5 persons, 30.9 percent had 2-3 persons, 16.4 percent had 6-7 persons, 11 percent had 1 person, 5.2 percent had 8-9 persons and 2.2 percent had 10 or more persons. The average household size was 4.2 persons.

In relation to education, 45.3 percent of household heads had attained secondary education, 36.5 percent had primary education 10.3 percent had higher education whereas 7.8 percent of household heads had no education, see Table HH.3.

Table HH.3: Household composition

Percent and frequency distribution of households by selected characteristics, Zimbabwe MICS, 2014

	Weighted percent	Number of households	
		Weighted	Unweighted
Total	**100.0**	**15 686**	**15 686**
Sex of household head			
Male	61.8	9 689	9 835
Female	38.2	5 997	5 851
Province			
Manicaland	12.7	1 991	1 870
Mashonaland Central	5.0	792	1 531
Mashonaland East	11.7	1 828	1 658
Mashonaland West	12.8	2 015	1 696
Matabeleland North	8.8	1 382	1 168
Matabeleland South	8.2	1 285	1 147
Midlands	12.3	1 932	1 766
Masvingo	11.1	1 748	1 661
Harare	9.7	1 518	2 072
Bulawayo	7.6	1 194	1 117
Area			
Urban	30.6	4 798	5 134
Rural	69.4	10 888	10 552
Number of household members			
1	11.0	1 731	1 706
2	12.4	1 940	1 923
3	18.5	2 895	2 904
4	19.3	3 024	3 034
5	15.1	2 368	2 398
6	10.6	1 659	1 658
7	5.8	904	914
8	3.2	506	500
9	2.0	309	304
10+	2.2	351	345
Education of household head			
None	7.8	1 226	1 201
Primary	36.5	5 723	5 566
Secondary	45.3	7 108	7 171
Higher	10.3	1 610	1 728
Missing/DK	0.1	19	20
Mean household size	**4.2**	**15 686**	**15 686**

3.3 Characteristics of Female Respondents (15-49) and Male Respondents (15-54) Years of Age and Children Under-5

Tables HH.4, HH.4M and HH.5 provide information on the background characteristics of female respondents 15-49 years of age, male respondents 15-54 years of age and of children under age 5. As discussed above, in all three tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalised. In addition to providing information on the background characteristics of women, men and children under 5 years of age, the tables are also intended to show the number of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 includes information on the distribution of women according to province, urban/rural areas, age, marital/union status, motherhood status, births in last two years, education[12] and wealth index quintiles[13, 14].

The highest proportion of women with completed interviews was in Mashonaland West Province (13 percent), while the lowest of 5.1 percent was in Mashonaland Central Province. About 65 percent of the women resided in rural areas. The results show that 21.5 percent of women were of age 15-19 years, 17.9 percent were 20-24 years and 16.5 percent were 25-29 years.

Sixty-three percent of the women were currently married while 23.6 percent had never married. In the 2012 population census, 58 percent of women were currently married and 29 percent had never married.

The majority of the women interviewed (65.3 percent) had attended secondary education, 27.1 percent had primary education while 6.3 percent had higher level of education and only 1.4 percent had no education.

Seventy-five percent of women age 15-49 years had ever given birth. Twenty-seven percent of the women age 15-49 years had given birth in the last two years preceding the survey while 48.2 percent had given birth but not in the last two years.

In terms of the wealth index, 17 percent of women were in the poorest quintile, 16.9 percent were in the second quintile while 25.1 percent were in the richest quintile.

[12]Throughout this report, unless otherwise stated, "education" refers to highest educational level ever attended by the respondent when it is used as a background variable.
[13]The wealth index is a composite indicator of wealth. See Appendix I for more information
[14]When describing survey results by wealth quintiles, appropriate terminology is used when referring to individual household members, such as for instance "women in the richest household population", which is used interchangeably with "women in the wealthiest survey population" and similar.

Table HH.4: Women's background characteristics

Percent and frequency distribution of women age 15-49 years by selected background characteristics, Zimbabwe MICS, 2014

	Weighted percent	Number of women	
		Weighted	Unweighted
Total	**100.0**	**14 409**	**14 409**
Province			
Manicaland	12.2	1 755	1 597
Mashonaland Central	5.1	739	1 377
Mashonaland East	10.8	1 550	1 392
Mashonaland West	13.0	1 874	1 555
Matabeleland North	8.6	1 238	1 052
Matabeleland South	7.8	1 120	989
Midlands	12.5	1 800	1 652
Masvingo	10.5	1 509	1 513
Harare	11.3	1 624	2 159
Bulawayo	8.3	1 200	1 123
Area			
Urban	34.7	5 004	5 336
Rural	65.3	9 405	9 073
Age			
15-19	21.5	3 105	3 079
20-24	17.9	2 572	2 550
25-29	16.5	2 372	2 392
30-34	16.1	2 327	2 359
35-39	12.4	1 783	1 791
40-44	9.5	1 371	1 367
45-49	6.1	879	871
Marital/Union status			
Currently married/in union	63.2	9 112	9 129
Widowed	5.4	781	771
Divorced	4.3	619	644
Separated	3.5	498	494
Never married/in union	23.6	3 393	3 366
Missing	0.0	6	5
Motherhood and recent births			
Never gave birth	24.8	3 574	3 566
Ever gave birth	75.2	10 835	10 843
Gave birth in last two years	27.1	3 902	3 913
No birth in last two years	48.2	6 941	6 938
Education			
None	1.4	197	210
Primary	27.1	3 904	3 849
Secondary	65.3	9 402	9 363
Higher	6.3	907	987
Wealth index quintile			
Poorest	17.0	2 445	2 279
Second	16.9	2 441	2 422
Middle	17.7	2 553	2 528
Fourth	23.3	3 356	3 333
Richest	25.1	3 614	3 847

Similarly, Table HH.4M provides background characteristics of men 15-54 years of age. The table shows information on the distribution of men according to province, urban/rural areas, age, marital status, fatherhood status, education, and wealth index quintiles. Mashonaland West Province had the highest proportion (14.4 percent) of male respondents' age 15-54 years while the lowest (6.2 percent) were in Mashonaland Central Province. Most of the men (67.7 percent) resided in rural areas and 32.3 percent in urban areas. Fifty-three percent of the men were currently married while 42 percent had never married.

About fifty-four percent had at least one living child and 44.9 percent had no living children. As was for women, the majority of men had attended secondary education (64.3 percent) while those with primary education were 25.7 percent. Nine percent had attended a higher level of education while less than one percent had never been to school. From Table HH.4M, 15.9 percent of men were in the poorest quintile while 22.6 percent were in the richest households.

Table HH.4M: Men's background characteristics

Percent and frequency distribution of men age 15-54 years by selected background characteristics, Zimbabwe MICS, 2014

	Weighted percent	Number of men	
		Weighted	Unweighted
Total	**100.0**	**7 914**	**7 914**
Province			
Manicaland	11.8	937	859
Mashonaland Central	6.2	492	869
Mashonaland East	11.0	869	807
Mashonaland West	14.4	1 136	966
Matabeleland North	8.5	670	587
Matabeleland South	7.5	591	523
Midlands	13.0	1 026	977
Masvingo	9.2	728	750
Harare	10.6	838	1 023
Bulawayo	7.9	627	553
Area			
Urban	32.3	2 558	2 600
Rural	67.7	5 356	5 314
Age			
15-19	26.1	2 068	2 025
20-24	15.5	1 227	1 237
25-29	13.9	1 096	1 114
30-34	13.8	1 088	1 096
35-39	11.5	910	922
40-44	9.4	746	745
45-49	5.4	427	427
50-54	4.4	351	348
Marital/Union status			
Currently married/in union	53.0	4 193	4 246
Widowed	0.7	59	55
Divorced	2.0	161	162
Separated	2.1	169	165
Never married/in union	42.1	3 330	3 285
Missing	0.0	1	1
Fatherhood status			
Has at least one living child	54.4	4 305	4 340
Has no living children	44.9	3 556	3 525
Missing/DK	0.7	52	49
Education			
None	0.9	70	70
Primary	25.7	2 033	2 015
Secondary	64.3	5 090	5 076
Higher	9.1	721	753
Wealth index quintile			
Poorest	15.9	1 258	1 212
Second	16.8	1 330	1 357
Middle	19.1	1 511	1 542
Fourth	25.6	2 025	1 968
Richest	22.6	1 790	1 835

In households where there were children under 5 years of age, mothers/primary caregivers of the children were interviewed. Nine thousand eight hundred and eighty-four children had completed interviews. Background characteristics of children under 5 years of age are presented in Table HH.5.

The highest number of children under 5 years of age, 13.4 percent, were in Manicaland Province and 13 percent were in Mashonaland West Province while the lowest (5.6 percent) were in Mashonaland Central Province. Seventy-three percent of the children resided in rural areas while 26.6 percent were in urban areas.

Table HH.5: Under-5's background characteristics

Percent and frequency distribution of children under five years of age by selected characteristics, Zimbabwe MICS, 2014

	Weighted percent	Number of under-5 children	
		Weighted	Unweighted
Total	**100.0**	**9 884**	**9 884**
Sex			
Male	49.7	4 913	4 935
Female	50.3	4 971	4 949
Province			
Manicaland	13.4	1 326	1 238
Mashonaland Central	5.6	552	1 061
Mashonaland East	11.1	1 093	982
Mashonaland West	13.0	1 281	1 075
Matabeleland North	9.3	918	808
Matabeleland South	8.1	800	716
Midlands	12.4	1 227	1 112
Masvingo	11.6	1 143	1 092
Harare	9.3	917	1 209
Bulawayo	6.3	626	591
Area			
Urban	26.6	2 625	2 808
Rural	73.4	7 259	7 076
Age			
0-5 months	8.9	879	867
6-11 months	9.5	937	974
12-23 months	20.1	1 990	1 991
24-35 months	20.8	2 054	2 043
36-47 months	21.7	2 145	2 146
48-59 months	19.0	1 879	1 863
Respondent to the under-5 questionnaire			
Mother	84.2	8 319	8 374
Other primary caregiver	15.8	1 565	1 510
Mother's education[a]			
None	3.3	323	325
Primary	36.2	3 576	3 520
Secondary	55.9	5 522	5 517
Higher	4.7	463	521
Missing/DK	0.0	1	1

Wealth index quintile			
Poorest	22.1	2 187	2 063
Second	21.2	2 100	2 098
Middle	18.3	1 808	1 809
Fourth	21.8	2 155	2 161
Richest	16.5	1 634	1 753

[a] In this table and throughout the report, mother's education refers to educational attainment of mothers as well as caregivers of children under 5, who are the respondents to the under-5 questionnaire if the mother is deceased or is living elsewhere.

Most of the children under 5 years of age (81.6 percent) included in the survey were between 12 and 59 months of age. The proportion in the age group 0 to 11 months was 18.4 percent. The respondents to the under-5 questionnaire were mainly mothers of the children (84.2 percent) while other primary caregivers constituted 15.8 percent. Of these mothers, 55.9 percent had attended secondary education, 36.2 percent had primary education. About five percent had attended a higher level of education while 3.3 percent had no education. Twenty-two percent of the children were in the poorest quintile followed by 21.2 percent who were in the second quintile.

3.4 Housing Characteristics, Asset Ownership and Wealth Quintiles

Tables HH.6, HH.7 and HH.8 provide further details on household level characteristics. Table HH.6 presents information on household access to connected electricity and dwelling unit characteristics.

Thirty-two percent of households had connected electricity (83.4 percent urban and 9.8 percent rural areas). This was lower than the proportion that had electricity in the 2010/11 Zimbabwe Demographic and Health Survey which was 37 percent and 44 percent in the 2012 population census. Apart from the urban provinces (Harare 73.6 percent; Bulawayo 92.4 percent), use of electricity was minimal in the other provinces. The lowest proportion of households with electricity was in Masvingo Province (7.4 percent) and the highest was in Mashonaland West Province (32.2 percent).

Seventy percent of households had dwelling units with finished floors while 29.8 percent had natural floors. The results are comparable to ZDHS 2010/11 (71.4 and 28.1 percent, respectively). Data were collected on the number of sleeping rooms per household. The mean number of persons per room used for sleeping was 2.2 in urban areas and 2.4 in rural areas.

Table HH.6: Housing characteristics

Percent distribution of households by selected housing characteristics, according to area of residence and provinces, Zimbabwe MICS, 2014

		Area		Province									
	Total	Urban	Rural	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Matabeleland North	Matabeleland South	Midlands	Masvingo	Harare	Bulawayo
Electricity													
Yes	32.3	83.4	9.8	24.5	16.1	23.4	32.2	15.2	18.6	29.9	7.4	73.6	92.4
No	67.7	16.6	90.2	75.5	83.9	76.6	67.8	84.8	81.4	70.1	92.6	26.4	7.6
Flooring													
Natural floor	29.8	1.1	42.3	24.1	48.9	17.4	38.2	67.6	27.2	36.5	39.7	1.0	1.3
Rudimentary floor	0.1	0.2	0.1	0.3	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.3	0.3
Finished floor	70.1	98.7	57.5	75.5	51.1	82.6	61.7	32.4	72.8	63.3	60.2	98.7	98.5
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Missing/DK	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Roof													
Natural roofing	29.7	0.1	42.7	19.9	45.0	22.6	33.3	68.1	34.1	38.6	39.4	0.0	0.4
Rudimentary roofing	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.0
Finished roofing	70.2	99.7	57.2	79.9	54.9	77.3	66.6	31.9	65.8	61.4	60.3	99.8	99.6
Other	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.2	0.0	0.1	0.1	0.0
Missing/DK	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
Exterior walls													
Natural walls	14.4	0.2	20.6	8.8	12.0	1.3	14.7	65.7	14.1	20.5	9.6	0.2	0.6
Rudimentary walls	0.5	0.6	0.5	1.7	0.1	0.0	0.2	1.1	0.6	0.1	0.4	0.4	0.2
Finished walls	84.6	98.0	78.7	89.3	87.4	98.6	84.8	32.6	84.8	79.2	89.8	97.1	98.6
Other	0.4	1.0	0.2	0.2	0.4	0.1	0.3	0.5	0.5	0.1	0.3	1.9	0.6
Missing/DK	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.3	0.0
Rooms used for sleeping													
1	39.7	43.6	37.9	39.0	36.3	39.4	39.3	39.2	45.7	35.6	36.8	45.1	42.0
2	36.3	34.4	37.2	37.7	37.9	35.8	38.3	35.0	31.2	38.3	37.4	33.4	36.6
3 or more	22.8	20.6	23.8	22.4	25.2	23.3	21.7	25.1	22.5	24.9	24.4	18.6	20.4
Missing/DK	1.2	1.3	1.1	0.9	0.6	1.5	0.7	0.7	0.5	1.2	1.5	2.9	1.1

Type of dwelling unit													
Traditional	22.3	0.1	32.1	13.7	34.6	7.4	24.4	65.6	24.4	25.6	35.0	0.1	0.4
Mixed	33.4	0.5	47.9	43.6	47.4	51.2	37.2	15.8	44.4	39.0	43.5	0.0	0.5
Detached	35.8	78.9	16.8	34.8	16.1	36.4	31.5	13.5	26.0	31.1	15.0	82.1	72.4
Semi-detached	6.2	15.3	2.2	6.5	1.0	3.0	6.1	5.0	3.0	1.2	6.1	14.0	17.4
Flat/Town home	1.8	4.5	0.6	0.2	0.4	1.7	0.7	0.0	1.4	3.0	0.3	2.3	9.0
Shack	0.3	0.5	0.2	1.1	0.0	0.1	0.0	0.0	0.1	0.1	0.1	1.0	0.1
Other/specify	0.1	0.1	0.1	0.1	0.5	0.1	0.0	0.1	0.6	0.0	0.0	0.2	0.1
Missing	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.3	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	15 686	4 798	10 888	1 991	792	1 828	2 015	1 382	1 285	1 932	1 748	1 518	1 194
Mean number of persons per room used for sleeping	2.34	2.22	2.40	2.33	2.43	2.24	2.46	2.47	2.41	2.30	2.32	2.35	2.15

Table HH.7 shows distribution of households by ownership of assets. Forty-three percent of households owned a radio, 37.4 percent owned a television set and 84 percent owned a mobile phone. Proportions of households with a radio or a mobile phone in MICS were higher than those for ZDHS 2010/11, 36 percent and 62 percent, respectively. About 66 percent of households resided in dwelling units, which they owned. Ownership of dwelling unit was higher in rural areas (79.1 percent) compared to urban areas (35.4 percent).

Table HH.7: Household and personal assets

Percentage of households by ownership of selected household and personal assets, and percent distribution by ownership of dwelling, according to area of residence and provinces, Zimbabwe MICS, 2014

		Area		Province									
	Total	Urban	Rural	Manicaland	Mashonaland Central	Mashonaland East	Mashonaland West	Matabeleland North	Matabeleland South	Midlands	Masvingo	Harare	Bulawayo
Percentage of households that own a													
Radio	43.0	47.4	41.0	42.6	46.8	46.0	45.0	38.2	33.2	45.6	38.0	46.0	48.3
Television	37.4	77.0	19.9	29.9	29.4	32.2	36.8	23.0	24.4	36.9	17.2	71.6	81.6
Non-mobile telephone	2.9	8.8	0.3	1.7	0.6	0.8	1.4	1.7	1.1	5.1	0.4	4.4	13.9
Refrigerator	18.7	52.3	3.9	12.0	7.1	11.3	11.3	7.7	12.9	20.0	5.3	48.0	60.9
Satellite Dish	20.1	51.4	6.4	15.4	13.2	13.3	19.8	11.0	11.4	22.8	6.4	40.8	53.3
Computer/laptop	7.9	21.4	2.0	3.9	5.2	5.6	6.3	3.7	3.7	8.8	3.2	20.3	21.9
Deep freezer	8.0	20.8	2.4	6.0	5.7	4.8	7.6	4.7	4.8	9.8	4.1	18.6	15.4
DVD/VCD	35.8	69.8	20.8	30.6	26.3	30.2	35.0	25.6	26.9	35.3	19.6	64.6	70.2
Battery/Generator	28.9	12.8	35.9	27.3	38.4	33.3	26.0	35.5	31.2	33.3	37.4	18.3	6.4
Solar Panel	35.2	8.3	47.1	37.1	44.6	43.2	34.1	38.2	40.5	40.1	50.4	12.7	4.7
Percentage of households that own													
Agricultural land	68.7	31.4	85.2	73.8	78.9	77.5	64.8	84.7	75.0	76.8	90.6	31.1	24.3
Farm animals/Livestock	62.4	29.5	77.0	70.5	65.7	66.6	54.4	78.4	71.2	70.3	84.2	27.0	26.7
Percentage of households where at least one member owns or has a													
Watch	12.7	22.6	8.3	9.1	8.9	11.6	9.9	9.8	10.4	12.3	7.4	26.0	24.2
Mobile telephone	84.4	96.8	79.0	83.9	78.8	84.7	82.1	75.5	82.4	82.8	81.9	97.1	95.4
Bicycle	27.4	23.7	29.1	19.1	27.2	29.1	34.0	27.5	33.0	26.9	29.0	24.4	24.1
Motorcycle or scooter	1.1	1.7	0.9	1.1	1.9	1.5	1.8	0.4	0.5	0.8	1.0	1.3	0.8
Animal-drawn cart	19.2	7.8	24.2	13.8	23.3	20.0	18.2	27.9	25.3	26.1	21.8	8.0	8.2
Car or truck	8.8	20.8	3.6	4.6	6.2	6.4	7.7	5.4	6.7	9.8	4.1	22.2	18.0
Boat with a motor	0.1	0.3	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.3	0.0	0.6	0.0
Wheel barrow	31.6	24.9	34.5	30.3	23.4	36.4	24.5	31.5	46.8	32.9	40.0	26.0	19.8
Bank account	27.5	54.6	15.5	22.9	22.0	23.2	25.9	18.2	18.6	26.8	17.9	54.2	49.1

Ownership of dwelling													
Owned by a household member	65.8	35.4	79.1	72.9	75.7	68.8	60.8	79.9	72.5	72.9	77.7	38.8	32.9
Not owned	34.2	64.5	20.8	27.1	24.3	31.2	39.2	20.1	27.5	27.1	22.3	61.2	67.1
Rented	15.9	46.3	2.5	12.1	5.9	11.8	12.3	4.8	9.4	14.4	2.6	46.5	43.6
Tied accommodation	12.6	9.1	14.2	10.5	11.8	15.6	19.3	13.3	12.1	9.3	16.7	8.7	5.1
Relative's house	5.3	8.7	3.9	4.3	5.2	3.4	7.4	2.0	5.9	2.7	2.8	5.8	17.4
Other	0.4	0.5	0.3	0.2	1.5	0.3	0.2	0.0	0.1	0.7	0.1	0.1	1.0
Missing/DK	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	15 686	4 798	10 888	1 991	792	1 828	2 015	1 382	1 285	1 932	1 748	1 518	1 194

Table HH.8 shows how the household populations in urban/rural areas and provinces were distributed according to household population wealth quintiles. All urban population were in the fourth and richest quintiles, with 67.3 percent in the richest quintile. Rural areas had only 2 percent of the household population in the richest quintile. Most rural population were within the poorest and middle wealth quintiles (83.1 percent). The predominantly urban provinces Harare and Bulawayo had the highest percentage of population in the richest quintile, 55.8 percent and 75.3 percent, respectively. Matabeleland North Province had the highest proportion of population in the poorest quintile (58.0 percent) while Mashonaland East Province had the lowest proportion of 8.5 percent.

Table HH.8: Wealth quintiles

Percent distribution of the household population by wealth index quintiles, according to area of residence and provinces, Zimbabwe MICS, 2014

	Wealth index quintiles						
	Poorest	Second	Middle	Fourth	Richest	Total	Number of household members
Total	**20.0**	**20.0**	**20.0**	**20.0**	**20.0**	**100.0**	**65 259**
Area							
Urban	0.0	0.0	0.0	32.7	67.3	100.0	18 082
Rural	27.7	27.7	27.7	15.1	1.9	100.0	47 177
Province							
Manicaland	9.9	24.5	30.9	21.5	13.2	100.0	8 164
Mashonaland Central	19.8	30.5	25.9	14.4	9.4	100.0	3 455
Mashonaland East	8.5	21.8	34.2	25.7	9.7	100.0	7 232
Mashonaland West	16.6	21.8	20.6	26.0	15.0	100.0	8 684
Matabeleland North	58.0	16.4	10.9	7.9	6.7	100.0	6 226
Matabeleland South	22.7	29.8	25.3	14.3	7.9	100.0	5 464
Midlands	29.9	19.8	18.0	10.9	21.4	100.0	8 264
Masvingo	29.3	30.3	24.0	11.4	5.1	100.0	7 400
Harare	0.0	0.1	0.8	43.4	55.8	100.0	5 901
Bulawayo	0.0	0.0	0.0	24.7	75.3	100.0	4 469

4 Child Mortality

The Millennium Development Goal number 4 specifically calls for the reduction of under-five mortality by two-thirds between 1990 and 2015. One of the MICS objectives is to contribute to monitoring progress towards this goal.

In 2008, the leading causes of under 5 mortality in Zimbabwe were causes during the neonatal period (comprising premature birth complications, birth asphyxia and neonatal sepsis) (which contributed 29 percent of the deaths), and HIV and AIDS (which contributed 22 percent of the deaths). The other major causes of under-five mortality were pneumonia, diarrhoea and measles although HIV and AIDS may also underlie deaths recorded under pneumonia and diarrhoea. Malaria contributed three percent of under 5 mortality. Malnutrition is an underlying factor in most of these deaths (GoZ, 2010). Most of these deaths can be prevented through simple, cost-effective interventions.

The GoZ developed a National Child Survival Strategy for Zimbabwe 2010-2015 to deliver its commitment to reduce early child mortality as promoted in the MDGs. The Child Survival Strategy was developed in the context of the existing National Health Strategy (2009-2013) and complements other strategies including the Maternal and Neonatal Health Roadmap 2007-2015. Child health indicators are of interest to policy makers and planners as they are important indicators of the success of Government policies and programmes.

Mortality rates presented in this chapter were calculated from birth histories in the Woman's Questionnaire. The direct method of estimation is based on the assumption that mortality among mothers is very low and the reported birth history is complete. All interviewed women were asked whether they had ever given birth, and if yes, they were asked to report the number of sons and daughters who lived with them, the number who lived elsewhere and the number who had died. In addition, they were asked to provide a detailed birth history of live births of children in chronological order starting with the firstborn. Women were asked whether the births were single or multiple, the sex of the children, the date of birth (month and year) and survival status. Further, for children still alive, women were asked the current age of the child and, if not alive, the age at death. Childhood mortality rates are expressed by conventional age categories and are defined as follows:

- Neonatal mortality (NN): probability of dying within the first month of life
- Post-neonatal mortality (PNN): difference between infant and neonatal mortality rates
- Infant mortality ($_1q_0$): probability of dying between birth and the first birthday
- Child mortality ($_4q_1$): probability of dying between the first and the fifth birthdays
- Under-five mortality ($_5q_0$): the probability of dying between birth and the fifth birthday

4.1 Early Childhood mortality rates

Rates are expressed as deaths per 1 000 live births except in the case of child mortality, which is expressed as deaths per 1 000 children surviving to age one, and post-neonatal mortality, which is the difference between infant and neonatal mortality rates. Digit preference shown in Table DQ.26 indicates heaping on deaths at 12 months. The implication of this is an underestimation of infant mortality rate and an overestimation of child mortality rate.

Table CM.1: Early childhood mortality rates

Neonatal, post-neonatal, infant, child and under-five mortality rates for five year periods preceding the survey, West Model, Zimbabwe MICS, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Years preceding the survey					
0-4	29	25	55	21	75
5-9	25	33	58	27	84
10-14	20	31	50	26	75

[1] **MICS indicator 1.1 - Neonatal mortality rate**

[2] **MICS indicator 1.3 - Post-neonatal mortality rate**

[3] **MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate**

[4] **MICS indicator 1.4 - Child mortality rate**

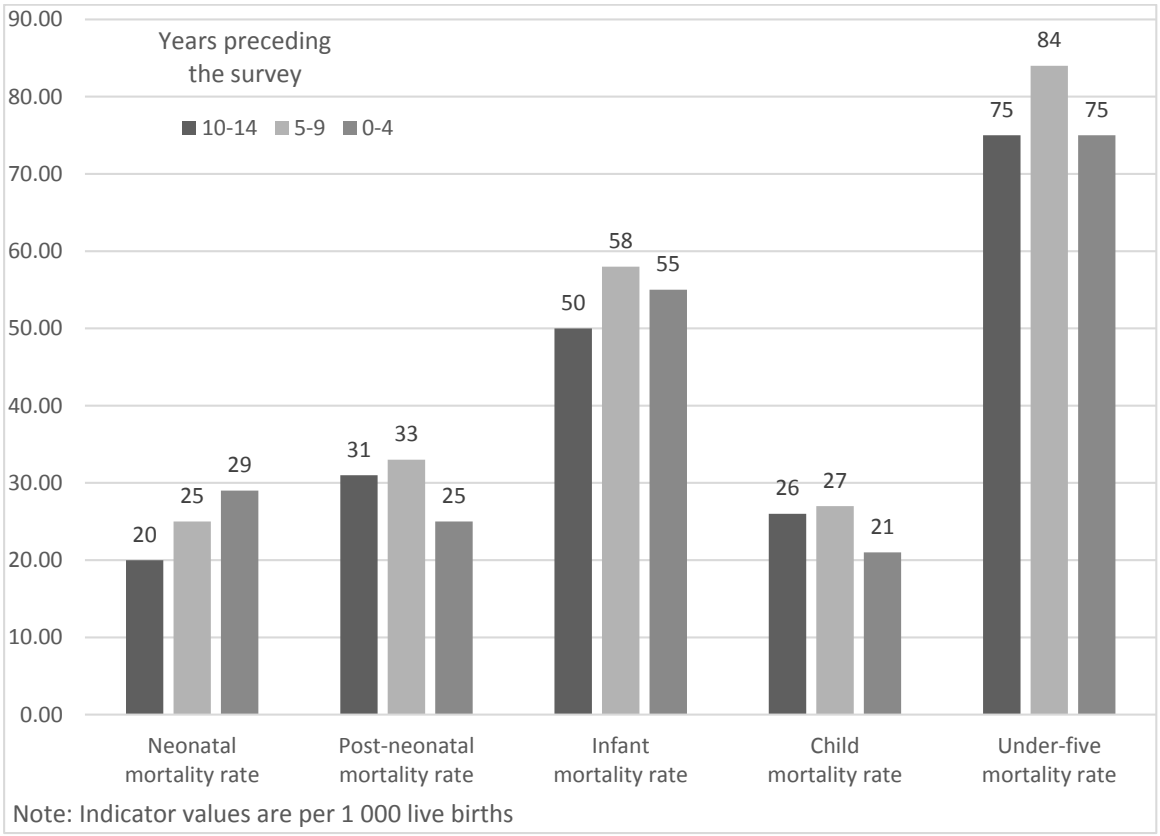
[5] **MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate**

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

Table CM.1 and Figure CM.1 present neonatal, post-neonatal, infant, child, and under-five mortality rates for the three most recent five-year periods before the survey. Neonatal mortality in the most recent 5-year period (2010-2014) was estimated at 29 deaths per 1 000 live births, 25 deaths per 1 000 live births in the 5-9 years preceding the survey (2005-2009) and 20 deaths per 1 000 live births in the 10-14 years preceding the survey (2000-2004). The trend indicated an increase in neonatal mortality over the fifteen year period.

Post-neonatal mortality rate was estimated at 25 deaths per 1 000 live births in the five years preceding the survey (2010-2014). The rate was 33 deaths per 1 000 live births and 31 deaths per 1 000 live births for the 5-9 years and 10-14 years preceding the survey, respectively. This shows a stable trend from 31 deaths between 2000 and 2004 to 33 deaths per 1 000 live births between 2005 and 2009 and a decline to 25 deaths per 1 000 live births between 2010 and 2014.

Figure CM.1: Early childhood mortality rates, Zimbabwe MICS, 2014



The mortality rates across the three successive five-year periods suggests that infant mortality rate rose from 50 deaths per 1 000 live births between 2000 and 2004 to 58 deaths per 1 000 live births between 2005 to 2009 and declined to 55 deaths per 1 000 live births between 2010 and 2014. Similarly, the under-five mortality rate rose from 75 deaths per 1 000 live births between 2000 and 2004 to 84 deaths per 1 000 live births between 2005 and 2009 and declined to 75 deaths per 1 000 live births between 2010 and 2014, see Table CM.1 and Figure CM.1.

4.2 Early childhood mortality rates by background characteristics

Table CM.2 provides estimates of child mortality by background characteristics for the five year period preceding the survey (2010-2014). The national neonatal mortality rate was 29 deaths per 1 000 live births. At provincial level, neonatal mortality were highest in Mashonaland Central and Midlands Provinces, each at 39 deaths per 1 000 live births. The lowest neonatal mortality was reported in Matabeleland North Province (14 percent). The rates for the other provinces ranged between 20 and 35 deaths per 1 000 live births. The rates are the same by urban/rural areas at 29 deaths per 1 000 live births.

The post-neonatal mortality was 25 deaths per 1 000 live births. Post-neonatal mortality was highest in Mashonaland Central Province at 34 deaths per 1 000 live births and lowest in Bulawayo Province at 15 deaths per 1 000 live births. The results show that rural areas had a post-neonatal mortality rate of 27 deaths and 22 deaths per 1 000 live births for urban areas. Post-neonatal mortality rate was 30 deaths per 1 000 live births for children of mothers with primary education, 23 deaths per 1 000 live births for those with secondary education and 19 deaths per 1 000 live births for those with higher education, see Table CM.2.

Table CM.2: Early childhood mortality rates by socioeconomic characteristics

Neonatal, post-neonatal, Infant, child and under-five mortality rates for the five year period preceding the survey, by socioeconomic characteristics, West Model, Zimbabwe MICS, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Total	**29**	**25**	**55**	**21**	**75**
Province					
Manicaland	26	23	50	26	75
Mashonaland Central	39	34	73	19	91
Mashonaland East	20	19	39	27	64
Mashonaland West	33	24	58	17	74
Matabeleland North	14	23	36	18	53
Matabeleland South	35	32	67	19	85
Midlands	39	24	63	22	84
Masvingo	34	29	63	28	89
Harare	28	33	61	17	77
Bulawayo	22	15	37	(11)	(48)
Area					
Urban	29	22	51	16	66
Rural	29	27	56	23	78
Mother's education					
None	(*)	(*)	(*)	(*)	(*)
Primary	33	30	64	31	92
Secondary	27	23	50	17	67
Higher	21	19	40	(6)	(46)
Wealth index quintile					
Poorest	28	26	53	25	78
Second	29	27	56	33	87
Middle	30	25	55	16	70
Fourth	32	25	58	19	75
Richest	26	24	49	10	59

[1] **MICS indicator 1.1 - Neonatal mortality rate**

[2] **MICS indicator 1.3 - Post-neonatal mortality rate**

[3] **MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate**

[4] **MICS indicator 1.4 - Child mortality rate**

[5] **MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate**

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

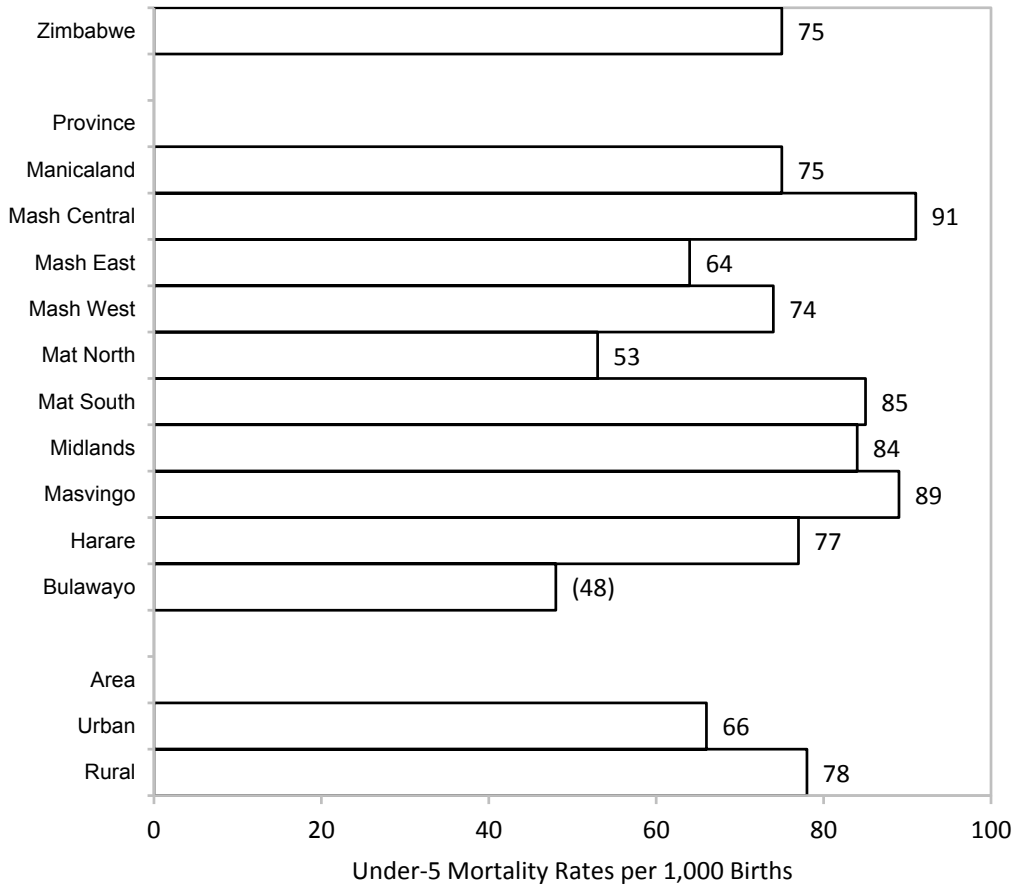
(*) Rates based on fewer than 250 unweighted exposed persons
( ) Rates based on 250 to 499 unweighted exposed persons

The national infant mortality rate was 55 deaths per 1 000 live births. Infant mortality rate was highest in Mashonaland Central Province at 73 deaths per 1 000 live births and lowest in Bulawayo Province (37 deaths per 1 000 live births). There appeared to be no major differences between urban and rural areas. As was the case for neonatal mortality, infant mortality rates differed by the education status of the mother.

The prevalence of child mortality at national level was 21 deaths per 1 000 children surviving to the first birthday. The results showed child mortality of 10 deaths per 1 000 children surviving to their first birthday for the richest wealth quintile and 25 deaths for the poorest.

The under 5 mortality at national level was 75 deaths per 1 000 live births. Rural areas recorded 78 deaths per 1 000 live births with urban areas at 66 deaths per 1 000 live births. Under-five mortality rate by wealth quintiles indicated 78 deaths per 1 000 live births for the poorest households and 59 deaths per 1 000 live births for those in the richest households, see Table CM.2 and Figure CM.2.

Figure CM.2: Under-5 mortality rates by area and province, West Model, Zimbabwe MICS, 2014



4.3 Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, infant, child and under five mortality rates are analysed by demographic characteristics that include sex of child, mother's age at birth, birth order, and previous birth interval. Neonatal mortality rate was higher for male children (32 deaths per 1 000 live births) than for female children (26 deaths per 1 000 live births). Babies born to teenage mothers and those born to mothers age 35 years and above were more likely to die during the neonatal period (30 deaths per 1 000 live births and 45 deaths per 1 000 live births, respectively) compared to babies born to mothers between ages 20-34 years (26 deaths per 1 000 live births). Neonatal mortality generally increased with birth order ranging from 28 deaths per 1 000 live births for the first birth order to 50 deaths per 1 000 live births for the 7th child or higher. Babies born within birth intervals of less than two years or four years and above are more likely to die compared to those born within a birth interval of two to three years.

Table CM.3: Early childhood mortality rates by demographic characteristics

Neonatal, post-neonatal, Infant, child and under-five mortality rates for the five year period preceding the survey, by demographic characteristics, West Model, Zimbabwe MICS, 2014

	Neonatal mortality rate[1]	Post-neonatal mortality rate[2, a]	Infant mortality rate[3]	Child mortality rate[4]	Under-five mortality rate[5]
Total	**29**	**25**	**55**	**21**	**75**
Sex of child					
Male	32	27	59	21	79
Female	26	24	50	21	70
Mother's age at birth					
Less than 20	30	28	58	21	78
20-34	26	24	50	20	68
35-49	45	33	78	33	108
Birth order					
1	28	25	53	16	67
2-3	29	23	53	19	70
4-6	26	30	56	29	83
7+	(50)	(30)	(80)	(42)	(119)
Previous birth interval[b]					
< 2 years	32	28	60	22	81
2 years	21	31	52	31	82
3 years	23	23	45	14	59
4+ years	33	21	54	18	72

[1] MICS indicator 1.1 - Neonatal mortality rate

[2] MICS indicator 1.3 - Post-neonatal mortality rate

[3] MICS indicator 1.2; MDG indicator 4.2 - Infant mortality rate

[4] MICS indicator 1.4 - Child mortality rate

[5] MICS indicator 1.5; MDG indicator 4.1 - Under-five mortality rate

[a] Post-neonatal mortality rates are computed as the difference between the infant and neonatal mortality rates

[b] Excludes first order births

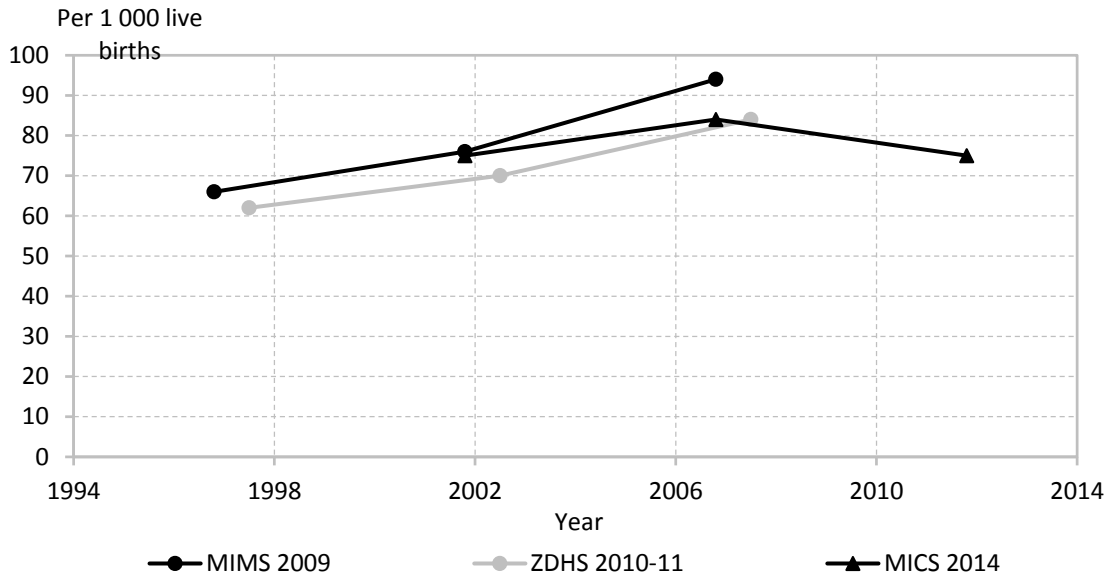
( ) Rates based on 250 to 499 unweighted exposed persons

Infant mortality rates showed similar pattern as neonatal mortality, higher for male children (59 deaths per 1 000 live births) than females (50 deaths per 1 000 live births); high for mother less than 20 years at birth and for those age 35 to 49 years; and increased with birth order.

Under-five mortality rate was 79 deaths per 1 000 live births for males and 70 deaths per 1 000 live births for females. It was highest for babies born to mothers age 35-49 years (108 deaths per 1 000 live births) and for birth order 7 and above (119 deaths per 1 000 live births), see Tables CM.2 and CM.3.

Figure CM.3 compares the findings of the Zimbabwe MICS on under 5 mortality rates with those from other data sources. The three surveys, the MIMS 2009, ZDHS 2010/11 and the MICS 2014, showed stagnation in under 5 mortality rates over the years.

Figure CM.3: Trend in under-5 mortality rates, Zimbabwe MICS, 2014



5 Nutrition

In Zimbabwe, the nutrition situation is of concern to the Government as one out of every three children is chronically malnourished.[15] The GoZ noted in the National Child Survival Strategy 2010 2015 that 25 percent of all deaths of children under the age of five are attributed to nutritional deficiencies. Improved nutrition contributes to sustainable and equitable growth, which in turn leads to poverty reduction. Optimal nutrition also significantly decreases maternal and child deaths, enhances gender equality and improves the efficacy of treatment for conditions such as HIV and AIDS.[16] The National Food and Nutrition Security Policy, launched in 2013, aims to ensure adequate food and nutrition security in Zimbabwe for all people at all times.

This chapter focuses on nutritional status of children under 5 years of age, infant and young child feeding practices and use of iodised salt at household level. It also looks at Vitamin A supplementation and prevalence of oedema.

5.1 Low Birth Weight

Weight at birth is a good indicator of the newborn's chances for survival, growth, long term health and psychosocial development. Low birth weight (defined as less than 2 500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early days, months and years. Those who survive may have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength throughout their lives and suffer a higher incidence of diabetes and heart disease in later life. Children born with low birth weight also risk a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

Low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood) and poor nutrition during pregnancy. Inadequate weight gain during pregnancy is particularly adverse since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

Cigarette smoking during pregnancy also causes low birth weight. Teenagers who give birth when their own bodies have not yet fully developed run a higher risk of bearing low birth weight babies.

The percentage of births weighing below 2 500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's **size** at birth (i.e. very small, smaller than

[15] Food and Nutrition Council, 2013. The Food and Nutrition Security Policy for Zimbabwe in the Context of Economic Growth and Development.
[16] The Lancet, 2010. Child Health Epidemiologic Reference Group cited National Child Survival Strategy 2010 2015

average, average, larger than average, very large) and the mother's recall of the child's **weight** or the weight as recorded on a health card if the child was weighed at birth.[17]

Overall, 83 percent of last live births in the two years preceding the survey were weighed at birth. Of all the last live births in the two years preceding the survey, 10.1 percent were estimated to have weighed less than 2 500 grams at birth (see Table NU.1). There was variation by province, ranging from 8.6 percent in Midlands Province to 12.4 percent in Matabeleland South Province.

Table NU.1: Low birth weight infants

Percentage of last live births in the last two years that are estimated to have weighed below 2 500 grams at birth and percentage of live births weighed at birth, Zimbabwe MICS, 2014

	Percent distribution of births by mother's assessment of size at birth						Percentage of live births:		Number of last live-born children in the last two years
	Very small	Smaller than average	Average	Larger than average or very large	Missing/ DK	Total	Below 2 500 grams[1]	Weighed at birth[2]	
Total	**3.8**	**10.1**	**52.5**	**33.5**	**0.2**	**100.0**	**10.1**	**83.0**	**3 902**
Mother's age at birth									
Less than 20 years	3.9	12.8	52.9	30.4	0.0	100.0	11.1	83.8	707
20-34 years	3.4	9.8	52.9	33.7	0.2	100.0	9.7	83.0	2 737
35-49 years	5.5	7.7	50.0	36.7	0.2	100.0	10.4	82.2	459
Birth order									
1	4.4	12.1	52.9	30.5	0.1	100.0	11.2	90.0	1 060
2-3	3.1	8.9	53.8	34.0	0.2	100.0	9.2	83.6	1 737
4-5	4.0	10.7	50.4	34.7	0.1	100.0	10.4	81.0	802
6+	5.0	8.5	49.4	37.2	0.0	100.0	10.3	60.5	303
Province									
Manicaland	6.4	6.4	57.8	29.2	0.2	100.0	11.0	73.3	503
Mash Central	2.3	10.4	52.1	35.2	0.0	100.0	9.0	73.2	228
Mash East	2.1	11.7	55.6	30.4	0.3	100.0	9.5	81.0	446
Mash West	3.9	12.3	41.6	42.0	0.2	100.0	10.4	81.2	516
Mat North	3.3	15.1	42.5	38.9	0.2	100.0	11.0	88.8	336
Mat South	5.1	14.6	49.4	30.8	0.0	100.0	12.4	90.4	298
Midlands	2.5	8.4	55.2	33.9	0.0	100.0	8.6	78.2	464
Masvingo	4.0	7.5	56.8	31.6	0.2	100.0	9.4	80.1	423
Harare	3.5	7.0	54.7	34.8	0.0	100.0	8.9	92.8	411
Bulawayo	4.2	10.4	59.9	25.1	0.4	100.0	10.8	98.8	276
Area									
Urban	3.5	7.9	55.1	33.2	0.2	100.0	9.2	95.2	1 145
Rural	3.9	11.0	51.4	33.6	0.1	100.0	10.4	78.0	2 758
Mother's education									
None	(17.1)	(16.1)	(36.1)	(30.6)	(0.0)	100.0	(21.2)	(65.3)	44
Primary	3.5	12.4	49.5	34.3	0.3	100.0	10.6	72.0	1 194
Secondary	3.7	9.2	54.4	32.7	0.1	100.0	9.8	87.5	2 473
Higher	2.8	6.5	50.9	39.3	0.4	100.0	8.0	98.7	192

[17] For a detailed description of the methodology, see Boerma, J. T., Weinstein, K. I., Rutstein, S.O., and Sommerfelt, A. E., 1996. Data on Birth Weight in Developing Countries: Can Surveys Help? Bulletin of the World Health Organization, 74(2), 209-16

Wealth index quintile									
Poorest	4.6	10.9	49.0	35.4	0.1	100.0	10.8	73.0	810
Second	4.0	11.3	51.3	33.2	0.1	100.0	10.6	76.2	781
Middle	3.1	12.0	52.2	32.5	0.2	100.0	10.2	81.0	664
Fourth	3.9	8.7	55.7	31.8	0.0	100.0	9.8	88.2	959
Richest	3.1	7.9	54.0	34.6	0.4	100.0	8.9	97.3	688

[1] MICS indicator 2.20 - Low-birth weight infants

[2] MICS indicator 2.21 - Infants weighed at birth

( ) Figures that are based on 25-49 unweighted cases

5.2 Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness and are well cared for, they reach their growth potential and are considered well nourished. The Millennium Development Goal target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. A reduction in the prevalence of malnutrition will also assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height[18] and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is based on the WHO growth standards[19]. Each of the three nutritional status indicators – weight-for-age, height-for-age and weight-for-height - can be expressed in standard deviation units (z-scores) from the median of the reference population.

Weight-for-age is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight-for-age is more than three standard deviations below the median are classified as *severely underweight.*

Height-for-age is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as *moderately or severely stunted.* Those whose height-for-age is more than three standard deviations below the median are classified as *severely stunted.* Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.

Weight-for-height can be used to assess wasting and overweight status. Children whose *weight-for-height* is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted* while those who fall more than three standard deviations below the median are classified as *severely wasted*. Wasting is usually the result of a recent nutritional deficiency. The indicator of wasting may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence. Children whose weight-for-height is more than two

[18] Length was measured for children under two years. Height includes length.

[19] http://www.who.int/childgrowth/standards/technical_report

standard deviations above the median reference population are classified as *moderately or severely overweight*.

In MICS, weights and heights of all children under 5 years of age were measured using the anthropometric equipment recommended[20] by UNICEF. Findings in this section are based on the results of these measurements.

Table NU.2 shows percentages of children classified into each of the above described categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes mean z-scores for all three anthropometric indicators.

Children whose full birth date (month and year) were not obtained and children whose measurements were outside a plausible range are excluded from Table NU.2. Children were excluded from one or more of the anthropometric indicators when either their weights or heights had not been measured, whichever was applicable. For example, if a child had been weighed but his/her height had not been measured, the child was included in underweight calculations, but not in the calculations for stunting and wasting. Percentages of children by age and reasons for exclusion are shown in the data quality Tables DQ.12, DQ.13, and DQ.14 in Appendix F. The tables show that due to incomplete dates of birth, implausible measurements, and/or missing weight and/or height, three percent of children have been excluded from calculations of the weight-for-age indicator and 3.4 percent each from the height-for-age and the weight-for-height indicators. Table DQ.4 indicates that 97 percent of children 0 to 4 were eligible for the survey and shows an out-transference of children from age 4 to age 5. Age heaping (Table DQ.15) on '0' or '5', due to digit preference, indicates 20.8 percent for weight and 22.2 percent for height which are within acceptable level of 20 percent. Table DQ.8 shows that completeness of reporting of date of birth and age was 99.9 percent.

[20] See MICS Supply Procurement Instructions here: http://www.childinfo.org/mics5_planning.html

Table NU.2: Nutritional status of children

Percentage of children under age 5 by nutritional status according to three anthropometric indices: weight for age, height for age, and weight for height, Zimbabwe MICS, 2014

	Weight for age				Height for age				Weight for height				
	Underweight				Stunted				Wasted		Overweight		
	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Mean Z-Score (SD)	Number of children under age 5	Percent below		Percent above	Mean Z-Score (SD)	Number of children under age 5
	- 2 SD[1]	- 3 SD[2]			- 2 SD[3]	- 3 SD[4]			- 2 SD[5]	- 3 SD[6]	+ 2 SD[7]		
Total	**11.2**	**2.2**	**-0.8**	**9 591**	**27.6**	**7.8**	**-1.3**	**9 558**	**3.3**	**0.7**	**3.6**	**0.0**	**9 550**
Sex													
Male	12.5	2.4	-0.8	4 771	31.1	9.7	-1.4	4 753	3.7	0.9	3.6	0.0	4 748
Female	9.8	2.0	-0.7	4 820	24.1	5.8	-1.2	4 805	2.9	0.6	3.5	0.0	4 802
Province													
Manicaland	10.8	1.5	-0.8	1 277	34.0	10.0	-1.6	1 275	2.6	0.3	4.2	0.1	1 272
Mashonaland Central	13.0	2.5	-0.9	539	31.8	8.8	-1.5	537	2.8	0.5	2.4	-0.1	538
Mashonaland East	12.5	2.7	-0.9	1 049	25.7	7.0	-1.3	1 046	3.6	1.2	2.1	-0.2	1 045
Mashonaland West	11.7	2.1	-0.8	1 243	28.0	7.6	-1.4	1 239	3.6	0.7	3.4	-0.1	1 240
Matabeleland North	11.4	2.1	-0.7	896	25.8	7.9	-1.3	887	3.8	1.0	4.9	-0.1	883
Matabeleland South	13.9	2.8	-1.0	780	30.1	7.3	-1.4	779	3.9	0.4	1.8	-0.3	780
Midlands	11.1	2.9	-0.8	1 198	26.9	8.2	-1.3	1 196	3.7	0.8	3.3	-0.1	1 195
Masvingo	10.9	2.5	-0.7	1 124	29.4	8.8	-1.4	1 121	2.8	0.9	4.9	0.1	1 119
Harare	7.0	0.7	-0.5	883	21.0	4.1	-1.1	879	2.1	0.3	3.3	0.1	878
Bulawayo	9.6	2.1	-0.6	601	20.0	6.5	-1.1	598	3.8	1.1	5.2	0.0	600
Area													
Urban	6.8	1.2	-0.5	2 545	20.0	5.2	-1.1	2 537	2.5	0.6	4.0	0.1	2 535
Rural	12.7	2.5	-0.9	7 047	30.4	8.7	-1.4	7 021	3.5	0.8	3.4	-0.1	7 015
Age													
0-5 months	7.8	3.0	-0.4	853	14.1	5.8	-0.7	846	4.9	2.0	9.4	0.2	828
6-11 months	9.9	2.3	-0.5	926	15.8	4.4	-0.8	922	5.3	.9	4.5	-0.1	923
12-17 months	13.4	2.8	-0.7	935	25.2	5.7	-1.2	930	6.4	1.2	3.6	-0.2	932
18-23 months	14.7	3.7	-0.9	1 006	39.0	13.1	-1.7	1 006	4.3	.9	3.6	-0.1	1 004
24-35 months	10.9	2.0	-0.8	1 989	38.6	11.0	-1.7	1 983	1.8	0.5	3.6	0.1	1 987

36-47 months	11.0	1.5	-0.9	2 072	28.4	7.9	-1.5	2 064	1.8	0.3	2.3	0.0	2 068
48-59 months	10.8	1.4	-0.9	1 810	22.0	4.7	-1.2	1 806	2.6	0.4	1.7	-0.2	1 807
Mother's education													
None	15.2	5.3	-1.0	308	30.9	13.8	-1.6	308	4.5	1.6	1.1	-0.2	313
Primary	14.0	2.6	-0.9	3 477	33.5	10.3	-1.5	3 461	3.4	0.7	3.4	-0.1	3 462
Secondary	9.5	1.9	-0.7	5 371	24.7	6.3	-1.3	5 355	3.2	0.7	3.6	0.0	5 344
Higher	5.4	.3	-0.3	434	13.9	1.8	-0.8	432	1.8	0.3	5.6	0.2	431
Missing/DK	(*)	(*)	(*)	1	(*)	(*)	(*)	1	(*)	(*)	(*)	(*)	1
Wealth index quintile													
Poorest	15.2	3.2	-0.9	2 133	33.4	11.3	-1.5	2 123	4.5	1.3	3.7	-0.2	2 113
Second	12.7	2.3	-0.9	2 036	31.3	8.6	-1.5	2 027	3.2	0.5	2.7	-0.1	2 028
Middle	10.5	2.1	-0.8	1 755	28.3	7.5	-1.4	1 750	2.6	0.5	3.4	0.0	1 751
Fourth	11.2	2.2	-0.7	2 100	27.0	7.1	-1.3	2 095	3.6	0.5	3.5	0.0	2 095
Richest	4.4	0.7	-0.4	1 568	15.0	3.1	-0.9	1 563	2.0	0.7	4.8	0.1	1 563

[1] **MICS indicator 2.1a and MDG indicator 1.8 - Underweight prevalence (moderate and severe)**

[2] **MICS indicator 2.1b - Underweight prevalence (severe)**

[3] **MICS indicator 2.2a - Stunting prevalence (moderate and severe)**

[4] **MICS indicator 2.2b - Stunting prevalence (severe)**

[5] **MICS indicator 2.3a - Wasting prevalence (moderate and severe)**

[6] **MICS indicator 2.3b - Wasting prevalence (severe)**

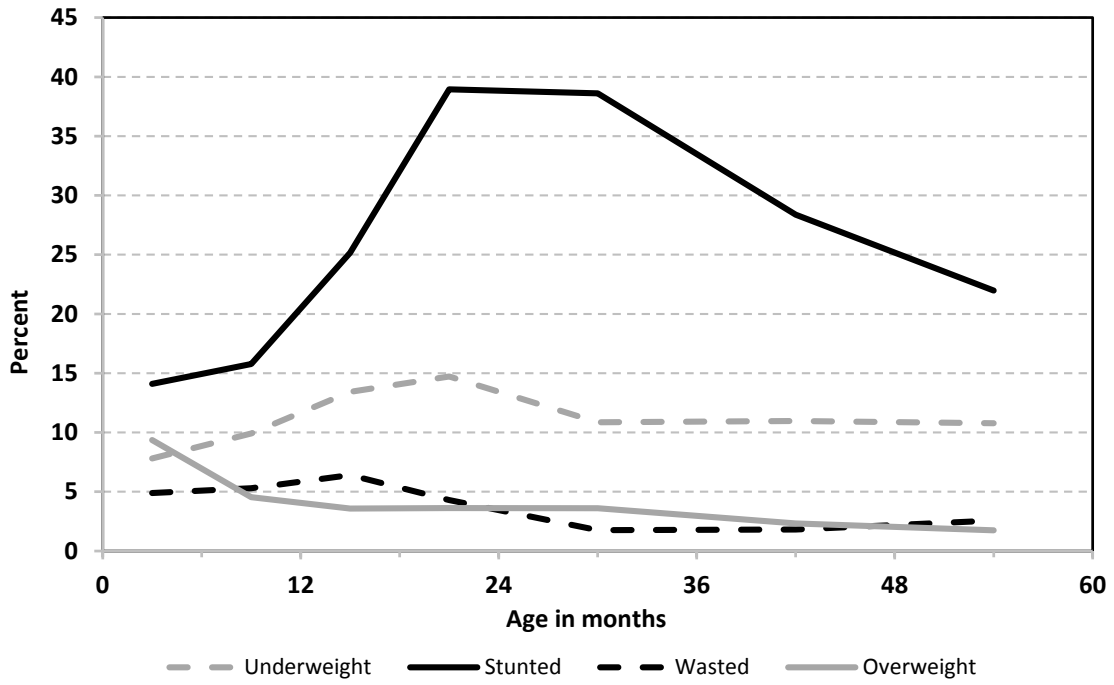
[7] **MICS indicator 2.4 - Overweight prevalence**

(*) Figures that are based on less than 25 unweighted cases

Eleven percent of children under 5 years of age in Zimbabwe were moderately underweight and 2.2 percent were severely underweight, see Table NU.2. More than a quarter of children (27.6 percent) were moderately stunted or too short for their age and 3.3 percent were moderately wasted or too thin for their height. About 3.6 percent of the children were moderately overweight or too heavy for their height.

Children in Matabeleland South Province were more likely to be underweight (13.9 percent) and wasted (3.9 percent) than children in other provinces while stunting (34.0 percent) was highest in Manicaland Province. The results show that the percentage of stunted children was higher in rural (30.4 percent) compared to 20 percent in urban areas. Similarly, children in rural areas were more likely to be underweight than children in urban areas. Those children whose mothers had secondary or higher education were the least likely to be underweight and stunted compared to children born of mothers with no education. Boys appeared to be slightly more likely to be underweight, stunted and wasted than girls. The age pattern showed that a higher percentage of children age 12-23 months were undernourished according to underweight and wasting indicators, in comparison to children who were younger and older (see Figure NU.1). Stunting rates significantly increased after 11 months reaching its highest levels between 18 and 36 months. Children in Bulawayo, Matabeleland North, Masvingo and Manicaland provinces were more likely to be overweight as the proportions overweight were 5.2 percent, 4.9 percent (Matabeleland North and Masvingo provinces) and 4.2 percent, respectively. The prevalence of being overweight among children tended to increase as the mother's level of education increased (see Table NU.2).

Figure NU.1: Underweight, stunted, wasted and overweight children under age 5 (moderate and severe), Zimbabwe MICS, 2014



5.3 Breastfeeding and Infant and Young Child Feeding

Proper feeding of infants and young children can increase their chances of survival; it can also promote optimal growth and development, especially in the critical window from birth to 2 years of age. Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers do not start to breastfeed early enough, do not breastfeed exclusively for the recommended 6 months or stop breastfeeding too soon. There are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and can be unsafe if hygienic conditions, including safe drinking water are not readily available. Studies have shown that, in addition to continued breastfeeding, consumption of appropriate, adequate and safe solid, semi-solid and soft foods from the age of 6 months onwards leads to better health and growth outcomes, with a potential to reduce stunting during the first two years of life.[21]

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond.[22] Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid

[21] Bhuta Z. et al. (2013). *Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?* The Lancet June 6, 2013.
[22] WHO (2003). *Implementing the Global Strategy for Infant and Young Child Feeding.* Meeting Report Geneva, 3-5 February 2003.

and soft foods.[23] A summary of key guiding principles[24, 25] for feeding 6-23 month olds is provided in the table below along with proximate measures for these guidelines collected in this survey.

The guiding principles for which proximate measures and indicators exist are:

- continued breastfeeding;
- appropriate frequency of meals (but not energy density); and
- appropriate nutrient content of food.

Feeding frequency is used as proxy for energy intake, requiring children to receive a minimum number of meals/snacks (and milk feeds for non-breastfed children) for their age. Diet diversity is used to ascertain the adequacy of the nutrient content of the food (not including iron) consumed. For diet diversity, seven food groups were created for which a child consuming at least four of these is considered to have a better quality diet. In most populations, consumption of at least four food groups means that the child has a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable, in addition to a staple food (grain, root or tuber).[26]

These three dimensions of child feeding are combined into an assessment of the children who received appropriate feeding, using the indicator of "minimum acceptable diet". To have a minimum acceptable diet in the previous day, a child must have received:

- the appropriate number of meals/snacks/milk feeds;
- food items from at least 4 food groups; and
- breast milk or at least 2 milk feeds (for non-breastfed children).

Guiding Principle (age 6-23 months)	Proximate measures	Table
Continue frequent, on-demand breastfeeding for two years and beyond	Breastfed in the last 24 hours	NU.4
Appropriate frequency and energy density of meals	**Breastfed children** Depending on age, two or three meals/snacks provided in the last 24 hours **Non-breastfed children** Four meals/snacks and/or milk feeds provided in the last 24 hours	NU.6
Appropriate nutrient content of food	Four food groups[27] eaten in the last 24 hours	NU.6
Practice good hygiene and proper food handling	While it was not possible to develop indicators to fully capture programme guidance, one standard indicator does cover part of the principle: Not feeding with a bottle with a nipple	NU.9

[23] WHO (2003). Global Strategy for Infant and Young Child Feeding.
[24] PAHO (2003). Guiding principles for complementary feeding of the breastfed child.
[25] WHO (2005). Guiding principles for feeding non-breastfed children 6-24 months of age
[26] WHO (2008). **Indicators for assessing infant and young child feeding practices.** Part 1: Definitions.
[27] Food groups used for assessment of this indicator are 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.

Table NU.3: Initial breastfeeding

Percentage of last live-born children in the last two years who were ever breastfed, breastfed within one hour of birth, and within one day of birth, and percentage who received a prelacteal feed, Zimbabwe MICS, 2014

	Percentage who were ever breastfed[1]	Percentage who were first breastfed:		Percentage who received a prelacteal feed	Number of last live-born children in the last two years
		Within one hour of birth[2]	Within one day of birth		
Total	**98.1**	**58.9**	**92.2**	**6.8**	**3 902**
Province					
Manicaland	98.7	52.5	95.1	6.7	503
Mashonaland Central	99.2	63.8	93.2	7.9	228
Mashonaland East	99.0	59.3	91.9	11.0	446
Mashonaland West	98.2	59.3	91.9	7.0	516
Matabeleland North	98.9	70.0	96.0	3.7	336
Matabeleland South	95.6	53.2	85.8	3.2	298
Midlands	99.0	60.3	91.8	6.8	464
Masvingo	97.6	59.6	93.4	7.0	423
Harare	97.4	54.1	89.9	8.5	411
Bulawayo	96.8	60.8	91.9	3.9	276
Area					
Urban	97.4	58.2	92.0	6.4	1 145
Rural	98.4	59.1	92.3	7.0	2 758
Months since last birth					
0-11 months	97.8	58.5	92.8	7.2	1 871
12-23 months	98.4	59.2	91.7	6.5	2 031
Assistance at delivery					
Skilled attendant	98.2	63.1	93.0	4.2	3 122
Traditional birth attendant	98.7	33.4	82.7	33.7	225
Other	97.6	45.6	92.3	11.5	450
No one/Missing	95.7	43.7	88.7	6.0	106
Place of delivery					
On way to clinic	(98.3)	(33.2)	(94.4)	(3.6)	32
Home	98.3	43.6	89.7	17.6	688
Health Facility	98.2	63.2	93.0	4.3	3 108
Public	98.2	63.7	93.2	3.9	2 575
Private	97.8	52.0	87.9	11.2	183
Mission	98.9	65.4	94.3	3.1	349
Other/DK/Missing	92.2	30.5	81.1	15.0	74
Mother's education					
None	(97.6)	(53.7)	(88.2)	(9.2)	44
Primary	97.9	57.5	92.2	8.2	1 194
Secondary	98.2	59.8	92.3	6.0	2 473
Higher	98.8	56.1	92.7	8.4	192
Wealth index quintile					
Poorest	98.6	59.7	92.1	7.7	810
Second	98.0	58.4	91.5	8.4	781
Middle	98.4	57.7	91.9	5.6	664
Fourth	98.7	59.6	94.3	5.8	959
Richest	96.7	58.5	90.6	6.5	688

[1] MICS indicator 2.5 - Children ever breastfed

[2] MICS indicator 2.6 - Early initiation of breastfeeding

( ) Figures that are based on 25-49 unweighted cases

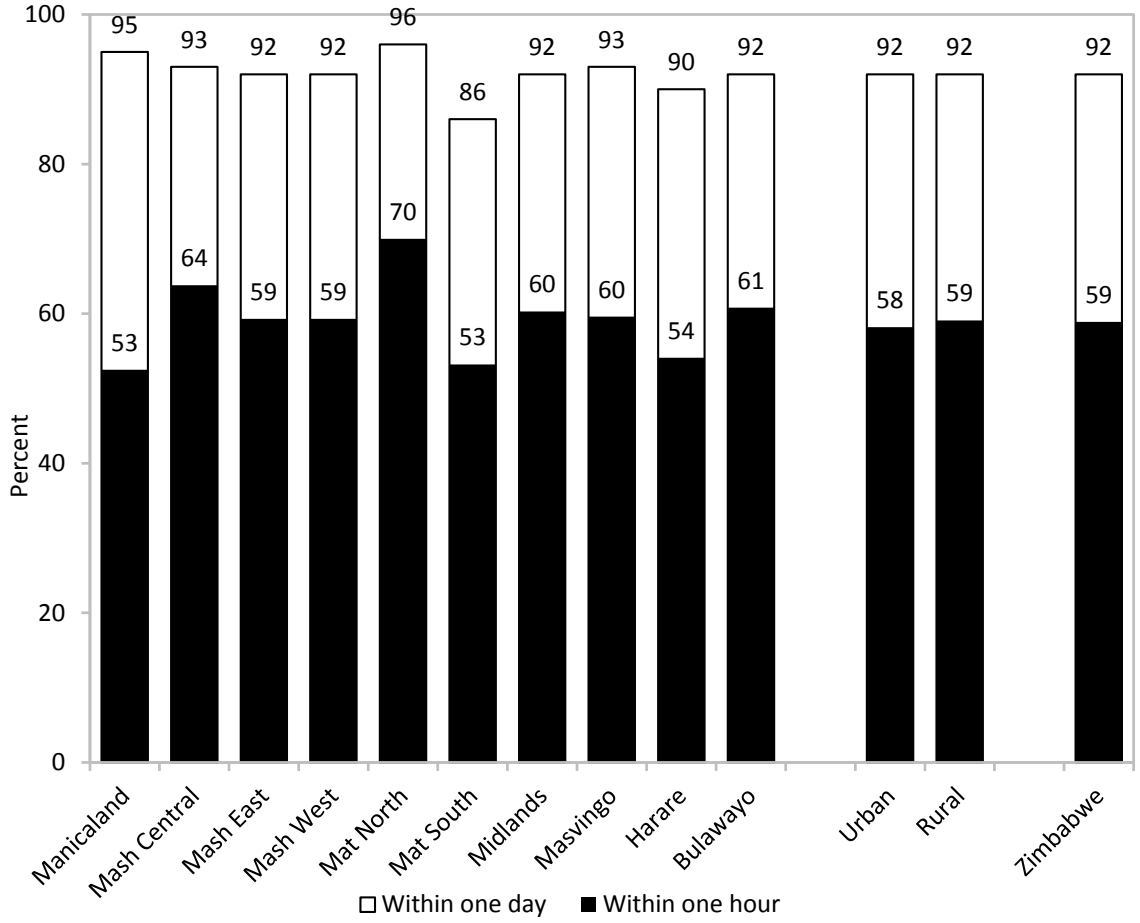
Table NU.3 is based on mothers' reports of what their last-born child, born in the last two years preceding the survey, were fed in the first few days of life. It indicates the proportion who were ever breastfed, those who were first breastfed within one hour and one day of birth and those who received a prelacteal feed.[28] Breastfeeding is near universal in Zimbabwe with 98.1 percent of children ever breastfed. Although a very important step in management of lactation and establishment of a physical and emotional relationship between the baby and the mother, only 58.9 percent of babies were breastfed for the first time within one hour of birth while 92.2 percent of newborn babies in Zimbabwe started breastfeeding within one day of birth. Newborn babies in Matabeleland North Province were most likely to be breastfed within one hour of birth (70.0 percent) or within a day (96.0 percent). They were least likely to be breastfed within one hour of birth in Manicaland Province (52.5 percent).

About eighty-six percent of newborn babies in Matabeleland South Province were breastfed within one day of birth, which was the lowest among all the provinces. The onset of breastfeeding also varied with place of delivery and by the person who assisted the delivery. Children delivered in mission or public health facilities were more likely to be breastfed within the hour or in one day than those delivered in a private sector health facility. Babies delivered by a skilled birth attendant were more likely to be breastfed within one hour (63.1 percent) compared to those delivered by a traditional birth attendant (33.4 percent).

The percentage of children who received prelacteal feed was 6.8 percent. Most of the children who received prelacteal feeds were delivered by a traditional birth attendant (33.7 percent), delivered at home (17.6 percent) or delivered in a private sector health facility (11.2 percent).

[28] Prelacteal feed refers to the provision any liquid or food, other than breastmilk, to a newborn during the period when breastmilk flow is generally being established (estimated here as the first 3 days of life).

Figure NU.2: Initiation of breastfeeding, Zimbabwe MICS, 2014



The set of infant and young child feeding indicators reported in tables NU.4 through NU.8 are based on the mother's/primary caregiver's report of the baby's consumption of food and fluids during the day or night prior to being interviewed. Data are subject to a number of limitations, including the respondent's ability to provide a full report on the child's liquid and food intake due to recall errors as well as lack of knowledge in cases where the child was fed by other individuals.

In Table NU.4, breastfeeding status is presented for both *exclusively breastfed* and *predominantly breastfed* infants. Exclusive breastfeeding is when infants age less than 6 months are fed on breast milk only, allowing for vitamins, mineral supplements and medicine to be administered as prescribed. Predominant breastfeeding is when infants age less than 6 months are given plain water and non-milk liquids in addition to breast milk. The table also shows continued breastfeeding of children at 12-15 and 20-23 months of age.

Overall, 64.4 percent of infants age 0-5 months were predominantly breastfed. Female infants were more likely to be predominantly breastfed (67.5 percent) compared to male infants (61.1 percent) and there were no urban/rural differentials.

In Zimbabwe, exclusive breastfeeding is being promoted. According to WHO/UNICEF, the widely accepted ''universal coverage'' target for exclusive breastfeeding is 90 percent[29]. Forty-one percent of infants less than 6 months were exclusively breastfed. There were no sex differentials, however, infants in urban areas (44.9 percent) were more likely to be exclusively breastfed than those in rural areas (39.5 percent). Although none of the provinces is yet to reach the national target, Matabeleland North and Matabeleland South provinces had the highest percentages of exclusively breastfed infants, 58.6 and 57.3, respectively, whilst Mashonaland West Province had the lowest (29.6 percent). Eighty-four percent of children age 12-15 months were still breastfeeding while 17.1 percent of children age 20-23 months were still breastfeeding, see Table NU.4.

[29] Caix, Brown D.W, Wardlaw T. 2012. *Global Trends in Exclusive Breastfeeding.* International Breastfeeding Journal Vol 7, No. 12.

Table NU.4: Breastfeeding

Percentage of living children according to breastfeeding status at selected age groups, Zimbabwe MICS, 2014

	Children age 0-5 months			Children age 12-15 months		Children age 20-23 months	
	Percent exclusively breastfed[1]	Percent predominantly breastfed[2]	Number of children	Percent breastfed (Continued breastfeeding at 1 year)[3]	Number of children	Percent breastfed (Continued breastfeeding at 2 years)[4]	Number of children
Total	**41.0**	**64.4**	**879**	**84.4**	**638**	**17.1**	**686**
Sex							
Male	41.1	61.1	434	86.8	308	15.7	335
Female	41.0	67.5	444	82.2	331	18.4	350
Province							
Manicaland	34.8	75.4	108	90.9	84	14.5	95
Mashonaland Central	(32.4)	(63.0)	45	(92.8)	33	(23.6)	44
Mashonaland East	30.6	55.9	117	92.8	81	14.7	60
Mashonaland West	29.6	59.6	109	82.8	80	14.5	87
Matabeleland North	58.6	72.2	77	(86.2)	49	(34.1)	49
Matabeleland South	57.3	75.9	69	(78.1)	49	(12.5)	50
Midlands	48.6	68.6	117	80.9	69	24.7	90
Masvingo	41.8	53.2	98	81.2	81	17.1	87
Harare	41.6	66.1	84	75.5	64	6.9	72
Bulawayo	41.9	53.5	53	(82.7)	49	(12.0)	51
Area							
Urban	44.9	64.1	249	78.7	175	9.3	189
Rural	39.5	64.5	630	86.5	464	20.0	497
Mother's education							
None	(*)	(*)	5	(*)	13	(*)	22
Primary	34.8	61.8	287	83.0	204	20.5	234
Secondary	44.7	65.9	544	86.7	384	15.6	395
Higher	(36.4)	(58.3)	43	(76.5)	38	(9.0)	35
Wealth index quintile							
Poorest	43.4	68.0	178	84.4	132	26.9	165
Second	39.9	62.7	183	89.4	140	25.9	143
Middle	35.9	66.6	148	85.8	119	11.3	110
Fourth	41.0	61.5	216	83.2	146	7.2	145
Richest	44.5	64.0	155	77.7	102	10.5	122

[1] **MICS indicator 2.7 - Exclusive breastfeeding under 6 months**

[2] **MICS indicator 2.8 - Predominant breastfeeding under 6 months**

[3] **MICS indicator 2.9 - Continued breastfeeding at 1 year**

[4] **MICS indicator 2.10 - Continued breastfeeding at 2 years**

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Figure NU.3 shows the detailed pattern of breastfeeding by the child's age in months. Some children were receiving liquids or foods other than breast milk, with plain water being of highest prevalence at the early age of 0-1 month. At age 4-5 months, the percentage of children exclusively breastfed was below 20 percent.

Figure NU.3: Infant feeding patterns by age, Zimbabwe MICS, 2014

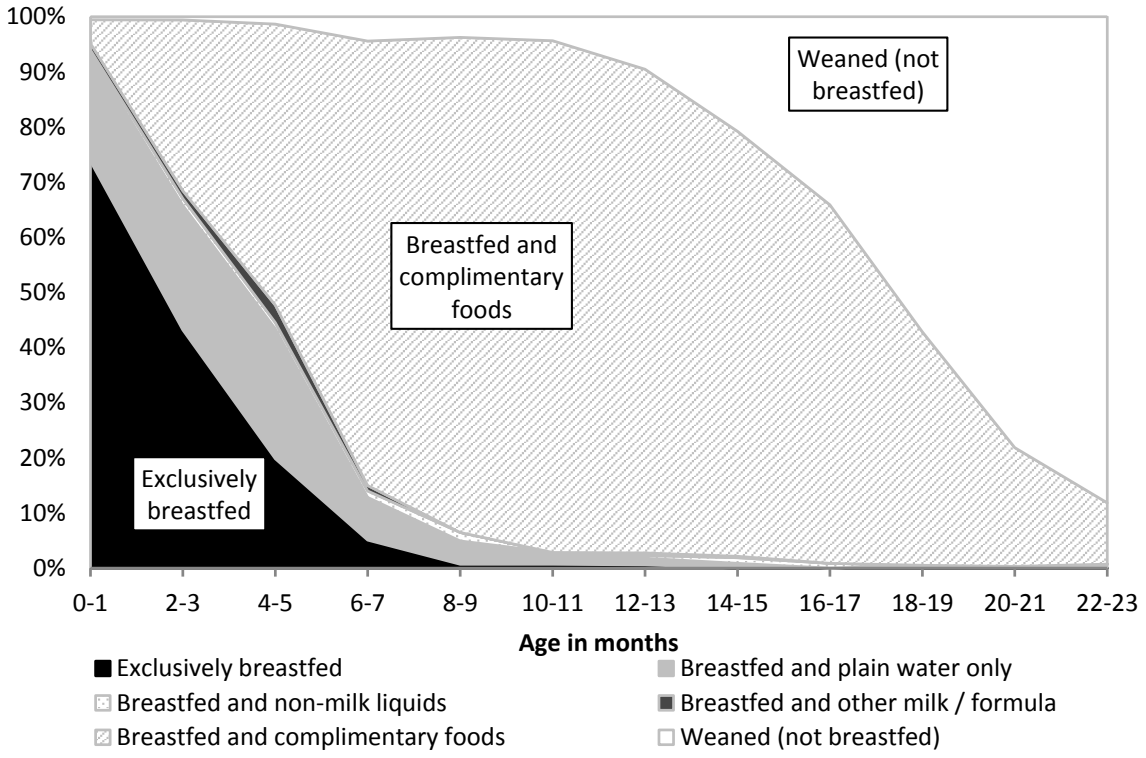


Table NU.5 shows the median duration of breastfeeding by selected background characteristics. Among children under age 3 years, the median duration was 17.7 months for any breastfeeding, 2 months for exclusive breastfeeding and 3.8 months for predominant breastfeeding. The median duration of exclusive breastfeeding varied from less than a month in Mashonaland Central Province to more than 3 months in Matabeleland South and Matabeleland North provinces.

Table NU.5: Duration of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and predominant breastfeeding among children age 0-35 months, Zimbabwe MICS, 2014

	Median duration (in months) of:			Number of children age 0-35 months
	Any breastfeeding[1]	Exclusive breastfeeding	Predominant breastfeeding	
Median	**17.7**	**2.0**	**3.8**	**5 859**
Sex				
Male	17.8	2.0	3.5	2 936
Female	17.7	2.0	4.0	2 924
Province				
Manicaland	17.7	1.7	4.5	779
Mashonaland Central	19.3	0.7	3.9	330
Mashonaland East	18.9	1.3	3.1	655
Mashonaland West	17.6	1.7	3.3	773
Matabeleland North	19.3	3.2	4.3	535
Matabeleland South	16.2	3.1	4.4	452
Midlands	16.9	2.4	4.4	700
Masvingo	18.1	2.1	2.8	663
Harare	17.0	2.1	3.8	561
Bulawayo	16.7	2.1	2.8	410
Area				
Urban	16.9	2.2	3.6	1 627
Rural	18.1	1.9	3.8	4 232
Mother's education				
None	17.1	0.5	4.7	139
Primary	18.4	1.6	3.9	1 995
Secondary	17.5	2.2	3.8	3 426
Higher	16.6	1.6	3.1	298
Wealth index quintile				
Poorest	18.9	2.2	4.2	1 256
Second	18.0	1.7	3.7	1 205
Middle	17.2	1.5	4.0	1 040
Fourth	17.4	2.1	3.6	1 353
Richest	17.2	2.2	3.5	1 006
Mean	**17.7**	**2.6**	**4.4**	**5 859**

[1] MICS indicator 2.11 - Duration of breastfeeding

The age-appropriateness of breastfeeding of children under age 24 months is provided in Table NU.6. Different criteria of feeding were used depending on the age of the child. For infants age 0-5 months, exclusive breastfeeding was considered as age-appropriate feeding while children age 6-23 months were considered to be appropriately fed if they were receiving breast milk and solid, semi-solid or soft food. Age appropriate breastfeeding was 57.1 percent for children age 0-23 months. Variations were noted for mother's education ranging from 48.9 percent for mothers with no education to 58.7 percent for those with secondary education.

Table NU.6: Age-appropriate breastfeeding

Percentage of children age 0-23 months who were appropriately breastfed during the previous day, Zimbabwe MICS, 2014

	Children age 0-5 months		Children age 6-23 months		Children age 0-23 months	
	Percent exclusively breastfed[1]	Number of children	Percent currently breastfeeding and receiving solid, semi-solid or soft foods	Number of children	Percent appropriately breastfed[2]	Number of children
Total	**41.0**	**879**	**61.9**	**2 927**	**57.1**	**3 806**
Sex						
Male	41.1	434	62.3	1 433	57.4	1 867
Female	41.0	444	61.6	1 494	56.8	1 939
Province						
Manicaland	34.8	108	60.3	387	54.7	496
Mashonaland Central	(32.4)	45	67.7	171	60.3	216
Mashonaland East	30.6	117	70.3	311	59.4	428
Mashonaland West	29.6	109	62.4	384	55.1	493
Matabeleland North	58.6	77	70.2	242	67.4	319
Matabeleland South	57.3	69	53.9	219	54.7	288
Midlands	48.6	117	60.6	353	57.6	469
Masvingo	41.8	98	61.0	343	56.7	441
Harare	41.6	84	57.7	306	54.2	390
Bulawayo	41.9	53	56.1	213	53.2	266
Area						
Urban	44.9	249	57.3	832	54.5	1 081
Rural	39.5	630	63.8	2 095	58.2	2 724
Mother's education						
None	(*)	5	49.6	60	48.9	65
Primary	34.8	287	61.5	930	55.2	1 218
Secondary	44.7	544	63.0	1 783	58.7	2 327
Higher	(36.4)	43	56.4	154	52.1	196
Wealth index quintile						
Poorest	43.4	178	64.4	645	59.9	823
Second	39.9	183	65.9	604	59.8	787
Middle	35.9	148	60.1	501	54.6	649
Fourth	41.0	216	60.0	671	55.4	887
Richest	44.5	155	58.5	506	55.2	661

[1] MICS indicator 2.7 - Exclusive breastfeeding under 6 months

[2] MICS indicator 2.12 - Age-appropriate breastfeeding

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Overall, 87.3 percent of infants age 6-8 months received solid, semi-solid, or soft foods at least once during the previous day (see Table NU.7). The proportion for all infants who received solid, semi-solid, or soft foods at least once during the previous day was comparable for both boys and girls and by urban/rural areas. Due to a low case count for infants 6-8 months currently not breastfeeding, it was not possible to compare between breastfeeding and non-breastfeeding infants.

Table NU.7: Introduction of solid, semi-solid, or soft foods

Percentage of infants age 6-8 months who received solid, semi-solid, or soft foods during the previous day, Zimbabwe MICS, 2014

	Currently breastfeeding		Currently not breastfeeding		All	
	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods	Number of children age 6-8 months	Percent receiving solid, semi-solid or soft foods[1]	Number of children age 6-8 months
Total	**87.1**	**461**	**(*)**	**23**	**87.3**	**484**
Sex						
Male	86.6	226	(*)	9	86.2	236
Female	87.7	235	(*)	13	88.3	248
Area						
Urban	88.7	130	(*)	11	89.1	141
Rural	86.5	332	(*)	11	86.5	343
Wealth Index quintile						
Poorest	79.8	85	(*)	4	79.5	89
Second	92.2	91	(*)	2	91.9	93
Middle	87.1	87	(*)	3	87.5	90
Fourth	84.3	115	(*)	2	84.5	117
Richest	93.0	83	(*)	11	93.0	94

[1] **MICS indicator 2.13 - Introduction of solid, semi-solid or soft foods**

(*) Figures that are based on less than 25 unweighted cases

The critical "window of opportunity" that exists between conception and the child's second year of life paves way for a strong, healthy and productive future. Optimal nutrition (exclusive breastfeeding and minimum acceptable diet) from 0-23 months has a lasting impact on a child's growth, development and future productivity. Absence of proper nutrition during this critical period exposes the child to frequent and severe childhood illnesses, stunted growth, developmental delays and death.[30]

Overall, more than half of the children age 6-23 months (59.1 percent) were fed the minimum number of times. A slightly higher proportion of females (60.4 percent) were achieving the minimum meal frequency compared to males (57.8 percent) (see Table NU.8). The proportion of children receiving the minimum dietary diversity, that is, foods from at least 4 food groups (28.0 percent), was much lower than that for minimum meal frequency. The overall assessment using the indicator of minimum acceptable diet revealed that only 12.9 percent of children age 6-23 months were benefitting from a diet sufficient in both diversity and frequency. By province, diet sufficiency in both diversity and frequency was highest in Bulawayo Province (27.3 percent) and lowest in Matabeleland South, Mashonaland Central and Mashonaland West provinces (7 percent each). The proportion was higher in urban than rural areas and increased with mother's education and household socio-economic status.

[30] 2013 Lancet Series (on nutrition) launch and roundtable meeting, 29 August 2013. http://scalingupnutrition.org/wp-content/uploads/2013/09/06-Nigeria-Lancet-Full-Summary.pdf

Table NU.8: Infant and young child feeding (IYCF) practices

Percentage of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more during the previous day, by breastfeeding status, Zimbabwe MICS, 2014

	Currently breastfeeding				Currently not breastfeeding					All			
	Percent of children who received:			Number of children age 6-23 months	Percent of children who received:				Number of children age 6-23 months	Percent of children who received:			Number of children age 6-23 months
	Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[1, c]		Minimum dietary diversity[a]	Minimum meal frequency[b]	Minimum acceptable diet[2, c]	At least 2 milk feeds[3]		Minimum dietary diversity[4, a]	Minimum meal frequency[5, b]	Minimum acceptable diet[c]	
Total	**21.2**	**60.8**	**17.3**	**1 911**	**40.7**	**55.8**	**4.6**	**11.3**	**985**	**28.0**	**59.1**	**12.9**	**2 927**
Sex													
Male	21.1	60.4	17.2	945	39.5	52.6	4.9	11.1	477	27.3	57.8	13.1	1 433
Female	21.3	61.3	17.3	965	41.8	58.9	4.2	11.6	508	28.6	60.4	12.8	1 494
Age													
6-8 months	5.4	63.5	5.1	461	44.4	(*)	(*)	(*)	19	6.9	63.4	5.3	484
9-11 months	17.6	49.2	15.0	437	24.5	(*)	(*)	(*)	16	17.8	50.0	14.8	453
12-17 months	29.1	64.3	22.7	743	50.3	62.6	10.3	22.1	192	33.6	64.0	20.2	949
18-23 months	32.3	65.4	26.6	269	38.5	53.6	2.9	7.5	758	37.0	56.7	9.1	1 041
Province													
Manicaland	21.5	52.0	17.1	248	36.9	46.5	0.8	4.3	137	26.8	50.1	11.3	387
Mash Central	12.6	50.2	9.6	124	(27.3)	(40.9)	(1.3)	(2.3)	46	16.5	47.6	7.4	171
Mash East	30.9	67.7	25.5	228	57.6	55.9	2.9	9.9	81	38.4	64.6	19.6	311
Mash West	9.9	62.5	8.7	254	37.2	54.4	4.6	10.9	129	19.3	59.8	7.3	384
Mat North	13.6	66.0	13.2	178	12.4	56.7	0.0	14.5	59	13.5	63.6	9.9	242
Mat South	15.5	63.6	11.7	121	35.8	70.1	1.3	13.9	92	23.7	66.4	7.2	219
Midlands	17.7	61.4	13.3	224	37.4	58.1	2.3	7.0	124	25.6	60.2	9.4	353
Masvingo	21.3	46.7	16.6	227	31.1	33.9	3.8	8.0	114	24.5	42.4	12.4	343
Harare	33.5	66.5	24.4	183	65.8	69.5	13.0	19.5	119	46.1	67.7	19.9	306
Bulawayo	39.0	79.5	36.6	123	51.4	72.1	13.4	24.3	83	43.7	76.5	27.3	213
Area													
Urban	33.9	69.4	28.2	500	59.6	70.7	9.4	18.1	318	43.9	69.9	20.9	832
Rural	16.7	57.8	13.4	1 410	31.7	48.7	2.3	8.1	667	21.6	54.9	9.8	2 095

Mother's education												
None	(3.8)	(46.7)	(0.0)	30	(23.5)	(37.5)	(3.7)	(7.4)	26	14.1	42.4	1.7	60
Primary	16.2	54.3	12.6	602	28.7	44.8	3.7	9.7	318	20.7	51.0	9.5	930
Secondary	22.3	63.3	18.4	1 191	43.7	59.4	3.4	10.4	575	29.4	62.0	13.5	1 783
Higher	45.8	77.1	40.3	88	79.6	85.6	20.0	29.2	65	60.4	80.7	31.7	154
Wealth index quintile												
Poorest	13.7	54.0	11.7	441	25.2	38.3	0.5	4.5	195	17.3	49.2	8.3	645
Second	16.5	57.8	12.9	413	23.8	43.0	0.0	9.5	186	19.0	53.2	8.9	604
Middle	17.4	57.9	13.2	324	38.1	57.1	5.5	10.5	174	24.7	57.6	10.5	501
Fourth	24.1	62.1	18.8	430	47.2	60.3	3.0	8.8	238	32.2	61.5	13.2	671
Richest	38.4	76.3	33.5	303	67.1	79.3	14.2	24.0	192	49.8	77.4	26.0	506

[1] MICS indicator 2.17a - Minimum acceptable diet (breastfed)

[2] MICS indicator 2.17b - Minimum acceptable diet (non-breastfed)

[3] MICS indicator 2.14 - Milk feeding frequency for non-breastfed children

[4] MICS indicator 2.16 - Minimum dietary diversity

[5] MICS indicator 2.15 - Minimum meal frequency

[a] Minimum dietary diversity is defined as receiving foods from at least 4 of 7 food groups: 1) Grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables.

[b] Minimum meal frequency among currently breastfeeding children is defined as children who also received solid, semi-solid, or soft foods 2 times or more daily for children age 6-8 months and 3 times or more daily for children age 9-23 months. For non-breastfeeding children age 6-23 months it is defined as receiving solid, semi-solid or soft foods, or milk feeds, at least 4 times.

[c] The minimum acceptable diet for breastfed children age 6-23 months is defined as receiving the minimum dietary diversity and the minimum meal frequency, while it for non-breastfed children further requires at least 2 milk feedings and that the minimum dietary diversity is achieved without counting milk feeds.

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Bottle feeding is the practice of feeding infants from a bottle. Bottles with teats are discouraged from use as they are difficult to clean and can be easily contaminated increasing the risk of introducing illness to infants. Use of low quality bottles can further aggravate this risk. The adverse effects of bottle use are profound in areas with limited economic resources, lack of clean water and unhygienic surroundings. Bottle feeding then increases infants' susceptibility to diarrhoea and other gastro-intestinal infections.

Table NU.9 shows that 10.3 percent of children under 2 years were fed using a bottle with a nipple. The proportion was higher in urban areas (21.6 percent), for children of mothers with secondary or higher education, by age of the child especially for those 6-11 months and for households in higher wealth quintiles. Urban provinces, Bulawayo (25.9 percent) and Harare (22.6 percent) had the highest prevalence of bottle feeding. In the predominantly rural provinces the prevalence of bottle feeding ranged from 3.7 percent in Mashonaland Central Province to 10.8 percent in Matabeleland South Province.

Table NU.9: Bottle feeding

Percentage of children age 0-23 months who were fed with a bottle with a nipple during the previous day, Zimbabwe MICS, 2014

	Percentage of children age 0-23 months fed with a bottle with a nipple[1]	Number of children age 0-23 months
Total	**10.3**	**3 806**
Sex		
Male	10.0	1 867
Female	10.6	1 939
Age		
0-5 months	7.8	879
6-11 months	15.3	937
12-23 months	9.1	1 990
Province		
Manicaland	9.1	496
Mashonaland Central	3.7	216
Mashonaland East	9.8	428
Mashonaland West	6.9	493
Matabeleland North	4.6	319
Matabeleland South	10.8	288
Midlands	6.6	469
Masvingo	6.8	441
Harare	22.6	390
Bulawayo	25.9	266
Area		
Urban	21.6	1 081
Rural	5.8	2 724
Mother's education		
None	4.7	65
Primary	4.4	1 218
Secondary	11.4	2 327
Higher	36.3	196
Wealth index quintile		
Poorest	2.2	823
Second	4.9	787
Middle	8.9	649
Fourth	10.2	887
Richest	28.3	661

[1] **MICS indicator 2.18 - Bottle feeding**

5.4 Salt Iodisation

Iodine is an essential micronutrient and iodised salt prevents goitre among children and adults. Iodine deficiency is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. This in turn contributes to poor school performance, reduced intellectual ability and impaired work performance. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. The Zimbabwe Food and Food Standards Regulations of 1995 require that household salt be fortified with iodine to at least 25 parts per million (ppm) at production level. Salt is adequately iodised when it contains at least 15 ppm for household use. The indicator is the percentage of households consuming adequately iodized salt ($\geq$15 ppm). The MBI rapid salt test kit was used to test for iodine in salt used by households for cooking.

Ninety-six percent of households had salt tested for iodine as shown in Table NU.10. There was no salt in 3.1 percent of households and these households were included in the denominator of the indicator. In 54.5 percent of households, salt was found to contain 15 ppm or more of iodine. There were no variations in households using adequately iodised salt in urban and rural areas. The difference between the richest and poorest households, in terms of iodised salt consumption, was ranging from 51.5 percent in the poorest households to 58.2 in the richest.

Table NU.10: Iodised salt consumption

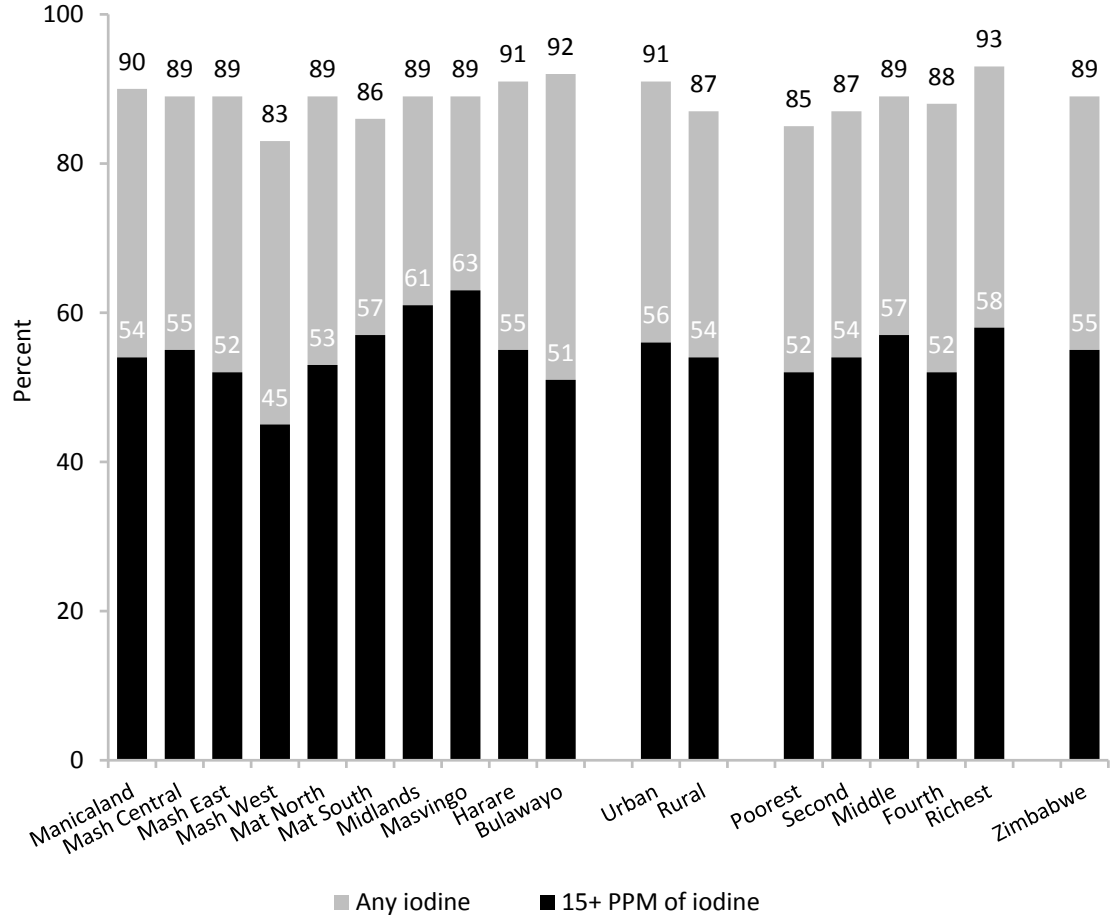
Percent distribution of households by consumption of iodized salt, Zimbabwe MICS, 2014

	Percentage of households in which salt was tested	Number of households	Percent of households with: Salt test result					Number of households in which salt was tested or with no salt
			No salt	Not iodised 0 PPM	>0 and <15 PPM	15+ PPM[1]	Total	
Total	**96.0**	**15 686**	**3.1**	**8.5**	**34.0**	**54.5**	**100.0**	**15 528**
Province								
Manicaland	97.1	1 991	2.6	7.5	35.6	54.3	100.0	1 985
Mash Central	97.6	792	1.9	8.8	34.0	55.3	100.0	787
Mash East	97.9	1 828	1.1	10.1	37.4	51.5	100.0	1 809
Mash West	96.0	2 015	3.5	13.9	38.1	44.5	100.0	2 004
Mat North	95.9	1 382	2.9	7.6	36.4	53.0	100.0	1 364
Mat South	91.4	1 285	7.5	6.9	29.0	56.5	100.0	1 271
Midlands	95.9	1 932	3.7	7.3	27.7	61.4	100.0	1 923
Masvingo	95.5	1 748	3.7	7.4	25.6	63.3	100.0	1 734
Harare	95.6	1 518	1.4	7.4	36.0	55.2	100.0	1 472
Bulawayo	96.4	1 194	2.4	5.8	41.3	50.5	100.0	1 179
Area								
Urban	96.7	4 798	1.8	7.2	35.2	55.8	100.0	4 726
Rural	95.6	10 888	3.6	9.0	33.4	54.0	100.0	10 802
Wealth index quintile								
Poorest	93.4	2 736	5.7	9.5	33.2	51.5	100.0	2 712
Second	95.8	2 830	3.5	9.7	33.2	53.7	100.0	2 808
Middle	97.0	3 021	2.4	8.6	32.3	56.6	100.0	3 005
Fourth	95.6	3 795	3.1	8.7	35.9	52.4	100.0	3 741
Richest	97.7	3 303	1.0	6.2	34.5	58.2	100.0	3 262

[1] **MICS indicator 2.19 - Iodised salt consumption**

The use of salt with any iodine varied from 83 percent in Mashonaland West Province to 92 percent in Bulawayo Province. However, adequately iodised salt ranged from 44.5 percent in Mashonaland West Province to 63.3 percent in Masvingo Province (see Figure NU.4).

Figure NU.4: Consumption of iodised salt, Zimbabwe MICS, 2014



5.5 Children's Vitamin A Supplementation

Vitamin A plays a vital role in enhancing vision, promoting growth and boosting immunity of children. Supplementation with Vitamin A is an effective intervention in children 6-59 months in populations at risk of vitamin A deficiency.

Zimbabwe was categorised by the World Health Organization (WHO) as being at high risk of vitamin A deficiency in 1997. The results of the 1999 Micronutrient Survey, confirmed the high levels of vitamin A deficiency in Zimbabwe. The National Vitamin A Supplementation Programme was thus initiated in 2001. Several initiatives have been and/or are being implemented to address vitamin A deficiency,

including food fortification, education to increase the consumption of foods rich in vitamin A and high dose oral supplements.[31]

Table NU.11 shows the percent distribution of children age 6-59 months who received vitamin A supplementation in the last 6 months. About 32 percent (each for boys and girls) had received vitamin A supplements in the last 6 months preceding the survey. Mashonaland West Province had the lowest proportion of vitamin A supplementation with 24.6 percent, while Matabeleland North Province had the highest percentage of 44.1. Vitamin A supplementation decreased with the age of the child with 49 percent of those aged 12–23 months receiving the vitamin within the last 6 months prior to the survey compared to 20.3 percent of those age 48-59 months.

[31] Dube et.al. 2014. A strategy for scaling up vitamin A supplementation for young children in a remote rural setting in Zimbabwe. The South African Journal of Child Health 2014; 8(2):64-67. DOI:10.7196/SAJCH.618

Table NU.11: Children's Vitamin A Supplementation

Percentage Distribution of Children Aged 6-59 Months by Whether They Received a High Dose Vitamin A Supplement in the Last 6 Months, Zimbabwe MICS, 2014

	Percent of children who received Vitamin A:						
	Within last 6 months*	Prior to last 6 months	Not sure when	Not sure if received	Never received Vitamin A	Total	Total Number of children aged 6-59 months
Total	**32.3**	**42.4**	**2.1**	**0.9**	**22.3**	**100.0**	**9 005**
Sex							
Male	32.2	42.3	2.3	1.0	22.1	100.0	4 479
Female	32.3	42.5	2.0	0.8	22.4	100.0	4 526
Province							
Manicaland	37.0	37.4	2.8	0.7	22.1	100.0	1 218
Mashonaland Central	24.8	43.0	3.5	0.9	27.8	100.0	507
Mashonaland East	27.1	41.3	3.0	0.5	28.2	100.0	975
Mashonaland West	24.6	48.8	2.7	0.9	23.0	100.0	1 171
Matabeleland North	44.1	41.2	0.2	0.1	14.4	100.0	840
Matabeleland South	37.4	40.3	1.3	1.8	19.3	100.0	731
Midlands	34.6	42.7	2.1	1.1	19.5	100.0	1 111
Masvingo	26.7	41.2	1.6	1.9	28.6	100.0	1 046
Harare	31.2	43.7	2.8	0.3	22.1	100.0	833
Bulawayo	36.6	46.0	0.8	1.2	15.5	100.0	573
Area							
Urban	33.8	44.7	2.7	0.6	18.2	100.0	2 376
Rural	31.7	41.6	1.9	1.0	23.7	100.0	6 629
Age							
6-11 months	42.9	1.2	0.3	0.6	55.0	100.0	937
12-23 months	49.0	26.2	1.4	0.5	22.8	100.0	1 990
24-35 months	30.1	48.0	2.5	1.1	18.3	100.0	2 054
36-47 months	24.6	56.5	1.9	0.8	16.1	100.0	2 145
48-59 months	20.3	57.9	3.6	1.4	16.7	100.0	1 879
Mother's Education							
None	27.8	46.2	2.2	3.9	19.9	100.0	318
Primary	29.0	42.9	1.8	1.5	24.8	100.0	3 289
Secondary	34.5	41.7	2.3	0.4	21.2	100.0	4 977
Higher	33.7	45.1	3.2	1.0	16.9	100.0	420
Missing/DK	(*)	(*)	(*)	(*)	(*)	100.0	1
Wealth quintiles							
Lowest	32.2	42.3	1.2	0.8	23.5	100.0	2 010
Second	29.7	40.8	2.8	1.2	25.5	100.0	1 918
Middle	31.8	42.1	1.9	1.1	23.1	100.0	1 660
Fourth	32.6	43.7	2.3	0.6	20.8	100.0	1 939
Highest	35.8	43.4	2.6	0.9	17.3	100.0	1 479

(*) Figures that are based on less than 25 unweighted cases

5.6 Oedema Prevalence

Oedema is excess fluid in intracellular tissue. It is a clinical sign of severe acute malnutrition. Oedema shows in both feet and may spread through to the face and upper limbs of the body. In this survey, oedema was assessed for children age 6-59 months by applying thumb pressure on both feet of the child to observe presence or absence of oedema. Note that in the Zimbabwe MICS, oedema was not used in the calculation of anthropometric indicators as per standard MICS approach.

Oedema prevalence for children 6-59 months was 0.2 percent. There were no significant variations by province, age of child, area of residence, the education status of the mother or wealth, see Table NU.12.

Table NU.12 Oedema prevalence

Percentage of children 6-59 months with oedema, Zimbabwe MICS, 2014

	Presence of bilateral pitting oedema in children 6-59 months				
	Yes	No	Missing	Total	Number of children aged 6-59 months
Total	**0.2**	**98.8**	**1.0**	**100.0**	**9 005**
Province					
Manicaland	0.1	98.8	1.1	100.0	1 218
Mashonaland Central	0.3	99.1	0.6	100.0	507
Mashonaland East	0.1	98.3	1.6	100.0	975
Mashonaland West	0.2	98.7	1.1	100.0	1 171
Matabeleland North	0.3	98.6	1.1	100.0	840
Matabeleland South	0.0	99.2	0.8	100.0	731
Midlands	0.1	99.4	0.6	100.0	1 111
Masvingo	0.3	98.6	1.1	100.0	1 046
Harare	0.2	98.5	1.3	100.0	833
Bulawayo	0.2	99.0	0.8	100.0	573
Area					
Urban	0.2	98.8	1.0	100.0	2 376
Rural	0.2	98.8	1.1	100.0	6 629
Sex					
Male	0.1	99.0	0.9	100.0	4 479
Female	0.2	98.6	1.2	100.0	4 526
Mother's education					
None	0.4	98.8	0.9	100.0	318
Primary	0.3	99.0	0.7	100.0	3 289
Secondary	0.1	98.6	1.3	100.0	4 977
Higher	0.2	99.0	0.8	100.0	420
Missing/DK	(*)	(*)	(*)	100.0	1
Wealth quintiles					
Lowest	0.2	98.8	1.0	100.0	2 010
Second	0.1	99.1	0.8	100.0	1 918
Middle	0.1	98.6	1.2	100.0	1 660
Fourth	0.3	98.5	1.2	100.0	1 939
Highest	0.1	98.9	1.0	100.0	1 479

(*) Figures that are based on less than 25 unweighted cases

6 Child Health

Zimbabwe has demonstrated a strong commitment to child survival and development as exemplified by its ratification of international treaties such as the Convention on the Rights of the Child (CRC), the most comprehensive international document about the rights of children. Article 24 of the CRC refers to health and health services where children have a right to the highest level of health possible, which includes a right to health and medical services, with special emphasis on primary and preventive health care, public health education and reduction of infant mortality. The Millennium Development Goals (MDGs) aim to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The objective of one of the MDGs (MDG 4) is to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Regionally, Zimbabwe is a signatory to the African Charter on the Rights and Welfare of the Child, the first regional child rights treaty, which came into force in 1999. At national level, legislation pertinent to the welfare of children includes the Children's Protection and Adoption Act and its Amendment [1997], the Guardianship of Minors Act [1997], the Maintenance Act [2001], the Child Abduction Act [1995] and the Public Health Act [1924]. These legal instruments are complemented by national policies, strategies and guidelines developed for a coordinated implementation process for child health, one of which is the National Child Survival Strategy of Zimbabwe 2010-2015.

The chapter discusses child health issues that include vaccination status, neonatal tetanus protection and care of illnesses (diarrhoea, acute respiratory infections, pneumonia and malaria/fever). The chapter also presents results on household solid fuel use.

6.1 Vaccinations

Immunisation of children against vaccine preventable diseases is one of the vital interventions to prevent child mortality. The Global Vaccine Action Plan (GVAP) endorsed by the 194 Member States of the World Health Assembly in May 2012 aims to achieve the Decade of Vaccines vision by delivering universal access to immunisation.

The WHO Recommended Routine Immunisations for Children[32] recommends all children to be vaccinated against tuberculosis, diphtheria, pertussis, tetanus, polio, measles, hepatitis B, haemophilus influenzae type b, pneumonia/meningitis, rotavirus and rubella. All doses in the primary series are recommended to be completed before the child's first birthday although depending on the epidemiology of disease in a country, the first doses of measles and rubella containing vaccines may be recommended at 12 months or later. The recommended number and timing of most other doses also vary slightly with local epidemiology and may include booster doses later in childhood.

Zimbabwe has been implementing an immunisation programme under the Zimbabwe Expanded Programme of Immunisation (ZEPI) since 1982. The programme has a schedule for the administration of all basic childhood vaccines. According to the programme, a child is said to be fully immunised, if he/she receives one dose of BCG Vaccine (vaccination against tuberculosis), three doses each of

[32] http://www.who.int/immunization/diseases/en

Pentavalent (a combination of diphtheria, pertussis, tetanus, haemophilus influenza type b and hepatitis type B), three doses of Pneumococcal Vaccine (PCV), Polio Vaccines, one dose of Measles Vaccine and two doses of Rotavirus. However, in these results Pneumococcal was not included in the calculation of full immunisation as it was introduced when some of the children had already passed the expected age for pneumococcal immunisation, while the Rotavirus vaccine was introduced in the Public Sector in May 2014, after the completion of the survey fieldwork. Taking into consideration this vaccination schedule, the estimates for full immunisation coverage from the Zimbabwe MICS were based on children age 12-23 and 24-35 months fully immunised before their first birthday.

ZEPI Vaccination Schedule as of May 2014

Age	Vaccination	Type
Birth/First Contact	BCG	Intradermal
6 Weeks	Oral Polio Vaccine 1, Pentavalent (DPT, HepB, Hib) 1, Pneumococcus Vaccine 1, Rotavirus 1	Oral Drops, IM Right Thigh, IM Left Thigh, Oral Drops
10 Weeks	Oral Polio Vaccine 2, Pentavalent (DPT, HepB, Hib) 2, Pneumococcus Vaccine 2, Rotavirus 2	Oral Drops, IM Right Thigh, IM Left Thigh, Oral Drops
14 Weeks	Oral Polio Vaccine 3, Pentavalent (DPT, HepB, Hib) 3, Pneumococcus Vaccine 3	Oral Drops, IM Right Thigh, IM Left Thigh
9 Months	Measles	Subcutaneously
18 Months	Oral Polio Vaccine Booster, DPT Booster	Oral Drops, IM Right Thigh

Information on vaccination coverage was collected for all children under 5 years of age. All mothers or primary caregivers were asked to provide child health cards. If the child health card for a child was available, interviewers copied vaccination information from the cards onto the MICS questionnaire. If no child health card was available for the child, the interviewer proceeded to ask the mother/primary caregiver whether the child had received each of the vaccinations. If a child had received Oral Polio Vaccine, Pentavalent and Pneumococcal Vaccines, the mother/primary caregiver was asked to indicate the number of times the doses were received. The final vaccination coverage estimates were based on information obtained from the child health card and the mother's/primary caregiver's report on vaccinations received by the child.

Referring to Table CH.1 below and to Table DQ.17 in Appendix F, 87.5 percent of children age 12-23 months and 82.2 percent of those age 24-35 months had a child health card and was seen by the interviewer.

Table CH.1: Vaccinations in the first years of life

Percentage of children age 12-23 months and 24-35 months vaccinated against vaccine preventable childhood diseases at any time before the survey and by their first birthday, Zimbabwe MICS, 2014

	Children age 12-23 months:				Children age 24-35 months:			
	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age[a]	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age
	Child health card	Mother's report	Either		Child health card	Mother's report	Either	
Antigen								
BCG[1]	79.4	15.4	94.7	92.4	71.4	22.6	94.1	91.1
OPV								
1	80.5	14.5	95.0	94.2	72.7	21.2	93.9	91.6
2	79.2	13.9	93.1	92.0	71.5	20.2	91.7	88.4
3[2]	75.9	11.6	87.5	84.9	69.6	17.4	87.0	75.8
Pentavalent								
1	80.4	14.1	94.6	93.7	71.8	20.9	92.7	90.0
2	79.2	12.8	92.0	91.0	71.5	19.5	91.0	88.0
3[3]	76.1	11.2	87.3	85.4	69.2	17.3	86.5	78.6
PCV								
1	68.0	12.0	79.9	79.3	2.3	5.4	7.6	6.2
2	66.3	11.0	77.3	76.1	2.2	3.9	6.1	4.9
3	62.9	9.9	72.8	71.1	2.1	3.2	5.4	3.8
DTPB	18.8	5.4	24.3	1.5	46.2	18.4	64.6	5.4
DT	0.6	1.1	1.6	0.9	1.1	1.9	3.1	0.6
Measles[4]	73.5	14.0	87.6	82.6	68.4	20.7	89.0	75.7
Fully vaccinated[5, b]	70.6	9.7	80.3	69.2	65.3	14.7	80.0	54.4
No vaccinations	0.0	4.4	4.4	4.5	0.0	5.4	5.4	5.8
Number of children	1 990	1 990	1 990	1 990	2 054	2 054	2 054	2 054

[1] MICS indicator 3.1 - Tuberculosis immunisation coverage

[2] MICS indicator 3.2 - Polio immunisation coverage

[3] MICS indicator 3.3 - Diphtheria, pertussis, tetanus, Hepatitis B and Haemophilus influenza type B (Pentavalent immunisation coverage

[4] MICS indicator 3.4; MDG indicator 4.3 - Measles immunisation coverage

[5] MICS indicator 3.8 - Full immunisation coverage

[a] All MICS indicators refer to results in this column

[b] Includes: *BCG, Polio3, DPT3, HepB3, Hib3, and Measles (MCV1)* as per the vaccination schedule in Zimbabwe at time of the survey.

The percentage of children age 12-23 months and 24-35 months who had received each of the specific vaccinations by source of information (child health card and mother's/primary caregiver's recall) is shown in Table CH.1 and Figure CH.1. The denominators for the table comprised children age 12-23 months and 24-35 months so that only children who were old enough to be fully vaccinated were counted. In the first three columns in each panel of the table, the numerator includes all children who were vaccinated at any time before the survey according to the child health card or the mother's/primary caregiver's report. In the last column in each panel, only those children who were vaccinated before their first birthday, as recommended, are included. For children without child health

cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with child health cards.

Ninety-two percent of children age 12-23 months received a BCG vaccination by the age of 12 months and the first dose of Pentavalent (DPT-HepB-Hib) vaccine was given to 93.7 percent. The percentage declined to 91 percent for the second dose of Pentavalent vaccine and 85.4 percent for the third dose. Similarly, 94.2 percent of children received Polio 1 vaccine by age 12 months and this declined to 85.4 percent by the third dose. The coverage for measles vaccine by 12 months was 82.6 percent. The percentage of children age 12-23 months who had been fully vaccinated by their first birthday was 69.2 percent while that of age 24-35 months was 54.4 percent.

Figure CH.1: Vaccinations by age 12 months, Zimbabwe MICS, 2014

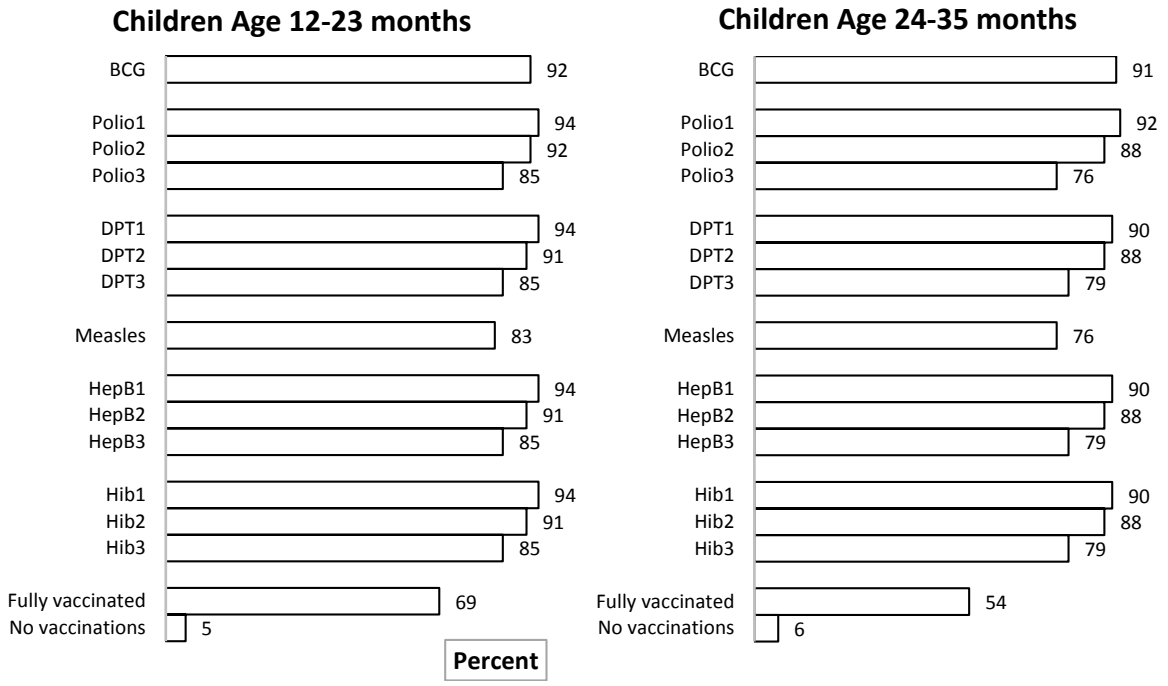


Table CH.2 presents vaccination coverage estimates among children age 12-23 and 24-35 months by background characteristics. The figures indicate children receiving the vaccinations at any time up to the date of the survey and are based on information from both the child health cards and mothers'/caregivers' reports.

Overall, 80.3 percent of children age 12-23 months were fully vaccinated against vaccine preventable childhood diseases while 87.6 percent were vaccinated for measles by the time of interview. Full vaccination was higher for urban areas (85.3 percent), than for rural areas (78.4 percent). Children of mothers with secondary or higher education were more likely to have full vaccination than for those with no education or primary education. The percentage of children fully immunised by the wealth

quintiles was 75.6 percent for the poorest and 89.3 percent for the richest. A similar trend was observed for the measles vaccinations. The proportion of children age 12-23 with full immunisation varied by province, with the lowest in Masvingo Province (65.2 percent) and the highest recorded for Matabeleland North Province (86.9 percent). There were no variations between boys and girls, see Table CH.2.

Table CH.2: Vaccinations by background characteristics

Percentage of children age 12-23 months currently vaccinated against vaccine preventable childhood diseases, Zimbabwe MICS, 2014

	Percentage of children who received:											Number of children age 12-23 months
		Polio			Pentavalent						Percentage with child health card seen	
	BCG	1	2	3	1	2	3	Measles (MCV1)	Full[a]	None		
Total	**94.7**	**95.0**	**93.1**	**87.5**	**94.6**	**92.0**	**87.3**	**87.6**	**80.3**	**4.4**	**81.3**	**1 990**
Sex												
Male	94.0	94.1	92.1	87.6	93.5	90.9	87.4	88.1	81.1	5.4	80.6	968
Female	95.5	95.8	94.1	87.4	95.5	93.1	87.2	87.1	79.5	3.6	82.0	1 022
Province												
Manicaland	94.6	95.0	92.6	86.3	95.3	92.4	87.1	86.7	80.6	4.4	82.2	270
Mash Central	94.6	95.5	94.4	87.9	94.4	93.2	85.8	85.2	78.4	3.8	81.1	112
Mash East	91.1	91.2	91.2	88.2	91.2	90.6	88.0	86.6	81.9	7.8	77.7	215
Mash West	92.1	92.1	90.8	87.2	92.1	89.8	86.6	87.0	81.8	7.9	73.8	254
Mat North	99.3	99.4	98.0	93.6	99.4	98.0	94.3	93.0	86.9	0.0	88.9	159
Mat South	95.3	95.2	94.4	86.6	94.1	90.0	86.4	92.2	80.5	3.7	83.3	159
Midlands	97.7	97.8	94.0	89.0	97.8	94.5	89.1	91.1	82.9	1.7	79.8	240
Masvingo	92.6	93.1	88.4	75.9	90.9	85.1	75.5	78.1	65.2	6.1	82.0	238
Harare	96.1	97.2	96.6	93.2	97.2	95.9	92.4	89.0	83.1	2.8	83.9	205
Bulawayo	96.3	95.6	94.8	91.5	94.8	94.1	92.4	90.8	85.8	3.7	85.7	137
Area												
Urban	96.8	96.8	95.9	92.7	96.6	95.1	92.4	90.3	85.3	2.8	85.0	555
Rural	93.9	94.3	92.1	85.4	93.8	90.9	85.4	86.5	78.4	5.1	79.9	1 435
Mother's education												
None	(94.9)	(97.0)	(95.0)	(85.8)	(97.0)	(94.5)	(85.5)	(88.2)	(77.3)	(3.0)	(79.4)	48
Primary	92.5	93.5	89.6	82.8	92.7	88.6	82.3	83.9	76.2	6.1	80.3	667
Secondary	95.6	95.3	94.4	89.2	95.0	93.2	89.5	88.8	81.7	3.9	82.1	1 167
Higher	99.3	100.0	100.0	97.7	100.0	99.1	95.8	96.6	91.7	0.0	80.5	108
Wealth index quintile												
Poorest	93.0	93.7	92.1	84.6	93.5	90.9	84.9	83.6	75.6	5.8	82.8	460
Second	93.9	94.2	90.0	81.7	92.4	88.4	81.6	87.3	76.7	5.0	78.5	417
Middle	95.1	94.7	93.1	87.1	94.9	92.1	86.6	86.8	79.4	4.4	80.0	335
Fourth	94.7	95.0	94.1	90.7	95.1	93.1	90.1	88.8	82.4	4.4	81.1	447
Richest	98.0	98.1	97.2	94.8	97.7	96.7	95.0	92.6	89.3	1.9	84.4	331

[a] Includes: *BCG, Polio3, Penta3, and Measles (MCV1)* as per the vaccination schedule in *Zimbabwe.*

( ) Figures that are based on 25-49 unweighted cases

6.2 Neonatal Tetanus Protection

The 42nd and 44th World Health Assemblies called for the elimination of neonatal tetanus. In line with the call, the global community continues to work to reduce the incidence of neonatal tetanus.

The strategy for preventing maternal and neonatal tetanus is to ensure that all pregnant women receive at least two doses of tetanus toxoid vaccine. If a woman has not received at least two doses of tetanus toxoid during a particular pregnancy, she and her newborn are also considered to be protected against tetanus if the woman:

- Received at least two doses of tetanus toxoid vaccine, the last dose within the previous 3 years;
- Received at least 3 doses, the last dose within the previous 5 years;
- Received at least 4 doses, the last dose within the previous 10 years;
- Received 5 or more doses anytime during her life.

To assess the status of tetanus vaccination coverage, women who had a live birth during the two years before the survey were asked if they had received tetanus toxoid injections during the pregnancy for their most recent birth, and if so, how many. Women who did not receive two or more tetanus toxoid vaccinations during this recent pregnancy were then asked about tetanus toxoid vaccinations they may have had previously. Interviewers also asked women to present their child health card on which dates of tetanus toxoid were recorded and referred to information from the cards when available.

Table CH.3 shows the protection status from tetanus of women who had had a live birth within the last 2 years preceding the survey. The percentage of women age 15-49 years with a live birth in the last 2 years preceding the survey protected against neonatal tetanus was 63.5 percent. Of these, 32.2 percent had received at least 2 doses during the last pregnancy. Tetanus protection was low in Harare Province (53.9 percent) and highest in Matabeleland North Province (73.4 percent). The proportion of women who received 2 doses during their last pregnancy was also lowest in Harare Province (16.3 percent), with the highest proportion in Matabeleland South Province (64.3 percent). The proportion of women protected against tetanus was slightly higher in rural areas (64.5 percent) compared to urban areas with 61.1 percent.

Table CH.3: Neonatal tetanus protection

Percentage of women age 15-49 years with a live birth in the last 2 years protected against neonatal tetanus, Zimbabwe MICS, 2014

	Percentage of women who received at least 2 doses during last pregnancy	Percentage of women who did not receive two or more doses during last pregnancy but received:					Number of women with a live birth in the last 2 years
		2 doses, the last within prior 3 years	3 doses, the last within prior 5 years	4 doses, the last within prior 10 years	5 or more doses during lifetime	Protected against tetanus[1]	
Total	**32.2**	**29.0**	**1.3**	**0.8**	**0.2**	**63.5**	**3 902**
Province							
Manicaland	37.9	27.8	0.9	0.0	0.0	66.6	503
Mashonaland Central	34.6	24.7	1.5	0.6	0.0	61.4	228
Mashonaland East	30.6	30.3	1.9	0.9	0.3	64.0	446
Mashonaland West	28.1	37.6	2.2	1.5	0.2	69.6	516
Matabeleland North	42.4	28.9	1.1	0.0	0.9	73.4	336
Matabeleland South	43.7	16.1	0.8	2.9	0.8	64.3	298
Midlands	40.6	20.4	1.2	0.7	0.0	62.9	464
Masvingo	30.7	25.7	1.4	1.0	0.0	58.9	423
Harare	16.3	36.6	1.0	0.0	0.0	53.9	411
Bulawayo	16.9	39.2	0.4	0.4	0.0	56.8	276
Area							
Urban	25.4	34.3	1.1	0.3	0.1	61.1	1 145
Rural	35.0	26.9	1.4	1.0	0.2	64.5	2 758
Education							
None	(23.3)	(21.0)	(3.3)	(0.0)	(0.0)	(47.7)	44
Primary	30.1	27.0	0.9	1.3	0.4	59.6	1 194
Secondary	33.8	29.7	1.5	0.5	0.1	65.7	2 473
Higher	26.2	34.6	0.9	1.2	0.0	62.9	192
Wealth index quintile							
Poorest	34.1	26.4	1.8	0.6	0.4	63.4	810
Second	34.9	24.3	1.4	1.4	0.0	62.1	781
Middle	36.0	24.6	1.2	1.1	0.5	63.2	664
Fourth	29.9	33.8	1.0	0.4	0.0	65.1	959
Richest	26.4	35.2	1.0	0.5	0.2	63.3	688

[1] **MICS indicator 3.9 - Neonatal tetanus protection**

( ) Figures that are based on 25-49 unweighted cases.

6.3 Care of Illness

A key strategy for accelerating progress towards MDG 4 is to tackle the diseases that are the leading causes of mortality among children under 5 years of age, diarrhoea and pneumonia are two such diseases. The Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea[33] (GAPPD) aims to end preventable pneumonia and diarrhoea death by reducing mortality from pneumonia to 3 deaths per 1 000 live births and mortality from diarrhoea to one death per 1 000 live births by 2025 (WHO/UNICEF, 2013). The definition of a case of diarrhoea or fever, in this survey, was the mother's/primary caregiver's report that the child had such symptoms over the specified period; no other evidence were sought beside the opinion of the mother. In the case of diarrhoea, the presence was determined by the perception of the mother/primary caregiver, whether the child had had three or more loose or watery stools per day, or more frequently than what was normal for the child.

A child was considered to have had an episode of Acute Respiratory Infection (ARI) if the mother/primary caregiver reported that the child had, over the specified period, an illness with a cough with rapid or difficult breathing and whose symptoms were perceived to be due to a problem in the chest or both a problem in the chest and a blocked nose. While this approach is reasonable in the context of MICS, these basically simple case definitions must be kept in mind when interpreting the results as well as the potential for reporting and recall biases. Further, diarrhoea, fever and ARI are not only seasonal but are also characterised by the often rapid spread of localised outbreaks from one area to another at different points in time. The timing of the survey and the location of the teams might thus considerably affect the results, which must consequently be interpreted with caution. For these reasons, although the period-prevalence over a two-week time window is reported, these data should not be used to assess the epidemiological characteristics of these diseases but rather to obtain denominators for the indicators related to use of health services and treatment.

Table CH.4 presents the percentage of children under 5 years of age who were reported to have had an episode of diarrhoea, symptoms of ARI or fever during the 2 weeks preceding the survey. These results are not measures of true prevalence and should not be used as such, but rather the period-prevalence of those illnesses over a two-week time window.

Overall, 15.5 percent of under 5 years of age were reported to have had diarrhoea in the two weeks preceding the survey, 5.3 percent with symptoms of ARI and 27.1 percent with an episode of fever, see Table CH.4.

[33] WHO/UNICEF, 2013. Ending Preventable Child Deaths from Pneumonia and Diarrhoea by 2025: The Integrated Plan of Action Pneumonia and Diarrhoea (GAPPD).

Table CH.4: Reported disease episodes

Percentage of children age 0-59 months for whom the mother/primary caregiver reported an episode of diarrhoea, symptoms of acute respiratory infection (ARI), and/or fever in the last two weeks, Zimbabwe MICS, 2014

	Percentage of children who in the last two weeks had:			
	An episode of diarrhoea	Symptoms of ARI	An episode of fever	Number of children age 0-59 months
Total	**15.5**	**5.3**	**27.1**	**9 884**
Sex				
Male	15.5	5.1	27.5	4 913
Female	15.5	5.5	26.8	4 971
Province				
Manicaland	16.4	3.4	34.0	1 326
Mashonaland Central	18.3	3.8	35.4	552
Mashonaland East	14.6	2.8	30.3	1 093
Mashonaland West	17.4	5.7	35.3	1 281
Matabeleland North	10.6	8.5	7.7	918
Matabeleland South	11.7	7.4	6.5	800
Midlands	16.2	6.3	30.3	1 227
Masvingo	20.2	6.9	36.1	1 143
Harare	15.7	3.2	28.6	917
Bulawayo	9.9	4.8	12.9	626
Area				
Urban	13.8	3.7	22.9	2 625
Rural	16.1	5.9	28.6	7 259
Age				
0-11 months	14.3	6.6	27.8	1 816
12-23 months	25.2	5.5	32.8	1 990
24-35 months	17.4	4.9	26.9	2 054
36-47 months	11.7	5.1	25.6	2 145
48-59 months	8.6	4.4	22.3	1 879
Mother's education				
None	14.8	4.7	28.4	323
Primary	17.2	6.6	28.4	3 576
Secondary	15.0	4.8	26.8	5 522
Higher	8.2	1.4	20.8	463
Missing/DK	(*)	(*)	(*)	1
Wealth index quintile				
Poorest	16.0	7.6	28.1	2 187
Second	16.1	6.1	27.7	2 100
Middle	15.1	4.7	30.1	1 808
Fourth	18.1	4.0	27.5	2 155
Richest	11.0	3.3	21.2	1 634

(*) Figures that are based on less than 25 unweighted cases

6.3.1 Diarrhoea

Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through Oral Rehydration Salts (ORS) or a Recommended Homemade Fluid (RHF) – can prevent many of these deaths. In addition, provision of zinc supplements has been shown to reduce the duration and severity of the illness as well as the risk of future episodes within the next two or three months. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

In the MICS, mothers/primary caregivers were asked whether their child under 5 years of age had an episode of diarrhoea in the two weeks prior to the survey. In cases where mothers reported that the child had diarrhoea, a series of questions were asked about the treatment of the illness, including what the child had been given to drink and eat during the episode and whether this was more or less than what was usually given to the child.

Table CH.5 shows the percentage of children with diarrhoea in the two weeks preceding the survey for whom advice or treatment was sought and where. Overall, a health facility was visited or a health provider seen in 44.3 percent of cases, predominantly in the public sector (40.0 percent). The proportion that was seen in a health facility or provider was lowest in Matabeleland South Province (31.5 percent) while the highest was recorded for Mashonaland Central Province (60.6 percent) and 45.5 percent were in rural areas, while 40.4 percent were in urban areas.

Table CH.5: Care-seeking during diarrhoea

Percentage of children age 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Zimbabwe MICS, 2014

	Percentage of children with diarrhoea for whom: Advice or treatment was sought from: Health facilities or providers							
	Public	Private	Mission	Village/City health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought	Number of children age 0-59 months with diarrhoea in the last two weeks
Total	**40.0**	**2.5**	**2.7**	**2.7**	**3.8**	**44.3**	**51.1**	**1 529**
Sex								
Male	39.9	2.5	2.6	3.2	4.0	44.2	51.2	761
Female	40.1	2.6	2.8	2.3	3.7	44.4	51.1	769
Province								
Manicaland	46.1	0.4	3.7	2.6	6.8	49.5	44.3	218
Mashonaland Central	58.4	1.3	1.3	4.9	2.8	60.6	36.5	101
Mashonaland East	52.1	1.4	1.1	0.5	3.1	54.6	42.3	160
Mashonaland West	35.7	2.5	3.8	2.7	2.0	41.1	55.3	223
Matabeleland North	48.2	0.0	3.2	4.9	4.9	51.4	43.8	97
Matabeleland South	30.4	0.0	2.3	0.0	7.9	31.5	60.6	94
Midlands	35.4	3.5	4.0	1.1	4.9	41.9	52.8	199
Masvingo	31.0	1.4	3.4	0.9	2.6	35.8	60.6	231
Harare	35.0	10.5	0.0	0.0	2.5	41.9	52.4	144
Bulawayo	34.7	5.2	0.0	24.7	0.0	38.2	60.2	62
Area								
Urban	36.2	6.6	0.2	4.2	1.7	40.4	55.9	362
Rural	41.2	1.2	3.4	2.3	4.5	45.5	49.6	1 167
Age								
0-11 months	41.2	1.8	3.7	2.7	3.9	45.5	49.7	259
12-23 months	43.1	2.9	3.9	3.6	3.8	49.0	46.1	501
24-35 months	43.2	2.7	1.8	1.8	3.7	46.8	49.2	358
36-47 months	33.6	2.8	1.4	2.5	4.0	36.5	58.0	251
48-59 months	31.5	1.5	1.3	2.5	3.9	34.3	62.5	161
Mother's education								
None	28.8	0.0	4.6	0.8	10.0	33.4	54.3	48
Primary	39.6	0.9	2.1	2.2	5.2	42.4	52.3	614
Secondary	41.7	3.0	3.0	3.2	2.7	46.5	49.9	829
Higher	(23.2)	(20.3)	(2.2)	(2.9)	(0.0)	(41.6)	(56.1)	38
Wealth index quintile								
Poorest	36.4	0.0	4.1	3.2	5.9	40.2	53.1	350
Second	42.0	0.3	2.3	1.9	5.1	44.5	50.9	338
Middle	41.8	2.1	4.7	1.7	2.9	48.1	48.8	272
Fourth	44.0	4.8	1.2	3.2	2.8	48.5	47.3	390
Richest	32.1	7.2	0.7	3.9	1.0	37.3	59.4	180

[1] **MICS indicator 3.10 - Care-seeking for diarrhoea**

[a] Village/City health providers includes both public (*Village/City health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities
[b] Includes all public and private health facilities and providers, but excludes private pharmacy

( ) Figures that are based on 25-49 unweighted cases

Table CH.6 provides results on drinking and feeding practices during episodes of diarrhoea. More than one third (37.9 percent) of children under 5 years of age who had an episode of diarrhoea in the 2 weeks preceding the survey were given more than usual to drink, while 28.7 percent were given much less or somewhat less. The proportion of female children who were given more to drink was 35.5 percent and 30.5 were given much less or somewhat less. For male children, 40.2 percent were given more to drink and 26.9 percent were given much less or somewhat less. The proportion of children under 5 years of age who had an episode of diarrhoea in the 2 weeks preceding the survey who were given more to drink ranged from 20.3 percent in Matabeleland North Province to 49.2 percent in Harare Province. The proportion varied from 20 percent in Bulawayo Province to 41.5 percent in Matabeleland North Province for those children who were given much less or somewhat less to drink.

About 30 percent of children under 5 years of age who had an episode of diarrhoea in the 2 weeks preceding the survey were eating almost the same quantity of food as that consumed prior to their illness. This percentage ranged from 21.8 percent in Mashonaland East Province to 52 percent in Midlands Province. The proportion of children under 5 years of age who had an episode of diarrhoea in the 2 weeks preceding the survey who were given about the same food to eat was 32.7 percent in urban areas compared to 29.6 percent in rural areas. The proportion was 29.6 percent for male children and 31.1 percent for female children.

Table CH.6: Feeding practices during diarrhoea

Percent distribution of children age 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea, Zimbabwe MICS, 2014

	Drinking practices during diarrhoea							Eating practices during diarrhoea							Number of children age 0-59 months with diarrhoea in the last two weeks
	Child was given to drink:							Child was given to eat:							
	Much less	Somewhat less	About the same	More	Nothing	Missing/ DK	Total	Much less	Somewhat less	About the same	More	Nothing	Missing/ DK	Total	
Total	**11.9**	**16.8**	**32.2**	**37.9**	**0.9**	**0.3**	**100.0**	**21.8**	**34.1**	**30.4**	**6.9**	**6.8**	**0.1**	**100.0**	**1 529**
Sex															
Male	10.8	16.1	31.3	40.2	1.0	0.5	100.0	22.3	35.2	29.6	6.5	6.2	0.2	100.0	761
Female	13.0	17.5	33.0	35.5	0.8	0.1	100.0	21.4	32.9	31.1	7.3	7.3	0.0	100.0	769
Province															
Manicaland	5.7	19.6	25.0	48.8	1.0	0.0	100.0	17.8	44.4	21.9	10.2	5.7	0.0	100.0	218
Mashonaland Central	10.3	13.9	31.3	44.5	0.0	0.0	100.0	29.8	25.4	29.8	10.0	4.9	0.0	100.0	101
Mashonaland East	9.8	18.4	27.9	43.2	0.6	0.0	100.0	20.9	43.4	21.8	6.9	7.1	0.0	100.0	160
Mashonaland West	13.2	16.9	29.1	39.6	0.8	0.4	100.0	24.4	30.0	30.6	6.8	8.2	0.0	100.0	223
Matabeleland North	18.0	23.5	36.9	20.3	1.3	0.0	100.0	21.4	31.3	36.2	5.4	5.7	0.0	100.0	97
Matabeleland South	8.7	15.1	42.3	28.7	2.8	2.5	100.0	11.8	28.2	52.0	4.0	4.0	0.0	100.0	94
Midlands	11.6	23.2	37.2	27.4	0.0	0.7	100.0	20.0	33.0	31.6	5.3	9.4	0.7	100.0	199
Masvingo	20.1	11.7	33.7	33.1	1.5	0.0	100.0	26.3	26.3	31.4	7.5	8.4	0.0	100.0	231
Harare	9.0	11.5	29.4	49.2	0.9	0.0	100.0	22.2	39.2	28.9	5.8	3.9	0.0	100.0	144
Bulawayo	10.0	10.0	43.2	35.3	1.5	0.0	100.0	20.9	36.2	35.7	2.0	5.1	0.0	100.0	62
Area															
Urban	8.5	14.1	34.9	41.7	0.8	0.0	100.0	20.9	36.0	32.7	5.6	4.7	0.0	100.0	362
Rural	13.0	17.6	31.4	36.7	1.0	0.4	100.0	22.1	33.5	29.6	7.3	7.4	0.1	100.0	1 167
Age															
0-11 months	11.2	15.5	42.5	29.1	1.4	0.4	100.0	16.7	27.4	34.7	4.8	16.4	0.0	100.0	259
12-23 months	13.8	17.9	29.5	38.1	0.6	0.0	100.0	24.2	34.7	27.5	6.5	7.1	0.0	100.0	501
24-35 months	11.0	15.6	25.7	46.2	1.1	0.4	100.0	20.9	41.1	25.3	7.6	4.7	0.4	100.0	358
36-47 months	10.9	18.7	32.6	36.5	0.3	0.9	100.0	23.9	35.0	31.7	7.6	1.8	0.0	100.0	251
48-59 months	10.9	14.9	37.7	34.7	1.8	0.0	100.0	21.5	25.8	41.4	8.7	2.5	0.0	100.0	161

Mother's education															
None	(11.3)	(14.4)	(32.6)	(37.7)	(4.0)	(0.0)	100.0	(29.4)	(29.4)	(24.6)	(15.2)	(1.4)	(0.0)	100.0	48
Primary	15.1	18.0	30.2	35.7	0.8	0.2	100.0	25.1	32.9	28.7	6.7	6.2	0.2	100.0	614
Secondary	9.7	16.5	33.2	39.2	0.9	0.4	100.0	19.6	35.2	31.2	6.5	7.5	0.0	100.0	829
Higher	(9.3)	(6.1)	(42.1)	(42.4)	(0.0)	(0.0)	100.0	(8.1)	(33.3)	(44.8)	(7.7)	(6.0)	(0.0)	100.0	38
Wealth index quintile															
Poorest	17.1	19.0	34.3	28.7	0.5	0.4	100.0	26.0	30.5	29.7	5.2	8.3	0.4	100.0	350
Second	10.4	15.8	30.2	41.8	1.4	0.3	100.0	23.0	34.4	28.9	7.2	6.6	0.0	100.0	338
Middle	11.5	18.5	30.1	37.9	1.1	0.8	100.0	21.6	34.4	29.6	7.9	6.5	0.0	100.0	272
Fourth	11.0	15.8	32.4	39.7	1.2	0.0	100.0	19.0	34.8	31.3	8.5	6.5	0.0	100.0	390
Richest	7.2	13.9	34.7	44.2	0.1	0.0	100.0	18.3	38.4	33.5	4.6	5.2	0.0	100.0	180

( ) Figures that are based on 25-49 unweighted cases

Table CH.7 and Figure CH.2 show the percentage of children receiving ORS, recommended homemade fluid (Sugar and Salt Solution, SSS) and zinc during the episode of diarrhoea. Since children may have been given more than one type of liquid, the percentages do not necessarily add to 100. About 43 percent of the children with diarrhoea in the two weeks preceding the survey received fluids from ORS packets or pre-packaged ORS fluids and 56.7 percent received SSS. Nearly seventy-three percent of children with diarrhoea received one or more of the recommended home treatments while 17 percent received zinc. In addition, 13.8 percent received ORS and zinc. There were no major differences in receiving treatment between boys and girls. The same pattern was observed for urban and rural areas.

Table CH.7: Oral rehydration solutions, recommended homemade fluids, and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks, and treatment with oral rehydration salts (ORS), recommended homemade fluids (Sugar and Salt Solution, SSS), and zinc, Zimbabwe MICS, 2014

	Percentage of children with diarrhoea who received:							
	Oral rehydration salts (ORS)			Zinc				
	Fluid from packet	Any recommended homemade fluid (SSS)	ORS or any recommended homemade fluid (SSS)	Tablet	Syrup	Any zinc	ORS and zinc[1]	Number of children age 0-59 months with diarrhoea in the last two weeks
Total	**43.4**	**56.7**	**72.5**	**14.4**	**4.6**	**17.0**	**13.8**	**1 529**
Sex								
Male	44.0	55.7	71.3	14.6	3.7	16.8	13.7	761
Female	42.9	57.7	73.8	14.3	5.4	17.1	13.9	769
Province								
Manicaland	51.8	59.7	77.2	21.3	8.4	25.6	22.4	218
Mashonaland Central	60.5	62.1	82.2	23.8	8.7	26.9	20.9	101
Mashonaland East	50.4	55.8	72.4	20.4	0.8	20.4	17.6	160
Mashonaland West	42.1	57.7	78.7	19.5	5.1	22.3	17.2	223
Matabeleland North	47.7	47.9	67.6	7.3	3.6	10.9	5.1	97
Matabeleland South	35.4	75.1	81.2	8.0	2.3	10.3	10.3	94
Midlands	35.8	52.9	65.7	8.0	2.7	9.7	9.1	199
Masvingo	33.5	49.1	63.3	8.7	2.1	10.4	9.2	231
Harare	47.9	55.1	70.5	10.4	8.2	14.4	11.3	144
Bulawayo	29.9	66.2	74.8	13.9	3.4	15.6	6.9	62
Area								
Urban	45.2	58.8	73.3	11.8	6.5	15.9	12.5	362
Rural	42.9	56.1	72.3	15.3	4.0	17.3	14.2	1 167
Age								
0-11 months	33.1	41.8	53.2	12.2	6.7	15.6	10.7	259
12-23 months	49.6	59.9	76.3	15.5	4.1	18.5	15.3	501
24-35 months	45.7	59.1	77.0	16.0	3.9	17.4	14.3	358
36-47 months	41.4	62.5	78.3	14.1	3.5	15.1	12.9	251
48-59 months	39.1	56.4	73.1	11.9	5.6	16.4	14.5	161
Mother's education								
None	(32.7)	(57.6)	(63.1)	(11.6)	(6.2)	(17.0)	(15.2)	48
Primary	40.0	54.9	72.2	14.5	3.9	16.6	13.5	614
Secondary	47.1	58.2	73.9	14.7	4.7	17.2	13.8	829
Higher	(33.2)	(52.2)	(61.1)	(11.4)	(10.5)	(17.9)	(17.9)	38
Wealth index quintile								
Poorest	36.9	53.8	66.5	10.3	2.1	11.5	9.0	350
Second	41.8	55.3	74.8	16.7	3.6	19.4	15.5	338
Middle	45.6	57.9	72.4	14.3	3.3	16.0	14.3	272
Fourth	48.5	58.7	76.1	18.2	7.8	21.7	17.5	390
Richest	44.9	58.8	72.5	10.2	5.8	14.2	11.4	180

[1] **MICS indicator 3.11 - Diarrhoea treatment with oral rehydration salts (ORS) and zinc**

( ) Figures that are based on 25-49 unweighted cases

Figure CH.2: Children under-5 with diarrhoea who received ORS or recommended homemade fluids (SSS), Zimbabwe MICS, 2014

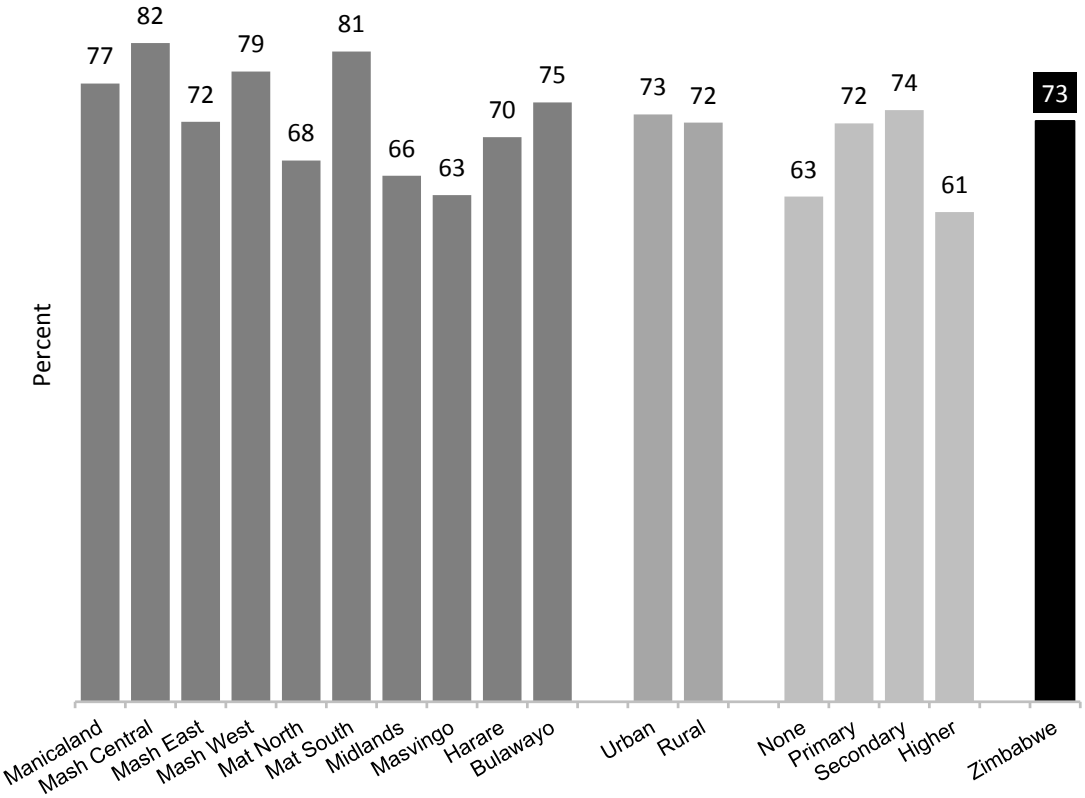


Table CH.8 provides the proportion of children age 0-59 months with diarrhoea in the last 2 weeks preceding the survey who received oral rehydration therapy with continued feeding and the percentage of children with diarrhoea who received other treatments. Overall, 62.6 percent of children with diarrhoea received ORS or increased fluids, 79.6 percent received ORT (ORS or increased fluids or SSS). There were minor differences in the home management of diarrhoea by background characteristics. The figures for ORT with continued feeding ranged from 43.8 percent in Masvingo Province to 72.9 percent in Matabeleland South Province.

About 16 percent of the children who had an episode of diarrhoea in the last 2 weeks preceding the survey did not receive any treatment or drug. The proportion of children who did not receive any treatment ranged from eight percent in Mashonaland Central Province to 23.9 percent in Masvingo Province.

Table CH.8: Oral rehydration therapy with continued feeding and other treatments

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy with continued feeding and percentage who were given other treatments, Zimbabwe MICS, 2014

	Children with diarrhoea who were given:															
					Other treatments											
					Pill or syrup				Injection							
	Zinc	ORS or increased fluids	ORT (ORS or recommended homemade fluids or increased fluids, SSS)	ORT with continued feeding[1]	Anti-biotic	Anti-motility	Other	Unknown	Anti-biotic	Non-antibiotic	Unknown	Intra-venous	Home remedy, herbal medicine	Other	Not given any treatment or drug	Number of children age 0-59 months with diarrhoea in the last two weeks
Total	**17.0**	**62.6**	**79.6**	**56.4**	**8.0**	**0.3**	**5.5**	**1.3**	**1.3**	**0.3**	**0.5**	**0.0**	**3.8**	**0.9**	**15.6**	**1 529**
Sex																
Male	16.8	64.6	79.9	56.0	7.7	0.4	6.2	1.4	1.2	0.0	0.5	0.0	3.2	0.8	14.9	761
Female	17.1	60.6	79.4	56.7	8.2	0.1	4.8	1.2	1.4	0.5	0.5	0.0	4.3	1.0	16.2	769
Province																
Manicaland	25.6	73.5	86.4	66.5	11.3	0.4	5.3	2.4	0.9	0.0	1.0	0.0	3.0	0.3	10.7	218
Mash Central	26.9	76.4	89.6	57.9	3.0	0.0	4.9	2.3	1.4	0.0	0.0	0.0	1.8	0.0	8.0	101
Mash East	20.4	71.0	81.6	58.7	4.8	0.0	4.8	1.1	2.6	0.8	0.7	0.0	3.6	1.1	14.2	160
Mash West	22.3	61.3	83.0	53.7	7.3	0.0	5.9	0.6	0.9	0.5	0.5	0.0	3.8	0.6	13.2	223
Mat North	10.9	55.9	72.4	56.4	17.1	0.0	8.6	0.0	1.3	0.0	0.0	0.0	7.7	0.0	18.5	97
Mat South	10.3	53.1	85.5	72.9	9.5	0.0	9.1	0.0	0.0	0.0	1.6	0.0	2.2	0.0	12.3	94
Midlands	9.7	50.7	70.6	49.7	5.6	1.0	3.9	0.5	1.5	0.7	0.0	0.0	6.7	3.5	23.0	199
Masvingo	10.4	55.5	71.4	43.8	4.2	0.1	4.6	3.3	0.0	0.0	0.5	0.0	3.0	0.0	23.9	231
Harare	14.4	71.4	80.8	58.7	13.5	0.0	3.7	0.5	3.5	0.0	0.0	0.0	3.4	1.0	12.3	144
Bulawayo	15.6	53.5	82.0	59.6	6.7	1.8	8.7	0.0	1.7	0.0	0.0	0.0	0.0	1.7	9.5	62
Area																
Urban	15.9	63.0	81.3	58.7	12.3	1.1	4.7	0.5	2.8	0.3	0.7	0.0	1.4	1.8	12.8	362
Rural	17.3	62.5	79.1	55.6	6.6	0.0	5.7	1.5	0.8	0.2	0.4	0.0	4.5	0.6	16.4	1 167
Age																
0-11 months	15.6	50.8	62.9	42.2	7.8	0.3	8.5	1.3	1.8	0.0	0.6	0.0	3.2	2.0	25.8	259
12-23 months	18.5	66.3	83.1	55.9	8.7	0.2	4.7	1.1	0.7	0.3	0.7	0.0	3.8	1.3	13.1	501
24-35 months	17.4	68.8	83.9	61.8	10.6	0.3	6.6	1.3	1.4	0.3	0.6	0.0	5.2	0.2	13.2	358

36-47 months	15.1	62.2	84.8	62.3	6.0	0.0	2.9	1.7	2.3	0.5	0.0	0.0	1.8	0.3	12.7	251
48-59 months	16.4	57.0	78.0	59.2	3.1	0.7	4.7	1.3	0.4	0.0	0.0	0.0	4.6	0.0	16.6	161
Mother's education																
None	(17.0)	(51.6)	(69.3)	(48.9)	(3.3)	(0.0)	(2.3)	(3.8)	(0.0)	(0.0)	(0.0)	(0.0)	(8.2)	(0.0)	(23.7)	48
Primary	16.6	60.0	78.6	53.1	6.1	0.0	4.4	2.1	1.1	0.2	0.5	0.0	3.9	0.7	16.9	614
Secondary	17.2	65.6	81.6	59.0	9.6	0.1	6.3	0.6	1.4	0.3	0.5	0.0	3.4	1.0	14.0	829
Higher	(17.9)	(52.8)	(67.5)	(59.4)	(9.6)	(7.9)	(10.4)	(0.0)	(2.7)	(0.0)	(0.0)	(0.0)	(3.5)	(3.3)	(18.9)	38
Wealth index quintile																
Poorest	11.5	54.4	73.1	48.3	5.9	0.0	4.3	3.4	0.4	0.4	0.0	0.0	6.2	0.3	20.3	350
Second	19.4	65.0	82.1	57.5	4.0	0.0	6.5	1.1	0.5	0.0	0.6	0.0	3.9	1.4	13.4	338
Middle	16.0	64.0	79.1	55.2	9.4	0.0	5.4	0.6	0.6	0.5	0.8	0.0	4.0	0.0	18.5	272
Fourth	21.7	66.9	84.3	62.3	8.4	0.2	6.5	0.7	2.1	0.3	0.3	0.0	2.8	1.1	12.4	390
Richest	14.2	62.8	78.5	58.9	16.2	1.8	3.6	0.0	3.8	0.0	0.8	0.0	0.6	1.8	12.8	180

[1] **MICS indicator 3.12 - Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding**

( ) Figures that are based on 25-49 unweighted cases

Figure CH.3: Children under 5 with diarrhoea receiving oral rehydration therapy (ORT) with continued feeding, Zimbabwe MICS, 2014

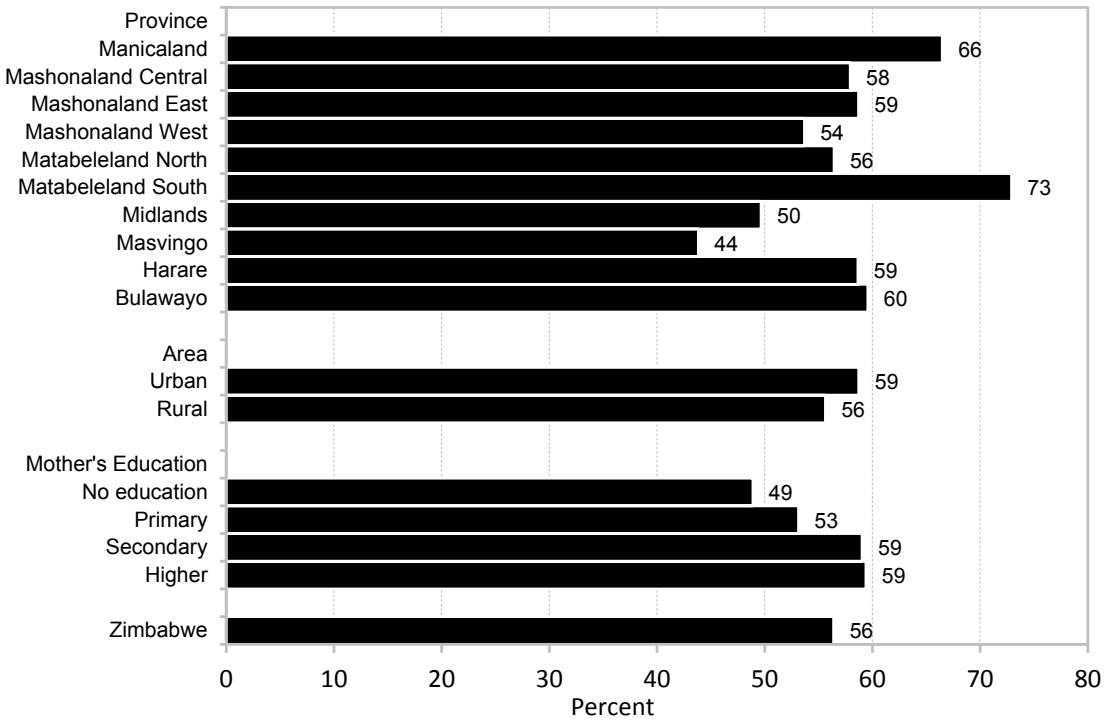


Table CH.9 provides information on the sources of ORS and zinc for children treated for diarrhoea. The main source of both ORS and zinc was the public sector (77.0 percent and 84.4 percent, respectively). The public sector health facilities were the main source of ORS and zinc in urban areas (70.3 percent; 80.8 percent, respectively). For treatment, a number of children also utilised the private sector health facilities, 3.4 percent for ORS and 5.4 percent for zinc.

Table CH.9: Source of ORS and zinc

Percentage of children age 0-59 months with diarrhoea in the last two weeks who were given ORS, and percentage given zinc, by the source of ORS and zinc, Zimbabwe MICS, 2014

	Percentage of children who were given as treatment for diarrhoea:		Number of children age 0-59 months with diarrhoea in the last two weeks	Percentage of children for whom the source of ORS was:							Number of children age 0-59 months who were given ORS as treatment for diarrhoea in the last two weeks	Percentage of children for whom the source of zinc was:							Number of children age 0-59 months who were given zinc as treatment for diarrhoea in the last two weeks
				Health facilities or providers								Health facilities or providers							
	ORS	zinc		Public	Private	Mission	Village/City health provider[a]	Other Source	Missing/ DK	A health facility or provider[b]		Public	Private	Village /City health provider[a]	Mission Facility	Other Source	Missing /DK	A health facility or provider[b]	
Total	**43.4**	**17.0**	**1 529**	**77.0**	**3.4**	5.2	4.6	**14.4**	**0.5**	**85.1**	**664**	**84.4**	**5.4**	**4.0**	**6.5**	**2.2**	**1.5**	**96.4**	**259**
Sex																			
Male	44.0	16.8	761	76.1	4.3	6.5	4.7	14.4	0.4	85.2	334	86.3	5.2	6.3	5.9	1.3	1.4	97.4	128
Female	42.9	17.1	769	78.0	2.4	3.9	4.5	14.4	0.6	84.9	330	82.6	5.7	1.8	7.2	3.1	1.5	95.4	132
Province																			
Manicaland	51.8	25.6	218	77.4	0.0	5.6	5.9	16.7	0.0	83.3	113	85.6	3.5	2.6	9.6	0.0	1.3	98.7	56
Masho Central	60.5	26.9	101	89.6	0.7	8.7	0.7	7.5	1.5	91.0	61	(92.2)	(4.7)	(2.8)	(1.4)	(0.0)	(1.6)	(98.4)	27
Mash East	50.4	20.4	160	85.9	0.0	0.0	0.8	13.3	0.0	86.7	81	(92.8)	(0.0)	(0.0)	(3.6)	(3.6)	(0.0)	(96.4)	33
Mash West	42.1	22.3	223	66.3	5.7	5.3	7.7	20.4	0.0	79.6	94	81.0	6.5	3.2	9.5	3.0	0.0	97.0	50
Mat North	47.7	10.9	97	(86.1)	(0.0)	(10.0)	(4.5)	(9.5)	(0.0)	(90.5)	46	(*)	(*)	(*)	(*)	(*)	(*)	(*)	11
Mat South	35.4	10.3	94	(71.4)	(0.0)	(0.0)	(3.3)	(25.3)	(0.0)	(74.7)	33	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Midlands	35.8	9.7	199	75.5	3.3	3.2	11.3	8.1	1.9	90.1	71	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19
Masvingo	33.5	10.4	231	79.7	2.7	2.7	6.0	10.1	1.5	88.4	77	(*)	(*)	(*)	(*)	(*)	(*)	(*)	24
Harare	47.9	14.4	144	67.6	16.1	0.0	0.0	16.3	0.0	83.7	69	(*)	(*)	(*)	(*)	(*)	(*)	(*)	21
Bulawayo	29.9	15.6	62	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	10
Area																			
Urban	45.2	15.9	362	70.3	8.3	5.6	0.5	20.8	0.0	79.2	164	80.8	13.2	11.2	0.0	5.0	0.9	94.1	58
Rural	42.9	17.3	1 167	79.2	1.8	5.1	6.0	12.3	0.7	87.0	500	85.4	3.2	1.9	8.4	1.4	1.6	97.0	202
Age																			
0-11 months	33.1	15.6	259	76.6	2.5	8.7	4.6	16.3	0.0	83.7	86	(83.1)	(2.8)	(6.5)	(5.6)	(3.4)	(5.1)	(91.6)	40
12-23 months	49.6	18.5	501	75.2	3.6	5.8	6.9	14.2	0.0	85.8	249	78.1	8.0	4.7	9.7	3.6	0.5	95.9	92

24-35 months	45.7	17.4	358	79.0	3.4	2.5	2.2	14.0	1.4	84.6	163	92.9	3.2	2.2	3.9	0.0	0.0	100.0	62
36-47 months	41.4	15.1	251	84.1	4.4	5.3	2.3	9.2	0.0	90.8	104	(86.7)	(6.0)	(2.5)	(2.9)	(2.4)	(2.0)	(95.6)	38
48-59 months	39.1	16.4	161	67.8	2.1	5.2	5.5	22.8	1.8	75.4	63	(84.9)	(4.9)	(4.4)	(8.1)	(0.0)	(2.1)	(97.9)	27
Mother's education																			
None	(32.7)	(17.0)	48	(*)	(*)	(*)	(*)	(*)	(*)	(*)	16	(*)	(*)	(*)	(*)	(*)	(*)	(*)	8
Primary	40.0	16.6	614	79.2	1.1	4.7	3.4	15.2	1.0	83.7	246	91.4	3.1	3.9	3.8	1.2	0.4	98.4	102
Secondary	47.1	17.2	829	77.4	4.3	5.6	5.1	13.2	0.0	86.8	390	80.5	5.6	4.2	8.4	3.1	2.3	94.5	143
Higher	(33.2)	(17.9)	38	(*)	(*)	(*)	(*)	(*)	(*)	(*)	13	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7
Wealth index quintile																			
Poorest	36.9	11.5	350	75.6	0.0	6.4	7.3	15.2	1.9	82.8	129	(90.7)	(0.0)	(1.3)	(9.3)	(0.0)	(0.0)	(100.0)	40
Second	41.8	19.4	338	83.9	0.0	5.5	4.6	11.5	0.0	88.5	141	90.2	2.3	2.8	4.8	0.0	2.7	97.3	65
Middle	45.6	16.0	272	79.9	1.8	4.2	7.2	10.4	0.7	88.9	124	(82.4)	(5.2)	(0.0)	(11.4)	(0.0)	(1.0)	(99.0)	43
Fourth	48.5	21.7	390	75.3	6.0	4.5	2.4	16.3	0.0	83.7	189	82.1	6.9	6.7	4.4	4.8	1.9	93.4	85
Richest	44.9	14.2	180	66.8	11.2	6.2	1.7	20.3	0.0	79.7	81	(70.8)	(17.6)	(9.2)	(5.3)	(6.3)	(0.0)	(93.7)	25

[a] Village/City health provider includes both public (Village/City health worker and Mobile/Outreach clinic) and private (Mobile clinic) health facilities
[b] Includes all public and private health facilities and providers

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

6.3.2 Acute Respiratory Infections (ARI)

Data on the symptoms of ARI were collected during the Zimbabwe MICS to capture suspected cases of pneumonia. Pneumonia is one of the leading causes of death in children under 5 years of age. Once diagnosed, pneumonia can be treated effectively with antibiotics. Children reported to have had an illness with a cough accompanied by fast and/or difficult breathing in the 2 weeks preceding the survey were suspected to have pneumonia. Studies have shown a limitation in the survey approach of measuring pneumonia because many of the suspected cases identified through surveys are in fact, not true pneumonia.[34] While this limitation does not affect the level and patterns of care-seeking for suspected pneumonia, it limits the validity of the level of treatment of pneumonia with antibiotics as reported through household surveys. The treatment indicator described in this report must, therefore, be interpreted with caution, keeping in mind that ARI may include cases of pneumonia.

Table CH.10 presents the percentage of children under 5 years of age with symptoms of ARI in the two weeks preceding the survey for whom care was sought by source of care and the percentage who received antibiotics. Fifty-nine percent of children age 0-59 months with symptoms of ARI were taken to a health facility or provider. About one in two children who had symptoms of ARI sought advice or treatment from a public health facility, which was the main source.

In Zimbabwe, 34.3 percent of children under 5 years of age with symptoms of ARI during the two weeks prior to the survey received antibiotics. The percentage was 48.5 percent in urban and 31.0 percent in rural areas. The table also shows that antibiotic treatment of children with symptoms of ARI was lowest among the poorest households and among children whose mothers/primary caregivers had less than secondary education. The use of antibiotics was highest for children age 12-23 months (42.6 percent) compared to other age groups.

About 93 percent of children with symptoms of ARI received antibiotics from a health facility or provider. The source of antibiotics was mostly from public health facilities (69.2 percent).

[34] Campbell H, el Arifeen S, Hazir T, O'Kelly J, Bryce J, et al. 2013. *Measuring Coverage in MNCH: Challenges in Monitoring the Proportion of Young Children with Pneumonia Who Receive Antibiotic Treatment.* PLoS Med 10(5): e1001421. doi:10.1371/journal.pmed.1001421

Table CH.10: Care-seeking for and antibiotic treatment of symptoms of acute respiratory infection (ARI)

Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, and percentage of children with symptoms who were given antibiotics, Zimbabwe MICS, 2014

	Percentage of children with symptoms of ARI for whom: Advice or treatment was sought from: Health facilities or providers							Percentage of children with symptoms of ARI in the last two weeks who were given antibiotics[2]	Number of children age 0-59 months with symptoms of ARI in the last two weeks	Percentage of children with symptoms of ARI for whom the source of antibiotics was: Health facilities or providers						Number of children with symptoms of ARI in the last two weeks who were given antibiotics
	Public	Private	Mission	Village health worker/City health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought			Public	Private	Mission	Village health worker/City health provider[a]	Other source	A health facility or provider[c]	
Total	**49.9**	**5.7**	**6.0**	**3.8**	**6.6**	**58.6**	**32.4**	**34.3**	**522**	**69.2**	**13.8**	**9.7**	**4.0**	**6.6**	**92.7**	**179**
Sex																
Male	50.7	6.9	4.4	3.2	5.9	58.6	33.2	31.8	249	68.5	14.8	9.3	4.1	5.8	92.6	79
Female	49.2	4.5	7.4	4.3	7.3	58.7	31.6	36.5	273	69.7	12.9	10.1	3.9	7.3	92.7	100
Province																
Manicaland	(42.8)	(1.9)	(6.3)	(0.0)	(17.8)	(51.0)	(31.0)	(38.1)	45	(*)	(*)	(*)	(*)	(*)	(*)	17
Mash Central	(51.2)	(13.3)	(0.0)	(8.2)	(11.1)	(51.2)	(29.8)	(35.9)	21	(*)	(*)	(*)	(*)	(*)	(*)	7
Mash East	(58.7)	(9.1)	(0.0)	(0.0)	(9.2)	(58.7)	(23.0)	(35.2)	31	(*)	(*)	(*)	(*)	(*)	(*)	11
Mash West	41.8	5.0	11.6	3.2	7.9	56.3	33.8	32.7	73	(*)	(*)	(*)	(*)	(*)	(*)	24
Mat North	56.9	0.0	6.8	2.9	2.9	63.7	33.4	43.2	78	(87.6)	(0.0)	(9.7)	(3.4)	(2.7)	(97.3)	34
Mat South	52.0	5.9	3.9	1.6	10.3	58.3	29.7	33.3	59	(*)	(*)	(*)	(*)	(*)	(*)	20
Midlands	54.1	3.0	6.7	1.6	2.9	63.9	33.2	22.7	77	(*)	(*)	(*)	(*)	(*)	(*)	18
Masvingo	43.1	5.4	8.9	1.4	5.4	57.4	37.2	28.3	79	(*)	(*)	(*)	(*)	(*)	(*)	22
Harare	(54.8)	(21.5)	(0.0)	(0.0)	(2.5)	(62.3)	(23.7)	(52.5)	29	(*)	(*)	(*)	(*)	(*)	(*)	15
Bulawayo	(50.8)	(10.2)	(0.0)	(33.6)	(0.0)	(54.6)	(39.0)	(36.1)	30	(*)	(*)	(*)	(*)	(*)	(*)	11
Area																
Urban	52.1	18.8	1.7	10.4	6.4	61.2	23.8	48.5	97	(61.8)	(28.6)	(0.0)	(9.3)	(9.5)	(90.5)	47
Rural	49.4	2.7	6.9	2.2	6.7	58.1	34.4	31.0	425	71.8	8.4	13.2	2.0	5.6	93.5	132
Age																
0-11 months	60.6	4.2	7.4	2.9	5.4	70.6	24.0	38.3	119	(60.0)	(24.6)	(11.0)	(0.0)	(1.6)	(95.6)	46
12-23 months	57.3	4.2	8.8	6.1	5.9	67.8	23.7	42.6	109	(72.5)	(7.2)	(16.2)	(5.6)	(4.0)	(96.0)	47

24-35 months	46.1	8.2	4.1	4.3	6.8	55.0	36.0	35.6	100	(76.8)	(15.0)	(0.0)	(3.3)	(8.2)	(91.8)	36
36-47 months	43.5	7.2	6.0	1.7	6.3	51.7	37.9	25.0	110	(73.3)	(6.9)	(13.5)	(0.0)	(6.3)	(93.7)	28
48-59 months	38.0	4.7	2.3	4.0	9.4	43.0	44.3	28.0	83	(*)	(*)	(*)	(*)	(*)	(*)	23
Mother's education																
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	15	(*)	(*)	(*)	(*)	(*)	(*)	2
Primary	49.2	3.0	4.5	2.7	7.0	55.4	36.5	29.1	235	78.2	5.1	9.3	0.7	7.4	92.6	68
Secondary	51.2	7.8	7.4	4.6	6.2	62	28.4	38.9	265	63.9	18.4	10.7	5.3	5.7	93.0	103
Higher	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	7	(*)	(*)	(*)	(*)	(*)	(*)	5
Wealth index quintile																
Poorest	46.9	0.0	8.2	3.3	5.3	55.1	39.0	27.4	167	(72.3)	(0.0)	(15.5)	(3.5)	(9.4)	(87.8)	46
Second	56.3	1.6	3.5	2.0	7.7	61.4	31.9	32.5	129	(82.6)	(9.7)	(5.2)	(0.0)	(2.5)	(97.5)	42
Middle	42.7	4.0	11.3	1.3	8.0	55.1	33.9	34.5	86	(56.1)	(15.0)	(22.2)	(3.6)	(6.7)	(93.3)	30
Fourth	55.6	9.5	3.7	4.1	8.2	63.2	24.7	42.3	87	(71.7)	(13.7)	(4.3)	(2.6)	(10.3)	(89.7)	37
Richest	46.2	29.3	0.0	12.8	3.4	61.2	23.2	46.2	54	(52.9)	(44.2)	(0.0)	(13.7)	(2.9)	(97.1)	25

[1] **MICS indicator 3.13 - Care-seeking for children with acute respiratory infection (ARI) symptoms**

[2] **MICS indicator 3.14 - Antibiotic treatment for children with ARI symptoms**

[a] Community health providers includes both public (Village/*City health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers, but excludes private pharmacy

[c] Includes all public and private health facilities and providers

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

In the MICS, mothers or primary caregivers of any child under 5 years of age were asked what symptoms would cause them to take a child for care immediately at a health facility. A commonly identified symptom for taking a child to a health facility was when the child developed a fever (81.8 percent). Overall, 13 percent of women indicated that they would take a child under 5 years of age to a health facility if the child had fast and/or difficulty in breathing which are the two danger signs of pneumonia. The proportion of mothers/primary caregivers who indicated at least one of the two danger signs of pneumonia (fast and/or difficult breathing) ranged from 6.7 percent in Mashonaland West Province to 23.7 percent in the Midlands Province and increased with education of the mother/primary caregiver from 7.5 percent for mothers with no education to 15.8 percent for mothers with higher education.

Table CH.11: Knowledge of the two danger signs of pneumonia

Percentage of women age 15-49 years who are mothers or primary caregivers of children under age 5 by symptoms that would cause them to take a child under age 5 immediately to a health facility, and percentage of mothers who recognize fast or difficult breathing as signs for seeking care immediately, Zimbabwe MICS, 2014

	Percentage of mothers/caregivers of children age 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/caregivers who recognize at least one of the two danger signs of pneumonia (fast and/or difficult breathing)	Number of women age 15-49 years who are mothers/caregivers of children under age 5
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking /feeding poorly	Has other symptoms		
Total	**15.2**	**26.6**	**81.8**	**3.5**	**10.3**	**2.3**	**26.6**	**40.2**	**13.0**	**7 126**
Province										
Manicaland	10.5	15.6	90.0	2.6	9.3	1.7	32.1	46.2	11.7	941
Mash Central	11.1	11.9	89.9	2.7	6.6	1.9	26.7	63.9	9.0	418
Mash East	17.9	27.0	82.4	2.5	8.2	1.7	24.9	31.7	10.2	801
Mash West	12.2	23.3	74.2	1.2	5.5	0.6	15.4	36.0	6.7	974
Mat North	17.4	18.5	85.5	1.2	15.0	2.9	34.2	53.4	16.2	609
Mat South	12.5	41.9	73.8	2.3	15.5	0.4	26.8	40.6	17.6	535
Midlands	30.2	53.0	82.1	10.9	17.4	6.9	39.1	21.7	23.7	858
Masvingo	12.9	21.4	82.4	5.2	9.6	2.3	22.6	43.8	14.1	799
Harare	8.1	24.7	76.8	2.7	7.9	1.8	17.7	40.9	10.4	721
Bulawayo	16.8	24.2	82.8	2.0	8.3	2.1	28.7	39.9	9.7	471
Area										
Urban	13.8	25.8	81.6	3.1	10.7	2.8	25.1	40.2	12.6	2 073
Rural	15.7	26.9	81.8	3.7	10.1	2.1	27.2	40.3	13.1	5 053
Education										
None	13.8	26.4	86.2	2.1	5.4	0.4	27.3	33.5	7.5	98
Primary	13.6	28.9	81.7	3.2	11.0	1.9	24.7	39.7	13.7	2 280
Secondary	15.9	25.8	81.2	3.7	9.7	2.4	27.8	40.2	12.5	4 389
Higher	16.3	21.7	88.9	3.9	13.3	3.7	23.6	45.4	15.8	360
Wealth index quintile										
Poorest	16.6	31.0	80.8	4.2	11.5	1.5	27.9	37.8	15.1	1 476
Second	16.1	27.0	82.0	3.3	9.3	2.4	25.9	40.6	11.9	1 404
Middle	16.1	26.1	81.6	3.6	10.6	2.5	29.5	42.4	13.5	1 263
Fourth	12.2	22.6	81.5	2.8	8.6	2.1	23.5	38.9	10.8	1 679
Richest	15.4	26.8	83.3	3.9	11.7	3.2	26.9	42.2	14.0	1 304

6.3.3 Solid Fuel Use

More than 3 billion people around the world rely on solid fuels for their basic energy needs, including cooking and heating. Solid fuels include biomass fuels, such as wood, charcoal, crops or other agricultural waste, dung, shrubs and straw, saw dust, gel and coal. Cooking and heating with solid fuels leads to high levels of indoor smoke which contains a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is their incomplete combustion which produces toxic elements such as carbon monoxide, polyaromatic hydrocarbons and sulphur dioxide, among others. Use of solid fuels increases the risks of incurring acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer and possibly tuberculosis, asthma, or cataracts and may contribute to low birth weight of babies born to pregnant women exposed to smoke. The primary indicator for monitoring use of solid fuels is the proportion of the population using solid fuels as the primary source of domestic energy for cooking, shown in Table CH.12.

Overall, 73.9 percent of the household population in Zimbabwe used solid fuels for cooking, mainly wood (73.4 percent), see Table CH.12. Use of solid fuels was low in urban areas (17.0 percent) but high in rural areas where 95.8 percent of the population lived in households that use solid fuels. Differentials with respect to household wealth and the educational level of the household head were evident. Use of solid fuels declined with an increase in education of head of household from 95.8 percent for those with no education to 25.1 percent for higher education. Almost everyone in the middle wealth quintile and below used solid fuels, declining to 64.5 percent for the fourth wealth quintile and further to 5.6 percent for the richest households. In the predominantly rural provinces, use of solid fuels ranged from 76.8 percent in Midlands Province to 94 percent in Masvingo Province.

Table CH.12: Solid fuel use

Percent distribution of household members according to type of cooking fuel mainly used by the household, and percentage of household members living in households using solid fuels for cooking, Zimbabwe MICS, 2014

	Percentage of household members in households mainly using:																
					Solid fuels												
	Electricity	Liquefied Petroleum Gas (LPG)	Biogas	Kerosene	Charcoal	Wood	Straw / Shrubs / Grass	Animal dung	Agricultural crop residue	Saw Dust	Gel	Other	No food cooked in household	Missing	Total	Solid fuels for cooking[1]	Number of household members
Total	**24.1**	**0.4**	**0.1**	**1.3**	**0.2**	**73.4**	**0.0**	**0.0**	**0.0**	**0.3**	**0.0**	**0.1**	**0.0**	**0.1**	**100.0**	**73.9**	**65 259**
Province																	
Manicaland	13.7	0.2	0.0	0.2	0.2	85.5	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	100.0	85.7	8 164
Mash Central	9.9	0.2	0.0	0.3	0.1	89.1	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	100.0	89.5	3 455
Mash East	14.7	0.3	0.3	2.6	0.5	81.3	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	100.0	81.8	7 232
Mash West	17.2	0.2	0.0	0.3	0.4	81.8	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	100.0	82.3	8 684
Mat North	8.7	0.0	0.0	0.0	0.3	90.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	100.0	90.9	6 226
Mat South	10.4	0.3	0.0	0.2	0.0	89.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	100.0	89.0	5 464
Midlands	23.0	0.1	0.0	0.0	0.1	76.5	0.2	0.0	0.0	0.0	0.0	0.1	0.0	0.0	100.0	76.8	8 264
Masvingo	5.7	0.0	0.1	0.2	0.1	93.6	0.0	0.0	0.0	0.0	0.3	0.0	0.1	0.0	100.0	94.0	7 400
Harare	71.3	2.5	0.4	9.8	0.2	12.9	0.0	0.0	0.1	2.8	0.1	0.0	0.0	0.0	100.0	16.0	5 901
Bulawayo	90.3	1.0	0.1	0.4	0.0	7.5	0.0	0.0	0.0	0.0	0.2	0.3	0.1	0.1	100.0	7.7	4 469
Area																	
Urban	78.0	1.3	0.2	3.3	0.2	16.3	0.0	0.0	0.0	0.3	0.1	0.2	0.0	0.0	100.0	17.0	18 082
Rural	3.4	0.1	0.1	0.5	0.2	95.3	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.1	100.0	95.8	47 177
Education of household head																	
None	3.9	0.0	0.1	0.1	0.4	95.0	0.2	0.0	0.0	0.1	0.0	0.0	0.0	0.1	100.0	95.8	5 479
Primary	9.0	0.1	0.1	0.5	0.2	89.9	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	100.0	90.3	25 770
Secondary	31.9	0.6	0.1	2.2	0.2	64.3	0.0	0.0	0.0	0.5	0.1	0.1	0.3	0.1	100.0	65.0	27 921
Higher	70.6	1.6	0.2	2.2	0.3	24.7	0.0	0.0	0.0	0.0	0.1	0.3	0.0	0.0	100.0	25.1	5 989
Missing/DK	10.9	0.0	0.0	3.0	0.0	86.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	86.2	100

Wealth index quintiles																	
Poorest	0.0	0.0	0.0	0.0	0.0	99.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	100.0	99.9	13 050
Second	0.0	0.0	0.0	0.0	0.2	99.7	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	13 055
Middle	0.1	0.0	0.0	0.0	0.3	99.3	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	100.0	99.8	13 051
Fourth	28.5	1.0	0.3	5.3	0.5	62.7	0.0	0.0	0.0	1.1	0.2	0.3	0.1	0.0	100.0	64.5	13 052
Richest	91.8	1.2	0.1	1.3	0.1	5.3	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	100.0	5.6	13 051

[1] **MICS indicator 3.15 - Use of solid fuels for cooking**

Solid fuel use by place of cooking is shown in Table CH.13. The presence and extent of indoor pollution are dependent on cooking practices, places used for cooking as well as types of fuel used. According to the Zimbabwe MICS 2014, 66.1 percent of households that used solid fuel cooked in a separate building and 18 percent outdoors while 13.8 percent usually cooked in a separate room used as a kitchen in the house.

Table CH.13: Solid fuel use by place of cooking

Percent distribution of household members in households using solid fuels by place of cooking, Zimbabwe MICS, 2014

	Place of cooking:							
	In the house							Number of household members in households using solid fuels for cooking
	In a separate room used as kitchen	Elsewhere in the house	In a separate building	Outdoors	Other place	Missing/DK	Total	
Total	**13.8**	**1.9**	**66.1**	**18.0**	**0.2**	**0.1**	**100.0**	**48 258**
Province								
Manicaland	16.9	1.9	58.1	22.2	0.9	0.1	100.0	6 995
Mashonaland Central	6.7	0.7	82.8	9.7	0.0	0.1	100.0	3 091
Mashonaland East	28.6	1.9	51.1	18.3	0.1	0.0	100.0	5 916
Mashonaland West	2.6	3.2	75.6	18.6	0.0	0.0	100.0	7 146
Matabeleland North	6.6	0.2	83.8	9.4	0.0	0.0	100.0	5 662
Matabeleland South	18.5	0.7	67.0	13.5	0.3	0.0	100.0	4 861
Midlands	16.5	4.0	70.0	9.6	0.0	0.0	100.0	6 344
Masvingo	13.7	1.2	62.2	22.7	0.2	0.0	100.0	6 953
Harare	9.4	2.4	3.1	84.7	0.0	0.4	100.0	944
Bulawayo	8.1	0.0	14.6	74.0	0.6	2.7	100.0	345
Area								
Urban	7.5	0.6	11.0	80.2	0.3	0.4	100.0	3 068
Rural	14.2	1.9	69.8	13.8	0.2	0.0	100.0	45 190
Education of household head								
None	13.0	1.7	70.6	14.6	0.1	0.1	100.0	5 246
Primary	13.9	1.8	70.3	13.7	0.3	0.0	100.0	23 266
Secondary	13.8	1.9	60.8	23.3	0.1	0.0	100.0	18 158
Higher	12.7	3.1	51.5	32.1	0.2	0.4	100.0	1 502
Missing/DK	50.7	0.0	37.5	11.8	0.0	0.0	100.0	86
Wealth index quintiles								
Poorest	10.8	3.2	72.2	13.5	0.2	0.0	100.0	13 036
Second	13.6	2.0	71.8	12.3	0.2	0.0	100.0	13 054
Middle	16.2	0.9	73.5	9.3	0.1	0.0	100.0	13 023
Fourth	15.4	1.2	41.3	41.9	0.2	0.0	100.0	8 420
Richest	8.4	1.1	7.9	80.9	0.4	1.3	100.0	725

6.3.4 Malaria/Fever

In 2013, there were an estimated 584 000 malaria deaths worldwide, with 90 percent of these deaths estimated to have occurred in the WHO African Region. About 453 000 malaria deaths were estimated to occur in children under 5 years of age, equivalent to 78 percent of the global total. An estimated 437 000 of deaths occurred in children aged under 5 years in the WHO African Region[35]. The Global Malaria Action Plan (GMAP) aims to reduce malaria deaths to near zero by 2015.[36]

Malaria is a major health problem in Zimbabwe with 50 percent of the population at risk although its epidemiology varies in the different provinces of the country, ranging from year-round transmission in the lowland areas to epidemic-prone areas in the highlands (Malaria Operational Plan 2014). Malaria is responsible for three percent of deaths among children under age five (Ministry of Health and Child Welfare, 2010). Preventive measures and treatment with an effective anti-malarial can reduce malaria mortality rates, especially among children and pregnant women.

In areas where malaria is common, WHO recommends indoor residual spraying (IRS), use of Insecticide Treated Nets (ITNs) and prompt treatment of cases with recommended anti-malarial drugs. In 2010 the World Health Organization issued a recommendation for universal use of diagnostic testing to confirm malaria infection and apply appropriate treatment based on the results. According to the guidelines, treatment solely on the basis of clinical suspicion should only be considered when a parasitological diagnosis is not accessible. The Ministry of Health and Child Care, through the National Malaria Control Programme (NMCP), is supporting communities with Long-Lasting Insecticidal-Treated Nets (LLINs) in 30 districts with moderate to high transmission of malaria. This is complemented by indoor residual spraying. The NMCP's 2003-2015 extended National Strategic Plan was updated in 2013. The vision of the plan is a malaria-free Zimbabwe and the goal is to "*reduce malaria incidence from 95/1 000 in 2007 to 10/1 000 by 2015 and reduce malaria deaths to near zero by 2015*."

The survey sought information on the availability and use of bed nets, indoor residual spraying in the last 12 months at household level, care seeking behaviour for children under 5 and Intermittent Preventive Treatment (IPTp) for pregnant women.

The results indicated that 53.7 percent of households had at least one mosquito net (any type), 42.2 percent had an ITN and 40.4 percent had an LLIN, see Table CH.14. Further, 23.2 percent of households received indoor residual spraying during the last 12 months and 34.0 percent had at least one ITN for every two household members and/or received IRS during the last 12 months. Estimates for ITN ownership and use by children in the MICS are higher than previously reported in ZDHS 2010-2011. ITN ownership almost doubled in that period, from 28.8 percent in 2010-2011 to 53.7% in 2014. ITN use by children almost tripled, from 9.7 percent in 2010-2011 to 28.6 in 2014. The increase is attributed to a series of Net Hang-up Campaigns, encompassing road shows, community sanitation meetings and the use of the media, between 2011 and 2014 run by the Ministry of Health and Child Care. From the campaigns net ownership increased from 83 percent in 2010 to 98 percent in 2014.

[35] WHO, 2014. World Malaria Report 2014.
[36] WHO. 2008. Global Malaria Action Plan for a free world

Table CH.14: Household availability of insecticide treated nets and protection by a vector control method

Percentage of households with at least one mosquito net, one long-lasting treated net, and one insecticide treated net (ITN), percentage of households with at least one mosquito net, one long-lasting treated net, and one insecticide treated net (ITN) per two people, percentage of households with at least one ITN and/or indoor residual spraying (IRS) in the last 12 months, and percentage of households with at least one ITN per two people and/or with indoor residual spraying (IRS) in the last 12 months, Zimbabwe MICS, 2014

	Percentage of households with at least one mosquito net:			Percentage of households with at least one net for every two persons[a]:						
	Any mosquito net	Long-lasting insecticidal treated net (LLIN)	Insecticide treated mosquito net (ITN)[1]	Any mosquito net	Long-lasting insecticidal treated net (LLIN)	Insecticide treated mosquito net (ITN)[2]	Percentage of households with IRS in the past 12 months	Percentage of households with at least one ITN and/or IRS during the last 12 months[3]	Percentage of households with at least one ITN for every 2 persons and/or received IRS during the last 12 months[4]	Number of house-holds
Total	**53.7**	**40.4**	**42.2**	**26.3**	**20.2**	**20.9**	**23.2**	**47.6**	**34.0**	**15 686**
Province										
Manicaland	64.7	58.9	60.9	36.4	32.5	33.8	26.2	64.3	47.0	1 991
Mash Central	60.4	51.3	53.8	23.3	19.8	20.7	37.0	65.1	46.2	792
Mash East	49.9	39.9	41.8	27.0	22.6	23.2	22.0	44.7	33.1	1 828
Mash West	57.0	45.4	46.8	24.2	19.8	20.2	22.2	51.5	32.8	2 015
Mat North	76.0	70.7	72.0	47.6	44.4	45.4	52.7	80.3	71.0	1 382
Mat South	20.3	5.6	7.5	9.3	2.1	2.6	14.0	20.6	16.3	1 285
Midlands	48.7	33.5	34.5	21.8	14.3	14.6	16.8	38.4	24.9	1 932
Masvingo	57.2	49.3	50.3	30.3	25.6	26.1	42.5	60.8	49.7	1 748
Harare	45.3	19.7	22.6	14.3	5.6	6.7	0.1	22.7	6.7	1 518
Bulawayo	55.0	21.7	24.5	24.9	8.3	9.4	0.7	24.9	9.9	1 194
Area										
Urban	53.8	26.5	29.7	23.9	10.9	12.2	2.7	30.2	13.3	4 798
Rural	53.7	46.5	47.7	27.4	24.3	24.8	32.3	55.3	43.1	10 888
Education of household head										
None	55.8	51.2	52.1	33.2	31.0	31.2	42.9	63.0	53.7	1 226
Primary	51.8	43.6	44.7	26.0	22.3	22.7	29.2	51.5	39.1	5 723
Secondary	53.9	37.3	39.5	24.0	17.0	18.0	17.9	43.6	28.3	7 108
Higher	58.3	34.4	37.9	32.8	18.4	20.3	10.7	40.5	25.6	1 610
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19
Wealth index quintiles										
Poorest	60.6	57.8	58.3	31.0	29.5	29.7	45.6	67.7	56.3	2 736
Second	52.1	47.1	48.1	25.1	23.2	23.5	33.4	55.7	42.8	2 830
Middle	48.4	40.7	41.8	24.2	21.5	22.0	26.0	48.4	36.4	3 021
Fourth	51.1	33.2	35.7	24.9	16.9	18.0	13.4	39.0	24.5	3 795
Richest	57.2	28.3	31.7	27.1	12.3	13.8	4.7	33.4	16.6	3 303

[1] MICS indicator 3.16a - Household availability of insecticide-treated nets (ITNs) - One+

[2] MICS indicator 3.16b - Household availability of insecticide-treated nets (ITNs) - One+ per 2 people

[3] MICS indicator 3.17a - Households covered by vector control - One+ ITNs

[4] MICS indicator 3.17b - Households covered by vector control - One+ ITNs per 2 people

[a] The numerators are based on number of usual (de jure) household members and does not take into account whether household members stayed in the household last night. MICS does not collect information on visitors to the household.

Tables CH.15, CH.16 and Figure CH.4 provide information on access to ITNs. Overall, 10 percent of household members had access to an ITN. In urban areas, five percent of household members had access to an ITN whereas in rural areas it was 11.9 percent. Access to an ITN was higher for households in the lower bracket of the wealth index than those in the fourth and richest wealth quintiles.

Table CH.15: Access to an insecticide treated net (ITN) - number of household members

Percentage of household population with access to an ITN in the household, Zimbabwe MICS, 2014

	Number of ITNs owned by household:											
	0	1	2	3	4	5	6	7	8 or more	Total	Percentage with access to an ITN[a]	Number of household members[b]
Total	**57.8**	**17.8**	**13.8**	**8.1**	**1.6**	**0.6**	**0.2**	**0.1**	**0.0**	**100.0**	**10.0**	**65 259**
Number of household members												
1	70.0	25.2	3.9	0.8	0.1	0.0	0.0	0.0	0.0	100.0	30.0	1 731
2	66.6	20.7	9.9	2.3	0.4	0.0	0.0	0.0	0.0	100.0	12.7	3 880
3	58.4	22.2	14.5	4.6	0.3	0.1	0.0	0.0	0.0	100.0	19.4	8 685
4	54.9	18.5	17.8	7.1	1.2	0.4	0.0	0.0	0.0	100.0	8.8	12 098
5	55.0	14.1	17.2	11.2	1.9	0.4	0.1	0.0	0.0	100.0	13.7	11 840
6	52.1	12.5	17.6	14.4	2.7	0.4	0.3	0.0	0.0	100.0	3.4	9 952
7	48.8	12.9	14.0	17.5	4.1	1.7	0.7	0.3	0.1	100.0	6.9	6 325
8 or more	51.7	8.0	10.8	17.8	6.3	3.3	1.3	0.6	0.2	100.0	3.2	10 749
Wealth index quintile												
Poorest	41.7	17.3	22.2	13.8	3.3	1.1	0.4	0.1	0.0	100.0	14.8	13 050
Second	51.9	16.9	17.0	11.1	1.9	0.7	0.4	0.0	0.1	100.0	10.1	13 055
Middle	58.2	14.8	14.9	9.0	2.0	0.7	0.2	0.1	0.0	100.0	10.9	13 051
Fourth	64.3	21.9	8.6	4.0	0.9	0.2	0.0	0.0	0.0	100.0	8.0	13 052
Richest	68.3	16.9	9.2	4.7	0.4	0.2	0.1	0.1	0.0	100.0	6.1	13 051

[a] Percentage of household population who could sleep under an ITN if each ITN in the household were used by up to two people

[b] The denominator is number of usual (de jure) household members and does not take into account whether household members stayed in the household last night. MICS does not collect information on visitors to the household.

Table CH.16: Access to an insecticide treated net (ITN) - background characteristics

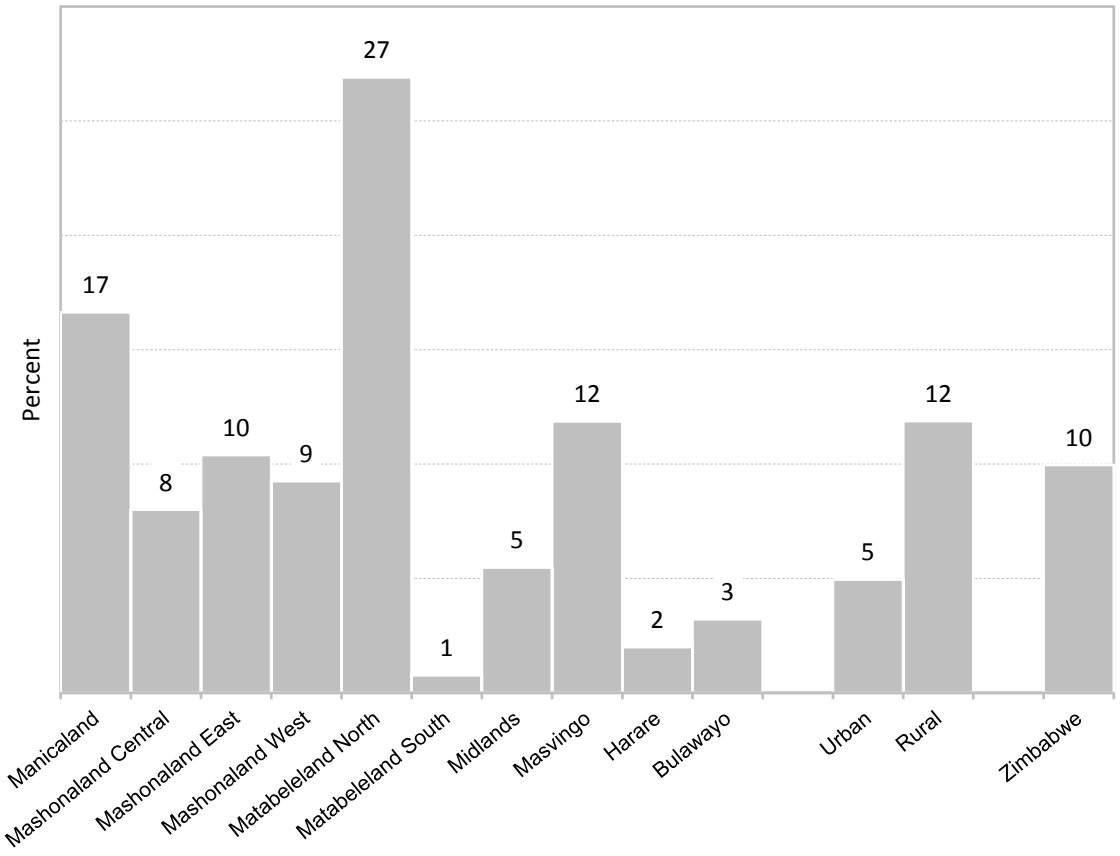
Percentage of household population with access to an ITN in the household, Zimbabwe MICS, 2014

	Percentage with access to an ITN[a]	Number of household members[b]
Total	**10.0**	**65 259**
Province		
Manicaland	16.6	8 164
Mashonaland Central	8.0	3 455
Mashonaland East	10.4	7 232
Mashonaland West	9.3	8 684
Matabeleland North	26.9	6 226
Matabeleland South	0.8	5 464
Midlands	5.5	8 264
Masvingo	11.9	7 400
Harare	2.0	5 901
Bulawayo	3.2	4 469
Area		
Urban	5.0	18 082
Rural	11.9	47 177
Wealth index quintiles		
Poorest	14.8	13 050
Second	10.1	13 055
Middle	10.9	13 051
Fourth	8.0	13 052
Richest	6.1	13 051

[a] Percentage of household population who could sleep under an ITN if each ITN in the household were used by up to two people

[b] The denominator is number of usual (de jure) household members and does not take into account whether household members stayed in the household last night. MICS does not collect information on visitors to the household.

Figure CH.4: Percentage of household population with access to an ITN in the household, Zimbabwe MICS, 2014



Overall, 57.1 percent of ITNs were used during the night preceding the survey. The percentage of ITNs used the previous night before the survey was higher in rural areas (58.3 percent) than in urban areas (51.4 percent), see Table CH.17

Table CH.17: Use of ITNs

Percentage of insecticide treated nets (ITNs) that were used by anyone last night, Zimbabwe MICS, 2014

	Percentage of ITNs used last night	Number of ITNs
Total	**57.1**	**12 686**
Province		
Manicaland	57.4	2 399
Mashonaland Central	74.6	755
Mashonaland East	66.1	1 417
Mashonaland West	54.0	1 804
Matabeleland North	52.4	2 409
Matabeleland South	47.9	121
Midlands	56.4	1 189
Masvingo	56.8	1 705
Harare	47.2	469
Bulawayo	50.1	419
Area		
Urban	51.4	2 213
Rural	58.3	10 474
Wealth index quintiles		
Poorest	56.1	3 431
Second	60.9	2 789
Middle	58.7	2 569
Fourth	58.9	2 134
Richest	48.5	1 763

About 27 percent of children under 5 years of age slept under an ITN the night preceding the survey, see Table CH.18. Fifty-seven percent of children slept under an ITN in the household with at least one ITN, the night preceding the survey. There were no disparities by sex among children under 5 years of age. ITN use for children under five was higher in rural areas (30.2 percent) than in urban areas (17.4 percent).

Table CH.18: Children sleeping under mosquito nets

Percentage of children age 0-59 months who slept under a mosquito net last night, by type of net, Zimbabwe MICS, 2014

	Percentage of children age 0-59 who spent last night in the interviewed households	Number of children age 0-59 months	Percentage of children under age five who the previous night slept under:				Number of children age 0-59 months who spent last night in the interviewed households	Percentage of children who slept under an ITN last night in households with at least one ITN	Number of children age 0-59 living in households with at least one ITN
			Any mosquito net	An insecticide treated net (ITN)[1]	A Long-lasting insecticidal treated net (LLIN)	An ITN or in a dwelling sprayed with IRS in the past 12 months			
Total	**96.7**	**9 884**	**31.6**	**26.8**	**25.7**	**39.8**	**9 559**	**57.4**	**4 454**
Sex									
Male	97.1	4 913	31.9	27.4	26.3	40.2	4 769	58.9	2 223
Female	96.4	4 971	31.2	26.1	25.2	39.5	4 790	56.0	2 231
Province									
Manicaland	96.2	1 326	43.1	40.3	38.5	51.7	1 275	61.5	836
Mashonaland Central	96.2	552	45.2	41.8	40.4	60.4	532	71.4	311
Mashonaland East	95.2	1 093	32.9	29.5	28.5	36.2	1 041	67.8	453
Mashonaland West	96.5	1 281	32.3	26.9	25.5	38.7	1 237	52.8	631
Matabeleland North	98.8	918	45.0	42.5	42.1	71.4	907	55.7	692
Matabeleland South	97.2	800	7.3	3.0	2.2	20.7	778	(47.9)	49
Midlands	97.7	1 227	25.5	21.9	21.5	33.0	1 199	53.8	488
Masvingo	95.6	1 143	31.2	28.9	28.3	52.4	1 093	54.7	578
Harare	97.3	917	23.6	13.0	12.0	13.1	893	47.3	245
Bulawayo	96.7	626	27.4	12.8	11.4	13.3	605	45.9	170
Area									
Urban	97.2	2 625	27.5	17.4	15.5	18.2	2 553	50.6	876
Rural	96.5	7 259	33.0	30.2	29.5	47.7	7 006	59.1	3 578
Age									
0-11 months	97.5	1 816	35.8	29.0	27.7	40.9	1 770	62.6	821
12-23 months	96.4	1 990	33.2	27.9	26.6	39.8	1 919	60.6	884
24-35 months	96.5	2 054	31.1	26.4	25.2	40.3	1 981	55.8	937
36-47 months	96.4	2 145	30.3	26.0	25.3	39.8	2 068	56.3	956
48-59 months	96.9	1 879	27.7	24.6	24.0	38.4	1 822	52.3	856
Mother's education									
None	96.8	323	31.5	29.3	29.3	53.2	312	59.7	153
Primary	97.0	3 576	32.4	30.0	29.4	48.1	3 468	58.0	1 792
Secondary	96.6	5 522	31.1	25.1	23.7	35.0	5 335	57.2	2 337
Higher	96.0	463	30.6	20.2	19.2	24.6	444	52.4	172
Missing/DK	(*)	1	(*)	(*)	(*)	(*)	1	-	0
Wealth index quintiles									
Poorest	97.0	2 187	35.7	34.5	34.5	44.7	2 121	58.3	1 254
Second	97.1	2 100	31.9	30.0	29.2	34.1	2 039	59.3	1 032
Middle	95.5	1 808	29.8	26.8	25.9	27.4	1 727	60.3	767
Fourth	96.5	2 155	31.6	22.5	20.7	11.0	2 078	58.6	799
Richest	97.5	1 634	27.6	17.8	16.0	4.8	1 594	47.1	602

[1] **MICS indicator 3.18; MDG indicator 6.7 - Children under age 5 sleeping under insecticide-treated nets (ITNs)**

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table CH.19 gives information on use of mosquito nets for all household members. Overall, 23.2 percent of household members slept under an ITN the night prior to the survey. A quarter of the household members slept under an ITN or in a dwelling sprayed with IRS in the past 12 months prior to the survey. Of the household members in households with at least one ITN, 51.5 percent of household members slept under an ITN the previous night or in a dwelling which had IRS in the past 12 months. The percentage of household members who slept under an ITN the previous night was 50.3 percent for males and 52.6 for females. The proportion also varied by urban/rural areas, higher in rural areas (54.3 percent) than in urban areas (40.1 percent).

Table CH.19: Use of mosquito nets by the household population

Percentage of household members who slept under a mosquito net last night, by type of net, Zimbabwe MICS, 2014

	Percentage of household members who the previous night slept under:						
	Any mosquito net	An insecticide treated net (ITN)[1]	A Long-lasting insecticidal treated net (LLIN)	An ITN or in a dwelling sprayed with IRS in the past 12 months	Number of household members who spent the previous night in the interviewed households	Percentage who the previous night slept under an ITN	Number of household members in households with at least one ITN
Total	**27.0**	**23.2**	**22.4**	**25.6**	**62 187**	**51.5**	**28 042**
Sex							
Male	26.1	22.6	21.8	25.7	29 471	50.3	13 258
Female	27.7	23.8	22.9	25.5	32 716	52.6	14 784
Province							
Manicaland	37.9	35.8	34.4	29.1	7 707	55.5	4 967
Mashonaland Central	39.2	36.5	35.3	39.0	3 300	63.4	1 900
Mashonaland East	28.8	26.3	25.4	23.0	6 885	61.1	2 963
Mashonaland West	28.3	24.1	23.2	22.5	8 127	48.6	4 033
Matabeleland North	40.9	39.2	38.7	58.2	6 051	51.6	4 590
Matabeleland South	5.7	2.1	1.5	16.2	5 174	33.2	332
Midlands	20.9	17.8	17.5	19.2	7 971	47.5	2 992
Masvingo	29.9	27.5	26.9	42.9	7 029	52.1	3 713
Harare	15.9	8.2	7.2	0.1	5 661	33.3	1 402
Bulawayo	19.4	9.5	8.7	1.0	4 282	35.4	1 150
Area							
Urban	20.3	12.8	11.5	2.7	17 298	40.1	5 506
Rural	29.5	27.3	26.6	34.4	44 889	54.3	22 535
Age							
0-4	31.4	26.6	25.6	25.3	9 704	57.2	4 516
5-14	22.5	20.4	19.8	29.0	17 970	42.7	8 569
15-34	25.3	21.4	20.4	22.6	19 684	49.7	8 450
35-49	34.0	28.4	27.3	22.9	7 493	64.4	3 304
50+	29.3	25.5	24.9	28.1	7 334	58.4	3 204
Missing/DK	(*)	(*)	(*)	(*)	5	-	0
Education of household head							
None	28.6	27.4	26.8	44.5	5 235	50.1	2 864
Primary	27.1	24.6	24.1	31.2	24 607	52.0	11 625
Secondary	27.5	22.6	21.6	19.9	26 574	53.2	11 294
Higher	22.7	16.6	15.3	10.3	5 683	42.4	2 220
Missing/DK	17.9	13.0	13.0	8.1	89	(29.8)	39
Wealth index quintiles							
Poorest	33.1	32.0	31.8	47.0	12 522	53.6	7 489
Second	29.7	28.2	27.6	34.7	12 440	56.5	6 204
Middle	25.6	23.4	22.8	27.5	12 383	53.6	5 410
Fourth	26.7	20.0	18.5	13.5	12 343	52.4	4 705
Richest	19.6	12.5	11.4	4.9	12 499	36.9	4 234

[1] **MICS indicator 3.19 - Population that slept under an ITN**

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table CH.20 provides information on care-seeking behaviour by the mother/primary caregiver for a child 0-59 months during an episode of fever in the 2 weeks prior to the survey. Even though 81.8 percent of mothers or primary caregivers indicated that they would take a child to a health facility when the child developed a fever (Table CH.11), advice was sought from a health facility or a health care provider for 47.1 percent of children with fever; these services were provided mainly by the public sector (40.7 percent). However, no advice or treatment was sought in 44.3 percent of the cases. The proportion that received care from a health facility or a health care provider varied with the age of the child from 53.5 percent for children 0-11 months to 42.7 percent for those age 48-59 months. This proportion ranged from 36.1 percent in the Midlands Province to 65.9 percent in Matabeleland North Province. The percentage of children age 0-59 months who had a fever in the last 2 weeks preceding the survey for whom advice or treatment was sought increased with education of the mother. For children whose mothers had no education the proportion was 36.6 percent, increasing to 55 percent for mothers with higher education.

Table CH.20: Care-seeking during fever

Percentage of children age 0-59 months with fever in the last two weeks for whom advice or treatment was sought, by source of advice or treatment, Zimbabwe MICS, 2014

	Percentage of children for whom:							
	Advice or treatment was sought from:							
	Health facilities or providers							
	Public	Private	Mission	Community health provider[a]	Other source	A health facility or provider[1, b]	No advice or treatment sought	Number of children with fever in last two weeks
Total	**40.7**	**5.2**	**3.5**	**2.9**	**6.6**	**47.1**	**44.3**	**2 679**
Sex								
Male	40.5	5.3	3.1	2.4	6.4	46.6	45.3	1 349
Female	40.9	5.1	4.0	3.5	6.7	47.5	43.4	1 330
Province								
Manicaland	43.6	3.9	5.6	1.2	8.6	51.0	40.0	451
Mashonaland Central	51.4	7.0	0.4	6.5	7.6	55.2	34.1	196
Mashonaland East	47.1	3.3	1.8	1.4	6.8	51.2	41.0	331
Mashonaland West	39.5	5.2	5.3	3.5	7.3	47.8	42.4	452
Matabeleland North	58.8	1.5	5.7	4.3	1.6	65.9	32.5	71
Matabeleland South	42.9	5.2	0.0	0.0	18.8	42.9	33.1	52
Midlands	29.4	2.2	6.2	0.4	7.6	36.1	55.0	371
Masvingo	38.8	3.8	2.7	2.3	4.7	44.5	49.6	413
Harare	36.6	14.5	0.0	0.0	2.7	44.3	46.8	262
Bulawayo	36.4	9.8	0.0	31.8	1.5	43.3	52.3	81
Area								
Urban	36.3	15.0	0.3	4.3	3.1	43.6	46.1	602
Rural	42.0	2.4	4.5	2.5	7.6	48.1	43.8	2 078
Age								
0-11 months	45.3	5.3	4.9	1.4	4.6	53.5	39.7	505
12-23 months	42.1	5.1	4.2	3.1	5.2	49.6	43.4	653
24-35 months	41.0	6.7	2.7	3.6	7.1	46.7	42.9	553
36-47 months	37.1	3.8	2.4	3.1	9.1	41.9	48.0	549
48-59 months	37.2	5.1	3.3	3.4	7.1	42.7	48.6	420
Mother's education								
None	33.5	1.9	1.2	3.1	6.2	36.6	55.9	92
Primary	40.0	2.5	3.2	2.6	8.0	44.8	47.0	1 014
Secondary	42.0	6.0	3.9	3.1	5.7	48.8	42.5	1 477
Higher	34.6	24.3	3.1	2.9	4.6	55.0	34.2	96
Wealth index quintiles								
Poorest	39.1	0.8	4.9	3.0	6.3	44.6	48.7	614
Second	44.6	1.5	2.8	1.8	7.7	48.9	43.8	582
Middle	42.1	2.4	5.2	3.5	9.3	48.3	41.2	545
Fourth	38.9	7.7	3.2	1.6	5.4	45.3	45.6	593
Richest	37.8	19.5	0.0	6.1	3.0	49.4	40.3	346

[1] MICS indicator 3.20 - Care-seeking for fever

[a] Community health providers include both public (*Community health worker* and *Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities

[b] Includes all public and private health facilities and providers as well as shops

Mothers/primary caregivers were asked to name all of the medicines given to a child to treat the fever, including medicines given at home and medicines given or prescribed at a health facility. About two percent of children 0-59 months with a fever in the last 2 weeks preceding the survey were treated with an artemisinin-based combination therapy (ACT) and 0.7 percent received any other anti-malarial, see Table CH.21. Paracetamol/Panadol/Acetaminophen was given to 42.3 percent of the children 0-59 months who had an episode of fever in the 2 weeks preceding the survey while 26.2 percent were treated with antibiotic pills or syrup. The proportion who were treated with antibiotic pills or syrup, or with either Paracetamol, Panadol or Acetaminophen increased with the educational status of the mother and with improved socio-economic status of the household.

Table CH.21: Treatment of children with fever

Percentage of children age 0-59 months who had a fever in the last two weeks, by type of medicine given for the illness, Zimbabwe MICS, 2014

	Children with a fever in the last two weeks who were given:												Number of children with fever in last two weeks
	Anti-malarials					Other medications							
	SP/ Fansidar	Chloroquine	Quinine	Artemisinin-based Combination Therapy (ACT)	Other anti-malarial	Antibiotic pill or syrup	Antibiotic injection	Paracetamol/ Panadol/ Acetaminophen	Aspirin	Ibuprofen	Other	Missing/DK	
Total	**0.1**	**0.3**	**0.1**	**2.4**	**0.2**	**26.2**	**1.7**	**42.3**	**0.3**	**0.2**	**11.9**	**0.9**	**2 679**
Sex													
Male	0.0	0.5	0.1	2.8	0.2	24.9	1.7	41.5	0.4	0.1	11.0	1.0	1 349
Female	0.2	0.1	0.1	2.0	0.2	27.5	1.6	43.1	0.2	0.3	12.8	0.8	1 330
Province													
Manicaland	0.2	0.3	0.2	6.3	0.2	35.6	0.6	40.9	0.3	0.3	8.9	0.9	451
Mashonaland Central	0.5	0.7	0.2	5.3	0.3	24.3	2.8	42.0	1.6	0.0	13.2	2.7	196
Mashonaland East	0.0	0.0	0.3	2.5	0.4	26.7	2.3	49.1	0.0	0.0	12.1	0.6	331
Mashonaland West	0.2	0.0	0.0	0.8	0.0	23.1	2.6	48.4	0.1	0.3	15.8	1.3	452
Matabeleland North	0.0	5.6	0.0	1.6	0.0	35.6	0.0	51.8	0.0	0.0	6.5	1.4	71
Matabeleland South	0.0	0.0	0.0	0.0	0.0	32.3	2.3	42.5	0.0	0.0	11.5	2.7	52
Midlands	0.0	0.0	0.0	0.5	0.0	13.9	0.9	37.7	0.0	0.0	12.0	0.0	371
Masvingo	0.0	0.3	0.0	2.5	0.5	23.2	0.6	30.4	0.0	0.3	8.1	1.1	413
Harare	0.0	0.0	0.0	0.2	0.0	32.0	2.3	44.9	0.9	0.2	16.3	0.2	262
Bulawayo	0.0	0.0	0.0	0.0	0.0	34.8	5.1	53.9	1.4	0.0	12.3	0.0	81
Area													
Urban	0.0	0.0	0.0	0.9	0.0	30.5	2.8	49.1	0.3	0.1	15.9	0.1	602
Rural	0.1	0.4	0.1	2.8	0.2	24.9	1.3	40.3	0.3	0.2	10.7	1.2	2 078
Age													
0-11 months	0.2	0.3	0.0	0.9	0.2	24.4	4.1	42.6	0.3	0.0	10.2	0.9	505
12-23 months	0.2	0.3	0.3	1.7	0.0	31.9	1.1	39.1	0.0	0.0	11.3	0.8	653
24-35 months	0.0	0.1	0.0	3.8	0.6	27.6	1.0	43.0	0.7	0.0	13.0	0.9	553
36-47 months	0.0	0.3	0.1	2.7	0.1	21.0	1.6	42.9	0.5	0.3	12.7	1.3	549
48-59 months	0.2	0.7	0.0	3.0	0.0	24.3	0.7	45.2	0.1	0.7	12.3	0.7	420

Mother's education													
None	0.0	1.6	0.0	0.0	0.0	23.2	0.0	30.9	0.0	0.0	14.2	4.3	92
Primary	0.3	0.4	0.0	3.2	0.2	20.2	1.0	37.7	0.1	0.3	11.8	1.4	1 014
Secondary	0.0	0.1	0.1	2.1	0.2	29.8	2.3	45.3	0.5	0.1	11.3	0.4	1 477
Higher	0.0	0.5	0.0	1.1	0.0	37.4	0.8	55.9	0.0	0.5	20.9	0.6	96
Wealth index quintiles													
Poorest	0.0	0.9	0.1	3.3	0.2	20.8	1.1	32.0	0.1	0.2	9.3	1.6	614
Second	0.5	0.3	0.2	3.3	0.3	24.0	1.3	40.2	0.4	0.0	9.9	1.2	582
Middle	0.0	0.1	0.1	2.9	0.4	28.5	0.5	44.5	0.2	0.5	11.4	0.7	545
Fourth	0.0	0.1	0.0	1.5	0.0	26.4	2.8	46.8	0.6	0.0	16.9	0.6	593
Richest	0.0	0.0	0.0	0.0	0.0	35.4	3.1	52.9	0.3	0.2	12.0	0.2	346

Artemisinin-based Combination therapy (ACT) is the first line anti-malarial recommended by the WHO and used in Zimbabwe. In addition, confirmation of malaria should be done on all fever cases through rapid diagnostic test.

Overall, 14.1 percent of children with a fever in the 2 weeks prior to the survey had blood taken from a finger or heel for testing, see Table CH.22. Of all the children who received anti-malarial drugs, 78.8 percent were treated with ACT.

Table CH.22: Diagnostics and anti-malarial treatment of children

Percentage of children age 0-59 months who had a fever in the last two weeks who had a finger or heel stick for malaria testing, who were given Artemisinin-combination Treatment (ACT) and any anti-malarial drugs, and percentage who were given ACT among those who were given anti-malarial drugs, Zimbabwe MICS, 2014

	Percentage of children who:							
		Were given:						
	Had blood taken from a finger or heel for testing[1]	Artemisinin-combination Treatment (ACT)	ACT the same or next day	Any antimalarial drugs[2]	Any antimalarial drugs same or next day	Number of children age 0-59 months with fever in the last two weeks	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment[3]	Number of children age 0-59 months with fever in the last two weeks who were given any antimalarial drugs
Total	**14.1**	**2.4**	**1.2**	**3.0**	**1.7**	**2 679**	**78.8**	**82**
Sex								
Male	13.4	2.8	1.3	3.5	1.8	1 349	(79.4)	47
Female	14.9	2.0	1.2	2.6	1.5	1 330	(77.9)	34
Province								
Manicaland	23.7	6.3	3.6	7.1	4.4	451	(87.9)	32
Mash Central	24.5	5.3	3.3	7.0	4.3	196	(*)	14
Mash East	20.6	2.5	0.4	2.9	0.4	331	(*)	10
Mash West	11.5	0.8	0.3	1.1	0.3	452	(*)	5
Mat North	33.3	1.6	1.6	7.2	7.2	71	(*)	5
Mat South	14.6	0.0	0.0	0.0	0.0	52	-	0
Midlands	2.8	0.5	0.2	0.5	0.2	371	(*)	2
Masvingo	12.9	2.5	1.4	3.4	1.7	413	(*)	14
Harare	3.0	0.2	0.2	0.2	0.2	262	(*)	1
Bulawayo	1.1	0.0	0.0	0.0	0.0	81	-	0
Area								
Urban	6.6	0.9	0.7	0.9	0.7	602	(*)	6
Rural	16.3	2.8	1.4	3.7	1.9	2 078	77.5	76
Age								
0-11	9.3	0.9	0.3	1.6	0.8	505	(*)	8
12-23	13.8	1.7	1.0	2.3	1.4	653	(*)	15
24-35	16.0	3.8	1.3	4.5	1.7	553	(85.2)	25
36-47	15.4	2.7	1.9	3.2	2.0	549	(*)	17
48-59	16.2	3.0	1.7	3.9	2.6	420	(*)	17
Mother's education								
None	21.6	0.0	0.0	1.6	1.6	92	(*)	1
Primary	15.2	3.2	1.4	4.1	2.2	1 014	(76.7)	42
Secondary	13.1	2.1	1.2	2.5	1.4	1 477	(84.7)	37
Higher	11.1	1.1	0.0	1.6	0.5	96	(*)	2

Wealth index quintiles								
Poorest	14.9	3.3	1.4	4.5	2.3	614	(74.5)	28
Second	17.7	3.3	1.7	4.4	2.4	582	(75.2)	26
Middle	16.5	2.9	1.6	3.5	1.9	545	(*)	19
Fourth	12.9	1.5	1.0	1.6	1.1	593	(*)	9
Richest	5.1	0.0	0.0	0.0	0.0	346	-	0

[1] MICS indicator 3.21 - Malaria diagnostics usage

[2] MICS indicator 3.22; MDG indicator 6.8 - Anti-malarial treatment of children under age 5

[3] MICS indicator 3.23 - Treatment with Artemisinin-based Combination Therapy (ACT) among children who received anti-malarial treatment

(*) Figures that are based on less than 25 unweighted cases

Table CH.22A: Diagnostics and anti-malarial treatment of children

Percentage of children age 0-59 months who had a fever in the last two weeks who had a finger or heel stick for malaria testing, tested positive for malaria and who were given the correct treatment for malaria, Zimbabwe MICS, 2014

	Percentage of children who:										
				Were given:							
	Had blood taken from a finger or heel for testing	Tested positive for malaria	Number of children age 0-59 months with fever in the last two weeks	SP/Fansidar	Chloroquine	Quinine	Artemisinin-combination Treatment (ACT)	Other Anti-malarial	Number of children age 0-59 months who tested positive for malaria	Treatment with Artemisinin-based Combination Therapy (ACT) among children who tested positive for malaria and were given any antimalarial drugs	Number of children age 0-59 months who tested positive for malaria and were given any antimalarial drugs
Total	**14.1**	**2.9**	**2 679**	**4.0**	**8.8**	**2.8**	**65.0**	**2.2**	**78**	**79.8**	**64**
Sex											
Male	13.4	3.3	1 349	(0.4)	(14.3)	(1.6)	(63.6)	(3.8)	45	(75.9)	37
Female	14.9	2.5	1 330	(8.8)	(1.4)	(4.3)	(66.9)	(0.0)	33	(85.3)	26
Province											
Manicaland	23.7	7.8	451	(2.8)	(4.1)	(2.1)	(70.2)	(0.0)	35	(88.7)	28
Mashonaland Central	24.5	7.1	196	(*)	(*)	(*)	(*)	(*)	14	(*)	13
Mashonaland East	20.6	2.5	331	(*)	(*)	(*)	(*)	(*)	8	(*)	8
Mashonaland West	11.5	0.9	452	(*)	(*)	(*)	(*)	(*)	4	(*)	2
Matabeleland North	33.3	5.6	71	(*)	(*)	(*)	(*)	(*)	4	(*)	4
Matabeleland South	14.6	0.0	52	-	-	-	-	-	0	-	0
Midlands	2.8	0.3	371	(*)	(*)	(*)	(*)	(*)	1		0
Masvingo	12.9	2.6	413	(*)	(*)	(*)	(*)	(*)	11	(*)	8
Harare	3.0	0.2	262	(*)	(*)	(*)	(*)	(*)	1	(*)	1
Bulawayo	1.1	0.0	81						0	-	0

Area											
Urban	6.6	0.9	602	(*)	(*)	(*)	(*)	(*)	6	(*)	6
Rural	16.3	3.5	2 078	4.1	9.5	3.0	62.6	2.4	73	78.1	58
Age											
0-11	9.3	1.3	505	(*)	(*)	(*)	(*)	(*)	6	(*)	6
12-23	13.8	2.0	653	(*)	(*)	(*)	(*)	(*)	13	(*)	10
24-35	16.0	3.5	553	(*)	(*)	(*)	(*)	(*)	19	(*)	19
36-47	15.4	3.4	549	(*)	(*)	(*)	(*)	(*)	18	(*)	12
48-59	16.2	5.0	420	(*)	(*)	(*)	(*)	(*)	21	(*)	17
Mother's education											
None	21.6	4.1	92	(*)	(*)	(*)	(*)	(*)	4	(*)	1
Primary	15.2	3.7	1 014	(8.4)	(7.5)	(1.1)	(64.1)	(2.9)	37	(76.3)	32
Secondary	13.1	2.4	1 477	(0.0)	(6.0)	(4.9)	(72.6)	(1.7)	35	(88.1)	29
Higher	11.1	1.6	96	(*)	(*)	(*)	(*)	(*)	2	(*)	2
Wealth index quintiles											
Poorest	14.9	4.6	614	(0.0)	(19.7)	(1.5)	(65.3)	(0.0)	28	(*)	24
Second	17.7	3.8	582	(*)	(*)	(*)	(*)	(*)	22	(*)	17
Middle	16.5	2.9	545	(*)	(*)	(*)	(*)	(*)	16	(*)	13
Fourth	12.9	2.1	593	(*)	(*)	(*)	(*)	(*)	12	(*)	9
Richest	5.1	0.0	346	-	-	-	-	-	0	-	0

Table CH.23 presents the source of antimalarial for children under age five who were treated with an antimalarial. Three percent of children age 0-59 months with fever in the 2 weeks preceding the survey were given anti-malarials. Seventy-eight percent of these children received anti-malarials from public health facilities. Overall, 92.1 percent anti-malarial treatment was received from a health facility or a health provider.

Table CH.23: Source of anti-malarial

Percentage of children age 0-59 months with fever in the last two weeks who were given anti-malarial by the source of anti-malarial, Zimbabwe MICS, 2014

	Percentage of children who were given anti-malarial	Number of children age 0-59 months with fever in the last two weeks	Percentage of children for whom the source of anti-malarial was:						Number of children age 0-59 months who were given anti-malarial as treatment for fever in the last two weeks
			Health facilities or providers						
			Public	Private	Mission	Village/ health provider[a]	Other source	A health facility or provider[b]	
Total	**3.0**	**2 679**	**78.2**	**3.4**	**10.6**	**5.3**	**1.6**	**92.1**	**82**
Sex									
Male	3.5	1 349	(81.9)	(3.3)	(6.9)	(6.5)	(2.7)	(92.1)	47
Female	2.6	1 330	(73.0)	(3.5)	(15.7)	(3.7)	(0.0)	(92.1)	34
Province									
Manicaland	7.1	451	(71.5)	(3.7)	(22.2)	(3.4)	(0.0)	(97.5)	32
Mash Central	7.0	196	(*)	(*)	(*)	(*)	(*)	(*)	14
Mash East	2.9	331	(*)	(*)	(*)	(*)	(*)	(*)	10
Mash West	1.1	452	(*)	(*)	(*)	(*)	(*)	(*)	5
Mat North	7.2	71	(*)	(*)	(*)	(*)	(*)	(*)	5
Mat South	0.0	52							0
Midlands	0.5	371	(*)	(*)	(*)	(*)	(*)	(*)	2
Masvingo	3.4	413	(*)	(*)	(*)	(*)	(*)	(*)	14
Harare	0.2	262	(*)	(*)	(*)	(*)	(*)	(*)	1
Bulawayo	0.0	81	-	-	-	-	-	-	0
Area									
Urban	0.9	602	(*)	(*)	(*)	(*)	(*)	(*)	6
Rural	3.7	2 078	76.6	3.6	11.4	5.7	1.7	91.6	76
Age									
0-11 months	1.6	505	(*)	(*)	(*)	(*)	(*)	(*)	8
12-23 months	2.3	653	(*)	(*)	(*)	(*)	(*)	(*)	15
24-35 months	4.5	553	(74.7)	(4.9)	(14.6)	(1.8)	(0.0)	(94.2)	25
36-47 months	3.2	549	(*)	(*)	(*)	(*)	(*)	(*)	17
48-59 months	3.9	420	(*)	(*)	(*)	(*)	(*)	(*)	17
Mother's education									
None	1.6	92	(*)	(*)	(*)	(*)	(*)	(*)	1
Primary	4.1	1 014	(79.4)	(5.6)	(9.1)	(6.7)	(3.1)	(94.1)	42
Secondary	2.5	1 477	(77.9)	(1.2)	(10.2)	(4.2)	(0.0)	(89.2)	37
Higher	1.6	96	(*)	(*)	(*)	(*)	(*)	(*)	2

Wealth index quintile									
Poorest	4.5	614	(78.7)	(0.0)	(15.0)	(8.6)	(4.7)	(93.8)	28
Second	4.4	582	(77.2)	(4.5)	(10.5)	(0.0)	(0.0)	(92.2)	26
Middle	3.5	545	(*)	(*)	(*)	(*)	(*)	(*)	19
Fourth	1.6	593	(*)	(*)	(*)	(*)	(*)	(*)	9
Richest	0.0	346	-	-	-	-	-	-	0

[a] Community health providers include both public (*Village/City health worker and Mobile/Outreach clinic*) and private (*Mobile clinic*) health facilities
[b] Includes all public and private health facilities and providers as well as shops

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Any pregnant woman who contracts malaria is susceptible to anaemia, premature delivery and stillbirth among other complications. Babies born to mothers who have had malaria during pregnancy are at an increased risk of low birth weight which carries an increased risk to death in infancy.[37] For these reasons, Government is implementing interventions to protect pregnant women against malaria such as distribution of nets, IRS and IPTp.

Table CH.24 shows that only 30.1 percent of pregnant women slept under a mosquito net the night before the survey. Of these, 26.3 percent slept under an insecticide treated net the night before the survey, and an additional 3.8 percent slept under a mosquito net that was not treated with insecticide. The figure rose to 57.2 percent if only those living in a household with at least one ITN were considered. Rural areas had a higher proportion of pregnant women who slept under any mosquito net the night before the survey (32.6 percent) compared to 23.9 percent for urban areas. About 31 percent of pregnant women in rural areas slept under an ITN in contrast to 15.4 percent in urban areas.

Women were considered to have received intermittent preventive therapy if they had received at least 3 doses of SP (Fansidar) during the pregnancy, at least one of which was taken during antenatal care. In Zimbabwe MICS, women were asked of the medicines they had received to prevent malaria during their last pregnancy during the 2 years preceding the survey.

[37] Shulman CE, Dorman EK. *Importance and prevention of malaria in pregnancy.* Trans R Soc Trop Med Hyg. 2003; 97(1), 30–55

Table CH.24: Pregnant women sleeping under mosquito nets

Percentage of pregnant women age 15-49 years who slept under a mosquito net last night, by type of net, Zimbabwe MICS, 2014

	Percentage of pregnant women who spent last night in the interviewed households	Number of pregnant women age 15-49 years	Percentage of pregnant women age 15-49 years who the previous night slept under: Any mosquito net	An insecticide treated net (ITN)[1]	A Long-lasting insecticidal treated net (LLIN)	An ITN or in a dwelling sprayed with IRS in the past 12 months	Number of pregnant women who spent last night in the interviewed households	Percentage of pregnant women who slept under an ITN last night in households with at least one ITN	Number of pregnant women age 15-49 years living in households with at least one ITN
Total	**96.0**	**998**	**30.1**	**26.3**	**24.6**	**24.6**	**958**	**57.2**	**439**
Province									
Manicaland	95.7	126	45.8	40.8	38.8	27.2	120	65.2	75
Mash Central	97.9	72	45.0	41.8	40.3	31.6	70	(76.2)	39
Mash East	92.3	133	27.3	26.4	24.8	23.1	123	62.7	52
Mash West	95.2	150	28.1	25.6	24.7	14.7	142	52.7	69
Mat North	95.6	95	40.7	40.7	38.0	64.5	91	53.4	69
Mat South	100.0	66	10.9	4.8	2.6	16.1	66	(*)	8
Midlands	98.8	108	29.8	22.1	20.0	23.9	107	(52.6)	45
Masvingo	93.1	96	28.6	28.4	27.3	40.9	89	(56.2)	45
Harare	97.4	99	13.1	8.3	7.5	0.0	96	(*)	22
Bulawayo	98.3	54	25.3	12.9	10.6	0.0	53	(*)	15
Area									
Urban	97.8	287	23.9	15.4	13.9	3.2	281	47.2	91
Rural	95.3	711	32.6	30.8	29.0	33.5	677	59.9	348
Age									
15-19	94.1	194	24.2	22.9	21.0	28.9	183	53.6	78
20-24	96.5	288	25.3	22.3	21.7	21.0	277	47.8	129
25-29	95.5	222	34.2	28.2	24.0	27.9	212	61.1	98
30-34	98.9	177	36.6	31.5	30.9	22.5	175	64.9	85
35-39	95.0	80	32.3	29.2	29.2	22.2	76	(62.3)	36
40-44	(93.5)	35	(35.5)	(30.6)	(27.0)	(24.9)	32	(*)	13
45-49	(*)	2	(*)	(*)	(*)	(*)	2	(*)	1
Education									
None	(*)	13	(*)	(*)	(*)	(*)	13	(*)	6
Primary	96.7	316	37.7	35.9	34.6	39.1	306	62.0	177
Secondary	95.4	635	27.4	22.7	20.7	17.6	606	56.6	243
Higher	(*)	33	(*)	(*)	(*)	(*)	33	(*)	14
Wealth index quintiles									
Poorest	94.6	211	34.6	33.5	32.0	48.4	199	54.5	123
Second	96.4	206	38.3	36.5	36.0	33.3	199	72.7	100
Middle	95.6	160	31.8	30.1	27.9	26.8	153	69.8	66
Fourth	95.7	249	22.9	17.0	13.6	10.0	238	47.3	86
Richest	98.0	172	23.5	15.2	14.8	4.9	169	39.2	65

[1] **MICS indicator 3.24 - Pregnant women who slept under an insecticide treated net (ITN)**

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table CH.25 shows that 38.6 percent of women age 15-49 years who had a live birth 2 years preceding the survey took any medicine to prevent malaria at any ANC visit. About 29 percent of the women took Fansidar at least once, 12.9 percent at least twice and 6.4 percent at least three times during ANC.

Table CH.25: Intermittent preventive treatment for malaria

Percentage of women age 15-49 years who had a live birth during the two years preceding the survey and who received intermittent preventive treatment (IPT) for malaria during pregnancy at any antenatal care visit, Zimbabwe MICS, 2014

	Percentage of women who received antenatal care (ANC)	Number of women with a live birth in the last two years	Percentage of pregnant women: Who took any medicine to prevent malaria at any ANC visit during pregnancy	who took SP/Fansidar at least once during an ANC visit and in total took: At least once	Two or more times	Three or more times[1]	Four or more times	Number of women with a live birth in the last two years and who received antenatal care
Total	**93.7**	**3 902**	**38.6**	**28.9**	**12.9**	**6.4**	**1.8**	**3 656**
Province								
Manicaland	91.1	503	73.7	64.4	34.0	17.6	4.6	459
Mash Central	93.3	228	60.5	38.4	17.2	9.3	3.7	213
Mash East	91.2	446	24.6	16.1	7.4	3.5	1.2	407
Mash West	93.5	516	54.8	45.8	14.4	6.3	1.5	482
Mat North	98.4	336	49.1	41.5	22.9	13.3	1.6	331
Mat South	96.4	298	28.2	12.9	6.5	3.0	1.1	288
Midlands	93.0	464	25.0	21.3	10.2	4.6	1.9	432
Masvingo	93.4	423	47.7	26.4	9.2	3.2	1.3	395
Harare	93.7	411	6.5	3.4	1.6	1.0	0.7	386
Bulawayo	96.0	276	5.6	2.8	0.0	0.0	0.0	265
Area								
Urban	95.3	1 145	23.3	17.7	8.8	3.8	0.5	1 091
Rural	93.0	2 758	45.1	33.6	14.7	7.5	2.3	2 565
Education								
None	(95.4)	44	(47.3)	(40.6)	(23.9)	(15.5)	(3.5)	42
Primary	89.4	1 194	46.4	34.2	14.8	6.9	2.5	1 068
Secondary	95.3	2 473	35.6	26.7	11.8	6.1	1.5	2 357
Higher	98.5	192	30.0	23.3	14.1	4.5	1.0	189
Wealth index quintiles								
Poorest	91.7	810	45.8	36.1	15.2	7.5	1.9	742
Second	90.8	781	48.5	34.7	16.1	7.8	3.2	709
Middle	94.5	664	42.2	30.7	12.5	6.8	2.4	627
Fourth	94.4	959	34.0	25.8	13.0	6.5	1.1	906
Richest	97.5	688	22.9	17.2	7.5	3.1	0.6	671

[1] **MICS indicator 3.25 - Intermittent preventive treatment for malaria**

( ) Figures that are based on 25-49 unweighted cases.

7 Water and Sanitation

Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as cholera, typhoid and schistosomiasis. Drinking water can also be tainted with chemical and physical contaminants with harmful effects on human health. In addition to its association with disease, access to safe drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.[38]

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio and is an important determinant for stunting. Improved sanitation can reduce diarrheal disease by more than a third[39] and can significantly lessen the adverse health impacts of other disorders responsible for death and disease among millions of children in developing countries.

The Millennium Development Goal number 7C is aimed at reducing by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation[40]. The National Water Policy 2013 specifies that water for primary needs[41] is a right for all Zimbabweans which shall be given the first and highest priority in the provision of services.

7.1 Use of Improved Water Sources

The survey collected information on the source of drinking water. Sources considered improved include piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring and rainwater collection. Bottled water was considered as an improved water source only if the household was using an improved water source for handwashing and cooking.

The following are considered to be unimproved drinking water sources: unprotected well, unprotected spring, tanker truck, cart with tank/drum, surface water and bottled water[42].

The distribution of the population by main source of drinking water is shown in Table WS.1 and Figure WS.1. Overall, 76.1 percent of the population was using an improved source of drinking water (98.4 percent in urban areas and 67.5 percent in rural areas). Harare and Bulawayo provinces (the major cities) were at 97.2 percent and 98.9 percent, respectively. Of the predominantly rural provinces, Masvingo Province had the lowest percentage (64.3) of the household population using improved drinking water sources. The proportion of household population using improved sources of drinking water increased with the education status of the head of household and higher socio-economic status.

[38] WHO/UNICEF. 2012. *Progress on Drinking water and Sanitation: 2012 update*.

[39] Cairncross, S et al. 2010. *Water, sanitation and hygiene for the prevention of diarrhoea*. International Journal of Epidemiology 39: i193-i205

[40] For more details on water and sanitation and to access some reference documents, please visit the UNICEF childinfo website or the website of the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

[41] Water for consumption, personal household hygiene, food preparation and non- commercial household productive purposes.

[42] Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and handwashing.

The proportion ranged from 64.3 percent for heads of households with no education to 94.4 percent for those with higher education, while it varied from 51.5 percent for the poorest households to 99.1 percent for the richest, see Table WS.1.

The source of drinking water for the population varied by province. Use of piped water as a source of drinking water in Harare Province was 29.0 percent as compared to 98.1 percent in Bulawayo. In Harare, 68.7 percent of the population used water from a tubewell/borehole, protected well, protected spring, rainwater collection or bottled water while this proportion is only 1.3 percent in Bulawayo. In the predominantly rural provinces, Mashonaland West and Midlands provinces, 27.3 percent and 27.7 percent, respectively, use piped water. At the other end of the scale, 13.5 percent of those residing in Masvingo Province and 12.1 percent of those in Mashonaland East Province used piped water.

The provinces with highest use of unimproved water sources (unprotected well, unprotected spring, tanker, drums or surface water) were Masvingo Province (35.8 percent), Mashonaland Central Province (34.1 percent), Mashonaland West Province (31.4 percent) and Matabeleland North Province (30.9 percent).

Table WS.1: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household population using improved drinking water sources, Zimbabwe MICS, 2014

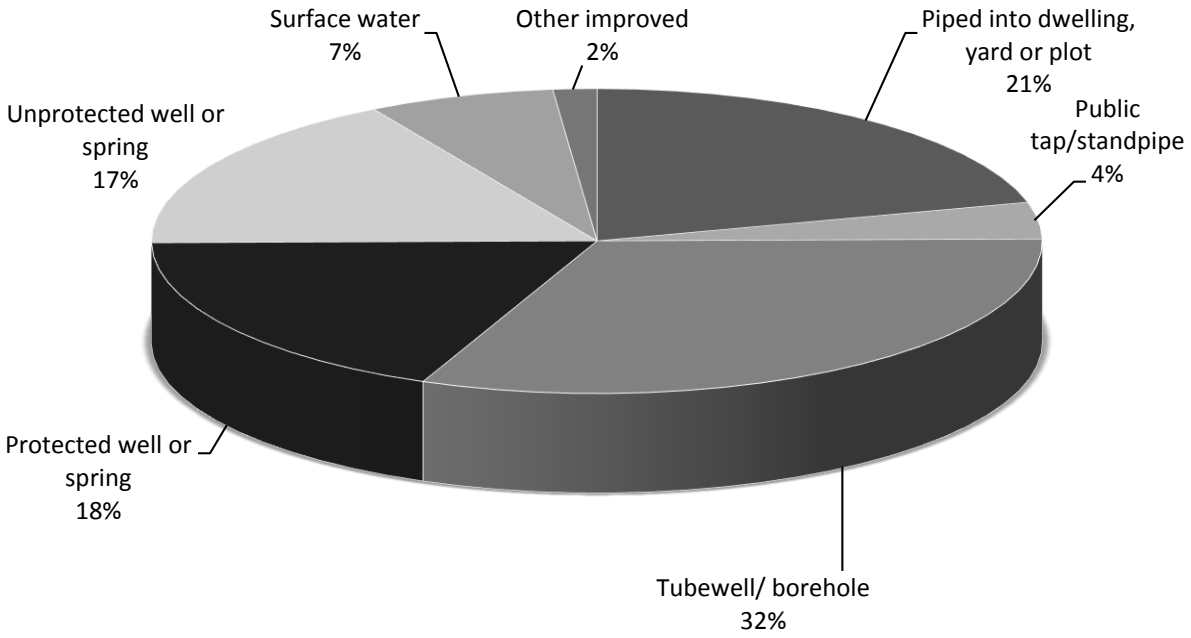
	Main source of drinking water																			
	Improved sources									Unimproved sources										
	Piped water																			
	Into dwelling	Into yard/ plot	To neigh-bour	Public tap/ stand-pipe	Tube well/ bore-hole	Pro-tected well	Pro-tected spring	Rain-water collection	Bottled water[a]	Unprot ected well	Unprotec ted spring	Tanker truck	Cart with tank/ drum	Surface water	Bottled water[a]	Other	Missing /DK	Total	Percent-age using improved sources of drinking water[1]	Number of house-hold members
Total	**13.0**	**8.0**	**1.0**	**3.9**	**31.7**	**18.0**	**0.5**	**0.1**	**0.0**	**14.7**	**2.2**	**0.0**	**0.0**	**6.8**	**0.0**	**0.0**	**0.0**	**100.0**	**76.1**	**65 259**
Province																				
Manicaland	8.1	12.5	1.1	2.0	29.4	24.1	1.6	0.0	0.0	11.7	5.2	0.0	0.0	4.2	0.0	0.0	0.0	100.0	78.9	8 164
Mash Central	4.6	5.0	0.4	5.7	34.8	15.2	0.2	0.1	0.0	24.8	2.0	0.0	0.0	7.3	0.0	0.0	0.0	100.0	65.9	3 455
Mash East	2.9	4.6	0.5	4.1	22.7	45.6	0.7	0.0	0.0	14.1	2.7	0.0	0.0	2.0	0.0	0.0	0.0	100.0	81.0	7 232
Mash West	10.7	4.9	3.1	8.6	23.4	17.3	0.2	0.1	0.0	22.5	3.0	0.0	0.1	5.8	0.0	0.0	0.1	100.0	68.5	8 684
Mat North	3.9	4.7	1.2	4.5	44.6	9.9	0.1	0.1	0.0	18.5	1.3	0.0	0.0	10.9	0.0	0.2	0.0	100.0	69.1	6 226
Mat South	7.6	5.9	0.6	2.4	51.3	5.0	0.1	0.3	0.0	17.4	0.3	0.0	0.0	9.1	0.0	0.0	0.0	100.0	73.1	5 464
Midlands	18.8	6.0	0.6	2.3	26.5	17.0	0.4	0.0	0.1	15.1	1.7	0.0	0.0	11.7	0.0	0.0	0.0	100.0	71.5	8 264
Masvingo	5.1	2.9	0.9	4.6	39.0	11.2	0.7	0.0	0.0	18.4	3.0	0.0	0.0	14.4	0.0	0.0	0.0	100.0	64.3	7 400
Harare	17.0	10.1	0.2	1.7	45.2	23.0	0.4	0.0	0.1	1.6	0.1	0.5	0.0	0.0	0.0	0.0	0.0	100.0	97.2	5 901
Bulawayo	66.0	29.7	0.5	1.9	1.1	0.1	0.0	0.0	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.2	0.1	100.0	98.9	4 469
Area																				
Urban	43.8	22.6	2.3	2.5	17.0	9.9	0.7	0.0	0.1	0.9	0.0	0.2	0.0	0.1	0.0	0.0	0.0	100.0	98.4	18 082
Rural	1.3	2.4	0.5	4.4	37.3	21.2	0.4	0.1	0.0	20.0	3.0	0.0	0.0	9.4	0.0	0.0	0.0	100.0	67.5	47 177
Education of household head																				
None	1.4	2.4	0.9	3.8	41.7	13.2	0.7	0.1	0.0	21.3	3.1	0.0	0.0	11.2	0.0	0.0	0.0	100.0	64.3	5 479
Primary	5.4	4.6	0.8	3.8	34.8	19.5	0.5	0.1	0.0	18.7	2.8	0.0	0.0	9.1	0.0	0.0	0.0	100.0	69.4	25 770
Secondary	16.5	11.3	1.3	4.2	27.8	19.2	0.4	0.0	0.0	12.2	1.8	0.0	0.0	5.2	0.0	0.0	0.0	100.0	80.6	27 921
Higher	40.5	12.3	0.8	2.8	26.9	10.7	0.7	0.2	0.2	3.4	0.5	0.3	0.0	0.6	0.0	0.1	0.0	100.0	94.4	5 989
Missing/DK	7.9	5.5	0.0	7.1	31.4	25.3	0.0	0.0	0.0	22.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	77.1	100

Wealth index quintile																				
Poorest	0.0	0.0	0.0	1.0	38.8	11.1	0.5	0.1	0.0	26.0	4.0	0.0	0.0	18.4	0.0	0.1	0.0	100.0	51.5	13 050
Second	0.0	0.1	0.2	1.6	41.5	19.7	0.4	0.0	0.0	23.5	3.5	0.0	0.0	9.5	0.0	0.0	0.0	100.0	63.5	13 055
Middle	0.0	0.8	0.3	2.7	38.1	31.0	0.6	0.1	0.0	18.3	2.6	0.0	0.0	5.4	0.0	0.0	0.1	100.0	73.7	13 051
Fourth	9.3	19.2	3.8	12.6	23.5	23.5	0.7	0.1	0.0	5.7	0.7	0.0	0.0	0.9	0.0	0.0	0.0	100.0	92.6	13 052
Richest	55.9	19.8	0.8	1.5	16.2	4.9	0.3	0.0	0.1	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.0	100.0	99.1	13 051

[1] **MICS indicator 4.1; MDG indicator 7.8 - Use of improved drinking water sources**

[a] Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and handwashing.

Figure WS.1: Percent distribution of household members by source of drinking water, Zimbabwe MICS, 2014



Household water treatment methods are presented in Table WS.2. Households were asked about the methods they were using for treating water at home to make it safer to drink. Boiling water, adding bleach or chlorine, using a water filter and using solar disinfection are considered as appropriate methods to treat water for drinking. The main methods of water treatment were boiling (6 percent), bleaching/chlorination (4.8 percent) and use of water treatment tablets (4.6 percent). Eighty-two percent of those living in households using unimproved drinking water sources did not treat their drinking water. Lack of household water treatment was higher in rural areas (87.8 percent) than in urban areas (78.1 percent) and for households with heads who had no education (90.4 percent) compared to those with higher education (77.3 percent).

Table WS.2: Household water treatment

Percentage of household population by drinking water treatment method used in the household, and for household members living in households where an unimproved drinking water source is used, the percentage who are using an appropriate treatment method, Zimbabwe MICS, 2014

	Water treatment method used in the household											
	None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter	Solar dis-infection	Let it stand and settle	Add water treatment tablets	Other	Missing/DK	Number of household members	Number of household members in households using unimproved drinking water sources
Total	**85.1**	**6.0**	**4.8**	**0.4**	**0.1**	**0.0**	**0.2**	**4.6**	**0.3**	**0.0**	**65 259**	**15 545**
Province												
Manicaland	89.4	4.3	2.3	0.3	0.0	0.0	0.3	4.8	0.3	0.0	8 164	1 720
Mashonaland Central	86.1	5.6	4.0	0.4	0.2	0.0	0.4	5.7	0.0	0.0	3 455	1 178
Mashonaland East	81.4	4.0	6.1	0.1	0.4	0.0	0.1	9.4	0.5	0.0	7 232	1 364
Mashonaland West	84.5	4.8	4.8	0.7	0.1	0.0	0.0	5.6	0.4	0.1	8 684	2 739
Matabeleland North	91.8	2.9	0.7	1.5	0.1	0.0	0.1	2.9	0.4	0.0	6 226	1 922
Matabeleland South	89.6	6.0	3.5	0.6	0.0	0.0	0.3	1.3	0.2	0.0	5 464	1 469
Midlands	87.6	6.5	3.6	0.2	0.0	0.0	0.1	2.8	0.3	0.0	8 264	2 351
Masvingo	88.6	4.2	3.5	0.0	0.0	0.0	0.0	4.3	0.2	0.0	7 400	2 643
Harare	72.7	7.3	14.6	0.1	0.4	0.0	0.1	7.1	0.1	0.0	5 901	129
Bulawayo	(74.9)	(19.2)	(6.4)	(0.0)	(0.1)	(0.0)	(0.3)	(0.3)	(0.0)	(0.1)	4 469	31
Area												
Urban	78.1	10.6	8.8	0.1	0.1	0.0	0.2	3.7	0.2	0.0	18 082	216
Rural	87.8	4.2	3.3	0.5	0.1	0.0	0.1	4.9	0.3	0.0	47 177	15 330
Main source of drinking water												
Improved	86.1	5.2	5.1	0.1	0.1	0.0	0.1	4.3	0.2	0.0	49 644	na
Unimproved	82.0	8.5	3.9	1.4	0.2	0.0	0.2	5.3	0.6	0.0	15 545	15 545
Education of household head												
None	90.4	3.3	2.6	0.4	0.4	0.0	0.1	3.2	0.2	0.0	5 479	1 957
Primary	87.1	5.1	3.1	0.6	0.1	0.0	0.1	4.5	0.3	0.0	25 770	7 891
Secondary	83.9	6.0	6.0	0.3	0.0	0.0	0.2	5.0	0.2	0.0	27 921	5 385
Higher	77.3	12.2	8.4	0.2	0.4	0.0	0.3	3.9	0.3	0.0	5 989	290
Missing/DK	(81.4)	(0.0)	(0.0)	(5.9)	(0.0)	(0.0)	(0.0)	(12.7)	(0.0)	(0.0)	100	23

Wealth index quintile												
Poorest	90.3	5.1	1.2	1.1	0.0	0.0	0.2	2.9	0.1	0.0	13 050	6 325
Second	88.4	3.8	2.8	0.4	0.3	0.0	0.1	4.6	0.4	0.0	13 055	4 763
Middle	85.5	4.2	4.4	0.3	0.0	0.0	0.1	6.7	0.5	0.0	13 051	3 438
Fourth	84.7	4.0	6.5	0.1	0.1	0.0	0.2	5.6	0.2	0.0	13 052	961
Richest	(76.7)	(12.7)	(9.1)	(0.0)	(0.2)	(0.0)	(0.2)	(3.1)	(0.2)	(0.0)	13 051	58

[1] **MICS indicator 4.2 - Water treatment**

na: not applicable

( ) Figures that are based on 25-49 unweighted cases

The amount of time it takes to get water is presented in Table WS.3. The amount of time taken to get water refers to one roundtrip from home to a drinking water source for household members whose water sources were located outside the premises. Information on the number of trips made in one day was not collected. The availability of water on premises is associated with higher use, better family hygiene and better health outcomes. For a water collection roundtrip of 30 minutes or more, it has been observed that households carry progressively less water and are likely to compromise on the minimal basic drinking water needs of the household.[43]

Table WS.3 shows that 31.7 percent of the population lived in households that had access to improved drinking water sources on the premises. In urban areas, 76.4 percent of the population were using improved drinking water sources that were on the premises compared to 14.6 percent in rural areas. Therefore, residents in rural areas spent more time collecting drinking water than those living in urban households. Among those using an improved drinking water source, nearly 25 percent spent less than 30 minutes to fetch water, while 19.4 percent spent 30 minutes or more (per roundtrip). Matabeleland North, Masvingo and Matabeleland South were the provinces with the highest proportion of household population spending at least 30 minutes fetching drinking water from an improved source (32.1, 27.5, and 25.9 percent, respectively).

About three percent of the population was using unimproved water sources located on premises while 10.7 percent had to travel less than 30 minutes and 9.9 percent had to travel 30 minutes or more to fetch water. About 18 percent of households in Matabeleland North Province, 17.3 percent in Mashonaland Central Province and 16.7 percent in Masvingo Province took at least 30 minutes to fetch water from an unimproved water source.

The percentage of the population with an improved water source on the premises increased with an increase in socio-economic status (ranging from 1.2 percent for the poorest households to 83.8 percent for the richest) and level of education of the head of household (ranging from 10.9 percent for heads with no education to 65.9 percent for heads with higher education).

[43] Cairncross, S and Cliff, JL. 1987. *Water use and Health in Mueda, Mozambique*. Transactions of the Royal Society of Tropical Medicine and Hygiene 81: 51-4.

Table WS.3: Time taken to fetch drinking water

Percent distribution of household population according to time to go to source of drinking water, get water and return, for users of improved and unimproved drinking water sources, Zimbabwe MICS, 2014

	Time taken to fetch drinking water									
	Users of improved drinking water sources				Users of unimproved drinking water sources				Total	Number of household members
	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK	Water on premises	Less than 30 minutes	30 minutes or more	Missing/DK		
Total	**31.7**	**24.9**	**19.4**	**0.1**	**3.2**	**10.7**	**9.9**	**0.1**	**100.0**	**65 259**
Province										
Manicaland	37.2	23.8	17.9	0.0	4.1	10.1	6.9	0.0	100.0	8 164
Mashonaland Central	15.8	28.5	21.5	0.1	2.4	14.3	17.3	0.1	100.0	3 455
Mashonaland East	33.0	35.1	12.8	0.2	5.7	9.6	3.6	0.0	100.0	7 232
Mashonaland West	28.1	24.0	16.3	0.1	4.7	14.9	11.9	0.1	100.0	8 684
Matabeleland North	13.9	23.1	32.1	0.0	1.7	10.9	18.2	0.0	100.0	6 226
Matabeleland South	16.3	30.9	25.9	0.0	3.0	14.3	9.6	0.0	100.0	5 464
Midlands	31.8	20.4	19.2	0.1	2.8	12.1	13.4	0.2	100.0	8 264
Masvingo	13.1	23.6	27.5	0.0	3.7	15.4	16.7	0.0	100.0	7 400
Harare	43.9	34.7	18.4	0.9	1.0	0.9	0.2	0.1	100.0	5 901
Bulawayo	96.9	2.0	0.3	0.1	0.3	0.1	0.0	0.3	100.0	4 469
Area										
Urban	76.4	15.5	6.6	0.3	0.5	0.4	0.2	0.1	100.0	18 082
Rural	14.6	28.5	24.3	0.1	4.2	14.6	13.6	0.1	100.0	47 177
Education of household head										
None	10.9	26.1	27.2	0.1	3.0	15.8	16.9	0.1	100.0	5 479
Primary	20.4	25.5	23.4	0.1	3.9	13.9	12.8	0.1	100.0	25 770
Secondary	38.9	25.5	16.2	0.1	3.0	8.5	7.7	0.0	100.0	27 921
Higher	65.9	18.5	10.4	0.4	1.2	2.1	1.4	0.2	100.0	5 989
Missing/DK	27.6	25.8	20.8	3.0	0.0	17.0	5.9	0.0	100.0	100
Wealth index quintile										
Poorest	1.2	20.3	30.0	0.0	2.2	19.6	26.5	0.1	100.0	13 050
Second	5.5	29.5	28.4	0.1	5.1	17.8	13.6	0.0	100.0	13 055
Middle	20.2	31.5	21.9	0.1	6.4	12.5	7.4	0.1	100.0	13 051
Fourth	47.9	33.4	11.1	0.3	2.1	3.3	2.0	0.1	100.0	13 052
Richest	83.8	9.7	5.8	0.3	0.2	0.1	0.0	0.1	100.0	13 051

Table WS.4 shows that in 80 percent of the households where the source was not on premises, an adult woman was the person who usually fetched drinking water. An adult man fetched water in 15.3 percent of the cases while for the rest of the households, a girl or a boy child under age 15 fetched water (3.1 percent and 1.2 percent, respectively). Urban areas (21.4 percent) had the highest proportion of adult men fetching household water compared to 14.6 percent for rural areas. Harare Province had the highest proportion of adult men who fetched drinking water (23.6 percent). Fetching of water by adult men increased with level of education of the household head, increasing from 10.6 percent where the household head had no education to 31.1 percent where the household head had higher education. It also increased with socio-economic status with households in the poorest quintile at 9.3 percent and 25.4 percent in the richest.

Table WS.4: Person collecting water

Percentage of households without drinking water on premises, and percent distribution of households without drinking water on premises according to the person usually collecting drinking water used in the household, Zimbabwe MICS, 2014

	Percentage of households without drinking water on premises	Number of households	Person usually collecting drinking water						Number of households without drinking water on premises
			Adult woman	Adult man	Girl child under age 15	Boy child under age 15	Missing/ DK	Total	
Total	**62.2**	**15 686**	**80.0**	**15.3**	**3.1**	**1.2**	**0.4**	**100.0**	**9 762**
Province									
Manicaland	57.7	1 991	79.4	14.0	4.2	1.9	0.4	100.0	1 149
Mash Central	81.4	792	86.2	10.2	2.6	0.8	0.1	100.0	645
Mash East	60.7	1 828	79.0	15.0	3.6	1.7	0.7	100.0	1 110
Mash West	65.3	2 015	79.5	14.8	4.7	0.7	0.3	100.0	1 317
Mat North	82.2	1 382	82.6	15.4	1.1	0.6	0.2	100.0	1 136
Mat South	74.7	1 285	77.2	18.4	2.6	1.6	0.2	100.0	960
Midlands	60.8	1 932	83.6	13.8	1.7	0.8	0.1	100.0	1 175
Masvingo	80.3	1 748	80.7	13.4	4.3	1.5	0.1	100.0	1 405
Harare	54.4	1 518	71.7	23.6	2.2	1.1	1.4	100.0	826
Bulawayo	3.4	1 194	(66.6)	(26.1)	(0.0)	(0.0)	(7.4)	100.0	40
Area									
Urban	22.4	4 798	74.0	21.4	2.2	0.7	1.7	100.0	1 073
Rural	79.8	10 888	80.7	14.6	3.2	1.3	0.2	100.0	8 689
Education of household head									
None	85.7	1 226	80.7	10.6	6.1	2.1	0.5	100.0	1 051
Primary	73.9	5 723	80.4	14.5	3.7	1.3	0.1	100.0	4 231
Secondary	55.4	7 108	81.6	15.3	1.8	0.9	0.3	100.0	3 936
Higher	33.0	1 610	63.7	31.1	2.1	0.6	2.5	100.0	531
Missing/DK	(*)	19	(*)	(*)	(*)	(*)	(*)	100.0	13
Wealth index quintile									
Poorest	96.9	2 736	86.4	9.3	3.1	1.0	0.2	100.0	2 652
Second	90.0	2 830	82.1	12.2	3.8	1.5	0.3	100.0	2 547
Middle	74.1	3 021	78.6	17.0	3.1	1.2	0.2	100.0	2 237
Fourth	48.1	3 795	72.5	23.5	2.4	1.1	0.4	100.0	1 827
Richest	15.1	3 303	68.4	25.4	2.2	1.1	3.0	100.0	499

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

7.2 Use of Improved Sanitation

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank, or pit latrine; ventilated improved pit latrine, pit latrine with slab and use of a composting toilet.

The data on the types of improved sanitation facilities are provided in Table WS.5. About 62 percent of the population of Zimbabwe was living in households with improved sanitation facilities. Access to improved sanitation facilities was almost universal in urban areas (97.5 percent) compared to only half (48.0 percent) in rural areas. The data suggest a positive relationship between use of improved sanitation facilities and wealth. In rural areas, the population was mostly using ventilated pit latrines (19.0 percent using ventilated improved pit latrine, and 19.2 using upgradable blair ventilated pit latrine). Overall, open defecation was 31.7 percent. Matabeleland North Province had the highest proportion of household population with no sanitation facilities and 69.6 percent of them practised open defecation.

Table WS.5: Types of sanitation facilities

Percent distribution of household population according to type of toilet facility used by the household, Zimbabwe MICS, 2014

	Type of toilet facility used by household														
	Improved sanitation facility								Unimproved sanitation facility						
	Flush/Pour flush to:														
	Piped sewer system	Septic tank	Pit latrine	Unknown place/not sure/DK where	Ventilated improved pit latrine	Upgradable Blair Ventilated improved pit latrine	Pit latrine with slab	Compos-ting toilet	Pit latrine without slab/ open pit	Bucket	Other	Missing/ DK	Open defecation (no facility, bush, field)	Total	Number of household members
Total	**23.0**	**3.7**	**0.6**	**0.0**	**14.3**	**15.1**	**4.9**	**0.1**	**6.4**	**0.0**	**0.1**	**0.1**	**31.7**	**100.0**	**65 259**
Province															
Manicaland	16.0	1.7	0.1	0.0	22.2	21.5	1.9	0.0	18.0	0.0	0.4	0.0	18.1	100.0	8 164
Mash Central	6.1	3.6	0.1	0.0	14.3	16.2	17.0	0.2	22.0	0.0	0.0	0.0	20.6	100.0	3 455
Mash East	8.8	5.1	0.1	0.0	19.7	31.7	7.0	0.2	7.0	0.0	0.0	0.0	20.3	100.0	7 232
Mash West	15.8	3.6	0.3	0.0	13.0	20.4	4.0	0.1	8.0	0.0	0.1	0.1	34.5	100.0	8 684
Mat North	3.4	2.1	0.5	0.0	14.6	6.3	2.4	0.0	1.1	0.0	0.0	0.0	69.6	100.0	6 226
Mat South	7.2	3.1	0.5	0.0	26.1	7.7	10.5	0.0	1.5	0.0	0.0	0.0	43.4	100.0	5 464
Midlands	22.7	1.5	0.0	0.0	11.6	15.8	4.9	0.1	3.9	0.0	0.0	0.1	39.3	100.0	8 264
Masvingo	8.9	0.6	0.0	0.0	14.8	14.6	4.0	0.4	2.0	0.0	0.1	0.1	54.5	100.0	7 400
Harare	73.2	13.0	5.2	0.1	0.5	3.7	2.8	0.0	1.2	0.0	0.1	0.1	0.1	100.0	5 901
Bulawayo	89.5	5.6	0.0	0.0	0.9	1.4	0.6	0.0	0.4	0.0	0.1	0.2	1.3	100.0	4 469
Area															
Urban	79.0	9.6	1.6	0.0	1.9	4.5	0.9	0.0	1.0	0.0	0.1	0.1	1.1	100.0	18 082
Rural	1.5	1.4	0.2	0.0	19.0	19.2	6.5	0.2	8.4	0.0	0.1	0.1	43.5	100.0	47 177
Education of household head															
None	5.0	0.6	0.1	0.0	12.8	13.6	4.3	0.2	8.4	0.0	0.2	0.3	54.5	100.0	5 479
Primary	9.3	1.2	0.5	0.0	16.3	17.5	5.4	0.2	8.0	0.0	0.1	0.1	41.4	100.0	25 770
Secondary	32.1	4.4	1.0	0.0	12.6	14.9	4.9	0.1	5.6	0.0	0.1	0.0	24.5	100.0	27 921
Higher	55.8	14.1	0.0	0.1	14.6	7.1	4.0	0.0	0.9	0.0	0.0	0.0	3.2	100.0	5 989
Missing/DK	11.3	5.0	1.6	0.0	16.3	20.0	10.6	0.0	4.1	0.0	0.0	0.0	31.0	100.0	100

Wealth index quintile															
Poorest	0.0	0.0	0.0	0.0	3.6	4.6	1.3	0.1	6.5	0.0	0.0	0.1	84.0	100.0	13 050
Second	0.0	0.0	0.0	0.0	13.9	16.9	7.1	0.5	12.0	0.0	0.3	0.1	49.2	100.0	13 055
Middle	0.1	0.1	0.2	0.0	30.6	31.4	8.5	0.0	9.2	0.0	0.1	0.0	19.9	100.0	13 051
Fourth	32.9	6.5	2.8	0.0	20.8	20.6	7.1	0.0	4.0	0.0	0.1	0.1	5.2	100.0	13 052
Richest	81.8	12.0	0.2	0.1	2.5	2.1	0.8	0.0	0.1	0.0	0.1	0.1	0.3	100.0	13 051

The MDGs and the WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation classify otherwise acceptable sanitation facilities which are public or shared between two or more households as unimproved. Therefore, “use of improved sanitation” is used both in this report and as an MDG indicator to refer to improved sanitation facilities, which are not public or shared.

Data on the use of improved sanitation are presented in Tables WS.6 and Figure WS.2. Thirty-five percent of the household population was using an improved sanitation facility not shared with other households (MDG indicator 7.9). About 27 percent of household members used an improved toilet facility that was public or shared with other household members. Only 47.3 percent of the users of improved toilet facilities in urban areas and 30.3 percent in rural areas used a facility that was not shared with other households. Forty-four percent of household members in rural areas did not have any sanitation facilities compared to 1.1 percent in urban areas.

Table WS.6: Use and sharing of sanitation facilities

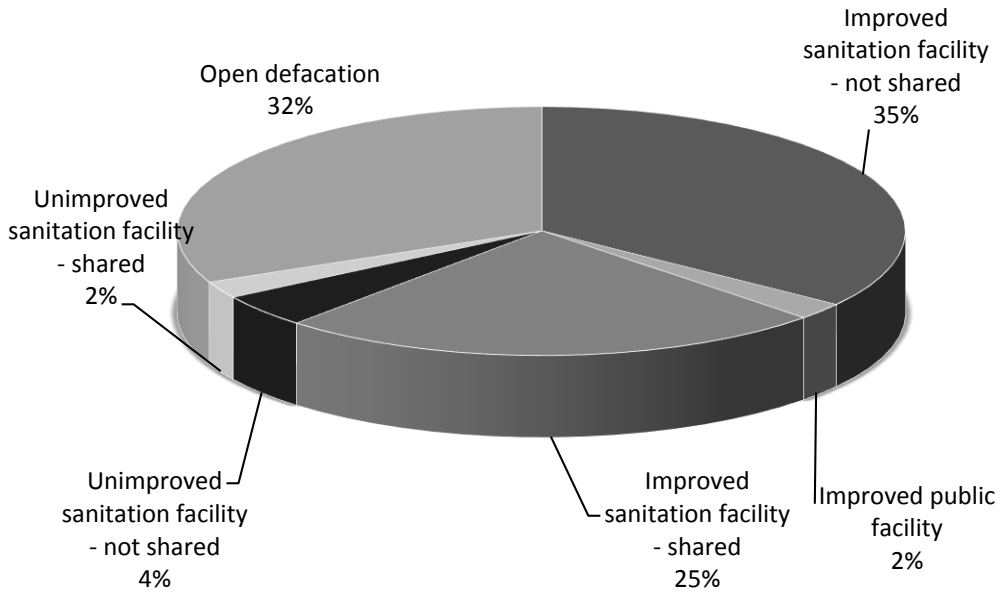
Percent distribution of household population by use of private and public sanitation facilities and use of shared facilities, by users of improved and unimproved sanitation facilities, Zimbabwe MICS, 2014

	Users of improved sanitation facilities					Users of unimproved sanitation facilities							
			Shared by					Shared by					
	Not shared[1]	Public facility	5 households or less	More than 5 households	Missing/ DK	Not shared	Public facility	5 households or less	More than 5 households	Missing/ DK	Open defecation (no facility, bush, field)	Total	Number of household members
Total	**35.0**	**2.2**	**22.5**	**2.0**	**0.1**	**4.3**	**0.1**	**2.0**	**0.2**	**0 .0**	**31.7**	**100.0**	**65 259**
Province													
Manicaland	35.3	1.5	24.0	2.6	0.2	12.3	0.2	5.8	0.1	0.0	18.1	100.0	8 164
Mashonaland Central	31.5	1.7	22.6	1.5	0.0	12.9	0.5	7.9	0.7	0.0	20.6	100.0	3 455
Mashonaland East	38.5	1.8	30.6	1.7	0.0	5.3	0.0	1.6	0.1	0.1	20.3	100.0	7 232
Mashonaland West	31.4	5.1	19.5	1.2	0.0	5.6	0.3	2.1	0.3	0.0	34.5	100.0	8 684
Matabeleland North	19.9	2.6	5.1	1.5	0.2	0.7	0.0	0.5	0.0	0.0	69.6	100.0	6 226
Matabeleland South	40.3	2.1	10.5	2.1	0.1	1.2	0.0	0.3	0.0	0.0	43.4	100.0	5 464
Midlands	37.9	2.6	14.8	1.3	0.1	2.9	0.0	1.2	0.0	0.0	39.3	100.0	8 264
Masvingo	27.5	1.9	12.9	1.1	0.0	1.1	0.0	1.1	0.1	0.0	54.5	100.0	7 400
Harare	39.3	0.6	52.6	5.9	0.1	0.5	0.0	0.7	0.2	0.0	0.1	100.0	5 901
Bulawayo	55.0	0.5	41.0	1.5	0.0	0.2	0.0	0.2	0.2	0.0	1.3	100.0	4 469
Area													
Urban	47.3	2.0	44.7	3.6	0.1	0.5	0.1	0.4	0.2	0.0	1.1	100.0	18 082
Rural	30.3	2.3	13.9	1.4	0.1	5.7	0.1	2.6	0.1	0.0	43.5	100.0	47 177
Education of household head													
None	23.1	2.2	10.2	1.0	0.0	5.8	0.0	3.0	0.1	0.0	54.5	100.0	5 479
Primary	31.8	1.8	15.3	1.4	0.1	5.2	0.2	2.7	0.2	0.0	41.4	100.0	25 770
Secondary	34.4	2.6	30.1	2.6	0.1	3.9	0.1	1.6	0.2	0.0	24.5	100.0	27 921
Higher	62.5	1.9	28.9	2.5	0.0	0.6	0.0	0.3	0.0	0.0	3.2	100.0	5 989
Missing/DK	39.7	7.2	16.4	1.6	0.0	4.1	0.0	0.0	0.0	0.0	31.0	100.0	100

Wealth index quintile													
Poorest	7.8	0.1	1.4	0.2	0.0	6.0	0.0	0.6	0.0	0.0	84.0	100.0	13 050
Second	25.6	0.8	11.8	0.3	0.0	8.2	0.1	4.1	0.1	0.0	49.2	100.0	13 055
Middle	49.7	1.2	19.4	0.6	0.0	5.3	0.2	3.6	0.2	0.0	19.9	100.0	13 051
Fourth	29.2	7.6	46.4	7.1	0.3	1.8	0.2	1.7	0.5	0.0	5.2	100.0	13 052
Richest	62.8	1.4	33.4	1.8	0.1	0.1	0.1	0.1	0.0	0.0	0.3	100.0	13 051

[1] **MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation**

Figure WS.2: Percent distribution of household members by use and sharing of sanitation facilities, Zimbabwe MICS, 2014



Having access to both an improved drinking water source and an improved sanitation facility brings the largest public health benefits to a household.[44] In its 2008 report[45], the JMP developed a new way of presenting the access figures, by disaggregating and refining the data on drinking-water and sanitation and reflecting them in "ladder" format. This ladder allows a disaggregated analysis of trends in a three rung ladder for drinking-water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion of population with no sanitation facilities at all – who revert to open defecation, of those reliant on technologies defined by JMP as "unimproved," of those sharing sanitation facilities of otherwise acceptable technology and those using "improved" sanitation facilities.

Table WS.7 presents the percentages of household population by drinking water and sanitation ladders while Figure WS.3 shows improved drinking water and improved sanitation facilities by wealth quintiles. The table also shows the percentage of household members using both improved sources of drinking water[46] and an improved sanitary means of human excreta disposal. Overall, 29.7 percent of households used improved water sources and improved sanitation. Urban areas had a higher proportion of household members with both improved water sources and improved sanitation (46.9 percent) compared to 23.1 percent in rural areas. The data suggests a positive relationship between the proportion of household members with access to both improved drinking water and improved

[44] Wolf, J et al. 2014. *Systematic review: Assessing the impact of drinking water and sanitation on diarrhoeal disease in low- and middle-income settings: systematic review and meta-regression*. Tropical Medicine and International Health 2014.
DfID. 2013. *Water, Sanitation and Hygiene: Evidence Paper*. DfID:
http://r4d.dfid.gov.uk/pdf/outputs/sanitation/WASH-evidence-paper-april2013.pdf
[45] WHO/UNICEF JMP. 2008. *MDG assessment report*.
http://www.wssinfo.org/fileadmin/user_upload/resources/1251794333-JMP_08_en.pdf
[46] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.

sanitation with the education level of the household head. There were notable variations among provinces: 54.7 percent of household members in Bulawayo used both improved water sources and improved sanitation while the corresponding proportion in Matabeleland North Province was 17.5 percent. Most of the household members using both improved water source and improved sanitation were in the richest wealth category (62.8 percent) compared to 4.8 percent for the poorest household members.

Table WS.7: Drinking water and sanitation ladders

Percentage of household population by drinking water and sanitation ladders, Zimbabwe MICS, 2014

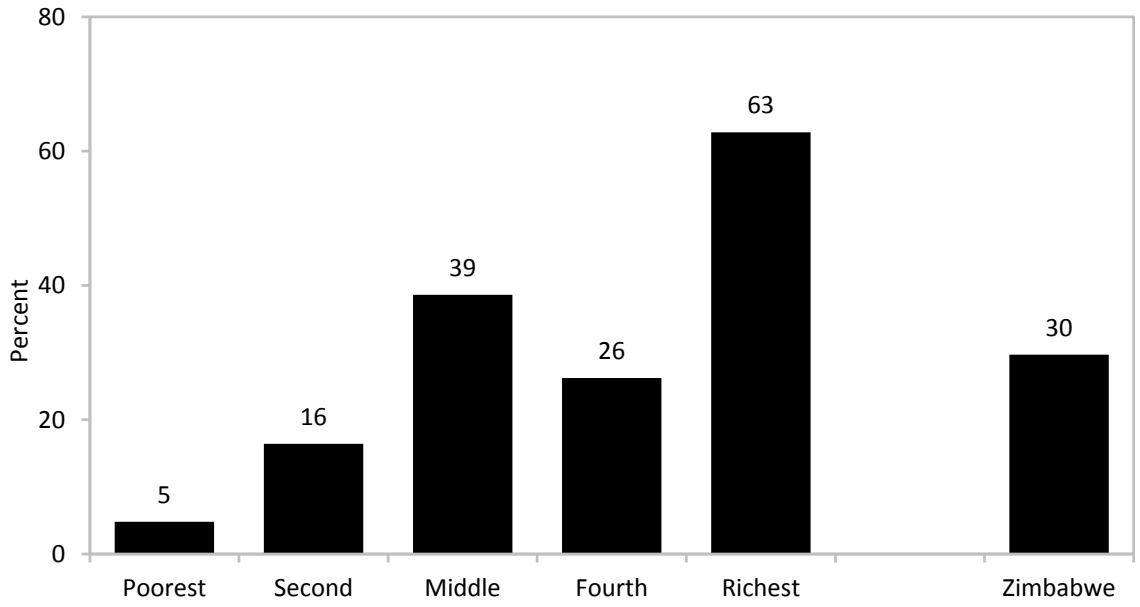
	Percentage of household population using:										
	Improved drinking water[1, a]					Unimproved sanitation					
	Piped into dwelling, plot or yard	Other improved	Unimproved drinking water	Total	Improved sanitation[2]	Shared improved facilities	Unimproved facilities	Open defecation	Total	Improved drinking water sources and improved sanitation	Number of household members
Total	**21.0**	**55.1**	**23.8**	**100.0**	**35.0**	**26.7**	**6.5**	**31.7**	**100.0**	**29.7**	**65 259**
Province											
Manicaland	20.6	58.3	21.1	100.0	35.3	28.2	18.4	18.1	100.0	30.7	8 164
Mashonaland Central	9.6	56.3	34.1	100.0	31.5	25.9	22.1	20.6	100.0	23.8	3 455
Mashonaland East	7.5	73.5	18.9	100.0	38.5	34.1	7.1	20.3	100.0	32.8	7 232
Mashonaland West	15.6	52.8	31.5	100.0	31.4	25.8	8.3	34.5	100.0	24.9	8 684
Matabeleland North	8.6	60.5	30.9	100.0	19.9	9.5	1.1	69.6	100.0	17.5	6 226
Matabeleland South	13.5	59.6	26.9	100.0	40.3	14.9	1.5	43.4	100.0	29.5	5 464
Midlands	24.8	46.7	28.4	100.0	37.9	18.7	4.0	39.3	100.0	31.7	8 264
Masvingo	8.0	56.3	35.7	100.0	27.5	15.9	2.2	54.5	100.0	20.3	7 400
Harare	27.0	70.2	2.2	100.0	39.3	59.2	1.4	0.1	100.0	38.4	5 901
Bulawayo	95.4	3.5	0.7	100.0	55.0	43.0	0.7	1.3	100.0	54.7	4 469
Area											
Urban	66.2	32.2	1.2	100.0	47.3	50.4	1.2	1.1	100.0	46.9	18 082
Rural	3.6	63.9	32.5	100.0	30.3	17.7	8.6	43.5	100.0	23.1	47 177
Education of household head											
None	3.8	60.5	35.7	100.0	23.1	13.4	8.9	54.5	100.0	16.5	5 479
Primary	10.0	59.4	30.6	100.0	31.8	18.6	8.2	41.4	100.0	25.3	25 770
Secondary	27.7	52.9	19.3	100.0	34.4	35.4	5.7	24.5	100.0	29.7	27 921
Higher	52.6	41.8	4.8	100.0	62.5	33.3	0.9	3.2	100.0	60.6	5 989
Missing/DK	13.4	63.8	22.9	100.0	39.7	25.2	4.1	31.0	100.0	39.7	100
Wealth index quintile											
Poorest	0.0	51.5	48.5	100.0	7.8	1.7	6.5	84.0	100.0	4.8	13 050
Second	0.1	63.4	36.5	100.0	25.6	12.8	12.4	49.2	100.0	16.4	13 055
Middle	0.8	72.8	26.3	100.0	49.7	21.2	9.2	19.9	100.0	38.6	13 051
Fourth	28.4	64.2	7.4	100.0	29.2	61.3	4.2	5.2	100.0	26.2	13 052
Richest	75.5	23.6	0.4	100.0	62.8	36.7	0.2	0.3	100.0	62.6	13 051

[1] MICS indicator 4.1; MDG indicator 7.8 - Use of improved drinking water sources

[2] MICS indicator 4.3; MDG indicator 7.9 - Use of improved sanitation

[a] Those indicating bottled water as the main source of drinking water are distributed according to the water source used for other purposes such as cooking and handwashing.

Figure WS.3: Use of improved drinking water sources and improved sanitation facilities by household members, Zimbabwe MICS, 2014



Safe disposal of a child's faeces is when a child uses a toilet or when the child's stool is rinsed or deposited into a toilet or latrine. Putting disposable diapers with solid waste is considered as an inadequate means of disposal of child faeces for concerns about poor disposal of solid waste itself. Other poor practices of disposing child's faeces include rinsing into drain or ditch, burying, leaving it in the open or throwing it into a river. Disposal of faeces of children 0-2 years of age is presented in Table WS.8. Overall, 57.8 percent of children age 0-2 years had their stools disposed of safely. The proportion was higher for urban areas (86 percent) than rural areas (46.9 percent) and for mothers with higher education (79.7 percent) than those with no education (43.3 percent), primary education (42.7 percent) and secondary education (65.3 percent).

Table WS.8: Disposal of child's faeces

Percent distribution of children age 0-2 years according to place of disposal of child's faeces, and the percentage of children age 0-2 years whose stools were disposed of safely the last time the child passed stools, Zimbabwe MICS, 2014

	Place of disposal of child's faeces												
	Child used toilet /latrine	Put/ rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage (solid waste)	Buried	Left in the open	Thrown into river	Other	DK	Missing	Total	Percentage of children whose last stools were disposed of safely[1]	Number of children age 0-2 years
Total	**5.2**	**52.6**	**2.5**	**7.5**	**21.0**	**9.2**	**0.4**	**0.2**	**0.4**	**1.0**	**100.0**	**57.8**	**5 960**
Type of sanitation facility in dwelling													
Improved	7.3	77.5	1.3	5.5	4.6	1.7	0.2	0.2	0.4	1.3	100.0	84.8	3 515
Unimproved	7.7	75.3	1.5	2.5	7.6	3.9	1.4	0.0	0.2	0.0	100.0	83.0	410
Open defecation	1.0	5.0	4.9	11.8	51.9	23.2	0.7	0.3	0.5	0.8	100.0	6.0	2 035
Province													
Manicaland	4.0	69.3	1.3	2.7	13.0	5.5	2.3	0.0	0.9	0.9	100.0	73.3	788
Mashonaland Central	1.9	63.4	1.1	7.2	18.2	5.9	0.5	0.1	0.3	1.3	100.0	65.3	337
Mashonaland East	2.0	68.9	1.5	3.4	18.2	4.1	0.3	0.0	1.1	0.5	100.0	70.9	669
Mashonaland West	3.2	52.1	1.0	5.3	27.7	9.4	0.0	0.0	0.4	1.0	100.0	55.3	788
Matabeleland North	3.2	16.5	5.4	4.8	40.1	27.5	0.0	0.4	0.4	1.5	100.0	19.8	545
Matabeleland South	6.9	37.7	6.5	12.3	23.0	12.5	0.0	0.6	0.2	0.2	100.0	44.6	459
Midlands	4.1	45.4	2.1	10.3	27.2	9.5	0.0	0.5	0.0	0.9	100.0	49.5	705
Masvingo	2.7	32.0	4.9	10.2	31.6	15.9	0.6	0.6	0.0	1.6	100.0	34.7	677
Harare	6.6	78.2	0.5	12.5	0.2	0.0	0.0	0.1	0.3	1.7	100.0	84.8	568
Bulawayo	22.9	61.6	1.7	9.3	3.4	0.0	0.0	0.0	0.3	0.8	100.0	84.6	422
Area													
Urban	10.8	75.2	0.9	9.4	1.3	0.3	0.0	0.2	0.4	1.4	100.0	86.0	1 658
Rural	3.0	43.9	3.1	6.7	28.5	12.6	0.6	0.2	0.4	0.9	100.0	46.9	4 302
Mother's education													
None	6.3	37.0	3.6	5.0	24.1	20.7	0.5	0.0	1.8	1.1	100.0	43.3	143
Primary	4.2	38.5	2.9	7.3	30.4	14.2	0.8	0.3	0.3	1.0	100.0	42.7	2 025
Secondary	5.4	59.8	2.4	7.0	17.1	6.6	0.3	0.1	0.4	0.9	100.0	65.3	3 483
Higher	8.4	71.1	1.0	14.9	0.7	0.0	0.0	0.8	0.7	2.4	100.0	79.5	308
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	1

Wealth index quintile													
Poorest	1.3	13.9	4.2	9.5	47.8	21.1	0.7	0.4	0.2	0.9	100.0	15.2	1 276
Second	3.2	38.5	3.8	7.1	31.4	13.8	0.7	0.3	0.4	0.7	100.0	41.8	1 222
Middle	4.3	62.5	2.7	4.9	16.3	7.1	0.6	0.2	0.4	1.1	100.0	66.9	1 058
Fourth	6.7	78.3	0.9	4.5	5.4	2.4	0.2	0.0	0.4	1.2	100.0	85.0	1 374
Richest	11.0	72.9	0.8	12.0	0.8	0.1	0.0	0.4	0.5	1.4	100.0	83.9	1 030

[1] **MICS indicator 4.4 - Safe disposal of child's faeces**

(*) Figures that are based on less than 25 unweighted cases

7.3 Handwashing

Handwashing with water and soap is the most cost effective health intervention to reduce the incidence of both diarrhoea and pneumonia in children under five[47]. It is most effective when done after visiting a toilet or cleaning a child, before eating or handling food and, before feeding a child. Monitoring correct hand washing behaviour at these critical times is challenging. A reliable alternative to observations or self-reported behaviour is assessing the likelihood that correct hand washing behaviour takes place by observing if a household has a specific place where people most often wash their hands and observing if water and soap (or other local cleansing materials) are present at a specific place for hand washing[48].

In the survey, handwashing facilities included tippy-taps, sinks, handwashing tanks, and buckets with taps, amongst other. 'Run to waste' is the practice of washing hands under running water from a portable container without using it again for handwashing.

In Zimbabwe, a specific place for handwashing was observed for 19.9 percent of the households (see Table WS.9). A specific place for handwashing was not observed in 80.1 percent of households. Of these, 78.4 percent practiced 'run to waste.

Washing hands with soap and water reduces the risk of diarrhoea by 44 percent and ARI by 23 percent among under 5s.[49] The percentage of households with a specific place for handwashing where water and soap or other cleansing agents were present was 10.3 percent. Of these, the highest was observed in Bulawayo Province (41.0 percent), Midlands Province (19.5 percent) and Harare Province (17.2 percent). It was higher in urban areas (27.9 percent) compared to rural areas (2.6 percent) and increased with an increase in socio-economic status of the household and the level of education of the head of the household.

[47] Cairncross, S and Valdmanis, V. 2006. *Water supply, sanitation and hygiene promotion* Chapter 41 in *Disease Control Priorities in Developing Countries*. 2nd Edition, Edt. Jameson et al. The World Bank.

[48] Ram, P et al. editors. 2008. *Use of a novel method to detect reactivity to structured observation for measurement of handwashing behavior*. American Society of Tropical Medicine and Hygiene.

[49] Curtis, V. and Cairncross, S. (2003) Effect of washing hands with soap on diarrhoea risk in the community: a systematic review. The Lancet Infectious Diseases, 3(5), pp. 275–281.

Table WS.9: Water and soap at place for handwashing

Percentage of households where place for handwashing was observed, percentage with no specific place for handwashing, and percent distribution of households by availability of water and soap at specific place for handwashing, Zimbabwe MICS, 2014

	Percentage of households Where place for hand washing was observed	Place for handwashing				Number of households	Place for hand washing observed								Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present [1]	Number of households where place for hand washing was observed or with no specific place for hand washing
		Not Observed					Water is available and: Soap present	Water is available and: No soap: Ash, mud, or sand present	Water is available and: No soap: No other cleansing agent present	Water is not available and: Soap present	Water is not available and: No soap: Ash, mud, or sand present	Water is not available and: No soap: No other cleansing agent present	No specific place for hand washing in the dwelling, yard, or plot	Total		
		Place for hand washing not in dwelling	No permission to see	Run to waste	Other											
Total	**19.9**	**0.6**	**0.3**	**78.4**	**0.8**	**15 686**	**10.3**	**0.0**	**6.7**	**0.8**	**0.0**	**2.0**	**80.1**	**100.0**	**10.3**	**15 685**
Province																
Manicaland	20.8	0.0	0.0	79.2	0.0	1 991	7.4	0.1	7.6	0.9	0.0	4.8	79.2	100.0	7.5	1 991
Mashonalad Central	7.2	0.8	0.1	92.0	0.0	792	2.9	0.0	2.5	0.4	0.0	1.4	92.8	100.0	2.9	792
Mashonaland East	8.8	0.4	0.1	90.5	0.2	1 828	3.7	0.0	3.5	0.4	0.0	1.2	91.2	100.0	3.7	1 828
Mashonaland West	10.8	0.2	0.3	88.8	0.0	2 015	4.6	0.0	4.4	0.5	0.0	1.2	89.2	100.0	4.6	2 015
Matabeleland North	10.9	2.5	0.1	83.9	2.5	1 382	4.5	0.1	4.7	0.2	0.0	1.5	89.1	100.0	4.6	1 382
Matabeleland South	12.5	1.6	0.2	85.2	0.5	1 285	4.2	0.0	5.8	0.5	0.0	1.9	87.5	100.0	4.2	1 285
Midlands	27.6	0.9	0.1	67.2	4.1	1 932	19.4	0.1	5.0	0.5	0.0	2.6	72.4	100.0	19.5	1 932
Masvingo	5.4	0.0	0.2	94.5	0.0	1 748	2.5	0.0	2.4	0.2	0.0	0.4	94.6	100.0	2.5	1 748
Harare	38.2	0.4	1.4	59.6	0.4	1 518	17.2	0.0	14.5	3.1	0.0	3.3	61.8	100.0	17.2	1 517
Bulawayo	62.6	0.2	0.4	36.8	0.1	1 194	41.0	0.0	19.5	1.4	0.0	0.8	37.4	100.0	41.0	1 194
Area																
Urban	48.3	0.9	0.7	50.0	0.2	4 798	27.9	0.0	16.4	1.9	0.0	2.1	51.7	100.0	27.9	4 797
Rural	7.3	0.5	0.1	90.9	1.1	10 888	2.5	0.0	2.5	0.3	0.0	1.9	92.7	100.0	2.6	10 888
Education of household head																
None	5.6	0.7	0.3	91.3	2.1	1 226	2.5	0.0	2.2	0.0	0.0	0.8	94.4	100.0	2.5	1 226
Primary	11.1	0.6	0.1	87.3	0.9	5 723	4.6	0.0	3.9	0.5	0.0	2.0	88.9	100.0	4.6	5 723

Secondary	23.3	0.6	0.3	75.0	0.7	7 108	11.5	0.1	8.7	0.9	0.0	2.2	76.7	100.0	11.5	7 108
Higher	46.8	0.4	0.7	51.7	0.3	1 610	31.5	0.1	11.2	1.9	0.0	2.1	53.2	100.0	31.6	1 608
Missing/DK	(*)	(*)	(*)	(*)	(*)	19	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	19
Wealth index quintile																
Poorest	1.8	0.8	0.1	94.6	2.7	2 736	0.3	0.0	0.1	0.1	0.0	1.2	98.2	100.0	0.3	2 736
Second	4.2	0.5	0.1	94.4	0.8	2 830	1.3	0.0	1.0	0.0	0.0	1.8	95.8	100.0	1.4	2 830
Middle	7.5	0.4	0.1	91.5	0.5	3 021	2.3	0.1	2.2	0.5	0.0	2.3	92.5	100.0	2.4	3 021
Fourth	20.2	1.0	0.4	78.1	0.3	3 795	6.3	0.0	10.6	0.8	0.0	2.5	79.8	100.0	6.4	3 795
Richest	59.1	0.4	0.7	39.5	0.2	3 303	38.2	0.0	16.8	2.3	0.0	1.9	40.8	100.0	38.2	3 302

[1 MICS indicator 4.5 - Place for handwashing

(*) Figures that are based on less than 25 unweighted cases

The percentage of households who had soap or other cleansing agent anywhere (observed or shown to the interviewer) in the dwelling unit was 55.8 percent. Households in which soap or other cleansing agent was observed at the place of handwashing was 11.1 percent and 44.6 percent households had soap or other cleansing agent but not present at the place of handwashing. About 38 percent of households did not have soap or other cleansing agent in the household for handwashing, see Table WS.10.

Table WS.10: Availability of soap or other cleansing agent

Percent distribution of households by availability of soap or other cleansing agent in the dwelling, Zimbabwe MICS, 2014

	Place for handwashing observed					Place for handwashing not observed						
		Soap or other cleansing agent not observed at place for handwashing										
	Soap or other cleansing agent observed	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing/DK	Soap or other cleansing agent shown	No soap or other cleansing agent in household	Not able/Does not want to show soap or other cleansing agent	Missing/ DK	Total	Percentage of households with soap or other cleansing agent anywhere in the dwelling[1]	Number of households
Total	**11.1**	**5.2**	**2.7**	**0.8**	**0.0**	**39.4**	**35.1**	**5.6**	**0.0**	**100.0**	**55.8**	**15 686**
Province												
Manicaland	8.4	6.3	5.8	0.3	0.1	32.7	43.4	3.1	0.0	100.0	47.3	1 991
Mashonaland Central	3.3	2.0	1.4	0.4	0.0	52.7	31.8	8.3	0.1	100.0	58.0	792
Mashonaland East	4.1	2.9	1.1	0.6	0.0	52.3	33.1	5.8	0.0	100.0	59.4	1 828
Mashonaland West	5.2	2.8	1.5	1.3	0.0	44.1	35.1	9.9	0.0	100.0	52.1	2 015
Matabeleland North	4.8	3.4	2.6	0.1	0.0	40.7	46.8	1.6	0.0	100.0	48.9	1 382
Matabeleland South	4.8	4.5	2.3	1.0	0.0	41.0	39.1	7.4	0.0	100.0	50.2	1 285
Midlands	20.1	4.4	2.6	0.5	0.1	37.8	30.8	3.6	0.2	100.0	62.3	1 932
Masvingo	2.6	1.7	0.9	0.1	0.0	35.7	55.1	3.8	0.1	100.0	40.0	1 748
Harare	20.4	11.9	3.3	2.5	0.0	32.7	18.0	11.1	0.0	100.0	65.0	1 518
Bulawayo	42.3	14.5	5.2	0.6	0.0	27.4	8.0	2.0	0.0	100.0	84.2	1 194
Area												
Urban	29.8	11.2	5.5	1.8	0.0	29.9	16.1	5.7	0.0	100.0	70.9	4 798
Rural	2.9	2.6	1.5	0.3	0.0	43.6	43.5	5.5	0.1	100.0	49.1	10 888
Education of household head												
None	2.5	1.6	1.3	0.2	0.0	32.4	56.3	5.6	0.1	100.0	36.6	1 226
Primary	5.1	3.5	2.0	0.4	0.0	41.1	42.5	5.3	0.1	100.0	49.7	5 723
Secondary	12.4	6.8	3.2	1.0	0.0	40.8	29.9	5.9	0.0	100.0	60.0	7 108
Higher	33.5	7.5	4.2	1.6	0.0	32.3	15.6	5.3	0.0	100.0	73.3	1 610
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	19

Wealth index quintile												
Poorest	0.4	0.7	0.6	0.0	0.0	38.4	55.0	4.6	0.2	100.0	39.5	2 736
Second	1.4	1.6	1.0	0.2	0.0	42.1	48.0	5.7	0.1	100.0	45.1	2 830
Middle	3.0	2.6	1.7	0.2	0.0	46.7	40.5	5.3	0.0	100.0	52.2	3 021
Fourth	7.1	7.9	4.1	1.1	0.0	44.9	27.5	7.3	0.0	100.0	60.0	3 795
Richest	40.5	11.5	5.2	1.9	0.0	24.9	11.3	4.6	0.0	100.0	76.9	3 303

[1] MICS indicator 4.6 - Availability of soap or other cleansing agent

(*) Figures that are based on less than 25 unweighted cases

8 Reproductive Health

The 1994 International Conference on Population and Development (ICPD) defines reproductive health as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as other methods of their choice for regulation of fertility which are not against the law and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.".*[50]

Zimbabwe is a signatory to the 1994 Cairo ICPD/Programme of Action and by endorsing this plan, the Government of Zimbabwe committed itself to providing the highest possible attainable level of reproductive health for all Zimbabweans. In this regard, some national policies, strategies and guidelines were developed for a coordinated implementation of Sexual and Reproductive Health (SRH) intervention in the country. These include, but are not limited to, the National Reproductive Health Policy (2005), the National Reproductive Health Behaviour Change Communication Strategy (2005); the National Reproductive Health Service Delivery Guidelines (2007); the Maternal and Neonatal Health Roadmap 2007-2015; the National Health Strategy for Zimbabwe (2009-2013); the National Child Survival Strategy 2010-2015; the National Adolescent Sexual and Reproductive Health Strategy (2010-2015), National Guidelines on Family Planning (2011) and Life Skills, Sexuality and HIV/AIDS Strategic Plan: 2012-2015.

This chapter discusses the following topics: fertility, contraception, unmet need for contraception, antenatal care, assistance at delivery, place of delivery, postnatal health checks, adult mortality and maternal mortality.

8.1 Fertility

Measures of current fertility are presented in Table RH.1 for the three-year period preceding the survey. A three-year period was chosen for calculating these rates to provide the most current information while also allowing the rates to be calculated for a sufficient number of cases so as not to compromise the statistical precision of the estimates.

Age-specific fertility rates (ASFRs), expressed as the number of births per 1 000 women in a specified age group, show the age pattern of fertility. Numerators for ASFRs are calculated by identifying live births that occurred in the three-year period preceding the survey classified according to the age of the mother (in five-year age groups) at the time of the child's birth. The denominators of the rates represent the number of woman-years lived by the survey respondents in each of the five-year age groups during the specified period.

[50]Glasier A, A Metin Gülmezoglu M, Schmid G.P, Moreno C.G, and Van Look P.F.A, 2006. Sexual and reproductive health: a matter of life and death. The Lancet Sexual and Reproductive Health Series, October 2006. http://www.who.int/reproductivehealth/publications/general/lancet_1.pdf

The total fertility rate (TFR) is a synthetic measure that denotes the number of live births a woman would have if she were subjected to the current age-specific fertility rates throughout her reproductive years (15-49 years).

The general fertility rate (GFR) is the number of live births occurring during a specified period per 1 000 women age 15-49 years.

The crude birth rate (CBR) is the number of live births per 1 000 population during a specified period.

Table RH.1 and Figure RH.1 show current fertility in Zimbabwe at the national level and by urban/rural area. The TFR for the three years preceding the survey was 4.3 births per woman. Fertility was considerably higher in rural areas (4.8 births per woman) than in urban areas (3.4 births per woman). There was high fertility among rural women in all age groups compared to their urban counterparts.

Table RH.1: Fertility rates

Adolescent birth rate, age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the three-year period preceding the survey, by area, Zimbabwe MICS, 2014

	Urban	Rural	Total
Age			
15-19[1]	75	143	120
20-24	177	252	223
25-29	180	221	205
30-34	134	177	161
35-39	94	115	109
40-44	27	47	41
45-49	2	8	7
TFR[a]	3.4	4.8	4.3
GFR[b]	122.1	161.2	147.4
CBR[c]	34.9	33.0	33.4

[1] MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate

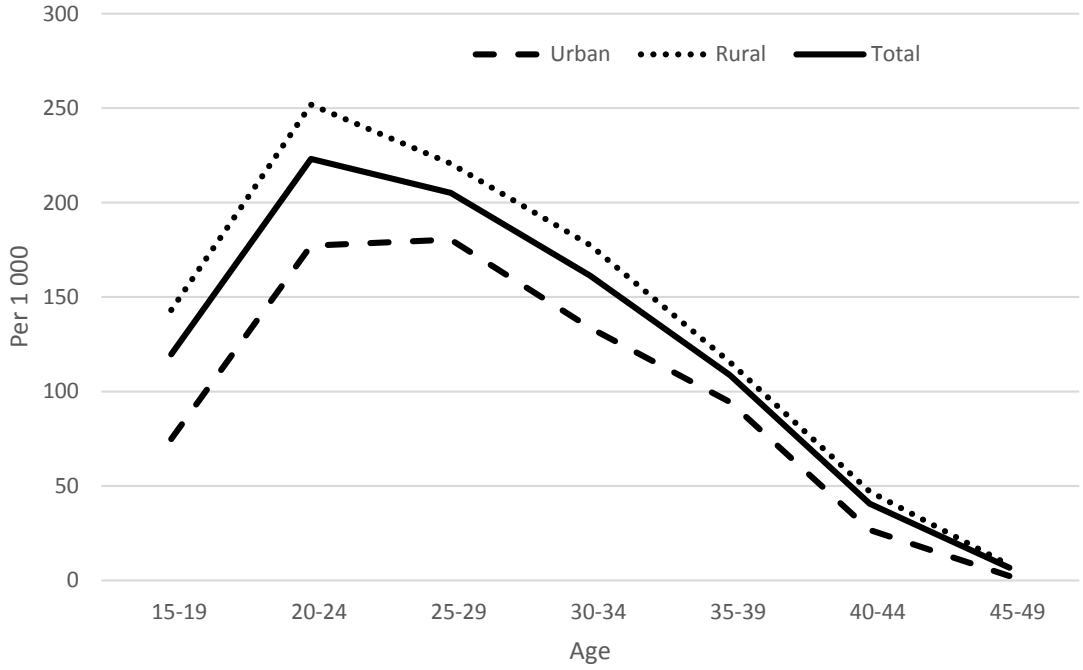
[a] TFR: Total fertility rate expressed per woman age 15-49

[b] GFR: General fertility rate expressed per 1 000 women age 15-49

[c] CBR: Crude birth rate expressed per 1 000 population

ASFR begins at 120 births per 1 000 women for the 15-19 age group, peaks to 223 births per 1 000 women for the 20-24 age group and declines to 7 births per 1 000 women for the 45-49 age group.

Figure RH.1: Age-specific fertility rates by area, Zimbabwe MICS, 2014



Rates refer to the three-year period preceding the survey

Table RH.2 shows adolescent birth rates and total fertility rates by province, education and socio-economic status of respondents. The adolescent birth rate (age-specific fertility rate for women age 15-19 years) is defined as the number of live births to women age 15-19 years during the three year period preceding the survey divided by the number of women age 15-19 years (number of women-years lived between ages 15 through 19, inclusive) during the same period, expressed per 1 000 women. Overall, adolescent birth rate was 120 births per 1 000 women. TFR was highest in Mashonaland Central Province (5.0). The province also had the highest adolescent birth rate of 172 births per 1 000 women. At national level, birth rate was high among adolescents with no education and those with primary education (225 births and 200 births per 1 000 women, respectively). Similarly, the rates declined from 164 births per 1 000 women in the poorest households to 47 births per 1 000 women in the richest households.

Table RH.2: Adolescent birth rate and total fertility rate

Adolescent birth rates and total fertility rates for the three-year period preceding the survey, Zimbabwe MICS, 2014

	Adolescent birth rate[1] (Age-specific fertility rate for women age 15-19)	Total fertility rate
Total	**120**	**4.3**
Province		
Manicaland	116	4.6
Mashonaland Central	172	5.0
Mashonaland East	128	4.5
Mashonaland West	146	4.5
Matabeleland North	148	4.6
Matabeleland South	118	4.2
Midlands	119	4.3
Masvingo	117	4.7
Harare	78	3.7
Bulawayo	77	3.5
Education		
None	(*)	(*)
Primary	200	5.2
Secondary	100	4.1
Higher	(42)	(3.0)
Wealth index quintile		
Poorest	164	5.5
Second	155	5.1
Middle	129	4.4
Fourth	138	4.2
Richest	47	3.1

[1] **MICS indicator 5.1; MDG indicator 5.4 - Adolescent birth rate**

( ) Rates based on 125 to 249 unweighted cases
(*) Rates based on fewer than 125 unweighted cases

Early sexual activity and childbearing in life carry significant risks for young people all around the world. Table RH.3 presents some early childbearing indicators for women age 15-19 years and 20-24 years while Table RH.4 presents the trends for early childbearing.

As shown in Table RH.3, 24.2 percent of women age 15-19 years had begun child bearing and 0.6 percent had had a live birth before age 15. More women age 15-19 years in rural areas (28.7 percent) had begun child bearing than their peers in urban areas (14.2 percent). Of the predominantly rural provinces, Mashonaland Central had the highest proportion of women 15-19 years who had begun child bearing (35.6 percent) and this was lowest in Masvingo Province (22.3 percent). The proportion varied with wealth quintiles from 34.1 percent among the poorest to 8.8 percent for the richest.

About 22 percent of women age 20-24 years had had a live birth before age 18. Among women age 20-24 years in rural areas, 28.8 percent had had a live birth before age 18 years while in urban areas the proportion was 12 percent. Of the predominantly rural provinces, Mashonaland Central Province had the highest proportion of women 20-24 years who had had a live birth before age 18 (34.5 percent) and Matabeleland North Province had the least (18.8 percent). The percentage varied with wealth quintiles from 34.0 percent among the poorest to 8.7 percent for the richest.

Table RH.3: Early childbearing

Percentage of women age 15-19 years who have had a live birth, are pregnant with the first child, have begun childbearing, and who have had a live birth before age 15, and percentage of women age 20-24 years who have had a live birth before age 18, Zimbabwe MICS, 2014

	Percentage of women age 15-19 who:						
	Have had a live birth	Are pregnant with first child	Have begun childbearing	Have had a live birth before age 15	Number of women age 15-19	Percentage of women age 20-24 who have had a live birth before age 18[1]	Number of women age 20-24
Total	**19.1**	**5.0**	**24.2**	**0.6**	**3 105**	**22.4**	**2 572**
Province							
Manicaland	18.1	5.2	23.3	0.7	398	26.9	273
Mashonaland Central	29.2	6.4	35.6	0.6	144	34.5	118
Mashonaland East	21.2	7.2	28.4	1.2	332	22.2	288
Mashonaland West	24.4	3.4	27.9	0.0	379	30.3	347
Matabeleland North	23.4	10.0	33.5	0.0	299	18.8	223
Matabeleland South	20.6	4.5	25.1	0.4	249	26.3	208
Midlands	18.2	4.6	22.8	0.9	393	21.2	324
Masvingo	18.0	4.4	22.3	0.6	350	27.3	214
Harare	12.4	2.5	14.8	0.6	304	13.3	319
Bulawayo	9.5	2.9	12.4	0.6	259	10.5	259
Area							
Urban	10.6	3.5	14.2	0.5	966	12.0	979
Rural	23.0	5.7	28.7	0.6	2 139	28.8	1 593
Education							
None	(*)	(*)	(*)	(*)	1	(*)	8
Primary	35.2	8.5	43.7	1.1	610	36.5	587
Secondary	15.3	4.2	19.4	0.5	2 482	19.1	1 856
Higher	(*)	(*)	(*)	(*)	13	2.8	122
Wealth index quintile							
Poorest	25.8	8.2	34.1	0.6	542	34.0	400
Second	24.4	4.7	29.1	0.7	519	29.9	427
Middle	20.6	5.4	26.0	0.9	667	26.3	406
Fourth	22.8	5.3	28.1	0.2	626	21.7	685
Richest	6.3	2.5	8.8	0.5	750	8.7	655

[1] **MICS indicator 5.2 - Early childbearing**

(*) Figures that are based on less than 25 unweighted cases

Table RH.4 shows trends in early childbearing. About two percent of women age 15-49 years had a live birth before age 15. The proportion of women with a live birth before age 15 was 1.1 percent in urban areas and 2.6 percent in rural areas. Less than one percent of women age 15-19 years had had a live birth by age 15. Comparing with the same age group 10 years ago (those currently 25-29 years) 1.9 percent had had a live birth before age 15. Thirty years ago, of the women age 15-19 years (currently 45-49 years), 3.4 percent had had a live birth before age 15. This shows that generally, early child bearing has been declining over the last 30 years.

Table RH.4: Trends in early childbearing

Percentage of women age 15-49 who have had a live birth, by age 15 and 18, by urban/rural areas and age group, Zimbabwe MICS, 2014

	Urban				Rural				All			
	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years	Percentage of women with a live birth before age 15	Number of women age 15-49 years	Percentage of women with a live birth before age 18	Number of women age 20-49 years
Total	**1.1**	**5 004**	**14.0**	**4 037**	**2.6**	**9 405**	**27.7**	**7 266**	**2.1**	**14 409**	**22.8**	**11 304**
Age												
15-19	0.5	966	na	na	0.6	2 139	na	na	0.6	3 105	na	na
20-24	0.5	979	12.0	979	2.1	1 593	28.8	1 593	1.5	2 572	22.4	2 572
25-29	0.5	913	13.0	913	2.7	1 459	27.0	1 459	1.9	2 372	21.6	2 372
30-34	1.5	855	14.8	855	3.1	1 472	27.5	1 472	2.5	2 327	22.9	2 327
35-39	1.6	627	13.3	627	4.0	1 155	24.7	1 155	3.1	1 783	20.7	1 783
40-44	2.5	431	16.1	431	4.5	940	29.7	940	3.8	1 371	25.4	1 371
45-49	2.2	232	21.1	232	3.9	647	29.1	647	3.4	879	27.0	879

na: not applicable

8.2 Contraception

Family planning is important to the health of women and children. Family planning methods/contraception help: prevent pregnancies that are too early or too late or too close by delaying births, extend the period between births and limit the total number of children. Access to family planning information and services by individuals and couples is, therefore, critical. The survey collected data on use of contraception and unmet need for contraception.

Current use of contraception was reported by 67 percent of women currently married or in union[51] of whom 66.5 percent used any modern methods (see Table RH.5). The most commonly used method was the pill (43.9 percent), followed by injectables, which accounted for 9 percent. About 8 percent of married women reported using implants and 3.3 percent were using the male condom. Thirty-three percent of married women were not using any form of contraception.

Table RH.5 and Figure RH.2 show that contraceptive prevalence rates ranged from 56.8 percent in Matabeleland South Province to 70.8 percent in Mashonaland West Province. About 70 percent of married women in urban and 65.6 percent in rural areas used any method of contraception. Adolescents (48.9 percent) and older women age 45-49 years (48.6 percent) were far less likely to use contraception than women in other age groups.

The use of contraceptives increased with the woman's level of education. The percentage of married women using any method of contraception increased from 48.1 percent among those with no education to 75.6 percent among those with higher education. The use of contraceptives also varied with the number of surviving children with the lowest prevalence among women with no living child (7.8 percent). This increased to 65.6 percent for women with one living child, 72.8 percent for those with two, 78.1 percent for those with three and declined to 69.6 percent for those women with four or more living children.

[51] All references to "married women" in this chapter include women in marital union as well.

Table RH.5: Use of contraception

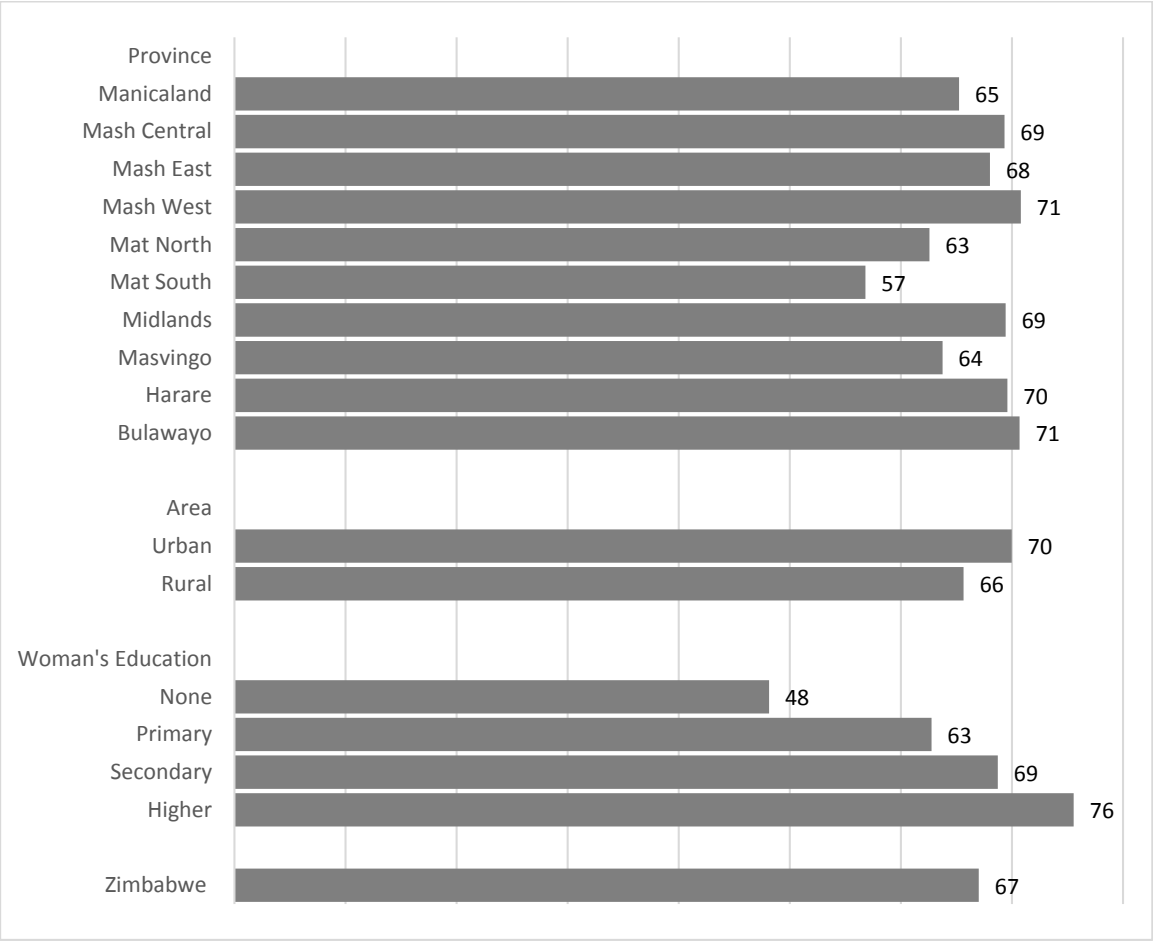
Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Zimbabwe MICS, 2014

	Percent of women currently married or in union who are using (or whose partner is using):																		Number of women age 15-49 years currently married or in union
	No method	Female sterili-sation	Male sterili-sation	IUD	Injectables	Implants	Pill	Male condom	Female condom	Diaphragm /Foam/Jelly	LAM	Periodic abstinence	Withdrawal	Other	Missing /DK	Any modern method	Any tradtional method	Any method [1]	
Total	**33.0**	**0.9**	**0.0**	**0.4**	**9.0**	**8.4**	**43.9**	**3.3**	**0.2**	**0.2**	**0.1**	**0.1**	**0.3**	**0.1**	**0.0**	**66.5**	**0.5**	**67.0**	**9 112**
Province																			
Manicaland	34.8	0.4	0.0	0.3	7.3	8.5	45.0	2.8	0.2	0.0	0.2	0.2	0.4	0.1	0.0	64.6	0.7	65.2	1 184
Mash Central	30.7	0.6	0.0	0.0	6.0	7.5	52.0	2.9	0.1	0.0	0.0	0.1	0.3	0.0	0.0	69.0	0.3	69.3	538
Mash East	32.0	0.6	0.0	0.2	6.3	9.0	47.7	2.9	0.2	0.1	0.3	0.1	0.5	0.0	0.1	67.3	0.7	68.0	1 042
Mash West	29.2	0.6	0.0	0.4	6.8	7.4	51.0	3.3	0.3	0.0	0.2	0.2	0.6	0.0	0.0	70.1	0.7	70.8	1 263
Mat North	37.4	1.9	0.0	0.2	16.0	11.3	29.5	3.4	0.2	0.0	0.0	0.2	0.0	0.0	0.0	62.4	0.2	62.6	772
Mat South	43.2	0.3	0.0	0.1	15.0	11.4	24.7	4.6	0.4	0.0	0.0	0.1	0.0	0.1	0.0	56.5	0.3	56.8	572
Midlands	30.6	0.9	0.0	0.4	11.1	7.4	44.8	2.8	0.3	1.1	0.0	0.1	0.2	0.2	0.1	68.9	0.5	69.4	1 171
Masvingo	36.3	1.0	0.0	0.8	11.2	4.5	42.7	2.5	0.1	0.0	0.5	0.1	0.1	0.1	0.1	63.3	0.3	63.7	995
Harare	30.4	0.6	0.1	0.8	5.1	8.8	49.8	3.4	0.3	0.1	0.0	0.1	0.3	0.2	0.0	68.9	0.6	69.6	977
Bulawayo	29.3	2.5	0.2	0.0	8.8	11.8	40.7	5.7	0.5	0.2	0.0	0.0	0.4	0.0	0.0	70.3	0.4	70.7	596
Area																			
Urban	30.0	1.1	0.1	0.4	7.3	9.7	46.3	4.0	0.3	0.3	0.0	0.1	0.4	0.1	0.0	69.5	0.5	70.0	2 875
Rural	34.4	0.8	0.0	0.3	9.8	7.9	42.8	2.9	0.2	0.1	0.2	0.2	0.3	0.1	0.1	65.1	0.5	65.6	6 236
Age																			
15-19	51.1	0.0	0.0	0.3	6.6	2.7	36.7	1.1	0.4	0.1	0.4	0.0	0.2	0.0	0.4	48.4	0.2	48.9	685
20-24	34.7	0.0	0.0	0.1	9.0	8.2	45.7	1.3	0.1	0.1	0.2	0.2	0.2	0.1	0.0	64.7	0.6	65.3	1 689
25-29	27.7	0.0	0.1	0.4	10.5	9.8	49.2	1.6	0.1	0.2	0.1	0.1	0.3	0.0	0.0	71.9	0.4	72.3	1 886
30-34	27.5	0.5	0.0	0.2	9.6	10.3	46.9	3.9	0.2	0.2	0.2	0.2	0.3	0.0	0.1	71.9	0.5	72.5	1 886
35-39	28.2	1.0	0.0	0.9	10.2	9.2	44.8	5.0	0.3	0.1	0.1	0.1	0.1	0.1	0.0	71.5	0.3	71.8	1 380
40-44	34.0	3.3	0.0	0.3	7.4	7.4	40.2	6.1	0.3	0.3	0.0	0.2	0.2	0.3	0.0	65.2	0.7	66.0	1 010
45-49	51.4	4.0	0.1	0.5	5.2	5.7	24.6	6.2	0.8	0.3	0.0	0.0	1.2	0.0	0.0	47.4	1.2	48.6	576

Number of living children																		
0	92.2	0.0	0.0	0.0	0.3	0.8	3.6	2.2	0.6	0.2	0.0	0.0	0.0	0.1	0.0	7.7	0.1	7.8	642
1	34.4	0.1	0.1	0.2	7.2	6.7	48.5	1.8	0.2	0.1	0.3	0.0	0.3	0.1	0.1	65.1	0.4	65.6	1 802
2	27.2	0.2	0.0	0.4	10.0	8.8	49.2	3.5	0.1	0.1	0.0	0.1	0.3	0.0	0.0	72.4	0.3	72.8	2 263
3	21.9	1.0	0.0	0.3	10.9	10.8	50.5	3.4	0.0	0.4	0.2	0.2	0.2	0.0	0.1	77.6	0.4	78.1	1 901
4+	30.4	2.1	0.0	0.5	10.2	9.6	41.2	4.2	0.5	0.1	0.1	0.3	0.5	0.2	0.0	68.6	0.9	69.6	2 504
Education																		
None	51.9	2.1	0.0	1.2	6.0	4.7	28.0	3.2	0.3	0.0	0.0	0.7	1.9	0.0	0.0	45.6	2.6	48.1	143
Primary	37.3	0.8	0.0	0.1	10.0	6.7	40.6	3.3	0.3	0.1	0.2	0.1	0.3	0.1	0.0	62.1	0.6	62.7	2 818
Secondary	31.3	0.7	0.0	0.4	8.8	8.9	45.8	3.2	0.2	0.2	0.1	0.1	0.2	0.0	0.0	68.3	0.4	68.7	5 544
Higher	24.4	2.4	0.3	1.2	7.2	13.8	45.9	3.6	0.2	0.2	0.0	0.0	0.4	0.3	0.0	74.9	0.6	75.6	608
Wealth index quintile																		
Poorest	37.4	0.9	0.0	0.2	11.9	7.5	38.8	2.2	0.2	0.2	0.3	0.1	0.2	0.1	0.1	62.1	0.4	62.6	1 681
Second	35.9	0.4	0.0	0.3	9.6	7.4	41.9	3.2	0.3	0.2	0.2	0.2	0.4	0.1	0.0	63.5	0.6	64.1	1 688
Middle	33.8	0.8	0.0	0.4	8.1	7.8	44.6	3.6	0.2	0.1	0.1	0.3	0.0	0.1	0.1	65.6	0.5	66.2	1 589
Fourth	30.0	0.6	0.0	0.2	7.9	9.5	47.0	3.7	0.4	0.0	0.0	0.1	0.5	0.0	0.0	69.4	0.6	70.0	2 220
Richest	29.4	1.7	0.1	0.6	8.1	9.5	46.1	3.6	0.2	0.4	0.1	0.1	0.2	0.1	0.0	70.2	0.4	70.6	1 935

[1] MICS indicator 5.3; MDG indicator 5.3 - Contraceptive prevalence rate

Figure RH.2: Differentials in contraceptive use, Zimbabwe MICS, 2014



8.3 Unmet Need

Unmet need for contraception refers to fecund women who are married or in union and are not using any method of contraception but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Unmet need was identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity and fertility preferences.

Unmet need for spacing is defined as the percentage of women who are married or in union and are not using a method of contraception AND

- are not pregnant and not postpartum amenorrheic[52] and are fecund[53] and say they want to wait two or more years for their next birth OR
- are not pregnant and not postpartum amenorrheic and are fecund and unsure whether they want another child OR
- are pregnant and say that pregnancy was mistimed: would have wanted to wait OR
- are postpartum amenorrheic and say that the birth was mistimed: would have wanted to wait.

Unmet need for limiting is defined as percentage of women who are married or in union and are not using a method of contraception AND

- are not pregnant and not postpartum amenorrheic and are fecund and say they do not want any more children OR
- are pregnant and say they did not want to have a child OR
- are postpartum amenorrheic and say that they did not want the birth.

Total unmet need for contraception is the sum of unmet need for spacing and unmet need for limiting. This indicator is also known as unmet need for family planning and is one of the indicators used to track progress towards achieving the Millennium Development Goal 5 of improving maternal health.

Met need for limiting includes women married or in union who are using (or whose partner is using) a contraceptive method[54] and who want no more children, are using male or female sterilization or declare themselves as infecund. Met need for spacing includes women who are using (or whose partner is using) a contraceptive method and who want to have another child or are undecided whether to have another child. The total of met need for spacing and limiting adds up to the total met need for contraception.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied was also estimated from the MICS data. The percentage of demand satisfied is defined as the proportion of women currently married or in union who are currently using contraception over the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting) plus those who are currently using contraception.

Table RH.6 shows the levels of met need for contraception, unmet need and the demand for contraception satisfied. The MICS results indicate that the unmet need for contraception in Zimbabwe was 10.4 percent.

[52] A woman is postpartum amenorrheic if she had a birth in last two years and is not currently pregnant, and her menstrual period has not returned since the birth of the last child

[53] A woman is considered infecund if she is neither pregnant nor postpartum amenorrheic, and
(1a) has not had menstruation for at least six months, or (1b) never menstruated, or (1c) her last menstruation occurred before her last birth, or (1d) in menopause/has had hysterectomy OR
(2) She declares that she has had hysterectomy, or that she has never menstruated, or that she is menopausal, or that she has been trying to get pregnant for 2 or more years without result in response to questions on why she thinks she is not physically able to get pregnant at the time of survey OR
(3) She declares she cannot get pregnant when asked about desire for future birth OR
(4) She has not had a birth in the preceding 5 years, is currently not using contraception and is currently married and was continuously married during the last 5 years preceding the survey.

[54] In this chapter, whenever reference is made to the use of a contraceptive by a woman, this may refer to her partner using a contraceptive method (such as male condom).

The unmet need for contraception ranged from 8.6 percent in Mashonaland East Province to 17.9 percent in Matabeleland South Province. This also differed by age, urban/rural areas and educational status. Unmet need for women age 15-19 years was 11 percent, it was lowest among those aged 25-29 years (8.4 percent) and highest among the women age 45-49 years (16.9 percent). Urban areas had an unmet need of 9.5 percent compared to 10.8 percent for rural areas. Unmet need declined with an increase in level of education of the woman from 21.4 percent for those with no education to 6.5 percent for those with higher levels of education. It also declined with higher socio-economic status as it was 13.9 percent for women in poorest households compared to 9.2 percent for those in the richest households.

Overall, the percentage of demand for contraception satisfied was 86.6 percent, see Table RH.6. By province, Matabeleland South Province had a demand for contraception satisfied of 76 percent while Harare Province had the highest of 90.5 percent. The percentage of demand for contraception satisfied was lower for women with no education and for adolescents and women age 45 to 49 years.

Table RH.6: Unmet need for contraception

Percentage of women age 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, Zimbabwe MICS, 2014

	Met need for contraception			Unmet need for contraception			Number of women currently married or in union	Percentage of demand for contraception satisfied	Number of women currently married or in union with need for contraception
	For spacing	For limiting	Total	For spacing	For limiting	Total[1]			
Total	**38.5**	**28.5**	**67.0**	**5.8**	**4.6**	**10.4**	**9 112**	**86.6**	**7 052**
Province									
Manicaland	40.0	25.2	65.2	6.7	4.4	11.1	1 184	85.5	904
Mash Central	44.5	24.8	69.3	5.4	3.4	8.8	538	88.7	421
Mash East	37.5	30.5	68.0	5.9	2.7	8.6	1 042	88.8	799
Mash West	40.5	30.3	70.8	5.6	3.8	9.5	1 263	88.2	1 014
Mat North	34.0	28.5	62.6	5.7	5.5	11.2	772	84.8	570
Mat South	28.3	28.5	56.8	8.4	9.5	17.9	572	76.0	428
Midlands	40.2	29.2	69.4	4.9	4.9	9.8	1 171	87.6	928
Masvingo	37.4	26.3	63.7	6.3	4.8	11.0	995	85.2	744
Harare	41.9	27.7	69.6	3.7	3.6	7.3	977	90.5	751
Bulawayo	35.9	34.8	70.7	7.0	5.3	12.3	596	85.2	495
Area									
Urban	38.3	31.6	70.0	5.1	4.4	9.5	2 875	88.1	2 284
Rural	38.6	27.1	65.6	6.2	4.7	10.8	6 236	85.9	4 768
Age									
15-19	47.3	1.6	48.9	10.8	0.2	11.0	685	81.6	410
20-24	58.1	7.2	65.3	8.4	1.2	9.5	1 689	87.3	1 265
25-29	54.1	18.2	72.3	6.6	1.7	8.4	1 886	89.6	1 521
30-34	40.8	31.6	72.5	6.1	2.9	9.0	1 886	89.0	1 536
35-39	23.6	48.2	71.8	3.7	6.7	10.4	1 380	87.3	1 135
40-44	7.3	58.7	66.0	1.6	12.4	14.0	1 010	82.5	807
45-49	2.2	46.4	48.6	1.1	15.8	16.9	576	74.2	377
Education									
None	20.0	28.1	48.1	9.9	11.5	21.4	143	69.2	99
Primary	34.7	28.1	62.7	6.5	6.0	12.5	2 818	83.4	2 121
Secondary	41.4	27.3	68.7	5.6	3.8	9.4	5 544	87.9	4 333
Higher	34.1	41.5	75.6	3.3	3.3	6.5	608	92.0	499
Wealth index quintiles									
Poorest	38.1	24.5	62.6	7.9	6.0	13.9	1 681	81.9	1 285
Second	37.5	26.6	64.1	7.2	4.3	11.5	1 688	84.8	1 275
Middle	39.4	26.8	66.2	5.0	4.3	9.2	1 589	87.7	1 198
Fourth	41.5	28.4	70.0	4.6	4.1	8.8	2 220	88.9	1 748
Richest	35.4	35.2	70.6	4.8	4.4	9.2	1 935	88.5	1 545

[1] **MICS indicator 5.4; MDG indicator 5.6 - Unmet need**

8.4 Antenatal Care (ANC)

The antenatal period presents an important opportunity for reaching pregnant women with interventions that are vital to their health and well-being and that of their babies. During ANC women and their partners are informed about risks and danger signs of pregnancy, labour and delivery and the post-partum period. Antenatal visits also provide an opportunity to provide information on birth spacing, tetanus immunisation during pregnancy, prevention and treatment of malaria, management of anaemia during pregnancy and treatment of sexually transmitted infections (STIs). Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevention of infections during pregnancy. More recently, the potential of ANC as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal care. The need for pregnant women to deliver in a health institution with the assistance of a skilled health provider are emphasized during ANC.

Zimbabwe has adopted and adapted the WHO recommendations of a minimum of four antenatal visits. Focused antenatal care protocol is specific on the content of ANC which include:

- Blood pressure measurement
- Urine testing for bacteriuria and proteinuria
- Blood testing to detect HIV, syphilis, anaemia, blood grouping and Rhesus factor
- Weight and height measurement

It is important for pregnant women to start attending ANC within 12 weeks of gestation for early detection and prevention of conditions that could negatively affect both the woman and her baby. ANC coverage indicators (at least one visit with a skilled provider and 4 or more visits with any of the providers) are used to track progress toward the Millennium Development Goal 5 of improving maternal health.

The survey collected data on ANC coverage, number and timing of ANC visits, type of ANC service provider and content of ANC which include blood pressure measurement, blood and urine samples taken and iron and folate supplementation.

The type of personnel providing antenatal care to women age 15-49 years who had had a birth in the two years preceding the survey is presented in Table RH.7. The proportion of women who received ANC from any skilled provider was 93.7 percent. Among these, a majority of women (80.1 percent) received ANC from a nurse/midwife. The results show that 4.8 percent of women did not receive ANC. Matabeleland North (98.4 percent), Matabeleland South (96.4 percent) and Bulawayo (96.0 percent) were the provinces with the highest percentages of women who received ANC from any skilled provider.

Table RH.7: Antenatal care coverage

Percent distribution of women age 15-49 years with a live birth in the last two years by antenatal care provider during the pregnancy for the last birth, Zimbabwe MICS, 2014

	Provider of antenatal care[a]								
	Medical doctor	Nurse/ Midwife	Traditional birth attendant	Village/City health worker	Other/Missing	No antenatal care	Total	Any skilled provider[1]	Number of women with a live birth in the last two years
Total	**13.6**	**80.1**	**1.1**	**0.1**	**0.3**	**4.8**	**100.0**	**93.7**	**3 902**
Province									
Manicaland	10.1	81.0	4.1	0.2	0.8	3.8	100.0	91.1	503
Mash Central	8.3	85.0	0.2	0.0	0.0	6.5	100.0	93.3	228
Mash East	13.6	77.5	1.1	0.0	0.4	7.4	100.0	91.2	446
Mash West	8.4	85.1	0.4	0.0	0.0	6.1	100.0	93.5	516
Mat North	12.0	86.4	0.0	0.3	0.3	0.9	100.0	98.4	336
Mat South	11.4	85.0	0.0	0.0	0.4	3.2	100.0	96.4	298
Midlands	11.1	81.9	0.2	0.0	0.3	6.5	100.0	93.0	464
Masvingo	6.8	86.6	1.7	0.0	0.9	4.0	100.0	93.4	423
Harare	28.4	65.3	1.9	0.2	0.0	4.2	100.0	93.7	411
Bulawayo	31.4	64.6	0.0	0.0	0.0	4.0	100.0	96.0	276
Area									
Urban	28.2	67.0	0.6	0.1	0.2	3.9	100.0	95.3	1 145
Rural	7.6	85.5	1.4	0.1	0.4	5.1	100.0	93.0	2 758
Mother's age at birth									
Less than 20	8.9	84.4	1.1	0.0	0.5	5.2	100.0	93.2	707
20-34	13.9	79.9	1.1	0.0	0.3	4.7	100.0	93.8	2 737
35-49	19.1	74.3	1.4	0.4	0.2	4.6	100.0	93.4	459
Education									
None	(13.6)	(81.8)	(0.0)	(0.0)	(0.0)	(4.6)	100.0	(95.4)	44
Primary	5.1	84.3	2.3	0.2	0.4	7.7	100.0	89.4	1 194
Secondary	13.9	81.4	0.7	0.0	0.3	3.6	100.0	95.3	2 473
Higher	63.2	35.4	0.0	0.0	0.0	1.5	100.0	98.5	192
Wealth index quintiles									
Poorest	5.6	86.0	0.6	0.0	0.3	7.4	100.0	91.7	810
Second	6.2	84.7	2.2	0.1	0.5	6.3	100.0	90.8	781
Middle	7.1	87.4	1.7	0.2	0.7	2.9	100.0	94.5	664
Fourth	12.7	81.7	0.8	0.1	0.2	4.5	100.0	94.4	959
Richest	39.1	58.4	0.5	0.0	0.0	2.0	100.0	97.5	688

[1] MICS indicator 5.5a; MDG indicator 5.5 - Antenatal care coverage

[a] Only the most qualified provider is considered in cases where more than one provider was reported.

( ) Figures that are based on 25-49 unweighted cases

Table RH.8 shows the number of antenatal care visits during the latest pregnancy that took place within the two years preceding the survey, regardless of provider, by selected characteristics. Seventy percent of the mothers received ANC at least four times as recommended. Mothers from the poorest households and those with primary or no education were less likely to receive ANC four or more times. About 65 percent of the women living in poorest households reported four or more ANC visits compared to 77.7 percent among those living in richest households. Mashonaland Central Province had the lowest proportion of women with at least four ANC visits (63.0 percent) followed by the Midlands Province (64.9 percent) and Harare Province (66.7 percent).

Table RH.8 also provides information about the timing of the first antenatal care visit. Overall, 31.2 percent of women with a live birth in the last two years preceding the survey had their first ANC visit during the first trimester of their last pregnancy. The median gestation at first ANC visit was 4 months. Masvingo Province recorded the highest proportion of women who had had their first ANC visit in the first trimester (38.9 percent). Harare (23.8 percent), Bulawayo (24.2 percent) and Mashonaland East (25.5 percent) provinces had the least proportions of pregnant women attending the first ANC visit in the first trimester.

Table RH.8: Number of antenatal care visits and timing of first visit

Percent distribution of women age 15-49 years with a live birth in the last two years by number of antenatal care visits by any provider and by the timing of first antenatal care visits, Zimbabwe MICS, 2014

	Percent distribution of women who had:							Percent distribution of women by number of months pregnant at the time of first antenatal care visit							Number of women with a live birth in the last two years	Median months pregnant at first ANC visit	Number of women with a live birth in the last two years who had at least one ANC visit
	No ANC visits	One visit	Two visits	Three visits	4 or more visits[1]	Missing /DK	Total	No ANC visits	First trimester	4-5 months	6-7 months	8+ months	DK/ Missing	Total			
Total	**4.8**	**2.6**	**6.0**	**15.6**	**70.1**	**1.0**	**100.0**	**4.8**	**31.2**	**35.9**	**24.4**	**3.6**	**0.1**	**100.0**	**3 902**	**4.0**	**3 713**
Province																	
Manicaland	3.8	1.9	4.2	13.4	76.2	0.5	100.0	3.8	36.8	35.4	22.2	1.8	0.0	100.0	503	4.0	484
Mashonaland Central	6.5	2.3	6.3	20.7	63.0	1.1	100.0	6.5	29.3	37.8	23.5	3.0	0.0	100.0	228	4.0	213
Mashonaland East	7.4	3.3	5.5	11.5	70.7	1.6	100.0	7.4	25.5	36.7	25.8	4.8	0.0	100.0	446	5.0	413
Mashonaland West	6.1	1.6	6.8	16.1	68.5	1.0	100.0	6.1	29.8	35.5	25.5	3.2	0.0	100.0	516	4.0	485
Matabeleland North	0.9	2.7	6.6	17.7	71.4	0.6	100.0	0.9	30.7	42.9	22.2	3.0	0.3	100.0	336	4.0	332
Matabeleland South	3.2	1.8	5.5	17.8	71.7	0.0	100.0	3.2	30.3	42.2	21.8	2.5	0.0	100.0	298	4.0	289
Midlands	6.5	2.9	7.1	17.3	64.9	1.4	100.0	6.5	37.8	29.3	23.4	2.7	0.2	100.0	464	4.0	433
Masvingo	4.0	1.5	5.0	14.4	74.4	0.8	100.0	4.0	38.9	37.1	17.7	2.3	0.0	100.0	423	4.0	406
Harare	4.2	5.6	7.1	15.0	66.7	1.4	100.0	4.2	23.8	30.7	32.7	8.5	0.1	100.0	411	5.0	394
Bulawayo	4.0	2.7	6.0	16.0	70.5	0.9	100.0	4.0	24.2	36.6	30.1	4.7	0.4	100.0	276	5.0	264
Area																	
Urban	3.9	3.3	5.1	15.1	71.9	0.8	100.0	3.9	28.4	34.6	28.1	4.9	0.2	100.0	1 145	5.0	1 098
Rural	5.1	2.4	6.4	15.8	69.3	1.0	100.0	5.1	32.4	36.5	22.9	3.1	0.0	100.0	2 758	4.0	2 615
Mother's age at birth																	
Less than 20	5.2	1.9	7.7	17.4	66.2	1.6	100.0	5.2	30.9	36.1	24.4	3.2	0.2	100.0	707	4.0	669
20-34	4.7	2.9	5.3	15.6	70.8	0.8	100.0	4.7	31.3	35.9	24.4	3.6	0.1	100.0	2 737	4.0	2 606
35-49	4.6	2.2	7.6	12.9	72.0	0.7	100.0	4.6	31.3	35.5	24.3	4.3	0.0	100.0	459	4.0	438
Education																	
None	4.6	11.2	5.7	18.2	60.4	0.0	100.0	4.6	29.7	37.1	25.3	3.3	0.0	100.0	44	4.0	42
Primary	7.7	2.5	6.8	16.9	65.1	1.0	100.0	7.7	30.7	35.6	22.7	3.3	0.0	100.0	1 194	4.0	1 102
Secondary	3.6	2.7	5.8	15.5	71.5	0.9	100.0	3.6	30.3	36.1	26.0	3.9	0.1	100.0	2 473	4.0	2 380
Higher	1.5	0.9	2.6	7.7	85.7	1.5	100.0	1.5	46.1	36.1	14.3	2.0	0.0	100.0	192	4.0	189

Wealth index quintile																	
Poorest	7.4	2.0	6.4	18.5	65.2	0.5	100.0	7.4	31.6	36.9	20.9	3.0	0.1	100.0	810	4.0	749
Second	6.3	2.6	6.8	14.9	68.6	0.8	100.0	6.3	31.6	35.4	23.1	3.6	0.0	100.0	781	4.0	732
Middle	2.9	2.0	6.3	13.7	73.7	1.4	100.0	2.9	34.5	37.3	22.7	2.6	0.0	100.0	664	4.0	644
Fourth	4.5	4.2	5.4	17.7	67.5	0.7	100.0	4.5	27.0	34.7	29.0	4.7	0.2	100.0	959	5.0	914
Richest	2.0	1.8	5.1	11.9	77.7	1.5	100.0	2.0	33.1	35.8	25.1	3.9	0.1	100.0	688	4.0	674

[1] MICS indicator 5.5b; MDG indicator 5.5 - Antenatal care coverage

( ) Figures that are based on 25-49 unweighted cases

The coverage of key services that pregnant women are expected to receive during ANC are shown in Table RH.9. Among the women who had had a live birth during the two years preceding the survey, 92.3 percent reported that a blood sample was taken during ANC visits, 89.4 percent had their blood pressure measured and 52.9 percent reported that a urine specimen was taken at least once during the ANC visits. Overall, 51.8 percent of pregnant women who attended ANC reported that they had their blood pressure measured and samples of urine and blood taken. The proportion of women who had had two samples and one measurement taken was higher for urban than rural areas and it increased with the age and educational status of the mother. Harare and Bulawayo provinces had high proportions of women who had blood pressure measured and samples of blood and urine taken, 70.7 percent and 62.6 percent, respectively. From the predominantly rural provinces, the highest percentage of women who had had blood pressure measured and samples of blood and urine taken was from the Midlands Province (57.3 percent) and the lowest from Mashonaland West Province (42.6 percent).

Table RH.9: Content of antenatal care

Percentage of women age 15-49 years with a live birth in the last two years who, at least once, had their blood pressure measured, urine sample taken, and blood sample taken as part of antenatal care, during the pregnancy for the last birth, Zimbabwe MICS, 2014

	Percentage of women who, during the pregnancy of their last birth, had:				
	Blood pressure measured	Urine sample taken	Blood sample taken	Blood pressure measured, urine and blood sample taken[1]	Number of women with a live birth in the last two years
Total	**89.4**	**52.9**	**92.3**	**51.8**	**3 902**
Province					
Manicaland	85.2	44.7	90.2	43.4	503
Mashonaland Central	89.2	47.1	92.4	46.4	228
Mashonaland East	87.5	55.8	90.3	54.5	446
Mashonaland West	86.9	44.2	91.6	42.6	516
Matabeleland North	95.6	47.4	97.0	46.8	336
Matabeleland South	93.4	48.7	92.7	47.7	298
Midlands	87.0	57.9	91.5	57.3	464
Masvingo	87.4	50.3	92.9	48.2	423
Harare	92.9	71.7	93.0	70.7	411
Bulawayo	94.7	62.6	93.2	62.6	276
Area					
Urban	93.9	66.5	94.4	65.6	1 145
Rural	87.5	47.2	91.4	46.0	2 758
Mother's age at birth					
Less than 20	87.4	45.8	90.9	44.7	707
20-34	90.0	53.3	92.7	52.4	2 737
35-49	88.6	61.2	91.8	59.1	459
Education					
None	(81.0)	(29.0)	(93.0)	(25.7)	44
Primary	82.7	39.4	87.5	37.6	1 194
Secondary	92.1	57.7	94.1	56.9	2 473
Higher	98.2	79.7	98.0	79.5	192
Wealth index quintile					
Poorest	83.8	41.1	89.4	39.8	810
Second	86.0	44.4	89.8	43.1	781
Middle	90.3	50.6	93.1	49.8	664
Fourth	91.2	56.8	93.3	55.5	959
Richest	96.3	73.0	96.3	72.3	688

[1] **MICS indicator 5.6 - Content of antenatal care**

( ) Figures that are based on 25-49 unweighted cases

Iron and folate are crucial for the synthesis of blood and growth and development of the foetus, respectively. It is recommended that a woman takes iron and folate supplementation for at least 90 days during pregnancy and up to 6 weeks after delivery. Iron and folate tablets can be taken separately or as a combined tablet.

Table RH.9A provides information on women 15-49 years with a live birth in the last two years preceding the survey who took iron and folate as single separate tablets or as a combined tablet. The proportion of women who took both iron and folate tablets was 64.9 percent, 83.5 percent took iron tablets only and 66.9 percent took folate tablets only. The proportion of those who took both tablets was lowest in Matabeleland South Province (49.7 percent) followed by Harare Province (54.6 percent) and was highest in Manicaland Province with 81.1 percent.

Table RH.9A: Iron and folic acid supplementation

Percentage of women age 15-49 years with a live birth in the last two years who took iron, folate or combined iron and folic acid tablets during the pregnancy for the last birth, Zimbabwe MICS, 2014

	Percentage of women who, during the pregnancy of their last birth took:			
	Iron tablets	Folate tablets	Both Iron and folate tablets	Number of women with a live birth in the last two years
Total	**83.5**	**66.9**	**64.9**	**3 902**
Province				
Manicaland	83.8	82.3	81.1	503
Mashonaland Central	87.5	58.7	58.3	228
Mashonaland East	80.6	65.1	62.9	446
Mashonaland West	85.8	64.1	62.9	516
Matabeleland North	87.3	82.8	80.4	336
Matabeleland South	84.9	51.8	49.7	298
Midlands	84.3	64.1	61.3	464
Masvingo	83.9	70.9	66.8	423
Harare	74.2	57.1	54.6	411
Bulawayo	86.1	63.7	63.7	276
Area				
Urban	81.7	61.8	59.8	1 145
Rural	84.3	69.0	67.0	2 758
Education				
None	(78.6)	(66.2)	(66.2)	44
Primary	80.9	64.8	62.9	1 194
Secondary	84.9	68.2	66.2	2 473
Higher	83.0	62.5	61.0	192
Wealth index quintile				
Poorest	83.3	69.0	67.0	810
Second	81.6	67.0	64.3	781
Middle	87.5	69.3	67.3	664
Fourth	82.3	66.1	64.4	959
Richest	83.9	63.0	61.3	688

( ) Figures that are based on 25-49 unweighted cases

8.5 Assistance at Delivery

Three quarters of all maternal deaths occur during delivery or the immediate post-partum period.[55] One of the critical interventions for safe motherhood is to ensure that a skilled health worker with midwifery skills is present at every birth. A skilled attendant includes a doctor, nurse or midwife. The skilled attendant at delivery indicator is used to track progress towards achieving the Millennium Development Goal 5 to improve maternal health.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. About 80 percent of women who delivered in the two years preceding the survey were assisted by a skilled attendant, see Table RH.10 and Figure RH.3. Delivery by a skilled attendant varied by urban (92.9 percent) and rural (74.6 percent) areas. Notable variations were also observed by woman's education and wealth quintiles.

The proportion of deliveries by Caesarean section (C-section) is a measure of access to and use of a common obstetric intervention for averting maternal and neonatal deaths. Very low and very high rates of C-section can be dangerous. While the optimum C-section rate is not known, WHO, UNICEF, UNFPA and Averting Maternal Deaths and Disability (AMDD) in 2009 set the minimum and maximum acceptable levels at 5 and 15 percent, respectively, which Zimbabwe adopted.

Table RH.10 also shows information on women who delivered by C-section and provides additional information on the timing of the decision to conduct a C-section (before labour pains begin or after) in order to better assess if such decisions were mostly driven by medical or non–medical reasons. Overall, six percent of women who delivered in the last two years had a C-section; for 2.7 percent of women, the decision was taken before the onset of labour pains and for 3.3 percent after the on-set of labour. C-sections were more likely to be performed on older women age 35-49 years (9.6 percent); on women with higher education (21.0 percent) and on women in the richest wealth quintile (15.4 percent). The private sector (25.6 percent) surpassed the upper limit of 15 percent for deliveries by C-section.

[55] Say, L et al. 2014. ***Global causes of maternal death: a WHO systematic analysis.*** *The Lancet Global Health* 2(6): e323-33. DOI: 10.1016/S2214-109X(14)70227-X.

Table RH.10: Assistance during delivery and caesarean section

Percent distribution of women age 15-49 years with a live birth in the last two years by person providing assistance at delivery, and percentage of births delivered by C-section, Zimbabwe MICS, 2014

	Person assisting at delivery									Percent delivered by C-section			Number of women who had a live birth in the last two years
	Medical doctor	Nurse/ Midwife	Traditional birth attendant	Village /City health worker	Relative /Friend	Other /Missing	No attendant	Total	Delivery assisted by any skilled attendant[1]	Decided before onset of labour pains	Decided after onset of labour pains	Total[2]	
Total	**12.4**	**67.6**	**5.8**	**2.3**	**9.0**	**0.3**	**2.7**	**100.0**	**80.0**	**2.7**	**3.3**	**6.0**	**3 902**
Province													
Manicaland	7.4	64.8	10.0	3.9	11.8	0.4	1.7	100.0	72.2	1.9	2.1	4.0	503
Mashonaland Central	9.2	61.9	4.8	4.2	12.6	0.9	6.5	100.0	71.1	1.7	2.9	4.6	228
Mashonaland East	10.7	70.0	9.7	1.1	5.9	0.4	2.3	100.0	80.7	3.5	2.7	6.2	446
Mashonaland West	6.3	67.9	5.7	4.4	11.0	0.2	4.5	100.0	74.1	1.2	1.3	2.5	516
Matabeleland North	14.3	74.3	1.0	1.5	6.5	0.2	2.1	100.0	88.7	1.7	4.8	6.4	336
Matabeleland South	11.9	72.5	3.3	0.7	8.7	0.0	2.8	100.0	84.4	2.0	3.9	5.9	298
Midlands	11.3	64.1	6.2	1.2	14.2	0.0	3.0	100.0	75.4	2.1	4.0	6.1	464
Masvingo	6.7	69.6	7.0	2.1	11.4	0.5	2.9	100.0	76.2	2.4	2.6	5.0	423
Harare	25.3	64.5	4.0	1.8	3.2	0.3	1.0	100.0	89.7	4.5	5.7	10.2	411
Bulawayo	27.8	67.3	0.8	0.9	2.4	0.5	0.4	100.0	95.1	7.5	4.7	12.2	276
Area													
Urban	24.4	68.5	2.5	1.2	2.2	0.3	0.8	100.0	92.9	5.8	5.5	11.3	1 145
Rural	7.4	67.2	7.1	2.7	11.9	0.3	3.4	100.0	74.6	1.4	2.4	3.9	2 758
Mother's age at birth													
Less than 20	11.8	70.2	6.6	2.4	8.5	0.1	0.4	100.0	81.9	0.7	3.9	4.7	707
20-34	12.0	67.8	5.5	2.1	9.4	0.3	2.9	100.0	79.8	2.8	3.0	5.8	2 737
35-49	15.8	62.3	5.7	2.6	7.8	0.8	5.0	100.0	78.1	5.5	4.1	9.6	459
Place of delivery													
On way to clinic	(0.0)	(3.3)	(7.7)	(10.4)	(48.6)	(8.5)	(21.5)	100.0	(3.3)	na	na	na	32
Home	0.0	1.1	30.4	11.5	44.0	0.6	12.5	100.0	99.9	na	na	na	688
Health Facility	15.5	84.4	0.0	0.0	0.0	0.0	0.1	100.0	100.0	3.4	4.1	7.5	3 108
Public	12.3	87.5	0.0	0.0	0.0	0.0	0.1	100.0	1.1	2.5	4.1	6.6	2 575

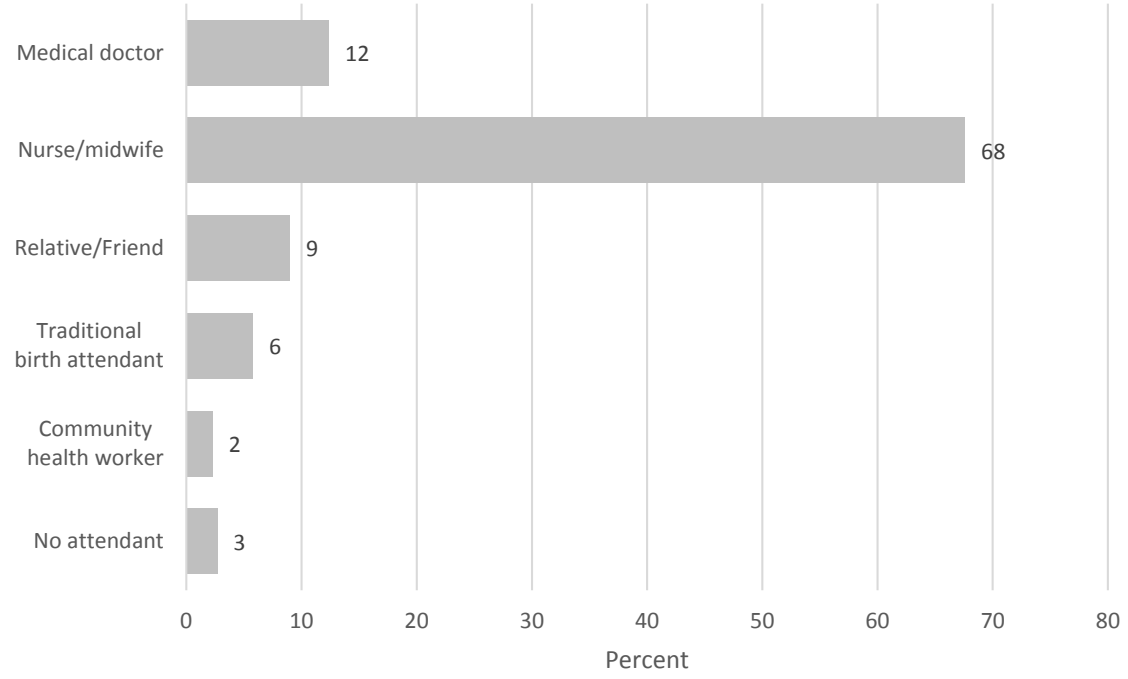
Private	69.6	30.4	0.0	0.0	0.0	0.0	0.0	100.0	100.0	17.2	8.4	25.6	183
Mission	10.4	89.6	0.0	0.0	0.0	0.0	0.0	100.0	100.0	2.5	2.2	4.7	349
Other/Missing/DK	2.7	9.5	17.2	7.9	46.1	5.1	11.4	100.0	12.2	0.0	1.4	1.4	74
Education													
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	44
Primary	5.8	62.4	9.0	3.0	14.6	0.5	4.7	100.0	68.2	1.3	1.3	2.6	1 194
Secondary	13.0	71.7	4.6	1.9	6.8	0.2	1.9	100.0	84.6	2.6	4.0	6.6	2 473
Higher	46.5	52.0	0.0	0.8	0.2	0.4	0.0	100.0	98.6	13.4	7.6	21.0	192
Wealth index quintiles													
Poorest	6.4	63.3	7.8	2.2	15.0	0.4	4.9	100.0	69.7	0.8	2.1	2.9	810
Second	7.3	63.9	9.0	3.5	12.6	0.3	3.5	100.0	71.1	1.5	1.7	3.2	781
Middle	7.7	70.6	6.2	3.3	9.5	0.3	2.5	100.0	78.2	1.6	3.0	4.6	664
Fourth	10.2	75.3	4.3	2.0	6.2	0.3	1.7	100.0	85.5	1.8	3.5	5.3	959
Richest	32.8	63.4	1.2	0.4	1.4	0.3	0.6	100.0	96.2	8.9	6.6	15.4	688

[1] **MICS indicator 5.7; MDG indicator 5.2 - Skilled attendant at delivery**

[2] **MICS indicator 5.9 - Caesarean section**

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Figure RH.3: Person assisting at delivery, Zimbabwe MICS, 2014



8.6 Place of Delivery

Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby. Increasing the number of women who deliver in health facilities is an important factor in reducing the health risks to both the mother and the baby. Table RH.11 presents the percent distribution of women age 15-49 years who had a live birth in the two years preceding the survey by place of delivery and the percentage of births delivered in a health facility according to background characteristics.

About 80 percent of births in Zimbabwe were delivered in a health facility of which 66.0 percent were in public sector facilities and 4.7 percent in private sector facilities. Eighteen percent took place at home. Women who had attended ANC were more likely to deliver in a health facility than those who did not attend. A majority of women who had received no ANC services delivered at home (71.9 percent). Women in urban areas were more likely to deliver in a health facility (92.7 percent) compared to their rural counterparts (74.2 percent).

The proportion of institutional deliveries varied from 71 percent in Mashonaland Central Province to 94.3 percent in Bulawayo Province. The percentage of women who had delivered in a health facility increased with an increase in educational level of the woman and wealth quintile of the household. The proportion of births occurring in a health facility increased with household wealth, from 69.7 percent in the lowest wealth quintile to 96 percent in the highest, see Table RH.11.

Table RH.11: Place of delivery

Percent distribution of women age 15-49 years with a live birth in the last two years by place of delivery of their last birth, Zimbabwe MICS, 2014

	Place of delivery									
	Public sector health facility	Private sector health facility	Mission facility	On way to clinic	Home	Other	Missing /DK	Total	Delivered in health facility[1]	Number of women with a live birth in the last two years
Total	**66.0**	**4.7**	**9.0**	**0.8**	**17.6**	**1.7**	**0.2**	**100.0**	**79.6**	**3 902**
Province										
Manicaland	60.4	1.5	10.1	4.8	23.0	0.2	0.0	100.0	72.0	503
Mash Central	58.0	3.6	9.4	2.1	23.9	2.9	0.0	100.0	71.0	228
Mash East	73.1	3.6	3.6	0.0	17.0	2.0	0.7	100.0	80.3	446
Mash West	58.8	2.5	12.0	0.0	24.1	2.4	0.2	100.0	73.3	516
Mat North	72.4	2.3	14.0	0.0	9.5	1.6	0.2	100.0	88.7	336
Mat South	78.8	1.7	3.6	0.0	15.4	0.4	0.0	100.0	84.2	298
Midlands	56.1	5.2	14.4	0.0	21.5	2.9	0.0	100.0	75.6	464
Masvingo	55.0	4.2	15.9	0.0	21.0	3.4	0.5	100.0	75.1	423
Harare	73.3	15.5	0.9	0.0	9.6	0.8	0.0	100.0	89.7	411
Bulawayo	85.7	7.5	1.2	1.2	4.1	0.4	0.0	100.0	94.3	276
Area										
Urban	77.5	12.9	2.3	0.6	6.3	0.4	0.1	100.0	92.7	1 145
Rural	61.2	1.3	11.7	0.9	22.3	2.3	0.2	100.0	74.2	2 758
Mother's age at birth										
Less than 20	68.6	0.8	12.3	0.5	16.4	1.3	0.1	100.0	81.7	707
20-34	66.4	4.9	8.2	1.0	17.6	1.7	0.2	100.0	79.5	2 737
35-49	59.3	9.4	8.4	0.3	19.7	2.8	0.0	100.0	77.1	459
Number of antenatal care visits										
None	18.3	0.5	0.7	0.3	71.9	6.6	1.6	100.0	19.6	186
1-3 visits	66.3	2.0	8.3	0.8	19.9	2.6	0.0	100.0	76.7	944
4+ visits	69.1	6.0	9.7	0.9	13.1	1.1	0.1	100.0	84.8	2 735
Missing/DK	(65.8)	(0.0)	(12.0)	(0.0)	(22.1)	(0.0)	(0.0)	100.0	(77.9)	37
Education										
None	(43.7)	(0.0)	(15.1)	(1.2)	(39.2)	(0.9)	(0.0)	100.0	(58.8)	44
Primary	58.0	0.4	9.5	1.1	27.8	3.1	0.2	100.0	67.9	1 194
Secondary	71.4	3.8	9.0	0.8	13.6	1.2	0.2	100.0	84.2	2 473
Higher	51.3	43.6	3.7	0.0	1.0	0.4	0.0	100.0	98.6	192
Wealth index quintiles										
Poorest	57.2	0.6	11.9	0.7	25.5	4.2	0.0	100.0	69.7	810
Second	57.4	0.6	12.7	1.4	26.5	1.3	0.3	100.0	70.6	781
Middle	64.8	1.1	11.6	1.1	18.9	2.1	0.3	100.0	77.5	664
Fourth	76.9	2.5	5.8	0.7	13.3	0.6	0.2	100.0	85.2	959
Richest	72.1	20.8	3.1	0.3	3.2	0.5	0.1	100.0	96.0	688

[1] **MICS indicator 5.8 - Institutional deliveries**

( ) Figures that are based on 25-49 unweighted cases

8.7 Post-natal Health Checks

The time of birth and immediately after is a critical window of opportunity to deliver lifesaving interventions for both the mother and newborn baby. Across the world, approximately 3 million newborn babies die annually in the first month of life[56] and the majority of these deaths occur within a day or two of birth[57] which is also the time when the majority of maternal deaths occur[58].

Despite the importance of the first few days following birth, large-scale nationally representative household survey programmes have not systematically included questions on the post-natal period and care for the mother and newborn baby. In 2008, the Countdown to 2015 initiative, which monitors progress on maternal, newborn baby and child health interventions, highlighted this data gap and called not only for post-natal care (PNC) programmes to be strengthened but also for better data availability and quality[59].

WHO made recommendations on post-natal care for the mother and newborn baby in 2013. The recommendations were on: timing of discharge from a health facility, number and timing of post-natal contacts, home visits for post-natal care, assessment of the baby, exclusive breastfeeding, cord care, other post-natal care for the newborn baby, assessment of the mother, counselling, iron and folic acid supplementation, prophylactic antibiotics and psychosocial support. Zimbabwe revised the PNC policy in line with the WHO recommendations and developed guidelines to implement the revised recommendations in 2013.

The MICS module on PNC was developed and validated, drawing on lessons learned from earlier attempts of collecting data, following the establishment and discussions of an Inter-Agency Group on PNC. The module collected information on newborns' and mothers' contact with a service provider.

Table RH.12 presents the percent distribution of women age 15-49 years who gave birth in a health facility in the two years preceding the survey by duration of stay in the facility following the delivery, according to background characteristics. Overall, 83.5 percent of women who gave birth in a health facility stayed 12 hours or more in the facility after delivery and 77 percent spent at least a day. Across the country, the percentage of women who stayed 12 hours or more varied from 67.5 percent in Mashonaland Central Province to 95 percent in Matabeleland North Province. A much higher proportion (92.6 percent) of women who had delivered in a private facility stayed 12 hours or more compared to those who delivered in a public facility (81.6 percent). A similar disparity existed between urban (85.2 percent) and rural women (82.6 percent). Nearly all women who had given birth through C-section had stayed 12 hours or more in the facility after giving birth.

[56] UN Interagency Group for Child Mortality Estimation, 2013. Levels and Trends in Child Mortality: Report 2013

[57] Lawn JE, Cousens S, Zupan J. 4 million neonatal deaths: When? Where? Why? Lancet 2005; 365:891–900.

[58] WHO, UNICEF, UNFPA, The World Bank. Trends in Maternal Mortality: 1990-2010. Geneva: World Health Organization 2012.

[59] Countdown to 2015: Tracking Progress in Maternal, Newborn & Child Survival, The 2008 Report. New York: UNICEF 2008.

Table RH.12: Post-partum stay in health facility

Percent distribution of women age 15-49 years with a live birth in the last two years who had their last birth delivered in a health facility by duration of stay in health facility, Zimbabwe MICS, 2014

	Duration of stay in health facility								Number of women who had their last birth delivered in a health facility in the last 2 years
	Less than 6 hours	6-11 hours	12-23 hours	1-2 days	3 days or more	DK/ Missing	Total	12 hours or more[1]	
Total	**7.1**	**9.4**	**6.6**	**44.9**	**32.1**	**0.1**	**100.0**	**83.5**	**3 108**
Province									
Manicaland	12.0	5.8	8.1	48.4	25.5	0.3	100.0	81.9	363
Mash Central	13.5	18.7	7.8	44.0	15.8	0.3	100.0	67.5	162
Mash East	7.2	10.6	7.4	40.2	34.7	0.0	100.0	82.2	358
Mash West	11.4	15.7	6.9	46.8	19.2	0.0	100.0	72.9	378
Mat North	1.5	3.5	2.4	35.7	56.9	0.0	100.0	95.0	298
Mat South	5.1	7.0	3.6	38.6	45.7	0.0	100.0	87.9	251
Midlands	5.6	8.4	7.6	48.1	30.2	0.0	100.0	86.0	351
Masvingo	6.5	5.6	6.4	37.4	44.1	0.0	100.0	88.0	318
Harare	5.4	10.7	7.9	52.6	23.2	0.2	100.0	83.7	369
Bulawayo	3.0	10.6	6.8	54.4	25.2	0.0	100.0	86.4	260
Area									
Urban	4.4	10.3	7.2	52.7	25.3	0.1	100.0	85.2	1 061
Rural	8.4	8.9	6.2	40.8	35.6	0.1	100.0	82.6	2 047
Mother's age at birth									
Less than 20	6.9	7.7	6.1	42.5	36.6	0.1	100.0	85.3	578
20-34	7.0	10.1	6.7	45.9	30.3	0.0	100.0	82.9	2 176
35-49	7.7	7.8	6.3	42.3	35.5	0.4	100.0	84.1	354
Type of health facility									
Public	7.8	10.5	7.1	45.4	29.2	0.1	100.0	81.6	2 575
Private	4.0	3.3	5.7	41.4	45.6	0.0	100.0	92.7	183
Mission	3.2	4.2	3.4	43.1	46.0	0.0	100.0	92.5	349
Type of delivery									
Vaginal birth	7.6	10.1	7.1	48.1	27.0	0.1	100.0	82.2	2 874
C-section	0.4	0.0	0.0	5.5	94.1	0.0	100.0	99.6	234
Education									
None	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	26
Primary	7.7	7.8	6.0	45.4	33.1	0.0	100.0	84.5	810
Secondary	7.1	10.2	6.8	44.7	31.0	0.1	100.0	82.6	2 083
Higher	3.6	6.5	6.7	44.9	38.4	0.0	100.0	89.9	189
Wealth index quintiles									
Poorest	6.2	9.1	4.5	37.4	42.8	0.0	100.0	84.7	564
Second	10.0	7.3	6.5	40.0	36.2	0.0	100.0	82.8	551
Middle	9.2	9.0	6.9	40.4	34.5	0.1	100.0	81.7	515
Fourth	6.1	11.0	7.5	51.4	23.7	0.2	100.0	82.6	817
Richest	4.8	9.6	7.0	50.8	27.9	0.0	100.0	85.6	661

[1] **MICS indicator 5.10 - Post-partum stay in health facility**

( ) Figures that are based on 25-49 unweighted cases

Safe motherhood programmes have recently increased emphasis on the importance of post-natal care, recommending that all women and newborn babies receive a health check within two days of delivery. To assess the extent of post-natal care utilisation, women were asked whether they and their newborn baby received a health check after delivery, the timing of the first check and the type of health provider for the woman's last birth in the two years preceding the survey.

Table RH.13 shows the percentage of newborn babies born in the last two years who received health checks and post-natal care visits from any health provider after birth. Please note that *health checks following birth* while in facility or at home refer to checks provided by any health provider regardless of timing (column 1), whereas *post-natal care visits* refer to a separate visit to check on the health of the newborn baby and provide preventive care services and therefore do not include *health checks following birth* while in facility or at home. Post natal visits will include when a mother brings the child to the health facility or when a health provider visits them at home. The indicator *Post-natal health checks* includes any health check received after birth while in the health facility and at home (column 1), regardless of timing, as well as PNC visits within two days of delivery (columns 2, 3, and 4).

Overall, 85 percent of all newborn babies received a post-natal health check, that is, a health check while in facility or at home following delivery or a post-natal visit within 2 days after delivery (see Table RH.13). The proportion of the newborn babies who received a post-natal health check varied from 79.3 percent in the Midlands Province to 97.5 percent in Bulawayo Province. Variations were also noted between urban (93.7 percent) and rural areas (81.4 percent). Less than half (47.6 percent) of the newborn babies delivered at home had a post-natal health check compared to newborn babies delivered in a health facility (94.3 percent). Post-natal health visits increased with an increase in the woman's level of education and household wealth quintile.

Table RH.13: Post-natal health checks for newborns

Percentage of women age 15-49 years with a live birth in the last two years whose last live birth received health checks while in facility or at home following birth, percent distribution whose last live birth received post-natal care (PNC) visits from any health provider after birth, by timing of visit, and percentage who received post natal health checks, Zimbabwe MICS, 2014

	Health check following birth while in facility or at home[a]	PNC visit for newborns[b]								Post-natal health check for the newborn [1, c]	Number of last live births in the last two years
		Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing /DK	Total		
Total	**81.8**	**5.0**	**2.4**	**1.0**	**31.9**	**43.2**	**15.6**	**0.9**	**100.0**	**85.0**	**3 902**
Province											
Manicaland	82.9	5.6	3.1	1.1	31.0	44.3	14.6	0.3	100.0	86.5	503
Mash Central	75.2	7.4	3.2	0.6	45.9	26.6	16.0	0.4	100.0	80.1	228
Mash East	79.0	6.6	5.2	1.8	31.4	39.5	14.3	1.2	100.0	82.8	446
Mash West	78.4	5.0	2.0	0.0	44.7	33.9	14.2	0.2	100.0	83.1	516
Mat North	88.0	3.9	0.8	1.0	19.8	68.1	6.4	0.0	100.0	91.0	336
Mat South	79.3	5.1	1.8	1.3	22.8	43.9	25.1	0.0	100.0	81.3	298
Midlands	76.5	2.2	2.6	1.2	26.5	41.3	21.9	4.2	100.0	79.3	464
Masvingo	77.1	5.5	2.2	1.2	19.2	51.4	20.2	0.3	100.0	80.2	423
Harare	89.6	4.9	1.7	1.1	31.3	44.2	15.9	0.9	100.0	91.4	411
Bulawayo	95.6	4.6	0.5	1.4	51.9	36.3	5.3	0.0	100.0	97.5	276
Area											
Urban	91.9	5.0	1.6	1.2	42.5	39.4	9.2	1.1	100.0	93.7	1 145
Rural	77.6	5.0	2.8	1.0	27.4	44.8	18.3	0.7	100.0	81.4	2 758
Mother's age at birth											
Less than 20	82.4	4.1	2.4	0.9	31.7	42.5	17.1	1.5	100.0	84.4	707
20-34	81.8	5.3	2.4	1.1	32.5	43.1	14.9	0.7	100.0	85.5	2 737
35-49	80.7	4.7	2.9	1.1	28.3	44.7	17.6	0.7	100.0	82.9	459
Place of delivery											
On way to clinic	(18.1)	(48.5)	(11.6)	(0.0)	(5.3)	(13.8)	(20.8)	(0.0)	100.0	(65.6)	32
Home	34.8	11.6	9.3	2.4	15.3	21.4	39.7	0.2	100.0	47.6	688
Health facility	94.2	2.6	0.8	0.7	36.4	49.0	9.4	1.0	100.0	94.3	3 108
Public	94.2	2.5	0.9	0.8	39.1	46.2	9.5	1.0	100.0	94.3	2 575
Private	96.1	4.5	0.0	0.0	21.3	66.3	5.8	2.1	100.0	96.1	183
Mission	93.4	2.0	0.5	0.7	24.7	60.7	10.6	0.9	100.0	93.4	349
Other/DK/Missing	24.4	25.2	3.5	2.4	4.5	14.6	49.7	0.0	100.0	50.5	74
Education											
None	(69.9)	(2.9)	(0.0)	(2.7)	(24.4)	(39.3)	(30.6)	(0.0)	100.0	(71.9)	44
Primary	72.4	4.7	3.4	1.0	24.1	42.3	23.7	0.9	100.0	76.6	1 194
Secondary	85.3	5.1	2.1	1.0	35.8	42.7	12.4	0.9	100.0	88.2	2 473
Higher	97.3	6.3	0.8	1.9	30.7	56.1	3.3	0.8	100.0	98.2	192
Wealth index quintiles											
Poorest	73.1	3.7	2.2	1.0	20.7	47.5	24.3	0.7	100.0	76.4	810
Second	77.8	5.3	3.2	1.0	27.4	44.1	18.3	0.6	100.0	81.6	781
Middle	81.0	6.1	3.0	1.2	30.7	42.9	15.3	0.8	100.0	85.0	664
Fourth	83.8	4.9	2.4	0.8	38.2	40.1	12.7	0.9	100.0	87.3	959
Richest	94.4	5.4	1.2	1.3	42.2	41.8	6.8	1.3	100.0	95.7	688

[1] MICS indicator 5.11 - Post-natal health check for the newborn

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).

[b] Post-natal care visits (PNC) refer to a separate visit by any health provider to check on the health of the newborn and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note [a] above).
[c] Post-natal health checks include any health check performed while in the health facility or at home following birth (see note [a] above), as well as PNC visits (see note [b] above) within two days of delivery.

( ) Figures that are based on 25-49 unweighted cases

In Table RH.14, the percentage of newborn babies who received the first PNC visit within one week of birth is shown by location and type of provider of service. As defined earlier, a visit does not include a check in the facility or at home following birth. The PNC visits were done mainly in public health facilities (85.8 percent) and provided mainly by a skilled attendant (97.1 percent).

Table RH.14: Post-natal care visits for newborns within one week of birth

Percent distribution of women age 15-49 years with a live birth in the last two years whose last live birth received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Zimbabwe MICS, 2014

	Location of first PNC visit for newborns							Provider of first PNC visit for newborns				
	Home	Public Sector	Private sector	Mission	Other location	Missing	Total	Doctor/ nurse/ midwife	Village /City health worker	Traditional birth attendant	Total	Number of last live births in the last two years with a PNC visit within the first week of life
Total	**3.4**	**85.8**	**3.4**	**6.6**	**0.4**	**0.5**	**100.0**	**97.1**	**0.9**	**2.0**	**100.0**	**1 573**
Province												
Manicaland	3.4	85.7	0.8	10.1	0.0	0.0	100.0	97.2	0.9	1.9	100.0	206
Mashonaland Central	2.1	88.3	3.6	5.7	0.0	0.3	100.0	98.3	1.3	0.3	100.0	130
Mashonaland East	4.6	90.2	1.8	2.7	0.0	0.6	100.0	95.4	0.9	3.7	100.0	201
Mashonaland West	4.0	83.1	4.1	8.8	0.0	0.0	100.0	97.0	1.0	2.1	100.0	267
Matabeleland North	5.5	79.3	2.2	13.0	0.0	0.0	100.0	94.5	4.3	1.2	100.0	86
Matabeleland South	1.9	92.9	0.5	4.6	0.0	0.0	100.0	98.9	1.1	0.0	100.0	92
Midlands	3.7	85.0	2.0	9.3	0.0	0.0	100.0	97.1	0.8	2.1	100.0	151
Masvingo	3.4	71.7	7.7	13.3	1.1	2.7	100.0	96.6	0.0	3.4	100.0	119
Harare	3.5	87.2	7.5	0.4	1.4	0.0	100.0	96.5	0.5	3.0	100.0	161
Bulawayo	0.7	92.1	3.4	0.8	1.5	1.5	100.0	99.3	0.0	0.7	100.0	161
Area												
Urban	2.1	89.9	5.9	0.8	0.8	0.4	100.0	97.9	0.5	1.6	100.0	576
Rural	4.1	83.4	1.9	10.0	0.1	0.5	100.0	96.6	1.2	2.2	100.0	998
Mother's age at birth												
Less than 20	4.7	82.3	1.9	9.8	0.3	1.0	100.0	95.6	0.8	3.6	100.0	276
20-34	2.9	86.9	3.5	6.0	0.4	0.4	100.0	97.6	0.7	1.6	100.0	1 128
35-49	4.5	83.9	5.2	5.8	0.5	0.0	100.0	95.5	2.5	2.1	100.0	169
Place of delivery												
On way to clinic	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	100.0	21
Home	16.6	74.1	2.3	5.4	0.6	0.9	100.0	85.8	3.0	11.2	100.0	266
Health facility	0.5	88.4	3.6	6.9	0.2	0.4	100.0	99.5	0.5	0.0	100.0	1 259
Public	0.6	97.5	0.8	0.7	0.1	0.2	100.0	99.5	0.5	0.0	100.0	1 115
Private	(0.0)	(18.3)	(76.5)	(0.0)	(2.5)	(2.6)	100.0	(100.0)	(0.0)	(0.0)	100.0	47

Mission	0.0	18.4	0.0	80.3	0.0	1.3	100.0	100.0	0.0	0.0	100.0	97
Other/DK/Missing	(4.1)	(71.4)	(5.8)	(10.8)	(7.9)	(0.0)	100.0	(93.1)	(0.0)	(6.9)	100.0	26
Education												
None	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	100.0	13
Primary	4.7	85.9	1.6	6.9	0.2	0.7	100.0	95.7	1.9	2.4	100.0	396
Secondary	3.1	85.8	3.3	7.1	0.4	0.3	100.0	97.3	0.7	2.0	100.0	1 088
Higher	0.0	82.7	14.1	0.0	1.6	1.6	100.0	100.0	0.0	0.0	100.0	76
Wealth index quintiles												
Poorest	3.3	81.4	0.7	13.6	0.0	1.0	100.0	97.3	0.5	2.2	100.0	223
Second	7.4	83.8	0.8	7.8	0.0	0.1	100.0	94.2	1.6	4.2	100.0	289
Middle	1.9	83.2	3.5	10.0	0.5	0.9	100.0	98.4	0.8	0.8	100.0	272
Fourth	2.9	90.1	1.3	5.1	0.6	0.0	100.0	97.3	1.0	1.7	100.0	444
Richest	1.8	86.7	9.9	0.4	0.6	0.7	100.0	98.0	0.6	1.4	100.0	345

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Overall, 77.3 percent of all women age 15-49 years who had a live birth in the 2 years preceding the survey received a post-natal health check, that is, a health check while in facility or at home following delivery or a post-natal visit within 2 days after delivery (see Table RH.15). The proportion of mothers who received a post-natal health check varied from 68.2 percent in the Mashonaland West Province to 92.2 percent in Bulawayo Province. Variations were also noted between urban (88.2 percent) and rural areas (72.8 percent). Only about 39 percent of the mothers who delivered at home had a post-natal health check compared to 86.7 percent of mothers who delivered in a health facility. Post-natal health checks increased with an increase in the woman's level of education and household wealth quintile.

Table RH.15: Post-natal health checks for mothers

Percentage of women age 15-49 years with a live birth in the last two years who received health checks while in facility or at home following birth, percent distribution who received post-natal care (PNC) visits from any health provider after birth at the time of last birth, by timing of visit, and percentage who received post natal health checks, Zimbabwe MICS, 2014

		PNC visit for mothers[b]									
	Health check following birth while in facility or at home[a]	Same day	1 day following birth	2 days following birth	3-6 days following birth	After the first week following birth	No post-natal care visit	Missing /DK	Total	Post-natal health check for the mother[1, c]	Number of women with a live birth in the last two years
Total	**74.9**	**3.3**	**1.4**	**0.8**	**16.1**	**35.7**	**42.2**	**0.5**	**100.0**	**77.3**	**3 902**
Province											
Manicaland	77.6	5.4	2.0	0.4	19.5	40.6	32.1	0.0	100.0	81.3	503
Mash Central	69.7	4.1	0.7	0.4	21.6	30.7	42.0	0.5	100.0	72.3	228
Mash East	73.8	4.0	3.2	1.0	14.9	39.8	37.1	0.0	100.0	76.7	446
Mash West	66.1	2.1	1.1	0.0	20.5	30.2	45.7	0.2	100.0	68.2	516
Mat North	82.2	2.3	0.6	0.6	8.4	36.3	51.8	0.0	100.0	84.4	336
Mat South	73.6	2.1	1.6	1.0	8.6	23.3	63.1	0.5	100.0	75.3	298
Midlands	71.0	1.9	1.1	0.7	14.6	26.1	52.4	3.2	100.0	72.8	464
Masvingo	69.3	2.9	1.3	1.6	11.9	32.7	49.5	0.0	100.0	71.4	423
Harare	82.5	3.9	0.7	1.0	10.5	55.9	27.8	0.3	100.0	84.5	411
Bulawayo	89.0	4.0	0.5	1.4	34.1	38.3	21.8	0.0	100.0	92.2	276
Area											
Urban	86.7	3.1	0.6	0.9	22.4	45.4	27.0	0.5	100.0	88.2	1 145
Rural	70.0	3.3	1.7	0.7	13.5	31.7	48.6	0.5	100.0	72.8	2 758
Mother's age at birth											
Less than 20	73.3	2.5	0.9	0.5	15.7	26.8	52.9	0.6	100.0	74.0	707
20-34	75.2	3.3	1.5	0.9	16.4	36.9	40.6	0.5	100.0	78.1	2 737
35-49	75.5	4.4	1.5	0.6	14.9	42.6	35.6	0.5	100.0	77.9	459
Place of delivery											
On way to clinic	(14.4)	(46.8)	(7.2)	(0.0)	(4.9)	(22.0)	(19.1)	(0.0)	100.0	(63.4)	32
Home	30.1	7.9	5.7	1.8	8.2	15.9	60.5	0.0	100.0	39.4	688
Health facility	86.6	1.3	0.4	0.6	18.2	40.9	37.9	0.6	100.0	86.7	3 108
Public	86.1	1.2	0.4	0.7	19.4	38.5	39.3	0.5	100.0	86.2	2 575
Private	96.6	3.4	0.0	0.0	11.8	67.6	15.1	2.1	100.0	96.6	183
Mission	85.4	1.5	0.0	0.0	13.0	45.0	39.7	0.7	100.0	85.4	349
Other/DK/Missing	24.8	20.7	1.3	1.1	5.8	7.3	63.7	0.0	100.0	42.4	74

Type of delivery											
Vaginal birth	73.5	3.4	1.5	0.8	16.9	33.1	44.0	0.4	100.0	76.1	3 666
C-section	97.1	1.4	0.0	0.0	4.4	77.1	15.3	1.9	100.0	97.1	236
Education											
None	(54.2)	(5.0)	(0.0)	(0.0)	(6.9)	(25.2)	(63.0)	(0.0)	100.0	(59.2)	44
Primary	64.7	3.3	1.8	0.6	12.5	27.1	54.4	0.4	100.0	67.7	1 194
Secondary	78.8	3.1	1.2	0.8	17.9	38.1	38.3	0.6	100.0	81.1	2 473
Higher	93.6	4.1	0.8	1.9	17.7	61.3	13.4	0.8	100.0	93.8	192
Wealth index quintiles											
Poorest	65.1	2.6	1.0	0.6	9.6	27.2	58.5	0.6	100.0	67.2	810
Second	68.8	3.5	2.0	0.9	14.4	28.9	49.8	0.5	100.0	71.6	781
Middle	73.4	4.0	1.7	0.8	15.3	35.7	41.5	0.9	100.0	77.1	664
Fourth	78.4	3.1	1.4	0.6	17.6	39.1	38.1	0.1	100.0	80.9	959
Richest	89.8	3.3	0.8	1.1	24.5	48.9	21.0	0.6	100.0	91.1	688

[1] **MICS indicator 5.12 - Post-natal health check for the mother**

[a] Health checks by any health provider following facility births (before discharge from facility) or following home births (before departure of provider from home).
[b] Post-natal care visits (PNC) refer to a separate visit by any health provider to check on the health of the mother and provide preventive care services. PNC visits do not include health checks following birth while in facility or at home (see note [a] above).
[c] Post-natal health checks include any health check performed while in the health facility or at home following birth (see note [a] above), as well as PNC visits (see note [b] above) within two days of delivery.

( ) Figures that are based on 25-49 unweighted cases

In Table RH.16, the percentage of women age 15-49 years who had a live birth in the 2 years preceding the survey and received the first PNC visit within one week of birth is shown by location and type of provider of service. As defined earlier, a visit does not include a check in the facility or at home following birth. The PNC visits were done mainly in public health facilities (85.9 percent) and provided mainly by a skilled attendant (97.2 percent).

Table RH.16: Post-natal care visits for mothers within one week of birth

Percent distribution of women age 15-49 years with a live birth in the last two years who received a post-natal care (PNC) visit within one week of birth, by location and provider of the first PNC visit, Zimbabwe MICS, 2014

	Location of first PNC visit for mothers							Provider of first PNC visit for mothers				Number of women with a live birth in the last two years who received a PNC visit within one week of birth
	Home	Public Sector	Private sector	Mission	Other location	Missing /DK	Total	Doctor/ nurse/ midwife	Village /City health worker	Traditional birth attendant	Total	
Total	**2.5**	**85.9**	**3.5**	**6.5**	**0.9**	**0.6**	**100.0**	**97.2**	**0.9**	**1.9**	**100.0**	**840**
Province												
Manicaland	2.3	89.2	1.2	7.3	0.0	0.0	100.0	96.7	1.7	1.6	100.0	137
Mashonaland Central	1.5	86.6	1.5	8.8	0.0	1.6	100.0	98.5	1.5	0.0	100.0	61
Mashonaland East	2.3	94.4	2.4	0.0	0.9	0.0	100.0	96.8	0.9	2.3	100.0	103
Mashonaland West	2.1	86.0	1.8	10.1	0.0	0.0	100.0	97.9	0.0	2.1	100.0	123
Matabeleland North	(8.8)	(71.0)	(4.8)	(15.4)	(0.0)	(0.0)	100.0	(91.2)	(6.3)	(2.5)	100.0	40
Matabeleland South	(2.0)	(91.3)	(1.2)	(5.5)	(0.0)	(0.0)	100.0	(98.0)	(2.0)	(0.0)	100.0	39
Midlands	1.3	85.2	2.4	11.1	0.0	0.0	100.0	98.7	0.0	1.3	100.0	85
Masvingo	2.4	73.6	9.0	10.3	1.8	2.9	100.0	97.6	0.0	2.4	100.0	75
Harare	5.7	81.5	10.5	0.0	2.3	0.0	100.0	94.2	0.0	5.8	100.0	66
Bulawayo	1.1	88.6	4.0	1.2	3.2	2.0	100.0	98.9	0.0	1.1	100.0	110
Area												
Urban	1.6	88.4	6.4	0.9	1.9	0.7	100.0	98.1	0.3	1.6	100.0	310
Rural	3.1	84.4	1.9	9.8	0.3	0.6	100.0	96.6	1.2	2.1	100.0	530
Mother's age at birth												
Less than 20	4.3	82.1	3.0	9.4	0.5	0.7	100.0	95.2	1.8	3.0	100.0	139
20-34	1.8	87.2	3.2	6.1	1.1	0.7	100.0	98.0	0.5	1.5	100.0	603
35-49	4.8	83.6	6.5	5.1	0.0	0.0	100.0	95.2	1.8	3.0	100.0	98
Place of delivery												
On way to clinic	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	100.0	19
Home	11.1	82.7	0.0	4.6	0.5	1.1	100.0	89.3	1.2	9.5	100.0	162
Health facility	0.5	86.9	4.4	6.9	0.7	0.5	100.0	99.1	0.9	0.0	100.0	637
Public	0.6	97.0	0.7	0.8	0.6	0.4	100.0	99.0	1.0	0.0	100.0	559

Private	(0.0)	(8.5)	(87.2)	(0.0)	(4.2)	(0.0)	100.0	(100.0)	(0.0)	(0.0)	100.0	28
Mission	0.0	19.8	0.0	77.7	0.0	2.5	100.0	100.0	0.0	0.0	100.0	51
Other/DK/Missing	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	100.0	22
Type of delivery												
Vaginal birth	2.6	86.1	3.3	6.6	0.7	0.6	100.0	97.1	0.9	2.0	100.0	827
C-section	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	100.0	14
Education												
None	(*)	(*)	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	100.0	5
Primary	2.5	88.8	0.0	7.9	0.0	0.8	100.0	97.5	0.9	1.6	100.0	218
Secondary	2.8	85.6	3.4	6.6	1.1	0.6	100.0	96.8	1.0	2.2	100.0	571
Higher	(0.0)	(75.1)	(22.4)	(0.0)	(2.5)	(0.0)	100.0	(100.0)	(0.0)	(0.0)	100.0	47
Wealth index quintiles												
Poorest	0.9	81.5	1.5	14.2	0.0	1.9	100.0	99.1	0.0	0.9	100.0	112
Second	5.9	86.4	0.0	7.1	0.0	0.6	100.0	94.1	1.4	4.5	100.0	163
Middle	2.7	84.2	1.8	10.3	0.9	0.0	100.0	97.3	1.4	1.3	100.0	145
Fourth	0.9	91.3	1.5	4.9	1.3	0.0	100.0	98.1	1.5	0.5	100.0	217
Richest	2.4	83.4	10.9	0.7	1.5	1.1	100.0	97.6	0.0	2.4	100.0	203

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table RH.17 presents the distribution of women with a live birth in the two years preceding the survey by receipt of health checks or PNC visits within 2 days of birth for the mother and the newborn baby, thus combining the indicators presented in Tables RH.13 and RH.15.

The results show that for 75.1 percent of live births in the 2 years preceding the survey, both the mothers and their newborn babies received a health check within 2 days of delivery (see Table RH.17). Post-natal health checks for both mothers and newborn babies varied by province, urban/rural areas, type of delivery, mother's level of education and household wealth quintile. Thirteen percent of both mothers and their newborn babies did not receive post-natal health checks within 2 days of delivery. About 17 percent of both mothers and their newborn babies in rural areas did not receive post-natal health checks within 2 days of delivery compared to only 4.2 percent in urban areas.

Table RH.17: Post-natal health checks for mothers and newborns

Percent distribution of women age 15-49 years with a live birth in the last two years by post-natal health checks for the mother and newborn, within two days of the most recent birth, Zimbabwe MICS, 2014

	Post-natal health checks within two days of birth for:						
	Both mothers and newborns	Mothers only	Newborns only	Neither mother nor newborn	DK/Missing	Total	Number of women with a live birth in the last two years
Total	**75.1**	**1.9**	**9.5**	**13.1**	**0.3**	**100.0**	**3 902**
Province							
Manicaland	80.1	1.2	6.4	12.3	0.0	100.0	503
Mashonaland Central	71.0	1.2	8.9	18.7	0.2	100.0	228
Mashonaland East	73.5	3.1	9.2	14.1	0.0	100.0	446
Mashonaland West	67.0	1.3	16.1	15.7	0.0	100.0	516
Matabeleland North	83.7	0.6	7.3	8.3	0.0	100.0	336
Matabeleland South	70.9	4.4	10.4	14.3	0.0	100.0	298
Midlands	69.3	1.0	7.4	19.7	2.6	100.0	464
Masvingo	69.2	2.1	10.9	17.7	0.0	100.0	423
Harare	81.6	2.7	9.7	5.9	0.1	100.0	411
Bulawayo	91.0	1.2	6.5	1.3	0.0	100.0	276
Area							
Urban	85.7	2.1	7.6	4.2	0.4	100.0	1 145
Rural	70.8	1.8	10.3	16.8	0.3	100.0	2 758
Mother's age at birth							
Less than 20	71.5	2.1	12.6	13.4	0.4	100.0	707
20-34	76.2	1.7	9.0	12.9	0.3	100.0	2 737
35-49	74.8	2.7	7.7	14.4	0.5	100.0	459
Place of delivery							
On way to clinic	(57.0)	(6.4)	(8.6)	(28.0)	(0.0)	100.0	32
Home	37.3	2.2	10.4	50.2	0.0	100.0	688
Health facility	84.6	1.7	9.3	4.0	0.4	100.0	3 108
Public	84.3	1.7	9.8	4.0	0.3	100.0	2 575
Private	93.1	1.4	0.8	2.6	2.1	100.0	183
Mission	82.7	2.0	9.9	4.6	0.7	100.0	349
Other/DK/Missing	38.1	4.3	12.4	45.2	0.0	100.0	74
Type of delivery							
Vaginal birth	73.9	1.9	10.0	14.0	0.3	100.0	3 666
C-section	94.5	1.5	2.5	0.4	1.1	100.0	236
Education							
None	(55.1)	(4.1)	(16.8)	(24.0)	(0.0)	100.0	44
Primary	65.3	2.0	11.0	21.3	0.4	100.0	1 194
Secondary	78.9	1.9	9.1	9.9	0.3	100.0	2 473
Higher	93.0	0.0	4.4	1.8	0.8	100.0	192
Wealth index quintiles							
Poorest	65.5	1.4	10.6	22.1	0.3	100.0	810
Second	70.2	1.1	11.1	17.3	0.3	100.0	781
Middle	74.9	1.6	9.5	13.4	0.6	100.0	664
Fourth	78.0	2.8	9.2	9.9	0.1	100.0	959
Richest	88.3	2.2	6.8	2.0	0.6	100.0	688

( ) Figures that are based on 25-49 unweighted cases

8.8 Adult Mortality Rates

Data in Table RH.18 on adult mortality rates is based on information collected in the Maternal Mortality module in the Woman's Questionnaire. Reported ages at death and years since death of the respondents' brothers and sisters were used to construct the numerators (number of deaths). The total number of years lived by all surviving and deceased brothers and sisters (that is, exposure years) during the 7 years preceding the survey were calculated to form the denominators for each age interval. The number of years lived by the respondents in the last 7 years was also taken into account. Mortality rates are expressed per 1 000 population.

Overall, mortality rates for adults aged 15-49 years were estimated at 9.8 per 1 000 population for either sex. In both cases mortality rates were seen to increase steadily with age. For the age groups between 20 and 34 years, mortality rates were higher for females when compared to their male counterparts. These estimates are comparable to results from the ZDHS 2010/11.

Table RH.18: Adult mortality rates

Direct estimates of female and male mortality rates for the seven years preceding the survey, by five-year age groups, Zimbabwe MICS, 2014

	Female			Male		
	Number of Deaths	Exposure years	Mortality rates[a]	Number of Deaths	Exposure years	Mortality rates[a]
Total 15-49	**1 615**	**164 712**	**9.84[b]**	**1 601**	**166 665**	**9.79[b]**
Age						
15-19	55	25 223	2.17	63	25 303	2.48
20-24	149	33 600	4.45	116	33 078	3.51
25-29	264	35 570	7.43	190	35 518	5.35
30-34	371	29 160	12.71	355	29 997	11.82
35-39	355	20 171	17.58	404	21 819	18.52
40-44	263	12 902	20.36	284	13 369	21.23
45-49	158	8 086	19.56	190	7 581	25.07

[a] Expressed per 1 000 population

[b] Age-adjusted (standardised) rate

Age-specific mortality rates shown in Table RH.18 were used to generate the probabilities of dying between exact ages 15 and 50 years separately for males and females, which are presented in Table RH.19. Synthetic period probabilities were calculated by assuming that a hypothetical cohort would be subjected to the mortality rates at each age shown in Table RH.18. The probability of dying between exact ages 15 and 50 was estimated at 357 deaths per 1 000 person-years for males, and 344 deaths per 1 000 person-years for females.

Table RH.19: Adult mortality probabilities

The probability of dying between the ages of 15 and 50 for women and men for the seven years preceding the survey, Zimbabwe MICS, 2014

	Women $_{35}q_{15}$ [a]	Men $_{35}q_{15}$ [a]
Zimbabwe	344	357

[a] The probability of dying between exact ages 15 and 50, expressed per 1 000 person-years of exposure

8.9 Maternal Mortality

Women age 15-49 years were asked a series of questions designed for the purposes of providing information to make direct estimates of maternal mortality. Estimation of maternal mortality was done using the direct sisterhood method[60] and required reasonably accurate reporting of the number of sisters the respondent ever had, the number who had died and the number who died during pregnancy, childbirth or within 2 months after the end of a pregnancy or childbirth.

Each woman was asked to report all children born to her biological mother, including herself, in chronological order, that is, starting with the first born. Listing all siblings in chronological order of their birth was done with the intention of improving the completeness of reporting. Information was then obtained on the survivorship and ages of the siblings, years since death of deceased siblings and age at death. For each sister who died at age 12 or above, the respondent was asked additional questions to determine whether the death was pregnancy related, that is, whether the sister was pregnant or died during childbirth or died within two months of termination of pregnancy or childbirth. Age specific maternal mortality rates were estimated for the seven and five-year periods preceding the survey.

Age-specific mortality rates were calculated by dividing the number of pregnancy-related deaths by years of exposure. To remove the effect of truncation bias (the upper boundary for eligibility is 49 years), the overall rate for women age 15-49 years was standardised by the age distribution of the survey respondents. Pregnancy-related deaths are defined as any death[61] that occurred during pregnancy, childbirth, or within two months after the birth or termination of a pregnancy.

Table RH.20A presents direct estimates of maternal mortality for the seven-year period prior to the survey. There were 149 maternal deaths in the seven years preceding the survey. During the last seven

[60] Rutenberg, N. and Sullivan, J.M. 1991. Direct and indirect estimates of maternal mortality from the sisterhood method. Demographic and Health Surveys World Conference Proceedings, August 5–7, 1991 Washington, DC. Volume III. Calverton, Maryland USA, IRD/Macro International Inc. pp. 1669–1696.

[61] This time-specific definition includes all deaths that occurred during pregnancy and two months after pregnancy even if the death is due to causes that are accidental or incidental. However, this definition is unlikely to result in over-reporting of maternal deaths because most deaths to women in the specified period are due to maternal causes, and maternal deaths in general are more likely to be underreported than over-reported.

years, roughly between 2007 and 2014, the maternal mortality rate, which is the annual number of maternal deaths per 1 000 women age 15-49 years, was 0.86. Maternal deaths accounted for 9.2 percent of all deaths among women age 15-49 years. For any given age group, maternal deaths are a relatively rare occurrence and as such the age-specific pattern should be interpreted with caution.

The maternal mortality rate (MMRate)[62] can be converted to a maternal mortality ratio and expressed per 100 000 live births by dividing the age-standardised maternal mortality rate by the age-standardised general fertility rate. The maternal mortality ratio (MMR) is often considered a more useful measure of maternal mortality because it measures the obstetric risk associated with each live birth. Table RH.20A shows that the maternal mortality ratio for Zimbabwe for the seven-year period preceding the survey was 614 deaths per 100 000 live births.

Table RH.20A: Maternal mortality

Direct estimates of maternal mortality rates for the 7 years preceding the survey, by five-year age groups, Zimbabwe MICS, 2014

	Percentage of female deaths that are maternal	Maternal Deaths	Exposure (Years)	Maternal mortality rates[a]
Total 15-49	**9.2**	**149**	**164 712**	**0.86** [b]
Age				
15-19	13.9	8	25 223	0.30
20-24	18.2	27	33 600	0.81
25-29	11.6	31	35 570	0.86
30-34	11.4	42	29 160	1.46
35-39	7.6	27	20 171	1.33
40-44	3.6	9	12 902	0.73
45-49	3.1	5	8 086	0.61
General fertility rate[c]				140
Maternal mortality ratio[1, d]				614
Lifetime risk of maternal death[e]				0.026

[1] **MICS indicator 5.13; MDG indicator 5.1 - Maternal mortality ratio**

[a] Expressed per 1 000 woman-years of exposure

[b] Age-adjusted rate

[c] Expressed per 1 000 women age 15-49 years

[d] Calculated as the maternal mortality rate divided by the general fertility rate, expressed per 100 000 live births

[e] Calculated as $1-(1-MMR)^{TFR}$ where MMR is the maternal mortality ratio, and TFR represents the total fertility rate for the seven years preceding the survey

[62] The maternal mortality rate (MMRate) is defined as number of maternal deaths in a given period per 100 000 women 15-49 during the same time period.

Table RH.20B presents direct estimates of maternal mortality for the five-year period prior to the survey to compare the rates between the seven year and five year periods. There were 104 maternal deaths in the five years preceding the survey. Between 2009 and 2014, the maternal mortality rate, which is the annual number of maternal deaths per 1 000 women age 15-49 years, was 0.82. Maternal deaths accounted for 10.1 percent of all deaths among women age 15-49 years. Table RH.20B shows that the maternal mortality ratio for Zimbabwe for the five-year period preceding the survey was 581 deaths per 100 000 live births.

Table RH.20B: Maternal mortality

Direct estimates of maternal mortality rates for the 5 years preceding the survey by five-year age groups, Zimbabwe MICS, 2014

	Percentage of female deaths that are maternal	Maternal Deaths	Exposure (Years)	Maternal mortality rates[a]
Total 15-49	**10.1**	**104**	**118 520**	**0.82**[b]
Age				
15-19	16.3	6	16 587	0.38
20-24	21.5	22	23 017	0.97
25-29	13.0	20	25 680	0.79
30-34	12.6	29	21 945	1.30
35-39	7.7	17	15 253	1.13
40-44	2.5	4	9 846	0.43
45-49	4.5	5	6 193	0.80
General fertility rate[c]				142
Maternal mortality ratio[d]				581
Lifetime risk of maternal death[e]				0.025

[a] Expressed per 1 000 woman-years of exposure

[b] Age-adjusted rate

[c] Expressed per 1 000 women age 15-49 years

[d] Calculated as the maternal mortality rate divided by the general fertility rate, expressed per 100 000 live births

[e] Calculated as $1-(1-MMR)^{TFR}$ where MMR is the maternal mortality ratio, and TFR represents the total fertility rate for the seven years preceding the survey

9 Early Childhood Development

This chapter looks at early childhood care and education, quality of care, support for learning in the home, learning materials availed to the child such as reading books and toys and the developmental status of children under 5 years of age.

9.1 Early Childhood Care and Education

Readiness of children for primary school can be improved through attendance to early childhood education programmes or through pre-school attendance. Early childhood education programmes include programmes for children that have organised learning components as opposed to baby-sitting and day-care, which do not typically have organised education and learning.

The education sector in Zimbabwe recognizes that Early Childhood Development (ECD) education can contribute significantly to the nurture of young children at various levels, i.e. physical, social, emotional, intellectual, cultural and spiritual. Since 2004, Zimbabwe has a national ECD policy which requires primary schools to offer two levels of ECD classes for children 3 to 5 years old.

The Zimbabwe ECD syllabus focuses on the total development of the child, encompassing physical, social, moral, cognitive, creative and emotional development. Nutrition, health and safety are equally emphasized (Ministry of Education, Sport, Arts and Culture, 2012). By the end of the two year ECD programme, a child must be able to demonstrate physical health practices, physical skills, emotional skills and wellbeing, social skills, cognitive and technological skills.

About 22 percent of children age 36-59 months were attending an organised early childhood education programme[63] (see Table CD.1). The proportion of children age 36-59 months attending an organised early childhood education programme was 26.2 percent in urban areas compared to 20.1 percent in rural areas. Among children age 36-59 months, attendance in early childhood education programmes was highest in Manicaland Province (26.5 percent) and lowest in Midlands Province (14 percent). Sex differentials were minimal (20.1 percent for males and 23.1 percent for females). In the age group 48-59 months, 34.6 percent were attending early childhood education programme compared to only 10.3 percent in the 36-47 months age group. Children with mothers with highest level of education and those in the richest wealth quintile were more likely to attend an early childhood education programme.

[63] Organised learning or early childhood education programme, such as a private or Government facility, including kindergarten or community child care was considered as ECD for purposes of the MICS.

Table CD.1: Early childhood education

Percentage of children age 36-59 months who are attending an organized early childhood education programme, Zimbabwe MICS, 2014

	Percentage of children age 36-59 months attending early childhood education[1]	Number of children age 36-59 months
Total	**21.6**	**4 025**
Sex		
Male	20.1	1 978
Female	23.1	2 047
Province		
Manicaland	26.5	547
Mashonaland Central	16.4	222
Mashonaland East	20.7	437
Mashonaland West	18.9	508
Matabeleland North	25.2	382
Matabeleland South	24.9	348
Midlands	14.0	528
Masvingo	25.7	480
Harare	23.3	356
Bulawayo	18.4	216
Area		
Urban	26.2	998
Rural	20.1	3 027
Age of child		
36-47 months	10.3	2 145
48-59 months	34.6	1 879
Mother's education		
None	18.4	184
Primary	16.5	1 581
Secondary	23.2	2 096
Higher	55.2	164
Wealth index quintile		
Poorest	16.5	932
Second	18.1	896
Middle	22.4	768
Fourth	21.6	801
Richest	33.5	628

[1] **MICS indicator 6.1 - Attendance to early childhood education**

9.2 Quality of Care

It is recognised that a period of rapid brain development occurs in the first 3-4 years of life and the quality of home care is a major determinant of the child's development during this period.[64] In this context, engagement of adults in activities with children, presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. As set out in *A World Fit for Children*, "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."[65]

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories/folktales, singing songs, taking children outside the home, compound or yard, playing with children and spending time with children naming, counting or drawing things.

The proportion of children age 36-59 months with whom an adult household member engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey was 43.1 percent (see Table CD.2). The mean number of activities that adults engaged with children was 3. About 55 percent of children in urban areas and 39.3 percent of children in rural areas had an adult member of the household engaging them in four activities that promote learning and school readiness. Matabeleland North and Matabeleland South provinces had the least proportion of 17.1 and 22.7 percent, respectively, whilst the highest proportion was in Midlands Province (70.4 percent).

About 52 percent of children age 36-59 months lived with their biological father. The data shows that 2.6 percent of these children had fathers who engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey. The mean number of activities was 0.5.

Three-quarters of the children age 36-59 months lived with their biological mothers. Of these, 17.3 percent engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey with their biological mothers. The mean number of activities was 1.5.

[64] Grantham-McGregor, S et al. 2007. *Developmental Potential in the First 5 Years for Children in Developing Countries*. The Lancet 369: 60–70
Belsky, J et al. 2006. *Socioeconomic Risk, Parenting During the Preschool Years and Child Health Age 6 Years*. European Journal of Public Health 17(5): 511–2.
[65] UNICEF, *A World Fit For Children*, Adopted by the UN General Assembly at the 27th Special Session, 10 May 2002, p. 2.

Table CD.2: Support for learning

Percentage of children age 36-59 months with whom adult household members engaged in activities that promote learning and school readiness during the last three days, and engagement in such activities by biological fathers and mothers, Zimbabwe MICS, 2014

	Percentage of children with whom adult household members have engaged in four or more activities[1]	Mean number of activities with adult household members	Percentage of children living with their:		Number of children age 36-59 months	Percentage of children with whom biological fathers have engaged in four or more activities[2]	Mean number of activities with biological fathers	Number of children age 36-59 months living with their biological fathers	Percentage of children with whom biological mothers have engaged in four or more activities[3]	Mean number of activities with biological mothers	Number of children age 36-59 months living with their biological mothers
			Biological father	Biological mother							
Total	**43.1**	**2.9**	**51.5**	**75.5**	**4 025**	**2.6**	**0.5**	**2 074**	**17.3**	**1.5**	**3 037**
Sex											
Male	43.1	3.0	51.9	75.0	1 978	3.0	0.5	1 027	16.8	1.5	1 483
Female	43.1	2.9	51.2	75.9	2 047	2.1	0.4	1 047	17.8	1.6	1 555
Province											
Manicaland	35.2	2.6	47.9	79.5	547	1.7	0.5	262	18.9	1.6	435
Mashonaland Central	38.9	2.9	65.4	83.1	222	3.1	0.6	145	17.7	1.8	185
Mashonaland East	45.7	3.1	56.2	79.6	437	2.2	0.5	246	15.8	1.6	348
Mashonaland West	38.6	2.9	60.0	78.5	508	2.0	0.4	305	16.0	1.5	399
Matabeleland North	17.1	1.6	43.3	63.3	382	0.5	0.2	166	3.4	0.5	242
Matabeleland South	22.7	2.0	27.0	57.2	348	0.1	0.1	94	5.6	0.6	199
Midlands	70.4	4.1	50.8	74.0	528	2.4	0.5	268	26.7	2.0	390
Masvingo	44.6	3.0	43.6	74.3	480	1.0	0.3	209	18.1	1.5	357
Harare	69.7	4.0	72.2	88.2	356	10.7	1.1	257	29.5	2.4	314
Bulawayo	37.5	2.7	56.8	78.1	216	3.8	0.5	123	17.5	1.5	169
Area											
Urban	54.6	3.4	66.0	85.5	998	5.0	0.8	658	26.6	2.1	853
Rural	39.3	2.8	46.8	72.2	3 027	1.7	0.4	1 416	14.2	1.3	2 185
Age											
36-47 months	40.3	2.8	50.9	76.7	2 145	2.1	0.4	1 093	16.5	1.5	1 646
48-59 months	46.2	3.1	52.2	74.0	1 879	3.1	0.5	982	18.1	1.6	1 391

Mother's education[a]											
None	25.2	2.1	18.6	26.3	184	(0.0)	(0.1)	34	(1.8)	(0.3)	48
Primary	36.2	2.6	43.6	64.9	1581	0.9	0.3	690	10.6	1.1	1 026
Secondary	47.9	3.2	60.1	87.3	2096	3.5	0.6	1 259	22.5	1.9	1 829
Higher	67.6	3.9	55.6	81.4	164	9.1	0.9	91	31.9	2.2	134
Father's education											
None	(17.1)	(2.0)	100.0	(96.3)	33	(2.6)	(0.3)	(33)	(8.3)	(1.2)	31
Primary	33.9	2.4	100.0	96.5	553	1.6	0.6	553	14.4	1.5	533
Secondary	47.8	3.2	100.0	97.1	1319	4.9	0.9	1 319	21.8	2.0	1 281
Higher	68.2	4.2	100.0	95.2	168	15.5	1.7	168	37.5	2.7	160
Father not in the household	40.8	2.8	0.0	52.8	1950	na	na	na	13.5	1.1	1 030
Missing/DK	(*)	(*)	(*)	100.0	2	(*)	(*)	2	(*)	(*)	2
Wealth index quintiles											
Poorest	35.1	2.6	51.7	73.4	932	0.9	0.3	482	12.1	1.2	684
Second	38.5	2.7	43.9	72.6	896	1.3	0.3	393	14.4	1.3	650
Middle	41.4	2.9	38.0	65.1	768	1.0	0.3	292	13.8	1.3	500
Fourth	46.8	3.1	63.6	85.6	801	4.8	0.7	510	21.6	1.8	686
Richest	58.8	3.7	63.3	82.3	628	5.8	0.8	397	27.9	2.1	517

[1] MICS indicator 6.2 - Support for learning

[2] MICS Indicator 6.3 - Father's support for learning

[3] MICS Indicator 6.4 - Mother's support for learning

na: not applicable

[a] The background characteristic "Mother's education" refers to the education level of the respondent to the Questionnaire for Children Under Five, and covers both mothers and primary caretakers, who are interviewed when the mother is not listed in the same household. Since indicator 6.4 reports on the biological mother's support for learning, this background characteristic refers to only the educational levels of biological mothers when calculated for the indicator in question.

( ) Figures that are based on 25-49 unweighted cases

(*) Figures that are based on less than 25 unweighted cases

Exposure to books in early years not only provides the child with greater understanding of the nature of print but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books is important for later school performance. The mother/primary caregiver of all children under 5 years of age were asked about the number of children's books or picture books and playthings for the child. The types of playthings included in the questionnaires were homemade toys (such as dolls and cars, or other toys made at home), toys that came from a store, and household objects (such as pots and bowls) or objects and materials found outside the home (such as sticks, rocks, animal shells or leaves).

In Zimbabwe, 3.4 percent of children under 5 years of age lived in households where at least 3 children's books were present for the child (see Table CD.3). The proportion of under 5 children who had 3 or more children's books did not differ between sexes and was higher in predominantly urban provinces (8.9 percent in Harare; 8.5 percent in Bulawayo). In the predominantly rural provinces, it ranged from one percent in Matabeleland North Province to 3.3 percent each in Mashonaland East and Midlands provinces. The presence of children's books suggests a positive relationship with the child's age; in the homes of 4.9 percent of children age 24-59 months, there were 3 or more children's books while the figure was 1.1 percent for children age 0-23 months. The proportion of children with 3 or more children's books was highest where mother's education was high and in richest households.

About 62 percent of children under 5 years of age played with two or more types of playthings. The proportion of under 5 children who played with two or more types of playthings was 63.1 percent for females and 61.4 percent for males. Seventy-two percent of children in urban areas and 58.6 percent in rural areas played with two or more types of playthings. Less than half of children in Matabeleland North and Matabeleland South provinces played with two or more types of playthings. The proportion of children who played with two or more types of playthings increased with mother's education and household wealth quintile.

Table CD.3: Learning materials

Percentage of children under age 5 by numbers of children's books present in the household, and by playthings that child plays with, Zimbabwe MICS, 2014

	Percentage of children living in households that have for the child:		Percentage of children who play with:				
	3 or more children's books[1]	10 or more children's books	Homemade toys	Toys from a shop / manufactured toys	Household objects/ objects found outside	Two or more types of playthings [2]	Number of children under age 5
Total	**3.4**	**0.6**	**46.1**	**48.1**	**80.8**	**62.3**	**9 884**
Sex							
Male	3.5	0.5	46.8	46.4	81.0	61.4	4 913
Female	3.3	0.6	45.5	49.8	80.6	63.1	4 971
Province							
Manicaland	2.6	0.2	54.2	42.7	84.3	67.0	1 326
Mashonaland Central	2.5	0.6	43.3	34.6	85.7	55.7	552
Mashonaland East	3.3	0.2	55.2	55.7	80.8	69.5	1 093
Mashonaland West	1.9	0.3	57.4	48.4	86.7	71.6	1 281
Matabeleland North	1.0	0.1	28.0	35.9	84.1	45.7	918
Matabeleland South	2.7	0.1	27.8	47.9	63.9	46.6	800
Midlands	3.3	0.9	43.0	33.2	83.1	55.3	1 227
Masvingo	2.3	0.5	52.4	39.5	86.4	63.1	1 143
Harare	8.9	1.4	49.2	76.0	75.0	73.6	917
Bulawayo	8.5	2.0	32.6	79.6	67.3	66.1	626
Area							
Urban	8.3	1.7	42.4	76.6	76.2	72.4	2 625
Rural	1.7	0.2	47.5	37.8	82.4	58.6	7 259
Age							
0-23 months	1.1	0.2	31.2	42.1	62.9	45.8	3 806
24-59 months	4.9	0.8	55.4	51.8	92.0	72.6	6 078
Mother's education							
None	2.0	0.0	49.3	33.2	86.7	54.6	323
Primary	0.9	0.1	45.7	33.5	83.6	56.6	3 576
Secondary	3.6	0.4	46.3	55.0	78.8	64.9	5 522
Higher	22.0	6.8	44.4	88.1	77.9	79.5	463
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	1
Wealth index quintiles							
Poorest	0.5	0.0	41.8	23.0	82.9	48.0	2 187
Second	0.9	0.1	48.8	35.2	83.6	59.3	2 100
Middle	2.6	0.3	50.0	45.6	82.7	63.6	1 808
Fourth	3.1	0.2	48.8	61.8	77.9	69.4	2 155
Richest	11.8	2.8	40.5	82.9	76.0	74.2	1 634

[1] **MICS indicator 6.5 - Availability of children's books**

[2] **MICS indicator 6.6 - Availability of playthings**

(*) Figures that are based on less than 25 unweighted cases

Leaving children alone or in the presence of other young children is known to increase the risk of injuries.[66] In MICS, two questions were asked to find out whether children age 0-59 months were left alone during the week preceding the interview and whether children were left in the care of other children under 10 years of age.

Table CD.4 shows that 18.5 percent of children under 5 years of age were left without adequate care in the week preceding the survey, that is, children were left alone or in the care of another child younger than ten years of age for more than one hour at least once in the week preceding the survey. Younger children were less likely to be left without adequate care compared to older ages. Inadequate care decreased with an increase with mother's education and household wealth quintile.

[66] Grossman, David C. (2000). *The History of Injury Control and the Epidemiology of Child and Adolescent Injuries. The Future of Children, 10(1), 23-52.*

Table CD.4: Inadequate care

Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week, Zimbabwe MICS, 2014

	Percentage of children under age 5:			
	Left alone in the past week	Left in the care of another child younger than 10 years of age in the past week	Left with inadequate care in the past week[1]	Number of children under age 5
Total	**4.6**	**16.2**	**18.5**	**9 884**
Sex				
Male	4.8	16.6	18.9	4 913
Female	4.5	15.8	18.0	4 971
Province				
Manicaland	4.5	19.5	21.8	1 326
Mashonaland Central	3.9	18.7	20.4	552
Mashonaland East	5.2	13.9	16.9	1 093
Mashonaland West	6.0	17.7	20.7	1 281
Matabeleland North	3.1	16.5	18.4	918
Matabeleland South	3.2	8.2	10.2	800
Midlands	4.0	23.8	25.2	1 227
Masvingo	6.3	22.1	24.4	1 143
Harare	5.9	7.6	10.5	917
Bulawayo	2.1	4.6	6.0	626
Area				
Urban	3.6	6.5	8.7	2 625
Rural	5.0	19.7	22.0	7 259
Age				
0-23 months	1.9	10.2	11.2	3 806
24-59 months	6.3	19.9	23.0	6 078
Mother's education				
None	6.4	18.8	21.8	323
Primary	5.2	20.9	23.2	3 576
Secondary	4.4	14.0	16.3	5 522
Higher	2.1	4.3	5.6	463
Missing/DK	(*)	(*)	(*)	1
Wealth index quintiles				
Poorest	4.7	23.3	25.4	2 187
Second	5.0	21.1	23.2	2 100
Middle	4.7	18.4	20.6	1 808
Fourth	5.7	10.6	13.8	2 155
Richest	2.6	5.3	6.7	1 634

[1] MICS indicator 6.7 - Inadequate care

(*) Figures that are based on less than 25 unweighted cases

9.3 Developmental Status of Children

Early childhood development is defined as an orderly, predictable process along a continuous path, in which a child learns to handle more complicated levels of moving, thinking, speaking, feeling and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development and readiness to learn are vital domains of a child's overall development which is a basis for overall human development.[67]

A 10-item module was used to calculate the Early Child Development Index (ECDI). The primary purpose of the ECDI is to inform public policy regarding the developmental status of children in Zimbabwe. The index is based on selected milestones that children are expected to achieve by ages 3 and 4. The 10 items are used to determine if children are developmentally on track in four domains:

Literacy-numeracy: Children are identified as being developmentally on track based on whether they can identify/name at least ten letters of the alphabet, whether they can read at least four simple popular words and whether they know the name and recognize the symbols of all numbers from 1 to 10. If at least two of these are true, then the child is considered developmentally on track.

Physical: If the child can pick up a small object with two fingers, like a stick or a rock from the ground and/or the mother/caretaker does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.

Social-emotional: Children are considered to be developmentally on track if two of the following are true: If the child gets along well with other children, if the child does not kick, bite or hit other children and if the child does not get distracted easily.

Learning: If the child follows simple directions on how to do something correctly and/or when given something to do, is able to do it independently, then the child is considered to be developmentally on track in this domain.

ECDI is then calculated as the percentage of children who are developmentally on track in at least three of these four domains. The results are presented in Table CD.5.

In Zimbabwe, 61.8 percent of children age 36-59 months were developmentally on track. ECDI was higher among girls (64.3 percent) than boys (59.2 percent). The index was higher in the 48-59 months age group (67.2 percent) compared to the 36-47 months age group (57.1 percent). Higher ECDI was observed in children attending an early childhood education programme at 71.1 percent compared to 59.3 percent among those who were not attending.

The analysis of four domains of child development showed that 92.5 percent of children were on track in the physical domain, in learning (87.4 percent), in social-emotional (66.9 percent) domains but much less on track in the literacy-numeracy (9.3 percent).

[67] Shonkoff J, and Phillips D, (eds*), From neurons to neighborhoods: the science of early childhood development, Committee on Integrating the Science of Early Childhood Development, National Research Council, 2000.*

Table CD.5: Early child development index

Percentage of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains, and the early child development index score, Zimbabwe MICS, 2014

	Percentage of children age 36-59 months who are developmentally on track for indicated domains				Early child development index score[1]	Number of children age 36-59 months
	Literacy-numeracy	Physical	Social-Emotional	Learning		
Total	**9.3**	**92.5**	**66.9**	**87.4**	**61.8**	**4 025**
Sex						
Male	8.8	93.5	63.9	87.3	59.2	1 978
Female	9.8	91.6	69.9	87.6	64.3	2 047
Province						
Manicaland	5.8	95.0	68.8	85.0	60.6	547
Mashonaland Central	7.6	89.5	55.1	82.2	49.2	222
Mashonaland East	12.5	91.8	60.6	89.5	59.8	437
Mashonaland West	5.0	91.0	52.5	89.6	50.7	508
Matabeleland North	6.7	91.2	77.3	82.4	64.9	382
Matabeleland South	8.1	91.8	81.0	90.2	74.2	348
Midlands	11.1	97.0	78.6	89.4	72.5	528
Masvingo	8.0	89.2	66.1	82.1	57.1	480
Harare	19.3	95.4	56.0	93.6	60.2	356
Bulawayo	12.6	89.9	71.5	91.3	69.7	216
Area						
Urban	15.2	93.9	63.5	91.8	64.2	998
Rural	7.4	92.1	68.1	86.0	61.0	3 027
Age						
36-47 months	4.6	89.6	65.4	82.9	57.1	2 145
48-59 months	14.8	95.9	68.7	92.6	67.2	1 879
Attendance to early childhood education						
Attending	23.6	97.1	68.2	93.7	71.1	871
Not attending	5.4	91.3	66.6	85.7	59.3	3 154
Mother's education						
None	3.1	89.9	76.7	80.6	63.4	184
Primary	5.8	91.8	69.0	86.4	61.0	1 581
Secondary	11.8	93.5	64.7	88.6	61.8	2 096
Higher	18.9	91.1	65.9	89.6	67.6	164
Wealth index quintiles						
Poorest	5.5	92.3	70.6	84.1	60.7	932
Second	5.5	91.8	69.3	85.1	60.1	896
Middle	9.0	92.2	66.7	88.2	63.1	768
Fourth	11.7	92.9	63.0	89.5	60.9	801
Richest	17.8	94.1	63.5	92.1	65.5	628

[1] **MICS indicator 6.8 - Early child development index**

10 Literacy and Education

The Government of Zimbabwe acknowledges that education is a basic human right, which plays a pivotal role in combating ignorance, disease and poverty and that education is the key to socio-economic and political transformation.[68] As such, since independence in 1980, the Government has put in place policies and strategies that ensured that all the people of Zimbabwe, young and old, have access to education. According to the Zimbabwe Education Act [*Chapter 25:04*] all children have the right to education.

This chapter dwells on literacy for young women and men, school readiness for those transitioning from preschool to primary school, primary and secondary school participation and gender parity.

10.1 Literacy among Young Women and Men

The Youth Literacy Rate reflects the outcomes of primary education over the previous 10 years or so. As a measure of the effectiveness of the primary education system, it is often seen as a proxy measure of social progress and economic achievement. The results presented in the MICS are based on responses of women and men age 15-24 years. In the MICS, literacy was assessed on the ability of the respondent to read in full a short simple statement for those with primary level of education or based on school attendance for those respondents who had attended at least secondary school.

The literacy rates are presented in Tables ED.1 and ED.1M. Table ED.1 indicates that 92 percent of young women were literate. Of women who stated that primary school was their highest level of education 62.8 percent were able to read in full the statement shown to them. The proportion of women in urban areas who could read in full the statement shown to them was 98.1 percent and 88.8 percent in rural areas. The least literacy levels were in Matabeleland North Province (86.8 percent), followed by Mashonaland Central Province (87.2 percent). Literacy levels increased with an increase in wealth of the household.

[68] GoZ. 2005. National Action Plan of Zimbabwe: Education for All towards 2015.

Table ED.1: Literacy (young women)

Percentage of women age 15-24 years who are literate, Zimbabwe MICS, 2014

	Percentage literate[1]	Percentage not known	Number of women age 15-24 years
Total	**92.0**	**0.4**	**5 677**
Province			
Manicaland	91.7	0.5	670
Mashonaland Central	87.2	0.5	262
Mashonaland East	92.1	0.4	620
Mashonaland West	92.0	0.5	727
Matabeleland North	86.8	0.2	522
Matabeleland South	89.7	0.4	457
Midlands	91.4	0.5	716
Masvingo	90.4	0.2	563
Harare	98.1	0.7	623
Bulawayo	97.4	0.4	518
Area			
Urban	98.1	0.4	1 945
Rural	88.8	0.5	3 732
Education			
None	(*)	(*)	9
Primary	62.8	2.0	1 197
Secondary	100.0	0.0	4 337
Higher	100.0	0.0	135
Age			
15-19	92.0	0.5	3 105
20-24	92.0	0.3	2 572
Wealth index quintile			
Poorest	81.8	0.2	941
Second	89.2	0.8	946
Middle	91.4	0.4	1 073
Fourth	95.3	0.5	1 312
Richest	98.1	0.3	1 405

[1] MICS indicator 7.1; MDG indicator 2.3 - Literacy rate among young women

(*) Figures that are based on less than 25 unweighted cases

Table ED.1M shows the literacy rates for young men age 15-24 years. Eighty-six percent of young men were literate. Of the men who stated that primary school was their highest level of education, 49.1 percent were able to read in full the statement shown to them. The proportion of men who could read in full the statement shown to them was 96.4 percent in urban areas and 82.4 percent in rural areas. The lowest literacy levels were in Matabeleland South Province (72.7 percent) followed by Matabeleland North Province (76.4 percent). Literacy levels increased with an increase in wealth of the household. Generally the literacy level of young women was higher than that for young men.

Table ED.1M: Literacy (young men)

Percentage of men age 15-24 years who are literate, Zimbabwe MICS, 2014

	Percentage literate[1]	Percentage not known	Number of men age 15-24 years
Total	**86.1**	**0.7**	**3 296**
Province			
Manicaland	90.2	0.2	401
Mashonaland Central	82.2	1.5	193
Mashonaland East	92.5	0.3	339
Mashonaland West	87.4	0.3	466
Matabeleland North	76.4	0.4	305
Matabeleland South	72.7	1.0	299
Midlands	82.7	1.8	421
Masvingo	84.7	0.6	329
Harare	94.9	0.5	276
Bulawayo	96.9	0.4	266
Area			
Urban	96.4	0.3	884
Rural	82.4	0.8	2 411
Education			
None	(*)	(*)	5
Primary	49.1	2.3	886
Secondary	100.0	0.0	2 327
Higher	100.0	0.0	77
Age			
15-19	85.6	0.6	2 068
20-24	87.1	0.7	1 227
Wealth index quintile			
Poorest	68.7	1.5	518
Second	84.0	0.4	617
Middle	85.5	0.8	795
Fourth	90.2	0.4	724
Richest	98.5	0.3	641

[1] **MICS indicator 7.1; MDG indicator 2.3 - Literacy rate among young men[M]**

(*) Figures that are based on less than 25 unweighted cases

10.2 School Readiness

Pre-school education is important for the readiness of children to school. Table ED.2 shows the proportion of children in the first grade of primary school (regardless of age) who had attended pre-school the previous year[69]. Overall, 86.2 percent of children who were currently attending the first grade of primary school were attending pre-school the previous year. There were no major differences by sex and by urban/rural areas. The proportion of children who attended pre-school the previous year currently attending first grade of primary school increased with the education status of the mother. The proportion was 80.6 percent for children with mothers with no education while it was 90.8 percent for mothers with higher education. The highest percentage of children attending first grade who had attended pre-school the previous year were in the Manicaland and Midlands provinces (about 89 percent) while the lowest was in Bulawayo Province (76.1 percent). School readiness for children of mothers with higher education was about 91 percent compared to 80.6 percent for children of mothers with no education. Socio-economic status also suggests a positive relationship with school readiness, although less strong – while the indicator was 86.7 percent among the poorest households, it increased to 90.1 percent among those children living in the richest households.

[69] The computation of the indicator does not exclude repeaters, and therefore is inclusive of both children who are attending primary school for the first time, as well as those who were in the first grade of primary school the previous school year and are repeating. Children repeating may have attended pre-school prior to the school year during which they attended the first grade of primary school for the first time; these children are not captured in the numerator of the indicator

Table ED.2: School readiness

Percentage of children attending first grade of primary school who attended pre-school the previous year, Zimbabwe MICS, 2014

	Percentage of children attending first grade who attended preschool in previous year[1]	Number of children attending first grade of primary school
Total	**86.2**	**2 063**
Sex		
Male	86.7	1 099
Female	85.6	964
Province		
Manicaland	89.5	294
Mashonaland Central	87.3	120
Mashonaland East	87.0	217
Mashonaland West	83.9	240
Matabeleland North	88.1	210
Matabeleland South	87.0	192
Midlands	89.3	250
Masvingo	83.3	315
Harare	84.8	122
Bulawayo	76.1	102
Area		
Urban	85.4	412
Rural	86.4	1 651
Mother's education		
None	80.6	167
Primary	84.8	896
Secondary	88.0	883
Higher	90.8	112
Missing/DK	(*)	2
Wealth index quintile		
Poorest	86.7	518
Second	83.0	499
Middle	89.6	436
Fourth	81.8	309
Richest	90.1	301

[1] **MICS indicator 7.2 - School readiness**

(*) Figures that are based on less than 25 unweighted cases

10.3 Primary and Secondary School Participation

Education For All (EFA) and the Millennium Development Goals focus on universal access to primary education. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment and influencing population growth.

In Zimbabwe, the official school entry ages are 6 years for primary, 13 years for lower secondary and 17 years for upper secondary. There are 7 grades in primary school. Secondary education is split into two levels: lower secondary covering forms 1 to 4 and upper secondary covering forms 5 and 6. Compulsory education in Zimbabwe comprises primary and lower secondary.

Standard MICS secondary school indicators are presented in Appendix B. These indicators refer to the full secondary education cycle (lower and upper together). However, the secondary school indicators presented in this chapter (Tables ED.5, ED.8 and ED.9) refer to lower secondary only (i.e. forms 1 through 4).

Of the children who were of the official primary school entry age, 73.3 percent were in the first grade of primary school, see Table ED.3. Minimal sex differentials were noted with 74.8 percent of girls in first grade compared to 71.8 percent for boys. Variations were noted by province and urban-rural areas. In Bulawayo Province, for instance, the value of the indicator reached 88.5 percent while it was 66.4 percent in Mashonaland West Province. Children in urban areas were more likely to enter the first grade at the right age (83.1 percent) than in rural areas (70.6 percent). The percentage of children of primary school entry age entering grade 1 increased with mother's education (from 54.4 percent for children of mothers with no education to 82.2 percent and 90.3 percent for children of mothers with secondary and higher education, respectively). It also increased with socio-economic status. In the richest households the proportion was 86.8 percent while it was 65.8 percent among children living in the poorest households.

Table ED.3: Primary school entry

Percentage of children of primary school entry age entering grade 1 (net intake rate), Zimbabwe MICS, 2014

	Percentage of children of primary school entry age entering grade 1[1]	Number of children of primary school entry age
Total	**73.3**	**1 812**
Sex		
Male	71.8	912
Female	74.8	900
Province		
Manicaland	72.8	239
Mashonaland Central	68.9	103
Mashonaland East	74.4	162
Mashonaland West	66.4	248
Matabeleland North	76.7	200
Matabeleland South	73.4	174
Midlands	68.6	203
Masvingo	74.2	265
Harare	78.9	120
Bulawayo	88.5	97
Area		
Urban	83.1	399
Rural	70.6	1 414
Mother's education		
None	54.4	156
Primary	65.5	746
Secondary	82.2	811
Higher	90.3	91
Wealth index quintile		
Poorest	65.8	455
Second	68.8	434
Middle	74.4	366
Fourth	77.2	268
Richest	86.8	291

[1] **MICS indicator 7.3 - Net intake rate in primary education**

(*) Figures that are based on less than 25 unweighted cases

Table ED.4 provides the percentage of children of primary school age 6 to 12 years who were attending primary or secondary school[70] and those who were out of school. The majority of children of primary school age were attending school (93.3 percent). Attendance ratio was above 90 percent for both boys and girls by different background characteristics. About seven percent (6.6 percent) of primary age children were out of school, including both children who were not attending any type of school and those who were attending pre-school. Only 3.2 percent of primary age children were out of school (meaning not attending any type of school). In urban areas 96.2 percent (96.0 percent for boys; 96.4 percent for girls) of primary school age children attend school while in rural areas attendance was 92.6 percent (91.9 percent for boys; 93.3 percent for girls). The proportion of children attending school increased with the education of the mother from 88.1 percent for uneducated mothers to 97.3 percent for children of mothers with higher education and with household wealth quintile.

[70] Ratios presented in this table are "adjusted" since they include not only primary school attendance, but also secondary school attendance in the numerator.

Table ED.4: Primary school attendance and out of school children

Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), percentage attending preschool, and percentage out of school, Zimbabwe MICS, 2014

	Male					Female					Total				
		Percentage of children:					Percentage of children:					Percentage of children:			
	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Not attending school or preschool	Attending preschool	Out of school[a]	Number of children
Total	**92.7**	**3.6**	**3.6**	**7.3**	**6 273**	**94.0**	**2.7**	**3.3**	**6.0**	**6 300**	**93.3**	**3.2**	**3.5**	**6.6**	**12 573**
Province															
Manicaland	92.1	3.2	4.7	7.9	819	93.4	2.4	4.3	6.6	801	92.8	2.8	4.5	7.2	1 620
Mash Central	90.6	5.6	3.7	9.3	333	90.1	4.9	5.0	9.9	355	90.3	5.2	4.4	9.6	688
Mash East	93.9	2.3	3.8	6.1	683	95.1	1.8	2.8	4.7	656	94.5	2.1	3.3	5.4	1 339
Mash West	91.6	5.1	3.3	8.4	842	92.5	3.9	3.6	7.5	855	92.1	4.5	3.4	7.9	1 697
Mat North	93.8	2.8	3.4	6.2	694	95.5	2.4	2.1	4.5	638	94.6	2.6	2.8	5.4	1 332
Mat South	93.9	3.2	2.9	6.1	568	95.0	2.0	3.1	5.0	600	94.4	2.6	3.0	5.6	1 167
Midlands	90.9	4.8	4.3	9.1	788	93.6	3.0	3.5	6.4	784	92.2	3.9	3.9	7.8	1 572
Masvingo	91.7	3.9	4.4	8.3	845	93.0	2.7	4.2	6.9	821	92.3	3.3	4.3	7.6	1 666
Harare	94.5	3.1	2.3	5.4	386	95.3	2.3	2.2	4.5	433	95.0	2.7	2.2	4.9	819
Bulawayo	97.3	1.6	1.1	2.7	315	97.6	1.5	0.9	2.4	359	97.5	1.6	0.9	2.5	674
Area															
Urban	96.0	2.3	1.7	4.0	1 300	96.4	1.9	1.7	3.6	1 418	96.2	2.1	1.7	3.7	2 717
Rural	91.9	4.0	4.1	8.1	4 973	93.3	2.9	3.7	6.7	4 882	92.6	3.5	3.9	7.4	9 856
Age at beginning of school year															
6	72.4	9.0	18.6	27.6	912	76.4	7.0	16.3	23.3	900	74.4	8.0	17.5	25.5	1 812
7	93.0	2.8	4.2	7.0	921	93.7	2.0	4.2	6.2	915	93.3	2.4	4.2	6.6	1 836
8	96.3	2.8	0.9	3.7	904	96.5	2.2	1.3	3.5	970	96.4	2.5	1.1	3.6	1 874
9	97.4	1.9	0.7	2.6	908	97.9	1.6	0.5	2.1	923	97.7	1.7	0.6	2.3	1 831
10	97.7	2.1	0.2	2.3	867	97.5	2.1	0.4	2.5	825	97.6	2.1	0.3	2.4	1 692
11	97.0	2.7	0.3	3.0	898	98.2	1.8	0.0	1.8	907	97.6	2.2	0.1	2.4	1 805
12	95.7	4.2	0.0	4.2	864	97.7	2.3	0.0	2.3	860	96.7	3.2	0.0	3.2	1 724

Mother's education															
None	86.7	8.0	5.3	13.3	572	89.4	6.4	4.2	10.6	595	88.1	7.2	4.7	11.9	1 167
Primary	90.6	5.1	4.3	9.4	2 801	92.2	3.8	3.9	7.8	2 702	91.4	4.5	4.1	8.6	5 504
Secondary	96.0	1.5	2.5	4.0	2 573	96.3	1.0	2.6	3.6	2 652	96.1	1.2	2.6	3.8	5 224
Higher	96.7	0.5	2.7	3.2	300	97.9	0.0	1.8	1.8	321	97.3	0.2	2.2	2.5	622
Cannot be determined	(*)	(*)	(*)	(*)	1	(*)	(*)	(*)	(*)	1	(*)	(*)	(*)	(*)	2
Missing/DK	(*)	(*)	(*)	(*)	2	(*)	(*)	(*)	(*)	3	(*)	(*)	(*)	(*)	5
Wealth index quintile															
Poorest	88.9	5.8	5.2	11.1	1 528	91.9	4.3	3.8	8.1	1 507	90.4	5.1	4.5	9.6	3 036
Second	91.4	4.4	4.2	8.6	1 461	92.7	2.9	4.4	7.3	1 449	92.0	3.7	4.3	8.0	2 910
Middle	94.4	1.9	3.7	5.5	1 360	95.1	1.5	3.4	4.9	1 307	94.8	1.7	3.5	5.2	2 666
Fourth	93.8	4.2	2.0	6.2	976	93.5	3.8	2.5	6.2	970	93.6	4.0	2.2	6.2	1 946
Richest	97.3	0.9	1.7	2.6	947	97.6	0.5	1.8	2.3	1 067	97.5	0.7	1.8	2.4	2 015

[1] MICS indicator 7.4; MDG indicator 2.1 - Primary school net attendance ratio (adjusted)

[a] The percentage of children of primary school age out of school are those not attending school and those attending preschool

(*) Figures that are based on less than 25 unweighted cases

Table ED.5 provides the percentage of children of lower secondary school age (13 to 16 years) who were attending primary, lower secondary school or higher. About 55 percent of children of lower secondary school age were attending lower secondary school or higher education and 24.3 percent were attending primary school. One out of five children of lower secondary school age were out of school. The net attendance ratio for girls of 59.6 percent was higher than that for boys 50.5 percent. Differences were noted by urban/rural areas, province, age of the child and mother's education. The net attendance ratio was higher in urban areas (76.4 percent) compared to 49 percent in rural areas. Net attendance ratio increased with the mother's education from 36.3 percent for those whose mothers had no education to 75.4 percent for those with higher education.

The proportion of out of school children was 11.3 percent in urban areas and 23.1 percent in rural areas. The highest percentage of those out of school was in Matabeleland South Province (35.2 percent). The disparity between boys and girls was highest for this province as well (40.8 percent for boys and 38.8 percent for girls). The number of children out of school declined with an increase in the education of the mother as well as with wealth quintile.

Table ED.5: Secondary school attendance and out of school children

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Zimbabwe MICS, 2014

	Male				Female				Total			
		Percentage of children:				Percentage of children:				Percentage of children:		
	Net attendance ratio (adjusted)	Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Attending primary school	Out of school[a]	Number of children
Total	**50.5**	**28.2**	**21.0**	**3 414**	**59.6**	**20.2**	**20.1**	**3 170**	**54.9**	**24.3**	**20.6**	**6 585**
Province												
Manicaland	51.0	32.9	16.2	432	53.7	27.1	19.0	413	52.3	30.0	17.5	845
Mashonaland Central	38.4	37.7	23.3	194	44.9	27.0	27.6	158	41.3	32.9	25.2	352
Mashonaland East	57.8	30.8	11.4	375	66.6	16.8	16.2	326	61.9	24.3	13.6	701
Mashonaland West	49.6	31.8	18.5	499	56.9	20.8	22.3	397	52.9	27.0	20.2	896
Matabeleland North	39.5	27.2	32.6	331	55.7	22.5	21.8	345	47.8	24.8	27.1	677
Matabeleland South	37.4	20.4	40.8	315	59.1	12.1	28.8	279	47.6	16.5	35.2	594
Midlands	47.2	31.7	21.0	478	61.0	23.3	15.7	433	53.8	27.7	18.5	911
Masvingo	48.4	29.2	22.4	426	54.2	25.2	20.6	391	51.2	27.3	21.5	817
Harare	78.3	12.3	8.0	191	70.6	11.2	17.7	235	74.1	11.7	13.3	426
Bulawayo	77.7	11.1	11.2	173	80.0	5.4	14.6	194	78.9	8.1	13.0	366
Area												
Urban	78.0	13.5	8.1	664	75.1	10.7	14.1	750	76.4	12.0	11.3	1 413
Rural	43.9	31.8	24.1	2 751	54.8	23.1	21.9	2 421	49.0	27.7	23.1	5 171
Age at beginning of school year												
13	30.5	57.6	11.7	1 016	44.2	44.8	10.8	961	37.2	51.4	11.3	1 977
14	52.2	29.5	18.2	901	64.8	20.1	15.1	855	58.3	24.9	16.7	1 757
15	63.8	11.0	25.0	743	68.9	3.8	27.2	655	66.2	7.6	26.0	1 397
16	62.2	4.0	32.9	755	65.8	1.7	32.3	699	64.0	2.9	32.6	1 454
Mother's education												
None	31.4	40.3	27.9	286	42.1	34.2	23.6	239	36.3	37.5	26.0	525
Primary	36.5	40.5	22.8	1 273	51.7	30.7	17.4	1 105	43.6	36.0	20.3	2 377
Secondary	64.0	25.6	10.3	986	71.2	18.9	9.8	911	67.5	22.4	10.1	1 897

Higher	77.8	17.5	4.7	96	73.8	16.0	9.9	136	75.4	16.6	7.8	232
Cannot be determined[b]	60.0	8.1	31.1	774	60.1	3.0	36.6	777	60.1	5.6	33.9	1 551
Missing/DK	-	-	-	0	(*)	(*)	(*)	3	(*)	(*)	(*)	3
Wealth index quintile												
Poorest	28.4	38.4	33.0	758	42.8	28.9	28.2	702	35.3	33.8	30.7	1 460
Second	45.7	32.3	21.8	791	55.4	22.9	21.5	665	50.2	28.0	21.7	1 456
Middle	52.1	27.2	20.2	825	63.9	20.8	15.2	709	57.6	24.2	17.9	1 534
Fourth	53.6	26.4	19.7	545	62.0	15.6	22.2	520	57.7	21.1	20.9	1 064
Richest	85.8	9.7	4.1	496	77.5	9.7	12.6	574	81.3	9.7	8.7	1 070

[a] The percentage of children of secondary school age out of school are those who are not attending primary, secondary, or higher education
[b] Children age 15 or higher at the time of the interview whose mothers were not living in the household

(*) Figures that are based on less than 25 unweighted cases

The percentage of children entering first grade who eventually reach the last grade of primary school is presented in Table ED.6. Repeaters were excluded from the calculation of the indicator, because it is not known whether they will eventually graduate. The MICS included only questions on school attendance in the current and previous year. Thus, the indicator was calculated synthetically by computing the cumulative probability of survival from the first to the last grade of primary school as opposed to calculating the indicator for a real cohort which would need to be followed from the time a cohort of children entered primary school up to the time they reached the last grade of primary school.

Of all children starting grade one, 90.7 percent are expected to reach grade 7. The proportion of girls entering grade 1 who eventually reach grade 7 was 91.8 percent, compared to 89.6 percent for boys. The percentage was higher for urban areas (95.5 percent) than for rural areas (89.5 percent) and increased with educational level of the mother. The results show differences by province, with the highest proportion recorded for Bulawayo Province 95.7 percent and the lowest proportion of 84.5 percent for Mashonaland Central Province. The rate ranged between 85.6 percent for households in the poorest wealth quintile to 98.1 percent for the richest households (see Table ED.6).

Table ED.6: Children reaching last grade of primary school

Percentage of children entering first grade of primary school who eventually reach the last grade of primary school (Survival rate to last grade of primary school), Zimbabwe MICS, 2014

	Percent attending grade 1 last school year who are in grade 2 this school year	Percent attending grade 2 last school year who are attending grade 3 this school year	Percent attending grade 3 last school year who are attending grade 4 this school year	Percent attending grade 4 last school year who are attending grade 5 this school year	Percent attending grade 5 last school year who are attending grade 6 this school year	Percent attending grade 6 last school year who are attending grade 7 this school year	Percent who reach grade 7 of those who enter grade 1[1]
Total	**98.9**	**99.1**	**99.0**	**98.5**	**98.6**	**96.3**	**90.7**
Sex							
Male	99.0	99.0	98.6	98.1	98.2	96.3	89.6
Female	98.9	99.2	99.3	98.9	98.9	96.4	91.8
Province							
Manicaland	99.1	98.6	97.1	99.2	100.0	94.3	88.8
Mashonaland Central	97.7	99.1	96.5	97.2	97.5	95.3	84.5
Mashonaland East	100.0	98.5	99.4	100.0	99.0	98.6	95.6
Mashonaland West	98.5	99.2	99.2	99.6	98.1	94.9	89.8
Matabeleland North	100.0	99.0	98.9	97.7	97.4	96.1	89.5
Matabeleland South	97.9	99.4	99.4	98.4	97.9	97.5	90.9
Midlands	99.5	99.6	99.5	98.1	99.2	96.6	92.6
Masvingo	98.5	98.5	99.6	95.7	98.7	95.0	86.6
Harare	98.1	100.0	100.0	100.0	98.4	98.9	95.5
Bulawayo	98.9	99.0	100.0	100.0	99.0	98.8	95.7
Area							
Urban	99.2	99.4	99.7	99.6	99.3	98.2	95.5
Rural	98.9	99.0	98.8	98.2	98.4	95.9	89.5
Mother's education							
None	98.4	96.5	97.1	96.9	96.9	93.0	80.5
Primary	98.2	99.2	98.5	98.5	98.1	95.9	89.1
Secondary	99.6	99.3	99.8	99.1	99.6	98.7	96.3
Higher	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Cannot be determined	(*)	(*)	(*)	(*)	(*)	80.4	47.1
Missing/DK	(*)	-	(*)	(*)	-	-	-
Wealth index quintile							
Poorest	98.8	98.9	98.4	96.9	97.3	94.4	85.6
Second	98.7	98.4	98.8	98.3	98.0	94.8	87.6
Middle	99.3	99.7	98.7	98.8	99.6	97.0	93.3
Fourth	98.3	98.6	99.4	99.1	99.2	97.5	92.4
Richest	99.7	100.0	100.0	100.0	99.4	99.0	98.1

[1] **MICS indicator 7.6; MDG indicator 2.2 - Children reaching last grade of primary**

(*) Figures that are based on less than 25 unweighted cases
- No cases

The primary school completion rate and transition rate to secondary education are presented in Table ED.7. The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time to the number of children of the primary graduation age at the beginning of the current school year. The primary completion rate can have values above 100 percent, which can be a symptom of late entry, grade repetition or of an enrolment push at some point in the past, perhaps as a consequence of a school enrolment campaign.[71]

Transition rate is the percentage of children who were in the last grade of primary school during the previous school year and who were attending the first grade of secondary school in the current school year (excludes repeaters in the final grade of primary school). The table also provides "effective" transition rate which took account of the presence of repeaters in the final grade of primary school. This indicator better reflects situations in which pupils repeated the last grade of primary education but eventually made the transition to the secondary level. The simple transition rate tends to underestimate pupils' progression to secondary school as it assumes that the repeaters never reach secondary school.

Table ED.7 shows that the primary school completion rate was 98.9 percent. The primary school completion rate was 99.5 percent for boys and 98.4 percent for girls. The results show that primary school completion rate was higher in urban areas (103.4 percent) compared to rural areas, 97.8 percent. Variations were observed by province, with most provinces having primary school completion rates above 100 percent. The proportions were lower in Masvingo, Mashonaland West, Bulawayo and Matabeleland North provinces (83.3 percent, 86.2 percent, 91.8 percent, 98.2 percent, respectively). Primary school completion rate increased with level of education of the mother, from 91.3 percent for children of mothers with no education to 153.9 percent for children of highly educated mothers.

The transition rate from primary to secondary school was 78.9 percent. The rate was higher for girls (80.5 percent) than for boys (77.4 percent). The results show that the transition rate was higher in urban areas (88.3 percent) compared to rural areas (76.3 percent). It also ranged from 68 percent in Matabeleland South Province to 91.9 percent in Bulawayo Province. Overall, the effective transition rate to secondary school was 83.9 percent.

[71] UNESCO Institute for Statistics (UIS). 2005. Global Education Digest 2005

Table ED.7: Primary school completion and transition to secondary school

Primary school completion rates and transition and effective transition rates to secondary school, Zimbabwe MICS, 2014

	Primary school completion rate[1]	Number of children of primary school completion age	Transition rate to secondary school[2]	Number of children who were in the last grade of primary school the previous year	Effective transition rate to secondary school	Number of children who were in the last grade of primary school the previous year and are not repeating that grade in the current school year
Total	**98.9**	**1 724**	**78.9**	**1 540**	**83.9**	**1 450**
Sex						
Male	99.5	864	77.4	772	82.6	724
Female	98.4	860	80.5	769	85.2	726
Province						
Manicaland	104.0	216	83.1	173	86.1	167
Mashonaland Central	102.2	94	69.7	83	72.5	80
Mashonaland East	112.8	179	83.1	180	90.3	165
Mashonaland West	86.2	252	75.0	219	81.9	200
Matabeleland North	98.2	168	70.1	173	75.9	160
Matabeleland South	101.7	163	68.0	155	71.0	149
Midlands	105.6	218	87.1	170	91.4	162
Masvingo	83.3	235	78.4	195	84.3	181
Harare	117.0	105	88.2	94	93.4	89
Bulawayo	91.8	93	91.9	99	93.5	97
Area						
Urban	103.4	357	88.3	340	93.5	321
Rural	97.8	1 367	76.3	1 200	81.1	1 128
Mother's education						
None	91.3	170	79.2	120	83.5	114
Primary	91.2	815	75.2	609	81.0	566
Secondary	97.9	670	86.3	567	90.5	540
Higher	153.9	64	80.5	58	85.7	55
Cannot be determined	-	0	68.8	151	73.6	141
Missing/DK	-	0	(*)	1	(*)	1
Wealth index quintile						
Poorest	87.9	413	66.9	312	72.3	288
Second	93.9	415	80.8	314	84.9	298
Middle	107.7	376	80.3	385	85.5	362
Fourth	104.3	253	77.6	270	82.7	253
Richest	106.5	267	90.4	261	94.9	248

[1] MICS indicator 7.7 - Primary completion rate

[2] MICS indicator 7.8 - Transition rate to secondary school

(*) Figures that are based on less than 25 unweighted cases

Table ED.8 presents information on Gender Parity Index (GPI) in education based on adjusted net attendance ratios. According to UNESCO there is gender parity when the GPI is between 0.97 and 1.03.[72] The GPI for primary school was 1.01, indicating no differences in the attendance of girls and boys.

The overall GPI for secondary school (forms 1 to 4) was 1.18, suggesting girls were attending lower secondary school at a higher rate than boys. However, in urban areas the secondary GPI was 0.96, indicating the net attendance ratio for boys was higher than that for girls, while the converse was true for rural areas, where the GPI for secondary was 1.25. Bulawayo was the only province showing gender parity in secondary education (forms 1 to 4). For the remaining provinces, with the exception of Harare province, net attendance ratio was in favour of girls for secondary schools.

[72] UNESCO, 2010. Gender Parity in Primary and Secondary Education. UNESCO Institute of Statistics

Table ED.8: Education gender parity

Ratio of adjusted net attendance ratios of girls to boys, in primary and secondary school, Zimbabwe MICS, 2014

	Primary school			Secondary school		
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR
Total	**94.0**	**92.7**	**1.01**	**59.6**	**50.5**	**1.18**
Province						
Manicaland	93.4	92.1	1.01	53.7	51.0	1.05
Mashonaland Central	90.1	90.6	0.99	44.9	38.4	1.17
Mashonaland East	95.1	93.9	1.01	66.6	57.8	1.15
Mashonaland West	92.5	91.6	1.01	56.9	49.6	1.15
Matabeleland North	95.5	93.8	1.02	55.7	39.5	1.41
Matabeleland South	95.0	93.9	1.01	59.1	37.4	1.58
Midlands	93.6	90.9	1.03	61.0	47.2	1.29
Masvingo	93.0	91.7	1.01	54.2	48.4	1.12
Harare	95.3	94.5	1.01	70.6	78.3	0.90
Bulawayo	97.6	97.3	1.00	80.0	77.7	1.03
Area						
Urban	96.4	96.0	1.00	75.1	78.0	0.96
Rural	93.3	91.9	1.02	54.8	43.9	1.25
Mother's education						
None	89.4	86.7	1.03	42.1	31.4	1.34
Primary	92.2	90.6	1.02	51.7	36.5	1.42
Secondary	96.3	96.0	1.00	71.2	64.0	1.11
Higher	97.9	96.7	1.01	73.8	77.8	0.95
Cannot be determined[a]	(92.0)	(83.3)	1.11	60.1	60.0	1.00
Missing/DK	(*)	(*)	1.00	(*)	-	-
Wealth index quintile						
Poorest	91.9	88.9	1.03	42.8	28.4	1.51
Second	92.7	91.4	1.01	55.4	45.7	1.21
Middle	95.1	94.4	1.01	63.9	52.1	1.23
Fourth	93.5	93.8	1.00	62.0	53.6	1.16
Richest	97.6	97.3	1.00	77.5	85.8	0.90

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

na: not applicable

The percentage of girls in the out of school population, in both primary and secondary school, is provided in Table ED.9. Of the five percent out of school at primary level, girls accounted for 45.2 percent. The percentage of girls in the total out of school population (20.6 percent) at secondary school was 47 percent.

Table ED.9: Out of school gender parity

Percentage of girls in the total out of school population, in primary and secondary school, Zimbabwe MICS, 2014

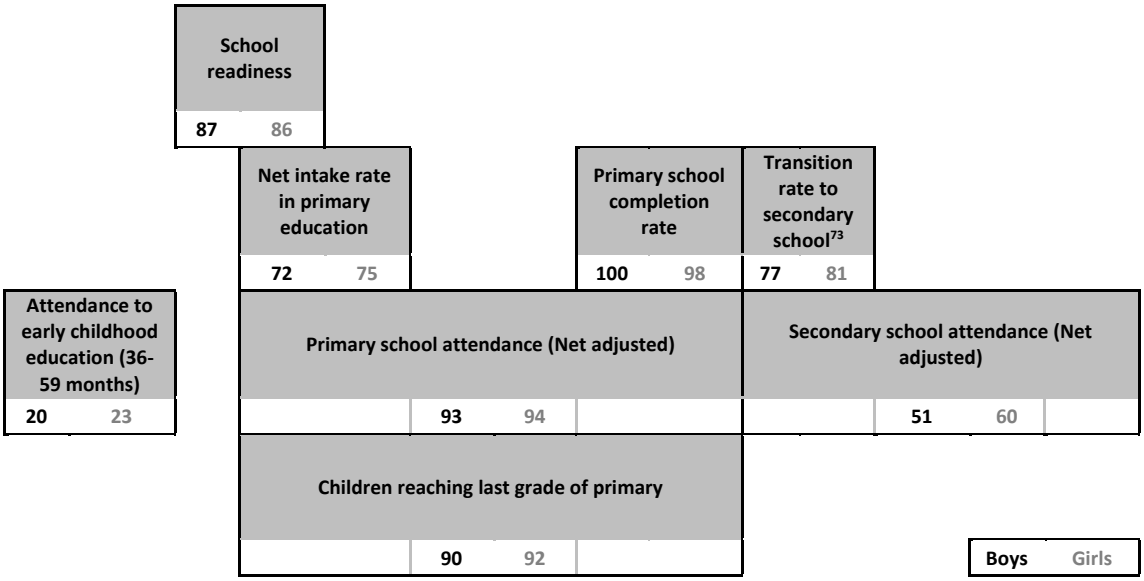
	Primary school				Secondary school			
	Percentage of out of school children	Number of children of primary school age	Percentage of girls in the total out of school population of primary school age	Number of children of primary school age out of school	Percentage of out of school children	Number of children of secondary school age	Percentage of girls in the total out of school population of secondary school age	Number of children of secondary school age out of school
Total	**6.6**	**12 573**	**45.2**	**833**	**20.6**	**6 585**	**47.0**	**1 354**
Province								
Manicaland	7.2	1 620	45.2	117	17.5	845	52.8	148
Mashonaland Central	9.6	688	53.3	66	25.2	352	49.1	89
Mashonaland East	5.4	1 339	42.3	72	13.6	701	55.3	95
Mashonaland West	7.9	1 697	47.6	134	20.2	896	48.9	181
Matabeleland North	5.4	1 332	40.0	72	27.1	677	41.0	183
Matabeleland South	5.6	1 167	46.6	65	35.2	594	38.4	209
Midlands	7.8	1 572	41.3	122	18.5	911	40.4	169
Masvingo	7.6	1 666	44.7	127	21.5	817	45.7	176
Harare	4.9	819	48.4	40	13.3	426	73.2	57
Bulawayo	2.5	674	(*)	17	13.0	366	(59.4)	48
Area								
Urban	3.7	2 717	49.5	102	11.3	1 413	66.1	160
Rural	7.4	9 856	44.7	731	23.1	5 171	44.5	1 195
Mother's education								
None	11.9	1 167	45.4	139	26.0	525	41.5	136
Primary	8.6	5 504	44.4	474	20.3	2 377	39.9	482
Secondary	3.8	5 224	48.3	198	10.1	1 897	46.7	192
Higher	2.5	622	(*)	15	7.8	232	(*)	18
Cannot be determined[a]	12.2	51	(*)	6	33.9	1 551	54.2	526
Missing/DK	(*)	5	-	0	(*)	3	-	0
Wealth index quintile								
Poorest	9.6	3 036	41.8	291	30.7	1 460	44.2	448
Second	8.0	2 910	45.8	232	21.7	1 456	45.3	316
Middle	5.2	2 666	45.9	139	17.9	1 534	39.3	275
Fourth	6.2	1 946	49.9	121	20.9	1 064	51.8	222
Richest	2.4	2 015	49.4	49	8.7	1 070	77.9	93

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household
na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Figure ED.1 brings together all the attendance and progression related education indicators covered in this chapter by sex. Information on attendance to early childhood education is also included, which was covered in Chapter 9, in Table CD.1. Overall, girls were not prejudiced in attending school from pre-school to secondary education level as most of the indicators compare well with those for boys and even better in most instances.

Figure ED.1: Education indicators by sex, Zimbabwe MICS, 2014



Note: All indicator values are in percent

[73] Transition rate is the percentage of children who were in the last grade of primary school during the previous school year and who were attending the first grade of secondary school in the current school year (excludes repeaters in the final grade of primary school).

11 Child Protection

Zimbabwe has demonstrated a strong commitment to the survival, development and protection of children as exemplified by its ratification of international treaties such as the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child (ACRWC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the International Labour Organisation (ILO) Convention on the Worst Forms of Child Labour Convention Number 182 of 1999. The treaties highlight a wide range of political, civil, cultural, economic and social rights for the child.

Most of the treaty provisions have been domesticated into the Constitution and various pieces of legislation including the Children's Act [*Chapter 5:06*], the Guardianship of Minors Act [*Chapter 5:08*], the Maintenance Act [*Chapter 5:09*], the Child Abduction Act [*Chapter 5:05*], the Public Health Act [*Chapter 15:09*], the Criminal Law (Codification and Reform) Act [*Chapter 9:23*] and the Domestic Violence Act [*Chapter 5:16*]. Administrative and other measures to implement the treaties and legislation include the National Action Plan for Orphans and Vulnerable Children (NAP I 2006-10 and NAP II 2011-15), the 1999 Zimbabwe National Orphan Care Policy, the National Plan of Action for Children, the Victim Friendly System and the Pre-Trial Diversion Programme, among others.

Child protection refers to preventing and responding to violence, exploitation and abuse of children. This chapter, therefore, focuses on birth registration of children under 5 years of age, types of child discipline, child living arrangements, prevalence of early marriage (below 15 years and below 18 years), polygyny and attitudes towards domestic violence.

11.1 Birth Registration

A name and nationality is every child's right as enshrined in the CRC, the ACRWC and the Constitution of Zimbabwe. The Birth and Deaths Registration Act [*Chapter 5:02*] also makes birth registration compulsory. Birth registration is fundamental to the realisation of other rights such as health, education and access to justice yet the births of around one in four children have never been recorded[74]. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights and ensuring that any violation of these rights does not go unnoticed. [75] Birth registration of children under 5 years of age is particularly important as a component of vital statistical data jointly collected with child development and survival data for policy and programme development.

Birth Registration requirements

The Registrar General's office has the sole responsibility for birth registration in Zimbabwe at national, provincial, and district level in accordance with the Birth and Deaths Registration Act. In terms of the Act, a birth should be registered within 42 days. The Ministries of Health and Child Care; and Public

[74] UNICEF, 2015. The State of the World's Children 2015: Reimagine the future.

[75] United Nations Children's Fund, Every Child's Birth Right: Inequities and trends in birth registration, UNICEF, New York, 2013.

Service, Labour and Social Welfare (in particular the Department of Social Services) play a critical role in facilitating birth registration. Details on how to register a birth of a child are contained in Appendix H[76].

The Registrar General's Office works in conjunction with the Department of Social Services. Both departments extend exceptional support to ensure the registration of vulnerable children, double orphans and abandoned children. Birth registration is free for all children below the age of six years.

Birth Registration Status

The survey sought to provide an estimate of the extent of birth registration of children under 5 years of age. Mothers/caregivers of children under 5 years of age were asked whether children in the household had birth certificates. If they responded that the child did not have a birth certificate additional questions were asked on whether the child's birth was registered with Registrar General's Office and whether they knew how to register a birth. A child may not have been issued a birth certificate but the birth may still have been registered with the Registrar General's office.

Birth registration in this context includes:

- children whose birth certificate was seen by the interviewer,
- children reported to have a birth certificate that was not seen by the interviewer, and
- children who did not have a birth certificate but were reported to have been registered with the Registrar General's Office

According to MICS, about 32 percent of births of children under 5 years of age were registered (Table CP.1). About 19 percent possessed birth certificates seen by the interviewer, 10.1 percent were said to be in possession but were not seen by the interviewer whilst only 3.4 percent did not have birth certificates but were said to be registered with the Registrar General's Office. There were no variations in birth registration depending on the sex of the child (32.9 percent males and 31.8 percent females).

Registration of birth was more likely to increase with an increase in the age of the child. Birth registration increased from 21.9 percent at age 0-11 months to 38.8 percent at age 48-59 months. Birth registration increased with mother's education level from 22.2 percent for those with no education, with a slight decrease for mothers with primary school education (20.9 percent), to a high of 36.5 percent with secondary school education and 78.1 percent for mothers who had higher education.

Urban areas had a higher percentage (57.2 percent) of under-5s who had registered births than rural areas (23.4 percent). Children in Mashonaland West Province (22.4 percent) recorded the lowest percentage in birth registration. Harare (54.9 percent) and Bulawayo (56.5 percent) provinces had the highest proportion of children under 5 years of age whose births were registered. Birth registration increased with household wealth, with the poorest household showing the lowest registration (17.3 percent) compared to the richest at 68.0 percent.

[76] http://www.rg.gov.zw/services/birth 25 November, 2014. Additional information on late, and self-registration is in Appendix H

Knowledge of where to register births

Of the children under 5 years of age whose birth were not registered, 79.9 percent had mothers/caregivers who knew how to register births. Knowledge on how to register births varied with urban/rural areas, mother's education and household wealth.

Table CP.1: Birth registration

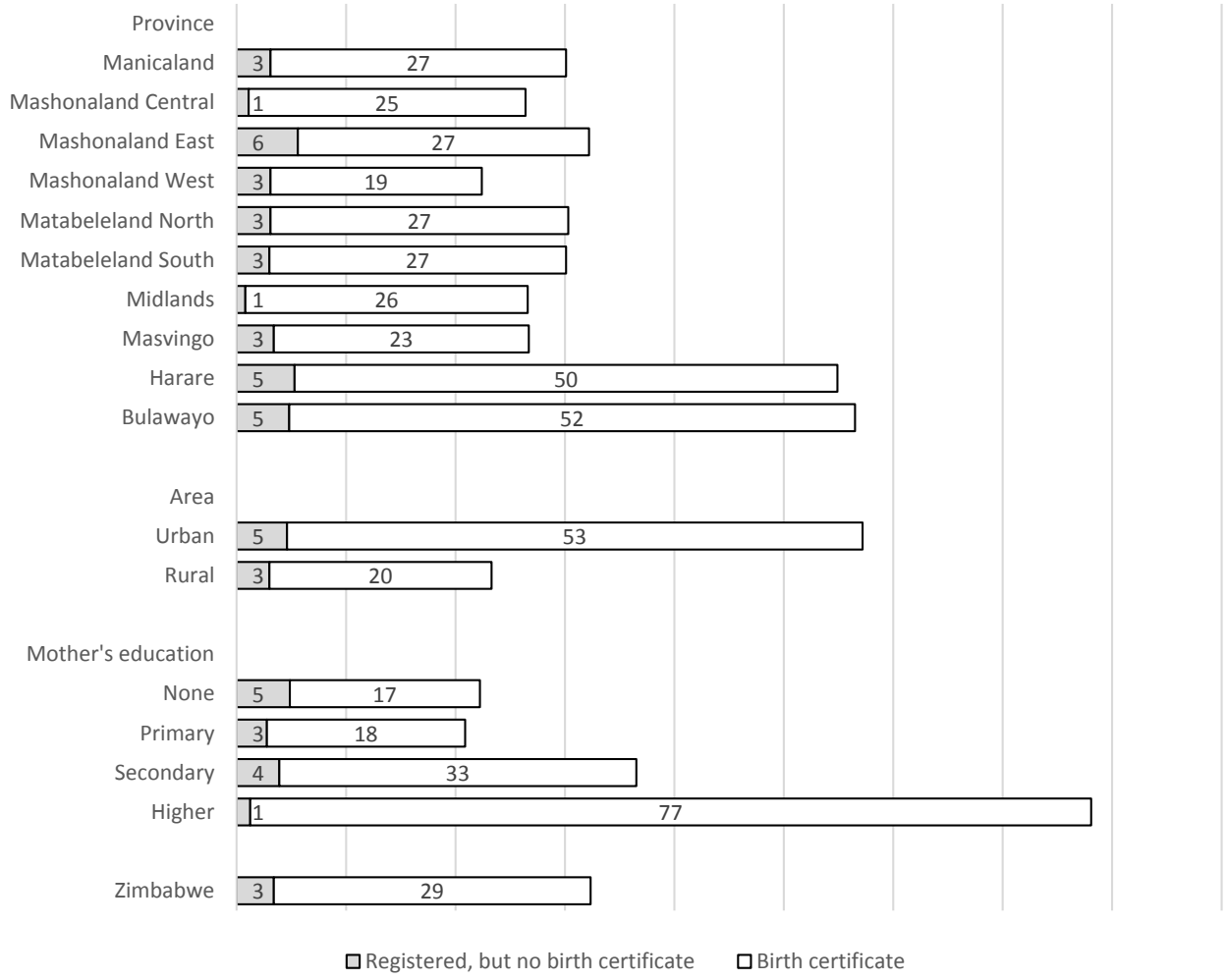
Percentage of children under age 5 by whether birth is registered and percentage of children not registered whose mothers/caregivers know how to register birth, Zimbabwe MICS, 2014

	Children under age 5 whose birth is registered with civil authorities					Children under age 5 whose birth is not registered	
	Has birth certificate						
	Seen	Not seen	No birth certificate	Total registered[1]	Number of children under age 5	Percent of children whose mother/caregiver knows how to register birth	Number of children under age 5 without birth registration
Total	**18.9**	**10.1**	**3.4**	**32.3**	**9 884**	**79.9**	**6 687**
Sex							
Male	18.8	10.7	3.4	32.9	4 913	79.9	3 297
Female	19.0	9.5	3.4	31.8	4 971	79.9	3 390
Province							
Manicaland	17.9	9.1	3.7	30.7	1 326	79.9	919
Mashonaland Central	15.5	9.8	1.1	26.4	552	83.4	407
Mashonaland East	18.2	8.4	5.6	32.2	1 093	85.2	741
Mashonaland West	10.9	8.4	3.1	22.4	1 281	76.3	994
Matabeleland North	20.0	7.2	3.1	30.3	918	90.3	640
Matabeleland South	18.6	8.5	3.0	30.0	800	72.9	560
Midlands	19.0	6.8	0.8	26.6	1 227	79.8	902
Masvingo	12.9	10.4	3.4	26.7	1 143	70.3	838
Harare	27.4	22.2	5.3	54.9	917	85.2	414
Bulawayo	38.7	13.0	4.8	56.5	626	84.7	272
Area							
Urban	35.6	17.0	4.6	57.2	2 625	88.1	1 123
Rural	12.8	7.5	3.0	23.4	7 259	78.2	5 564
Age							
0-11 months	12.0	5.5	4.4	21.9	1 816	78.4	1 418
12-23 months	18.1	9.0	3.9	31.0	1 990	78.4	1 372
24-35 months	21.3	10.2	3.0	34.5	2 054	80.6	1 345
36-47 months	20.1	11.7	2.8	34.7	2 145	80.5	1 402
48-59 months	22.3	13.5	3.0	38.8	1 879	81.8	1 150
Mother's education							
None	8.6	8.8	4.9	22.2	323	70.6	251
Primary	10.5	7.6	2.8	20.9	3 576	76.6	2 830
Secondary	22.7	10.0	3.9	36.5	5 522	82.7	3 505
Higher	46.3	30.6	1.2	78.1	463	98.2	101
Missing/DK	(*)	(*)	(*)	(*)	1	-	0
Wealth index quintile							
Poorest	10.2	5.2	2.0	17.3	2 187	76.9	1 808
Second	9.7	6.1	3.2	19.1	2 100	79.4	1 700
Middle	14.9	8.4	3.9	27.3	1 808	76.2	1 315
Fourth	20.8	12.2	4.7	37.7	2 155	83.3	1 342
Richest	44.3	20.6	3.2	68.0	1 634	91.9	523

[1] **MICS indicator 8.1 - Birth registration**

(*) Figures that are based on less than 25 unweighted cases

Figure CP.1: Children under-5 whose births were registered, Zimbabwe MICS, 2014



11.2 Child Discipline

Teaching children self-control and acceptable behaviour is an integral part of child discipline in all cultures. Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgment and responsibility and preserve children's self-esteem, physical and psychological integrity and dignity. Too often, however, children are raised through the use of punitive methods that rely on the use of physical force or verbal intimidation to obtain desired behaviours. Studies[77] have found that exposing children to violent discipline have harmful consequences which range from immediate impacts to long-term harm that children carry forward into adult life. Violence hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and depression; and, at times, it leads to risk taking and self-harm.

The survey collected information on the disciplinary methods used on children age 1-14 years in the past month preceding the survey by members of the household aged 15 years and above. The disciplinary practises ranged from non-violent approaches to psychological aggression, and moderate and severe forms of physical punishment.

Methods of Discipline

In the MICS, respondents to the household questionnaire were asked a series of questions on the methods adults[78] in the household used to discipline a selected child in the month preceding the survey.[79] The four disciplinary methods assessed were:

Non-violent discipline: The disciplinary forms included taking away privileges; explained wrong behaviour; giving the child something else to do.

Psychological aggression: Shouted, yelled, screamed; called dumb, lazy or another name.

Physical punishment: Shook him/her; spanked, hit, slapped on bottom with bare hand; hit with belt, hairbrush, stick or other hard object; hit/slapped on the face, head or ears; hit/slapped on hand, arm or leg; beat up, hit over and over as hard as one could.

[77] Straus, MA and Paschall MJ. 2009. *Corporal Punishment by Mothers and Development of Children's Cognitive Ability: A longitudinal study of two nationally representative age cohorts*. Journal of Aggression, Maltreatment & Trauma 18(5): 459-83.
Erickson, MF and Egeland, B. 1987. *A Developmental View of the Psychological Consequences of Maltreatment*. School Psychology Review 16: 156-68;
Schneider, MW et al. 2005. *Do Allegations of Emotional Maltreatment Predict Developmental Outcomes Beyond that of Other Forms of Maltreatment?*. Child Abuse & Neglect 29(5): 513–32.

[78] In this section, 'adult' refers to any household member age 15 years and above

[79] Straus, M.A., and M.J. Paschall, 'Corporal Punishment by Mothers and Development of Children's Cognitive Ability: A longitudinal study of two nationally representative age cohorts', Journal of Aggression, Maltreatment & Trauma, vol. 18, no. 5, 2009, pp. 459-483;
Erickson, M.F., and B. Egeland, 'A Developmental View of the Psychological Consequences of Maltreatment', School Psychology Review, vol. 16, 1987, pp. 156-168; Schneider, M.W., A. Ross, J.C. Graham and A. Zielinski, 'Do Allegations of Emotional Maltreatment Predict Developmental Outcomes Beyond that of Other Forms of Maltreatment?', Child Abuse & Neglect, vol. 29, no. 5, 2005, pp. 513–532.

Severe physical punishment: Hit/slapped on the face, head or ears and/or beat up, hit over and over as hard as one could.

Any violent discipline method: Shook him/her; shouted, yelled, screamed; spanked, hit, slapped on bottom with bare hand; hit with belt, hairbrush, stick, or other hard object; hit with belt, hairbrush, stick, or other hard object; called dumb, lazy, or another name; hit/slapped on the face, head or ears; hit/slapped on hand, arm or leg; beat up, hit over and over as hard as one could.

About 63 percent of children age 1-14 years were subjected to a violent discipline method in the month preceding the survey. Children in urban areas (67.5 percent) were subjected to one form or other of violent discipline more than their counterparts in rural areas (61.1 percent). Mashonaland East and Bulawayo provinces (71.6 percent, and 69.5 percent, respectively) had the highest percentages of children who were subjected to one form or other of violent discipline while Matabeleland South Province had the least (46.1 percent).

About 53 percent of children were subjected to psychological aggression with neither sex nor urban/rural differentials. The proportion ranged from 36.7 percent in Matabeleland South Province to 62.1 percent in Mashonaland East Province.

Overall, 4.7 percent of children age 1 to 14 years experienced severe physical punishment in the month preceding the survey. Harare had the highest percentage at 7.6 and Matabeleland South Province had the lowest at 1.9 percent.

Children between 3 and 9 years were more likely to be subjected to violent discipline (psychological aggression, severe physical punishment or any physical punishment) than the other age groups.

The results indicate that there were more than 10 percent of children that did not receive any discipline. Some further analysis of the data may establish who these children are and their background characteristics.

Table CP.5: Child discipline

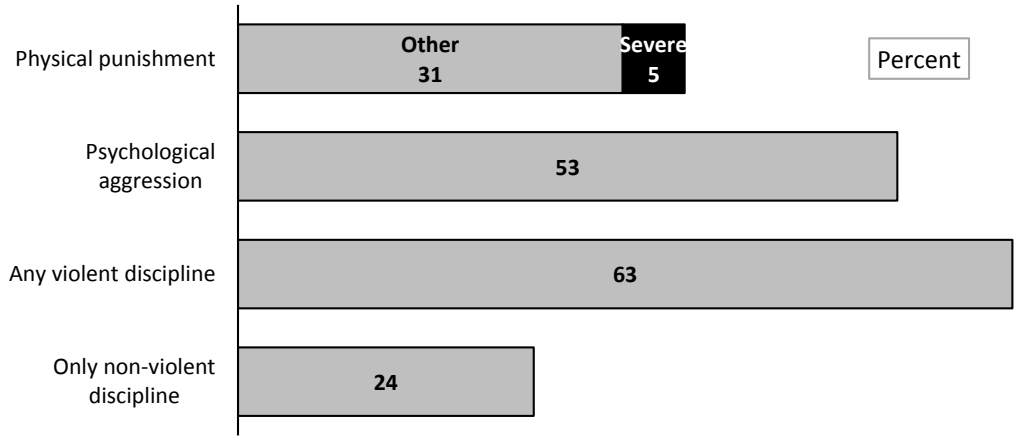
Percentage of children age 1-14 years by child disciplining methods experienced during the last one month, Zimbabwe MICS, 2014

	Percentage of children age 1-14 years who experienced:					
			Physical punishment			
	Only non-violent discipline	Psychological aggression	Any	Severe	Any violent discipline method[1]	Number of children age 1-14 years
Total	**23.9**	**53.3**	**36.1**	**4.7**	**62.6**	**26 508**
Sex						
Male	23.5	53.3	37.1	5.0	63.2	13 230
Female	24.2	53.3	35.1	4.4	62.0	13 279
Province						
Manicaland	31.3	48.6	30.4	3.2	57.5	3 478
Mashonaland Central	24.5	60.2	40.1	4.2	69.4	1 464
Mashonaland East	21.1	62.1	41.8	6.7	71.6	2 824
Mashonaland West	25.0	57.5	36.5	4.3	65.1	3 534
Matabeleland North	17.3	48.2	30.0	4.5	56.5	2 702
Matabeleland South	30.2	36.7	22.2	1.9	46.1	2 366
Midlands	22.6	56.9	35.6	5.9	64.3	3 402
Masvingo	21.8	55.8	36.9	4.0	63.8	3 346
Harare	22.3	53.6	49.4	7.6	67.5	1 909
Bulawayo	20.3	52.3	49.1	5.4	69.5	1 483
Area						
Urban	22.9	54.1	46.7	6.9	67.5	6 107
Rural	24.2	53.1	32.9	4.0	61.1	20 402
Age						
1-2	19.0	44.0	40.0	3.0	57.0	4 020
3-4	21.7	54.0	48.3	6.4	68.4	4 135
5-9	23.3	56.4	38.4	5.5	65.2	9 368
10-14	27.7	53.9	26.3	3.8	59.7	8 985
Education of household head						
None	21.6	53.2	34.1	6.0	60.3	2 286
Primary	23.6	52.6	33.3	4.0	61.3	10 991
Secondary	24.0	54.0	38.9	5.2	64.2	11 284
Higher	27.5	53.1	38.0	3.9	62.9	1 918
Missing/DK	(21.3)	(72.7)	(26.9)	(0.0)	(75.5)	29
Wealth index quintile						
Poorest	21.0	51.9	32.3	4.2	60.7	6 210
Second	23.6	54.8	33.4	4.5	62.5	5 963
Middle	28.3	52.4	31.8	3.2	59.6	5 429
Fourth	23.0	53.3	41.6	6.4	64.4	4 649
Richest	23.8	54.5	44.8	5.7	67.4	4 257

[1] **MICS indicator 8.3 - Violent discipline**

( ) Figures that are based on 25-49 unweighted cases

Figure CP.2: Child disciplining methods, children age 1-14 years, Zimbabwe MICS, 2014



Attitudes towards Physical Punishment

Attitudes towards physical punishment were assessed by asking respondents to the household questionnaire on their opinion whether it was necessary to use physical punishment when teaching a child to behave properly.

Thirty-eight percent of the respondents believed that physical punishment is a necessary part of child-rearing. Overall, respondents with low educational attainment and those residing in poorest households were more likely to find physical punishment as a necessary method of disciplining children. Of the females who responded to the child discipline module, 39.1 percent of them believed that child discipline was necessary while 34.5 percent of men concurred. In terms of respondent's relationship to the child, 37.6 percent of mothers believed in the necessity of physical punishment compared to 33.8 percent of fathers and 39.9 percent among other adult household members. The lowest proportion of respondents who believed in the necessity of physical discipline of children was in Manicaland Province (21.3 percent) while the highest was in Matabeleland North Province (70.7 percent).

Table CP.6: Attitudes toward physical punishment

Percentage of respondents to the child discipline module who believe that physical punishment is needed to bring up, raise, or educate a child properly, Zimbabwe MICS, 2014

	Respondent believes that a child needs to be physically punished	Number of respondents to the child discipline module
Total	**37.7**	**11 540**
Sex		
Male	34.5	3 449
Female	39.1	8 092
Province		
Manicaland	21.3	1 478
Mashonaland Central	36.4	633
Mashonaland East	28.8	1 291
Mashonaland West	36.2	1 560
Matabeleland North	70.7	1 056
Matabeleland South	48.2	930
Midlands	41.6	1 461
Masvingo	33.3	1 358
Harare	21.6	991
Bulawayo	51.4	780
Area		
Urban	36.2	3 185
Rural	38.3	8 355
Age		
<25	38.4	1 650
25-39	35.8	5 041
40-59	38.1	3 419
60+	42.9	1 431
Respondent's relationship to selected child		
Mother	37.6	4 973
Father	33.8	2 293
Other	39.9	4 274
Respondent's education		
None	(*)	5
Primary	41.1	4 355
Secondary	34.2	5 670
Higher	36.6	793
Missing/DK	(*)	3
Wealth index quintile		
Poorest	48.5	2 339
Second	37.1	2 325
Middle	32.6	2 314
Fourth	32.4	2 319
Richest	37.9	2 243

(*) Figures that are based on less than 25 unweighted cases

11.3 Early Marriage and Polygyny

The Constitution of Zimbabwe provides the marriageable age as 18 years for both boys and girls. The Constitution supersedes all legislative and customary principles prevailing in the country. The current Marriage Act [*Chapter 5:11*] provides that the marriage of a girl between the ages of 16 and 18 requires the consent of a guardian or a judge of the High Court in the absence of a guardian and that the marriage of a girl below the age of 16 requires ministerial consent. The Customary Marriages Act [*Chapter 5:07*], does not specify the minimum age of marriage.

The right to 'free and full' consent to a marriage in the Constitution is recognised in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Marriage[80] before the age of 18 is influenced by various factors ranging from poverty, orphanhood, family honour, legislated minimum sexual consent and marriageable age, religious and cultural values. Early marriage often results in early pregnancy and social isolation with little education and poor vocational training reinforcing the gendered nature of poverty compromising the development of girls.[81]

Women who are married before the age of 18 tend to have more children than those who marry later in life. However, pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19. There is evidence to also suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. The demand for this young wife to reproduce and the power imbalance resulting from the age differentials lead to very low condom use among such couples.[82]

Information on age at first marriage was obtained by asking all ever-married respondents the month and year they had been married or started living with a partner as if married.

Table CP.7 presents the results on early marriage and polygyny for women age 15-49 years. Among women age 15-49 years about one in twenty (4.9 percent) were married before age 15 and among women age 20-49 years, about one in three (32.8 percent) were married before age 18.

[80] All references to marriage in this chapter include marital union as well.

[81] Bajracharya, A ND Amin, S. 2010. *Poverty, marriage timing, and transitions to adulthood in Nepal: A longitudinal analysis using the Nepal living standards survey.* Poverty, Gender, and Youth Working Paper No. 19. Population Council.
Godha, D et al. 2011. *The influence of child marriage on fertility, fertility-control, and maternal health care utilization.* MEASURE/Evaluation PRH Project Working paper 11-124.

[82] Clark, S et al. 2006. *Protecting young women from HIV/AIDS: the case against child and adolescent marriage. International Family Planning Perspectives* 32(2): 79-88.
Raj, A et al. 2009. *Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young women in India: a cross-sectional, observational study*. The Lancet 373(9678): 1883–9.

About one in four women age 15-19 years were currently married. This proportion varied between urban (13.9 percent) and rural (29.2 percent). Mashonaland Central, Mashonaland East and Mashonaland West provinces had the highest percentages of women age 15-19 years currently married/in union whereas Bulawayo Province showed the lowest proportion. Women in the richest household population were less likely to be married early compared to women in the other wealth quintiles.

About 5 percent of women age 15-49 years were married before age 15. Mashonaland Central Province (10.1 percent) and Mashonaland West Province (7.1 percent) showed the highest proportions of women who first married or entered into a marital union before their 15th birthday whilst Bulawayo Province (1.3 percent) had the lowest. The proportion of women marrying before age 15 has declined over time with 7.0 percent within the 40-44 age category against 2.9 percent in the 15-19 age group. A lower proportion of those with higher education was found to have married before the age 15 than those with less or no education. Also, a lower proportion of those in the richest wealth quintile was found to have married before the age 15 than those in the poorer households.

Among the age group 20-49 years, about one in three women were married before age 18. Mashonaland Central Province (48.9 percent) and Mashonaland West Province (44.1 percent) and Mashonaland East Province (37.5 percent) showed the highest proportions of women who first married or entered into a marital union before their 18th birthday whilst Bulawayo Province (15.0 percent) had the lowest. A lower proportion of those with higher education was found to have married before the age 18 than those with less or no education. Also, a lower proportion of those in the richest wealth quintile was found to have married before the age 18 than those in the poorer households.

Polygyny (the practice of having more than one wife) has implications for the frequency of exposure to sexual activity and therefore fertility[83].

Among women age 15-49 years, 10.1 percent were in a polygynous marriage/union. Masvingo Province (15.3 percent) and Mashonaland Central Province (14.0 percent) had the highest proportions of women who were in a polygynous marriage/union whilst Bulawayo Province had the least (5.4 percent). The less educated and those in poorest households were more likely to be in a polygynous marriage/union than those with higher education and those in richer households.

[83] Central Statistical Office. Zimbabwe Demographic and Health Survey 2005/06

Table CP.7: Early marriage and polygyny (women)

Percentage of women age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of women age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of women age 15-19 years currently married or in union, and the percentage of women who are in a polygynous marriage or union, Zimbabwe MICS, 2014

	Women age 15-49 years		Women age 20-49 years			Women age 15-19 years		Women age 15-49 years	
	Percentage married before age 15[1]	Number of women age 15-49 years	Percentage married before age 15	Percentage married before age 18[2]	Number of women age 20-49 years	Percentage currently married/in union[3]	Number of women age 15-19 years	Percentage in polygynous marriage/ union[4]	Number of women age 15-49 years currently married/in union
Total	**4.9**	**14 409**	**5.4**	**32.8**	**11 304**	**24.5**	**3 105**	**10.1**	**9 112**
Province									
Manicaland	5.8	1 755	6.4	35.5	1 357	29.4	398	11.0	1 184
Mashonaland Central	10.1	739	10.8	48.9	595	39.1	144	14.0	538
Mashonaland East	5.6	1 550	6.0	37.5	1 218	32.3	332	10.3	1 042
Mashonaland West	7.1	1 874	8.1	44.1	1 495	31.3	379	10.7	1 263
Matabeleland North	2.9	1 238	3.5	32.9	939	23.2	299	9.2	772
Matabeleland South	2.0	1 120	2.5	23.2	871	11.1	249	8.3	572
Midlands	5.0	1 800	5.3	32.9	1 408	25.0	393	8.4	1 171
Masvingo	6.1	1 509	6.8	36.5	1 159	27.0	350	15.3	995
Harare	3.1	1 624	3.3	20.8	1 320	15.7	304	7.0	977
Bulawayo	1.3	1200	1.6	15.0	941	9.1	259	5.4	596
Area									
Urban	2.4	5 004	2.6	19.4	4 037	13.9	966	6.1	2 875
Rural	6.2	9 405	7.0	40.2	7 266	29.2	2 139	11.9	6 236
Age									
15-19	2.9	3 105	na	na	na	24.5	3 105	8.5	685
20-24	4.0	2 572	4.0	33.5	2 572	na	na	6.5	1 689
25-29	4.9	2 372	4.9	31.3	2 372	na	na	8.4	1 886
30-34	5.5	2 327	5.5	32.1	2 327	na	na	10.1	1 886
35-39	6.6	1 783	6.6	31.3	1 783	na	na	12.1	1 380
40-44	7.0	1 371	7.0	34.0	1 371	na	na	15.7	1 010
45-49	5.8	879	5.8	37.2	879	na	na	13.0	576

Education									
None	26.2	197	26.3	63.5	196	(*)	1	22.2	143
Primary	10.9	3 904	11.5	53.9	3 294	43.0	610	13.8	2 818
Secondary	2.4	9 402	2.6	25.5	6 920	20.0	2 482	8.5	5 544
Higher	0.6	907	0.6	4.3	894	(*)	13	3.9	608
Wealth index quintile									
Poorest	7.1	2 445	8.1	45.4	1 904	29.9	542	13.6	1 681
Second	7.1	2 441	7.8	42.4	1 922	32.6	519	13.0	1 688
Middle	5.4	2 553	6.5	38.8	1 886	27.6	667	10.1	1 589
Fourth	4.6	3 356	4.8	30.9	2 729	29.1	626	8.7	2 220
Richest	1.7	3 614	1.9	15.6	2 863	8.3	750	6.0	1 935

[1] MICS indicator 8.4 - Marriage before age 15

[2] MICS indicator 8.5 - Marriage before age 18

[3] MICS indicator 8.6 - Young women age 15-19 years currently married or in union

[4] MICS indicator 8.7 – Polygyny

na: not applicable

The percentage of men who married before ages 15 and 18 years are provided in Table CP.7M. Among men age 15-54 years, 0.3 percent were married before age 15 and 3.9 percent of men age 20-54 years were married before age 18 while 1.7 percent of men age 15-19 years were currently married or in union.

Among all men age 15-54 years who were married/union, 4.1 percent were in polygynous union. The proportion varied by place of residence with 2.6 percent of men in urban areas in polygynous union and 4.8 percent for rural areas. Mashonaland Central Province, with 8 percent, had the highest proportion of men in polygynous marriage or union while Bulawayo Province had the lowest with 1.2 percent.

The proportion of men in polygynous marriage or union decreased with education and household wealth, a pattern similar to that for women.

Table CP.7M: Early marriage and polygyny (men)

Percentage of men age 15-54 years who first married or entered a marital union before their 15th birthday, percentages of men age 20-54 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of men age 15-19 years currently married or in union, and the percentage of men who are in a polygynous marriage or union, Zimbabwe MICS, 2014

	Men age 15-54 years		Men age 20-54 years			Men age 15-19 years		Men age 15-54 years	
	Percentage married before age 15	Number of men age 15-54 years	Percentage married before age 15	Percentage married before age 18	Number of men age 20-54 years	Percentage currently married/in union	Number of men age 15-19 years	Percentage in polygamous marriage/ union	Number of men age 15-54 years currently married /in union
Total	**0.3**	**7 914**	**0.4**	**3.9**	**5 846**	**1.7**	**2 068**	**4.1**	**4 193**
Province									
Manicaland	0.4	937	0.6	4.1	662	2.6	275	3.6	510
Mashonaland Central	0.6	492	0.8	7.9	375	4.6	117	8.0	293
Mashonaland East	0.5	869	0.6	4.3	665	1.2	204	5.7	484
Mashonaland West	0.2	1 136	0.3	6.0	840	1.2	295	3.4	621
Matabeleland North	0.0	670	0.0	3.9	475	1.1	195	5.1	328
Matabeleland South	0.7	591	1.0	3.4	381	0.4	210	2.8	231
Midlands	0.2	1 026	0.2	2.3	762	0.9	264	3.8	551
Masvingo	0.3	728	0.5	4.4	503	3.8	225	4.8	390
Harare	0.4	838	0.5	1.7	701	0.6	137	2.6	484
Bulawayo	0.2	627	0.2	1.9	481	1.9	147	1.2	300
Area									
Urban	0.2	2 558	0.2	2.0	2 069	1.5	489	2.6	1 430
Rural	0.4	5 356	0.6	4.9	3 777	1.8	1 579	4.8	2 763
Age									
15-19	0.1	2 068	na	na	na	1.7	2 068	(0.0)	26
20-24	0.1	1 227	0.1	2.1	1 227	na	na	1.5	349
25-29	0.5	1 096	0.5	3.2	1 096	na	na	1.3	720
30-34	0.4	1 088	0.4	4.4	1 088	na	na	3.4	899
35-39	0.3	910	0.3	3.6	910	na	na	3.8	811
40-44	0.7	746	0.7	4.7	746	na	na	7.2	691
45-49	1.1	427	1.1	6.7	427	na	na	5.2	382

50-54	0.8	351	0.8	6.3	351	na	na	7.8	314
Education									
None	0.0	70	0.0	7.6	67	(*)	2	5.0	55
Primary	0.7	2 033	1.0	7.3	1 457	2.8	577	5.8	1 068
Secondary	0.2	5 090	0.3	3.1	3 610	1.3	1 480	3.6	2 545
Higher	0.1	721	0.1	0.8	712	(*)	9	2.9	525
Wealth index quintile									
Poorest	0.5	1 258	0.7	5.7	916	2.3	342	6.4	707
Second	0.2	1 330	0.3	4.3	897	2.5	432	4.4	664
Middle	0.3	1 511	0.5	5.1	971	1.5	540	4.3	645
Fourth	0.5	2 025	0.7	4.4	1 643	1.2	383	3.6	1 220
Richest	0.1	1 790	0.1	1.0	1 419	1.2	371	2.5	957

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Trends in early marriage

Table CP.8 and Figure CP.3 present the proportion of women who were first married or entered into a marital union before age 15 and 18 by area and age groups. About five percent of women age 15-49 years had married before age 15. The proportion of women who had married before age 15 was 2.4 percent in urban areas and 6.2 percent in rural areas. Three percent of women age 15-19 years had married before age 15. Comparing with the same age group 10 years ago (those currently 25-29 years) 4.9 percent had married before age 15. Comparing with the same age group thirty years ago (those currently 45-49 years), 5.8 percent had married before age 15. This shows that generally, child marriage before age 15 has been declining over the last 30 years. A similar pattern was observed for men, see Table CP.

Marriage at age 16 is permitted in Zimbabwe with the consent of the Minister. About a third of the women 15-49 years had married before age 18. The proportion of women who had married before age 18 was 19.4 percent in urban areas and 40.2 percent in rural areas. Thirty-four percent of women age 20-24 years had married before age 18. The age groups 40-44 and 45-49 had higher percentages of women who married before age 18. This shows that generally, marriage before age 18 has been declining over the years.

Table CP.8: Trends in early marriage (women)

Percentage of women who were first married or entered into a marital union before age 15 and 18, by area and age groups, Zimbabwe MICS, 2014

	Urban				Rural				All			
	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years	Percentage of women married before age 15	Number of women age 15-49 years	Percentage of women married before age 18	Number of women age 20-49 years
Total	**2.4**	**5 004**	**19.4**	**4 037**	**6.2**	**9 405**	**40.2**	**7 266**	**4.9**	**14 409**	**32.8**	**11 304**
Age												
15-19	1.9	966	na	na	3.4	2 139	na	na	2.9	3 105	na	na
20-24	1.8	979	18.3	979	5.4	1 593	42.8	1 593	4.0	2 572	33.5	2 572
25-29	2.2	913	19.6	913	6.6	1 459	38.6	1 459	4.9	2 372	31.3	2 372
30-34	2.5	855	18.9	855	7.2	1 472	39.9	1 472	5.5	2 327	32.1	2 327
35-39	2.8	627	17.4	627	8.7	1 155	38.8	1 155	6.6	1 783	31.3	1 783
40-44	4.2	431	21.8	431	8.3	940	39.6	940	7.0	1 371	34.0	1 371
45-49	3.9	232	25.7	232	6.4	647	41.3	647	5.8	879	37.2	879

na: not applicable

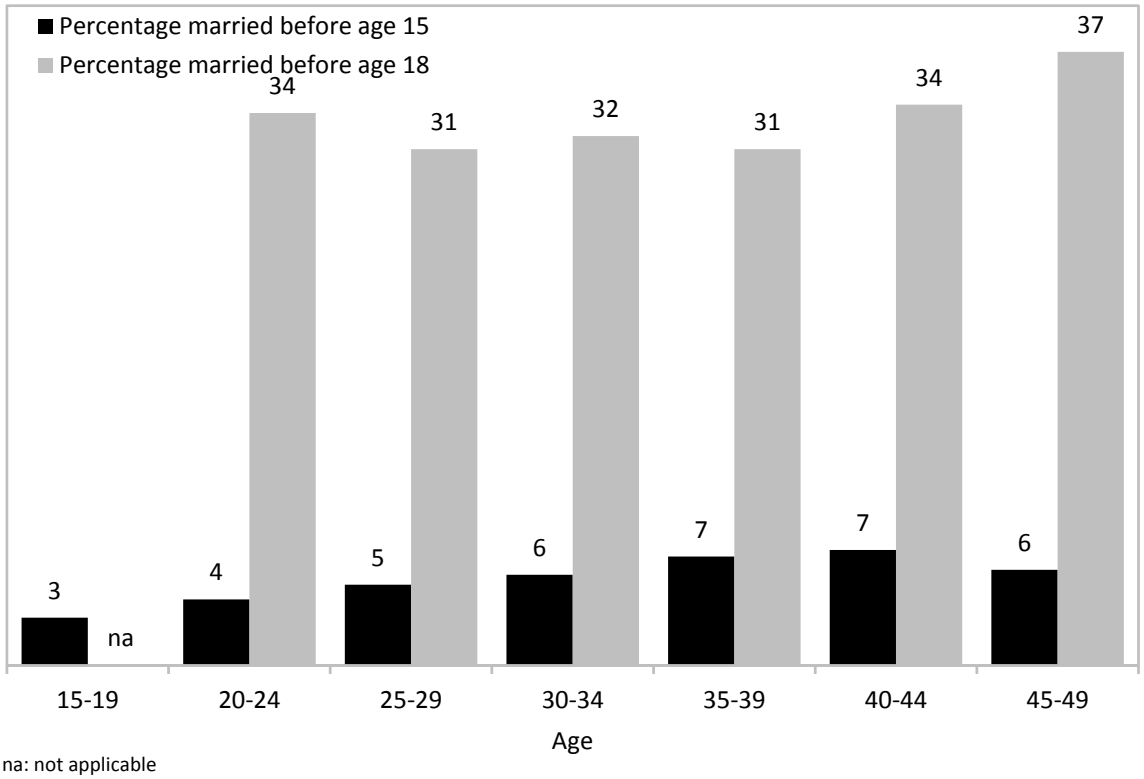
Table CP.8M: Trends in early marriage (men)

Percentage of men who were first married or entered into a marital union before age 15 and 18, by area and age groups, Zimbabwe MICS, 2014

	Urban				Rural				All			
	Percentage of men married before age 15	Number of men age 15-54 years	Percentage of men married before age 18	Number of men age 20-54 years	Percentage of men married before age 15	Number of men age 15-54 years	Percentage of men married before age 18	Number of men age 20-54 years	Percentage of men married before age 15	Number of men age 15-54 years	Percentage of men married before age 18	Number of men age 20-54 years
Total	**0.2**	**2 558**	**2.0**	**2 069**	**0.4**	**5 356**	**4.9**	**3 777**	**0.3**	**7 914**	**3.9**	**5 846**
Age												
15-19	0.3	489	na	na	0.0	1 579	na	na	0.1	2 068	na	na
20-24	0.0	395	0.6	395	0.1	832	2.9	832	0.1	1 227	2.1	1 227
25-29	0.5	425	2.1	425	0.5	672	4.0	672	0.5	1 096	3.2	1 096
30-34	0.2	384	2.1	384	0.5	705	5.6	705	0.4	1 088	4.4	1 088
35-39	0.0	341	1.6	341	0.5	569	4.8	569	0.3	910	3.6	910
40-44	0.2	276	3.2	276	0.9	469	5.5	469	0.7	746	4.7	746
45-49	0.8	142	3.9	142	1.2	286	8.1	286	1.1	427	6.7	427
50-54	0.0	107	2.1	107	1.2	244	8.2	244	0.8	351	6.3	351

na: not applicable

Figure CP.3: Early marriage among women, Zimbabwe MICS, 2014



na: not applicable

Spousal Age Difference

The indicator for spousal age difference is the percentage of married/in union women who are 10 or more years younger than their current spouse. Table CP.9 presents the results of the age difference between husbands and wives. One in five women age 15-19 years were currently married to men who were older by ten years or more. This proportion was highest in Mashonaland East Province (27.3 percent) followed by Manicaland Province (26.8 percent) and lowest in Matabeleland North and Mashonaland West provinces (14 percent and 14.8 percent, respectively).

About 18 percent of women age 20-24 years were currently married to a man who was older by ten years or more. The proportion was highest in Masvingo and Manicaland provinces (22.6 percent and 21.9 percent, respectively) while Matabeleland South Province had the lowest at 11.1 percent.

Table CP.9: Spousal age difference

Percent distribution of women currently married/in union age 15-19 and 20-24 years according to the age difference with their husband or partner, Zimbabwe MICS, 2014

	Percentage of currently married/in union women age 15-19 years whose husband or partner is:						Number of women age 15-19 years currently married/ in union	Percentage of currently married/in union women age 20-24 years whose husband or partner is:						Number of women age 20-24 years currently married/ in union
	Younger	0-4 years older	5-9 years older	10+ years older[1]	Husband/ Partner's age unknown	Total		Younger	0-4 years older	5-9 years older	10+ years older[2]	Husband/ Partner's age unknown	Total	
Total	**0.8**	**38.2**	**40.4**	**19.9**	**0.6**	**100.0**	**685**	**2.2**	**40.2**	**39.8**	**17.5**	**0.3**	**100.0**	**1 689**
Province														
Manicaland	2.1	32.9	38.2	26.8	0.0	100.0	104	4.8	43.1	29.8	21.9	0.4	100.0	214
Mashonaland Central	0.0	42.3	41.8	16.0	0.0	100.0	53	1.9	40.0	40.3	17.2	0.6	100.0	97
Mashonaland East	0.0	31.2	36.8	27.3	4.6	100.0	92	2.2	42.1	42.2	13.6	0.0	100.0	205
Mashonaland West	1.3	37.5	46.3	14.8	0.0	100.0	108	1.3	39.1	44.0	15.7	0.0	100.0	243
Matabeleland North	0.0	38.2	47.9	14.0	0.0	100.0	63	4.1	38.9	42.2	14.8	0.0	100.0	144
Matabeleland South	(*)	(*)	(*)	(*)	(*)	100.0	25	2.7	41.1	45.2	11.1	0.0	100.0	107
Midlands	0.0	36.9	44.4	18.7	0.0	100.0	85	0.0	40.2	41.9	17.4	0.6	100.0	213
Masvingo	1.3	45.5	33.1	19.9	0.1	100.0	87	1.6	42.6	32.5	22.6	0.6	100.0	168
Harare	0.0	34.0	46.5	19.6	0.0	100.0	45	2.4	36.6	41.4	19.2	0.4	100.0	195
Bulawayo	(*)	(*)	(*)	(*)	(*)	100.0	23	2.1	37.4	40.9	19.6	0.0	100.0	105
Area														
Urban	0.0	38.4	41.6	19.9	0.1	100.0	121	1.7	38.1	41.5	18.6	0.2	100.0	518
Rural	1.0	38.1	40.2	19.9	0.8	100.0	564	2.5	41.1	39.0	17.0	0.3	100.0	1 171
Age														
15-19	0.8	38.2	40.4	19.9	0.6	100.0	685	na	na	na	na	na	na	na
20-24	na	na	na	na	na	na	na	2.2	40.2	39.8	17.5	0.3	100.0	1 689
Education														
None	(*)	(*)	(*)	(*)	(*)	100.0	1	(*)	(*)	(*)	(*)	(*)	100.0	6
Primary	0.9	40.3	34.4	23.0	1.4	100.0	239	2.6	35.4	42.4	19.0	0.5	100.0	451
Secondary	0.8	37.1	43.7	18.2	0.3	100.0	445	2.1	41.9	38.5	17.4	0.2	100.0	1 194
Higher	-	-	-	-	-	-	0	(2.9)	(44.6)	(49.9)	(2.6)	(0.0)	100.0	39

Wealth index quintile														
Poorest	0.8	41.5	35.9	21.8	0.0	100.0	148	2.5	37.2	44.3	15.0	1.0	100.0	291
Second	0.8	37.8	43.1	17.7	0.7	100.0	155	2.8	43.2	37.9	15.8	0.3	100.0	328
Middle	1.0	35.7	43.0	20.3	0.0	100.0	165	1.6	42.6	36.6	19.1	0.0	100.0	295
Fourth	0.9	35.9	42.0	19.2	2.0	100.0	166	1.5	40.8	38.0	19.5	0.2	100.0	498
Richest	0.0	45.6	32.0	22.4	0.0	100.0	51	3.3	36.2	43.7	16.8	0.0	100.0	278

[1] MICS indicator 8.8a - Spousal age difference (among women age 15-19)

[2] MICS indicator 8.8b - Spousal age difference (among women age 20-24)

na: not applicable
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

11.4 Attitudes towards Domestic Violence

The Domestic Violence Act [*Chapter 5:16*] defines domestic violence to include physical, sexual, psychological and economic abuse committed by a person against a spouse, child or other person who is a member of the household. It also includes children witnessing violence and abuse derived from any cultural or customary rites or practices that discriminate against or degrade women, such as forced virginity testing, forced marriages, child marriages and pledging of girls to relatives of a deceased person for purposes of appeasing such deceased person's spirits. Most of these offences attract criminal penalties whilst emotional abuse attracts such civil remedies as counselling and the issuing of protection orders by the court. Ultimately, criminal penalties may be imposed where the protection order is breached. Despite the Act and ongoing efforts to protect women against violence, attitudes and perceptions still justify certain forms of domestic violence.

Attitudes towards Domestic Violence

MICS assessed the attitudes of women age 15-49 years and men age 15-54 years towards wife beating by asking the respondents whether they think that husbands are justified to hit or beat their wives in each of the following situations: If she goes out without telling him; neglects the children; argues with him; refuses to have sex with him; burns the food; and commits infidelity. The purpose of these questions was to capture social acceptance of violence as a disciplinary action when a woman does not comply with certain expected gender roles.

Attitudes of Women

The responses to these questions are in Table CP.13 for women. Overall, 37.4 percent of women felt that a husband/partner was justified in hitting or beating his wife in at least one of the five standard situations (excluding infidelity). The most commonly reported reason for justifying violence was when the woman argued with the husband (23.0 percent). Women in rural areas, younger women, women with primary education and women in the poorest quintiles were more likely than other women to agree with at least one of the specified reasons, justifying wife beating. Women who have never been married (41.6 percent) believed that husbands were justified in beating their wives more than the currently married (36.7 percent) and the formerly married (33.3 percent).

Of all the situations, the highest proportion of women (43.2 percent) believed that a partner was justified in beating his wife if she committed infidelity. The pattern is similar to the indicator on any of these five reasons regarding age, urban/rural areas, primary education, wealth quintiles and marital/union status.

Table CP.13: Attitudes toward domestic violence (women)

Percentage of women age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Zimbabwe MICS, 2014

	Percentage of women age 15-49 years who believe a husband is justified in beating his wife:								Number of women age 15-49 years
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these five reasons[1]	If she commits infidelity	For any of these six reasons	
Total	**14.6**	**21.9**	**23.0**	**13.7**	**8.4**	**37.4**	**43.2**	**51.8**	**14 409**
Province									
Manicaland	17.1	21.9	23.7	17.3	8.9	37.6	46.2	54.0	1 755
Mashonaland Central	15.7	25.6	32.4	19.6	11.1	46.6	48.4	60.5	739
Mashonaland East	18.4	27.1	28.6	18.4	11.6	44.4	46.0	55.9	1 550
Mashonaland West	15.0	23.6	27.3	15.4	9.1	43.2	44.4	56.9	1 874
Matabeleland North	14.2	23.6	23.2	12.1	8.2	38.1	44.7	51.7	1 238
Matabeleland South	11.1	16.4	18.0	6.5	4.8	30.3	43.5	48.2	1 120
Midlands	15.0	20.3	22.2	12.6	8.7	33.8	38.5	45.7	1 800
Masvingo	22.3	27.6	29.2	21.7	11.1	46.8	49.7	60.5	1 509
Harare	8.6	16.3	15.1	7.2	5.2	28.8	38.6	46.1	1 624
Bulawayo	6.7	16.1	10.8	4.2	4.3	24.4	32.8	39.6	1 200
Area									
Urban	7.4	15.6	13.2	6.6	4.7	25.7	33.9	40.6	5 004
Rural	18.5	25.2	28.3	17.4	10.3	43.6	48.0	57.8	9 405
Age									
15-19	21.9	31.2	32.0	16.5	13.3	50.3	57.5	65.1	3 105
20-24	15.8	27.0	26.3	14.2	8.7	43.2	47.7	57.4	2 572
25-29	12.5	21.3	20.5	14.0	7.2	35.6	42.3	51.0	2 372
30-34	11.7	17.2	19.1	11.4	6.6	31.1	37.7	45.8	2 327
35-39	11.8	15.7	18.7	13.1	5.9	30.2	34.1	44.1	1 783
40-44	11.1	13.7	17.5	12.2	6.6	27.6	33.2	41.7	1 371
45-49	9.9	13.1	16.2	10.8	5.5	26.4	29.6	38.6	879
Marital/Union status									
Currently married/in union	14.2	20.6	22.9	14.3	7.7	36.7	42.2	51.4	9 112
Formerly married/in union	12.3	19.3	20.9	13.3	7.0	33.3	35.8	46.4	1 898
Never married/in union	17.1	26.8	24.4	12.0	10.7	41.6	49.7	56.0	3 393
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Education									
None	15.9	21.2	31.8	24.5	9.0	43.8	42.2	54.5	197
Primary	20.3	25.6	32.4	21.6	11.3	46.4	47.8	59.4	3 904
Secondary	13.4	21.8	20.8	11.2	7.8	36.2	43.7	51.6	9 402
Higher	2.2	6.7	3.7	2.8	1.6	9.7	17.7	20.6	907
Wealth index quintile									
Poorest	20.9	27.7	31.7	20.8	12.0	48.1	52.0	61.7	2 445
Second	20.1	25.6	30.7	18.6	10.5	44.9	48.7	58.7	2 441
Middle	17.6	25.1	27.1	16.4	10.6	43.3	48.1	58.0	2 553
Fourth	12.5	21.3	21.0	11.3	7.2	35.6	42.6	51.5	3 356
Richest	6.5	13.6	10.9	5.7	3.9	22.4	30.4	36.4	3 614

[1] **MICS indicator 8.12 - Attitudes towards domestic violence**

(*) Figures that are based on less than 25 unweighted cases

Attitudes of men

Overall, 23.7 percent of men felt that a husband/partner was justified in hitting or beating his wife in at least one of the five standard situations (excluding infidelity), see CP.13M. As was the case with women, the most commonly reported reason for justifying violence among the five standard reasons was in cases where the woman argued with the husband, 13.9 percent. Men in rural areas, younger men and men with primary education were more likely than other men to agree with at least one of the specified reasons, justifying wife beating. Men who have never been married (32.1 percent) believed that husbands were justified in beating their wives more than the currently married (16.6 percent) and the formerly married (22.7 percent).

Of all the situations, the highest proportion of men (24.6 percent) believed that a partner was justified in beating his wife if she committed infidelity. The pattern is similar to the indicator on any of these five reasons regarding age, education, wealth quintiles and marital/union status.

Table CP.13M: Attitudes toward domestic violence (men)

Percentage of men age 15-49 years who believe a husband is justified in beating his wife in various circumstances, Zimbabwe MICS, 2014

	Percentage of men age 15-49 years who believe a husband is justified in beating his wife:								
	If she goes out without telling him	If she neglects the children	If she argues with him	If she refuses sex with him	If she burns the food	For any of these five reasons[1]	If she commits infidelity	For any of these six reasons	Number of men age 15-49 years
Total	**7.1**	**12.3**	**13.9**	**4.8**	**3.5**	**23.7**	**24.6**	**33.8**	**7 563**
Province									
Manicaland	7.6	13.5	12.6	5.3	3.4	24.9	24.6	34.5	901
Mashonaland Central	7.8	14.0	20.9	5.1	7.0	31.8	26.2	39.6	473
Mashonaland East	7.9	12.7	15.1	6.8	3.8	24.9	24.0	33.8	833
Mashonaland West	7.7	14.2	17.2	4.7	4.4	26.7	23.7	35.2	1 095
Matabeleland North	8.2	10.5	14.3	7.1	3.4	25.7	29.7	38.3	627
Matabeleland South	8.0	13.4	13.5	3.4	1.9	24.1	26.6	36.4	551
Midlands	6.4	11.3	11.5	4.3	3.1	18.4	23.1	28.6	981
Masvingo	7.8	13.1	17.4	6.1	3.8	27.6	27.2	37.3	694
Harare	5.6	9.1	10.4	3.5	2.8	17.8	22.4	29.9	808
Bulawayo	4.3	10.9	7.8	1.2	2.1	18.0	20.8	28.4	601
Area									
Urban	4.6	9.3	9.5	3.0	2.2	17.5	20.5	27.7	2 451
Rural	8.3	13.7	16.1	5.7	4.2	26.7	26.5	36.8	5 112
Age									
15-19	11.1	20.7	21.4	9.3	7.0	36.8	41.2	50.8	2 068
20-24	7.4	13.9	16.2	3.7	3.3	27.5	25.9	37.7	1 227
25-29	5.6	9.7	11.6	2.9	2.6	20.0	20.0	30.2	1 096
30-34	5.5	8.6	9.7	3.2	1.5	16.9	16.2	24.4	1 088
35-39	5.3	7.9	8.4	2.7	1.4	15.0	15.8	23.7	910
40-44	4.1	5.4	9.6	3.0	2.2	13.5	14.7	21.1	746
45-49	4.2	4.7	7.4	2.8	1.7	12.5	9.5	17.6	427
Marital/Union status									
Currently married/in union	5.1	8.0	9.9	2.8	1.6	16.6	15.7	24.6	3 879
Formerly married/in union	7.1	9.9	16.3	5.1	3.5	22.7	21.0	30.9	359
Never married/in union	9.5	17.6	18.4	7.2	5.8	32.1	35.3	44.9	3 325
Education									
None	(15.1)	(21.4)	(28.4)	(4.2)	(7.6)	(36.3)	(20.8)	(46.6)	39
Primary	9.0	13.6	17.6	5.9	4.4	28.6	26.6	38.0	1 864
Secondary	6.9	12.7	13.6	4.8	3.5	23.5	25.5	34.3	4 989
Higher	3.0	5.1	5.4	2.2	1.1	10.5	12.6	18.3	671
Wealth index quintile									
Poorest	9.2	13.7	17.0	6.6	4.3	29.2	28.9	40.6	1 184
Second	7.9	12.5	14.6	5.9	4.5	24.8	27.1	36.0	1 265
Middle	9.3	15.5	17.1	5.8	4.1	28.7	28.3	38.5	1 463
Fourth	6.4	11.1	13.4	3.9	3.2	21.8	20.7	30.1	1 954
Richest	3.9	9.8	9.2	2.9	2.3	16.9	21.0	27.8	1 697

[1] **MICS indicator 8.12 - Attitudes towards domestic violence[M]**

( ) Figures that are based on 25-49 unweighted cases

11.5 Children's Living Arrangements and Orphanhood Status

The CRC recognizes that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding". Millions of children around the world grow up without the care of their parents for several reasons, including premature death of the parents or their migration for work. In most cases, these children are cared for by members of their extended families while in others, children may be living in households other than their own as live-in domestic workers, for instance. Others end up on the street or in state institutions.

There are two major family structures in Zimbabwe, namely, the nuclear family and the traditional (extended) family. There are other family structures such as the single parent family, child headed families and the elderly headed families which need special attention. The support system within the traditional family structure has been severely strained due to existing economic hardships, the HIV and AIDS scourge and a change of family values in taking care of the extended family members. Understanding the children's living arrangements, including the composition of the households where they live and the relationships with their primary caregivers, is key to design targeted interventions aimed at promoting children's care and wellbeing.

Living Arrangements

Table CP.14 presents information on the living arrangements and orphanhood status of children under age 18. About 27 percent of children lived with neither biological parents. The older the child the more likely they were to live with neither biological parent. There were no gender differentials as both boys and girls have the same proportions. Twenty-nine percent of children in rural areas lived with neither biological parent compared to 19.3 percent in urban areas.

Orphanhood Status

Eighteen percent of the children had one or both parents deceased. The older the child the more likely they were to have lost at least one or both biological parents. About 20 percent of children in rural areas had lost at least one biological parent compared to 12.6 percent in urban areas.

Table CP.14: Children's living arrangements and orphanhood

Percent distribution of children age 0-17 years according to living arrangements, percentage of children age 0-17 years not living with a biological parent and percentage of children who have one or both parents dead, Zimbabwe MICS, 2014

		Living with neither biological parent				Living with mother only		Living with father only						
	Living with both parents	Only father alive	Only mother alive	Both alive	Both dead	Father alive	Father dead	Mother alive	Mother dead	Missing information on father/ mother	Total	Living with neither biological parent[1]	One or both parents dead [2]	Number of children age 0-17 years
Total	**41.2**	**1.9**	**5.0**	**15.7**	**4.0**	**19.4**	**5.6**	**2.1**	**0.8**	**4.2**	**100.0**	**26.6**	**17.9**	**32 855**
Sex														
Male	41.3	1.8	5.1	15.0	4.1	19.5	5.6	2.3	1.0	4.2	100.0	26.1	18.2	16 548
Female	41.1	1.9	4.8	16.4	3.9	19.4	5.6	2.0	0.6	4.2	100.0	27.1	17.5	16 307
Province														
Manicaland	40.9	1.9	4.9	14.7	3.6	22.6	6.1	1.5	0.7	3.1	100.0	25.1	17.6	4 270
Mashonaland Central	53.0	1.9	4.0	12.0	3.1	15.0	5.4	2.6	1.3	1.8	100.0	20.9	15.7	1 784
Mashonaland East	42.8	2.2	5.6	16.2	4.2	18.5	4.4	1.8	0.7	3.5	100.0	28.2	17.8	3 560
Mashonaland West	46.9	1.8	4.8	13.6	4.9	15.0	6.1	2.9	1.1	3.0	100.0	25.1	19.3	4 361
Matabeleland North	32.8	2.3	6.7	20.8	4.6	19.0	6.7	1.4	0.9	4.9	100.0	34.4	21.5	3 317
Matabeleland South	23.3	2.4	6.1	20.0	4.9	23.5	7.0	1.6	0.6	10.6	100.0	33.4	22.6	2 915
Midlands	44.7	1.8	4.9	15.4	4.0	17.6	4.4	1.9	0.7	4.6	100.0	26.1	16.6	4 204
Masvingo	34.9	1.3	5.1	16.7	4.3	24.3	6.0	2.6	0.7	4.1	100.0	27.4	17.9	4 076
Harare	58.8	1.3	2.6	9.2	2.4	16.3	4.5	2.1	0.6	2.2	100.0	15.5	11.8	2 451
Bulawayo	39.6	1.7	3.5	17.4	2.7	20.8	4.7	3.9	1.0	4.8	100.0	25.3	14.3	1 918
Area														
Urban	51.2	1.3	2.9	12.4	2.7	18.4	4.4	2.9	0.8	2.9	100.0	19.3	12.6	7 738
Rural	38.1	2.1	5.6	16.7	4.4	19.8	5.9	1.9	0.8	4.7	100.0	28.8	19.5	25 117
Age														
0-4	55.2	0.6	1.3	10.8	0.3	26.4	1.9	0.9	0.1	2.4	100.0	13.1	4.4	10 180
5-9	40.4	1.6	4.9	19.4	2.1	19.6	4.5	2.4	0.5	4.6	100.0	28.0	14.1	9 416
10-14	33.1	2.7	7.4	16.5	6.6	15.5	8.9	2.9	1.5	4.9	100.0	33.2	28.2	9 030
15-17	26.4	3.7	8.8	17.8	11.6	10.9	9.9	3.0	1.8	6.3	100.0	41.9	36.7	4 229

Wealth index quintiles														
Poorest	42.9	1.8	5.4	13.8	3.8	18.4	6.8	1.6	0.8	4.7	100.0	24.8	19.2	7 452
Second	37.3	2.1	5.7	15.9	4.6	20.9	6.1	1.6	1.0	4.8	100.0	28.4	20.4	7 266
Middle	30.9	2.2	6.2	21.6	5.1	21.0	5.6	1.5	0.7	5.2	100.0	35.1	20.3	6 818
Fourth	48.8	1.6	3.5	12.0	3.2	19.4	4.8	2.8	0.9	3.1	100.0	20.3	14.5	5 852
Richest	48.6	1.5	3.5	14.7	3.0	17.3	4.0	3.7	0.7	3.0	100.0	22.7	13.1	5 468

[1] MICS indicator 8.13 - Children's living arrangements

[2] MICS indicator 8.14 - Prevalence of children with one or both parents dead

Children with parents living abroad

The Zimbabwe MICS included a simple measure of one particular aspect of migration related to what is termed children left behind, i.e. for whom one or both parents have moved abroad. While the amount of literature is growing, the long-term effects of the benefits of remittances versus the potential adverse psycho-social effects are not yet conclusive as there is somewhat conflicting evidence available as to the effects on children.

Table CP.15 shows that 2.5 percent of children age 0-17 years had both parents living abroad whilst 10.6 percent had at least one parent living abroad. Matabeleland South (29.2 percent) and Bulawayo (23.1 percent) provinces had the highest percentages of children with at least one parent living abroad whilst Mashonaland Central (1.5 percent) had the least.

Table CP.15: Children with parents living abroad

Percent distribution of children age 0-17 years by residence of parents in another country, Zimbabwe MICS, 2014

	Percent distribution of children age 0-17 years:					Percentage of children age 0-17 years with at least one parent living abroad[1]	Number of children age 0-17 years
	With at least one parent living abroad						
	Only mother abroad	Only father abroad	Both mother and father abroad	With neither parent living abroad	Total		
Total	**2.6**	**5.5**	**2.5**	**89.4**	**100.0**	**10.6**	**32 855**
Sex							
Male	2.7	5.2	2.6	89.6	100.0	10.4	16 548
Female	2.6	5.8	2.4	89.2	100.0	10.8	16 307
Province							
Manicaland	1.1	5.0	2.0	92.0	100.0	8.0	4 270
Mashonaland Central	0.3	0.7	0.5	98.5	100.0	1.5	1 784
Mashonaland East	1.0	2.8	1.0	95.3	100.0	4.7	3 560
Mashonaland West	1.3	1.8	0.7	96.2	100.0	3.8	4 361
Matabeleland North	4.0	7.0	4.6	84.4	100.0	15.6	3 317
Matabeleland South	8.7	13.2	7.2	70.8	100.0	29.2	2 915
Midlands	2.5	4.5	1.4	91.6	100.0	8.4	4 204
Masvingo	2.6	6.2	1.7	89.6	100.0	10.4	4 076
Harare	1.2	5.3	1.2	92.3	100.0	7.7	2 451
Bulawayo	4.9	10.6	7.5	76.9	100.0	23.1	1 918
Area							
Urban	2.6	6.4	3.0	88.0	100.0	12.0	7 738
Rural	2.6	5.2	2.3	89.8	100.0	10.2	25 117
Age group							
0-4	1.5	6.2	1.9	90.4	100.0	9.6	10 180
5-9	3.4	6.0	3.6	87.0	100.0	13.0	9 416
10-14	3.2	4.9	2.4	89.5	100.0	10.5	9 030
15-17	2.3	3.7	1.7	92.4	100.0	7.6	4 229
Wealth index quintile							
Poorest	2.4	4.5	2.1	90.9	100.0	9.1	7 452
Second	2.7	4.7	2.3	90.4	100.0	9.6	7 266
Middle	3.2	7.0	3.2	86.6	100.0	13.4	6 818
Fourth	1.5	4.8	1.4	92.2	100.0	7.8	5 852
Richest	3.2	6.7	3.6	86.5	100.0	13.5	5 468

[1] **MICS indicator 8.15 - Children with at least one parent living abroad**

12 HIV and AIDS and Sexual Behaviour

Globally, an estimated 35.0 (33.2–37.2) million people were living with Human Immunodeficiency Virus (HIV) in 2013. There were 2.1 (1.9–2.4) million new HIV infections globally, showing a 38 percent decline in the number of new infections from 3.4 (3.3–3.6) million in 2001. At the same time the number of Acquired Immunodeficiency Syndrome (AIDS) deaths is also declining with 1.5 (1.4–1.9) million AIDS deaths in 2013, down from 2.4 (2.2–2.6) million in 2005. The epidemic continues to disproportionately affect sub-Saharan Africa, home to nearly 70 percent of all new HIV infections in 2012[84].

In Sub-Saharan Africa, Zimbabwe registered a dramatic decline of new HIV infections by approximately 42 percent among adults (15 years and older) between 2001 and 2013.[85] The country is also one of nine countries in the same region that has witnessed a similar percentage decrease in the number of people dying annually from HIV and AIDS related causes. These health gains are attributed to behavioural prevention intervention and use of Antiretroviral Treatment (ART) over the past years.

The Government of Zimbabwe declared HIV and AIDS as an emergency in 1999 and introduced the Zimbabwe National AIDS Trust Fund, (NATF) in 2000, commonly referred to as the AIDS Levy[86]. Through an Act of Parliament, all employed persons in Zimbabwe are levied three percent of their taxable income which is put towards HIV and AIDS interventions. The Zimbabwe NATF is considered an innovative home-grown approach towards mobilising funds to mitigate the impact of HIV and AIDS.

Government policies and strategies guiding HIV and AIDS programme implementation include the National Policy on HIV and AIDS (1999), Zimbabwe National HIV/AIDS Strategic Plan (ZNASP II) 2011-2015 and Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe (2013).

While these successes are significant they, however, tend to be overshadowed by the current and projected extent of the HIV and AIDS burden with its related health, social and economic implications. Zimbabwe with a total population of 13 061 239[87] had 1 in 10 people living with HIV by end of 2013 making it one of the countries in Sub – Saharan Africa worst affected by the epidemic. Of the total People Living with HIV (PLHIV), 170 000 (12.0 percent) were children 0-14 years old[88]. AIDS related deaths among adults has resulted in a cumulative total of 947 000 orphans as of 2012 but this number is projected to decline to 767 000 by 2015 due to the positive impact of ART and other interventions.[89]

[84] UNAIDS, 2013. Global Report
[85] UNAIDS, 2013. Global Report.
[86] SADC HIV and AIDS Best Practice Series – The Zimbabwe National AIDS Levy Trust (The AIDS Levy) 2008.
[87] ZIMSTAT, 2012. Zimbabwe National Census Report.
[88] UNAIDS, 2013. Global Report.
[89] Ministry of Health and Child Welfare, 2013. HIV 2012 Estimates Zimbabwe: 1990-2012.

12.1 Knowledge about HIV Transmission and Misconceptions about HIV

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step towards raising awareness and giving adolescents and young people the tools to protect themselves from infection. Misconceptions about HIV are common and can confuse adolescents and young people and hinder prevention efforts. The United Nations General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people so as to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention and changing behaviours to prevent further spread of the disease.

In the survey, the HIV module was administered to women age 15-49 years and men age 15-54 years. Women and men interviewed in the survey had several statements read to them about HIV transmission mechanisms, prevention methods and misconceptions. Examples of misconceptions were whether HIV and AIDS can be transmitted by supernatural means, mosquito bites or sharing food and that a healthy looking person cannot be infected with the HIV.

One indicator which is both an MDG and the Global AIDS Response Progress Reporting (GARPR; formerly UNGASS) indicator is the percentage of young people who have comprehensive and correct knowledge of HIV prevention and transmission. This is defined as 1) knowing that consistent use of a condom during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, 2) knowing that a healthy-looking person can have HIV and 3) rejecting the two most common local misconceptions about transmission/prevention of HIV. In the survey, all women and men who had heard of AIDS were asked questions on all three components.

Table HA.1 presents the percentage of women age 15-49 years who had comprehensive knowledge of HIV prevention and transmission. Overall, 62.5 percent of women had comprehensive knowledge of HIV. This proportion was relatively low among women age 15-24 years (56.4 percent). Knowledge of HIV prevention and transmission was higher amongst women age 15-49 years in urban areas (69.8 percent) compared to their rural counterparts (58.6 percent). Comprehensive knowledge was least in Matabeleland South Province (55.6 percent) and highest in Bulawayo Province 67.9 percent. Results suggest that there is a correlation between age and HIV knowledge as older women were more likely to know about HIV than younger women. Knowledge increased with woman's education and household wealth quintile.

Table HA.1: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (women)

Percentage of women age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Zimbabwe MICS, 2014

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by:			Percentage who know that a healthy looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by:			Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge[1]	Number of women age 15-49
		Having only one faithful uninfected sex partner	Using a condom every time	Both		Mosquito bites	Supernatural means	Sharing food with someone with HIV			
Total	**99.4**	**92.8**	**84.4**	**80.7**	**90.4**	**85.4**	**93.7**	**92.5**	**74.4**	**62.5**	**14 409**
Province											
Manicaland	99.4	93.3	86.3	83.1	90.7	88.0	95.7	93.8	77.8	66.6	1 755
Mashonaland Central	99.3	94.3	87.1	84.4	89.1	84.5	95.5	94.0	73.6	63.8	739
Mashonaland East	99.6	92.1	84.5	80.3	91.6	82.7	92.7	91.7	72.0	61.0	1 550
Mashonaland West	99.0	90.6	81.4	76.4	89.6	85.5	93.7	93.9	75.0	60.7	1 874
Matabeleland North	99.9	96.2	87.0	84.3	88.5	88.8	95.8	93.0	75.0	64.1	1 238
Matabeleland South	97.8	88.8	80.9	76.0	87.1	82.2	92.6	86.9	68.2	55.6	1 120
Midlands	99.8	93.5	84.1	80.7	89.7	82.7	92.9	92.8	71.1	59.2	1 800
Masvingo	99.1	91.5	83.5	79.0	88.0	84.0	91.9	89.1	70.3	59.0	1 509
Harare	99.8	94.9	82.5	80.0	94.5	88.9	94.2	96.0	81.7	67.0	1 624
Bulawayo	99.7	93.9	89.7	86.2	93.6	85.8	92.7	92.5	77.3	67.9	1 200
Area											
Urban	99.8	95.2	87.1	84.5	94.5	88.3	94.5	95.0	81.0	69.8	5 004
Rural	99.1	91.5	83.0	78.7	88.1	83.8	93.3	91.2	70.9	58.6	9 405
Age											
15-24[1]	98.8	89.0	79.4	74.3	86.1	85.7	92.1	91.4	71.2	56.4	5 677
15-19	98.4	87.2	75.9	70.9	82.5	85.0	91.0	89.7	67.4	51.4	3 105
20-24	99.2	91.2	83.7	78.5	90.6	86.5	93.4	93.3	75.7	62.3	2 572
25-29	99.7	94.7	86.5	83.4	93.4	86.9	95.0	94.2	78.3	67.0	2 372
30-39	99.8	95.6	88.6	86.0	93.4	86.0	95.1	93.8	77.5	68.1	4 110
40-49	99.6	95.3	87.3	84.4	92.4	81.8	94.0	91.3	72.6	62.6	2 250

Marital status											
Ever married/in union	99.6	94.1	86.4	82.9	91.9	85.0	94.2	93.1	75.3	64.3	11 009
Never married/in union	98.6	88.8	78.2	73.8	85.3	86.6	92.2	90.7	71.5	56.5	3 393
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Education											
None	97.9	88.1	76.2	68.7	80.1	71.9	87.4	81.0	53.8	39.9	197
Primary	98.6	89.6	79.7	75.1	85.5	79.9	91.6	88.3	65.3	52.5	3 904
Secondary	99.6	93.7	85.8	82.3	91.8	87.1	94.6	94.0	76.8	64.9	9 402
Higher	99.9	98.4	92.6	91.3	98.9	94.6	95.2	98.1	92.1	84.4	907
Wealth index quintiles											
Poorest	99.2	90.8	80.9	76.6	86.1	81.5	92.1	88.3	65.9	52.9	2 445
Second	98.7	90.4	82.4	77.7	86.2	84.1	92.7	91.1	69.6	57.5	2 441
Middle	99.2	92.2	83.6	79.6	89.3	83.9	93.7	92.0	72.7	60.3	2 553
Fourth	99.6	93.9	85.8	82.5	92.7	86.4	94.9	94.1	77.3	65.6	3 356
Richest	99.8	95.2	87.4	84.8	94.6	88.9	94.5	95.2	81.8	70.8	3 614

[1]MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women

(*) Figures that are based on less than 25 unweighted cases

Table HA.1M presents the percentage of men age 15-54 years who had comprehensive knowledge of HIV prevention and transmission. About 60 percent of men had comprehensive knowledge of HIV. Among young men age 15-24 years, this proportion was 51.7 percent. Knowledge of HIV prevention and transmission was higher amongst men in urban areas (68.9 percent) compared to their rural counterparts (55.0 percent), increased with increasing age, education and household wealth quintiles. This pattern is similar to that of women. Comprehensive knowledge was least in Matabeleland South Province (45.1 percent) and highest in Bulawayo Province at 67.6 percent.

Table HA.1M: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (men)

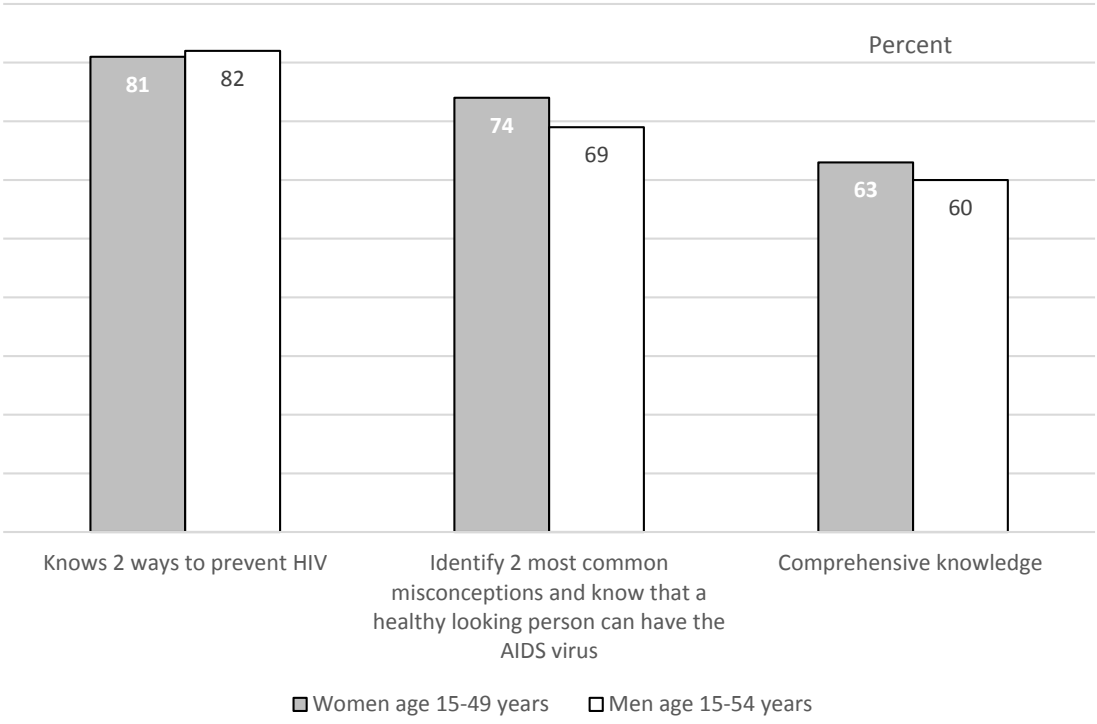
Percentage of men age 15-54 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Zimbabwe MICS, 2014

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by: Having only one faithful uninfected sex partner	Using a condom every time	Both	Percentage who know that a healthy looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by: Mosquito bites	Supernatural means	Sharing food with someone with HIV	Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge	Number of men age 15-54
Total	**98.8**	**92.9**	**85.7**	**82.0**	**88.9**	**80.8**	**93.1**	**90.0**	**68.9**	**59.5**	**7 914**
Province											
Manicaland	98.8	93.3	88.6	85.2	88.2	83.1	95.7	91.7	70.9	62.2	937
Mashonaland Central	99.3	93.8	87.9	84.6	87.6	81.1	95.0	93.1	69.0	62.2	492
Mashonaland East	99.6	93.1	86.1	81.7	91.6	79.3	93.5	91.9	69.5	59.3	869
Mashonaland West	98.4	91.3	84.9	80.2	89.0	80.3	92.3	91.6	69.4	59.2	1 136
Matabeleland North	99.7	97.3	87.9	86.3	87.5	83.1	95.6	88.6	68.5	60.8	670
Matabeleland South	95.8	83.8	79.1	72.0	82.8	71.8	88.6	79.7	56.4	45.1	591
Midlands	99.2	94.6	85.2	82.7	87.1	79.8	92.3	87.6	65.3	56.2	1 026
Masvingo	97.7	88.5	83.6	77.5	86.4	78.1	90.3	88.6	65.1	55.0	728
Harare	99.8	96.0	84.8	82.5	93.5	86.0	93.9	93.3	76.8	66.4	838
Bulawayo	99.7	96.2	89.3	87.2	94.2	84.4	93.4	91.2	75.4	67.6	627
Area											
Urban	99.8	96.2	88.1	86.1	94.1	85.5	93.8	93.7	77.5	68.9	2 558
Rural	98.4	91.3	84.6	80.1	86.4	78.6	92.8	88.2	64.7	55.0	5 356
Age											
15-24[1]	97.8	88.3	81.6	76.1	83.5	78.1	91.2	88.3	62.7	51.7	3 296
15-19	97.0	85.7	79.7	73.5	79.6	78.1	89.8	86.8	60.1	48.7	2 068
20-24	99.1	92.5	84.7	80.3	90.2	78.3	93.5	90.8	67.1	57.0	1 227
25-29	99.3	96.1	88.2	86.0	92.5	83.3	95.5	90.8	73.1	64.2	1 096
30-39	99.6	96.1	88.5	85.9	92.9	83.5	94.8	92.0	74.7	66.4	1 999
40-49	99.8	97.3	89.4	87.5	92.7	83.0	93.6	91.7	73.7	65.9	1 173
50-54	99.2	93.1	89.3	84.8	93.4	76.1	91.8	85.3	64.3	56.7	351

Marital status											
Ever married/in union	99.7	96.0	88.4	85.8	92.7	81.8	94.5	91.0	72.2	63.9	4 584
Never married/in union	97.7	88.7	82.0	76.7	83.7	79.5	91.2	88.5	64.3	53.5	3 330
Education											
None	95.5	92.8	83.9	83.0	84.3	71.7	81.9	83.2	56.3	48.7	70
Primary	96.8	87.3	79.7	74.1	81.4	71.0	89.5	81.8	53.8	43.6	2 033
Secondary	99.5	94.3	87.1	83.6	90.9	83.5	94.3	92.5	72.8	63.2	5 090
Higher	100.0	99.0	93.4	92.6	96.8	91.1	95.7	95.8	85.0	79.4	721
Wealth index quintiles											
Poorest	97.8	90.8	83.1	78.4	84.0	75.7	90.3	84.2	59.5	49.5	1 258
Second	97.9	90.3	82.3	78.3	84.0	78.4	93.1	87.5	64.0	53.6	1 330
Middle	98.7	90.7	85.7	80.6	87.8	79.0	93.0	89.8	66.5	56.7	1 511
Fourth	99.4	93.6	86.4	82.4	90.8	81.1	94.0	91.4	69.9	60.7	2 025
Richest	99.8	97.4	89.4	88.1	94.8	87.5	94.0	94.4	79.8	71.9	1 790

When compared to women, men were less likely to have comprehensive knowledge on HIV, even though the proportions of men and women who had heard of AIDS and knew the two common HIV prevention methods were comparable. From the results, awareness levels on HIV were almost universal across all background characteristics considered in the survey for both sexes.

Figure HA.1: Women and men with comprehensive knowledge of HIV transmission, Zimbabwe MICS, 2014



12.2 Knowledge of mother-to-child HIV transmission (MTCT)

Mother To Child Transmission (MTCT) of HIV accounts for 90 percent of all new infections in children 0-14 years in Zimbabwe.[90] It is also the second major mode of transmission of the virus after sexual transmission, contributing overall to 7 percent of all HIV infections. Furthermore, it is estimated that HIV and AIDS contributes approximately 21 percent to the under-five mortality and 26 percent to maternal mortality in the country[91].

[90] Ministry of Health and Child Welfare, 2013. The Report of the Mid-Term Review of the National eMTCT Strategic Plan 2011-2015.
[91] Zimbabwe Multiple Indicator Monitoring Survey (MIMS) 2009

Zimbabwe developed and adopted the National Strategic Plan for eliminating new HIV Infections in Children and Keeping Mothers and Families alive 2011-2015. The Elimination Strategy aims to contribute to the attainment of MDGs 4 (reduce child mortality), 5 (improve maternal health, and 6 (combat HIV/AIDS, malaria and other diseases) by 2015. It responds to the Global Plan for the Elimination of New HIV Infection among Children by 2015 and Keeping their Mothers alive launched by the United Nations in 2011 and the Framework for the Elimination of new Paediatric Infections in Eastern and Southern Africa 2011-2015. The Strategy complements the Zimbabwe National HIV/AIDS Strategic Plan (ZNASP) II which alludes to the four strategic prongs as a programming framework for the elimination agenda, the Zimbabwe Maternal and Neonatal Health Road Map 2007-2015 as well as the National Child Survival Strategy 2010-2015.

Knowledge of MTCT is an important step in reducing transmission of HIV to children. To assess MTCT knowledge, respondents were asked whether HIV can be transmitted from a mother to child during pregnancy, during delivery and through breastfeeding. The level of knowledge on MTCT among women age 15-49 years is shown in Table HA.2. Overall, 96.8 percent of women knew that HIV can be transmitted from mother to child. However, the percentage of women who knew all three means of HIV transmission from mother to child was 63.4 percent. MTCT knowledge generally increased with age and levels of education. Knowledge was also higher among women who had ever been married or were in union.

Table HA.2: Knowledge of mother-to-child HIV transmission (women)

Percentage of women age 15-49 years who correctly identify means of HIV transmission from mother to child, Zimbabwe MICS, 2014

	Percentage of women age 15-49 who have heard of AIDS and:							
	Know HIV can be transmitted from mother to child:					Do not know any of the specific means of HIV transmission from mother to child	Percentage who know HIV can be transmitted from mother to child	Number of women age 15-49
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means[1]			
Total	**84.6**	**82.0**	**81.8**	**96.8**	**63.4**	**2.6**	**96.8**	**14 409**
Province								
Manicaland	85.3	82.6	80.3	96.9	63.3	2.4	96.9	1 755
Mashonaland Central	84.3	83.6	77.1	96.6	62.1	2.7	96.6	739
Mashonaland East	86.1	83.2	84.1	97.6	66.5	1.9	97.6	1 550
Mashonaland West	83.0	77.9	79.6	96.6	57.2	2.4	96.6	1 874
Matabeleland North	82.0	86.9	83.8	97.9	65.2	2.0	97.9	1 238
Matabeleland South	82.5	78.8	81.1	93.6	63.0	4.2	93.6	1 120
Midlands	82.4	81.0	83.7	96.5	63.1	3.3	96.5	1 800
Masvingo	89.2	80.0	84.2	97.3	66.2	1.8	97.3	1 509
Harare	84.7	84.3	81.7	96.9	64.1	2.8	96.9	1 624
Bulawayo	86.1	84.1	80.5	97.5	64.9	2.3	97.5	1 200
Area								
Urban	83.8	85.4	82.3	97.5	64.6	2.3	97.5	5 004
Rural	85.0	80.2	81.6	96.4	62.8	2.7	96.4	9 405
Age group								
15-24	84.2	71.8	78.9	95.5	55.1	3.3	95.5	5 677
15-19	82.5	66.4	75.4	94.3	49.4	4.2	94.3	3 105
20-24	86.2	78.4	83.1	97.1	62.0	2.1	97.1	2 572
25-29	84.8	88.8	83.4	97.7	68.4	2.0	97.7	2 372
30-39	85.4	89.9	85.0	98.1	70.3	1.6	98.1	4 110
40-49	83.8	86.1	81.8	96.5	66.7	3.1	96.5	2 250
Marital status								
Ever married/in union	85.6	85.9	83.8	97.5	67.5	2.1	97.5	11 009
Never married/in union	81.3	69.3	75.2	94.5	50.3	4.0	94.5	3 393
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	(*)	6
Education								
None	73.3	73.3	71.9	90.1	53.8	7.8	90.1	197
Primary	84.1	78.6	81.2	95.2	62.6	3.4	95.2	3 904
Secondary	85.5	82.3	81.8	97.4	63.4	2.3	97.4	9 402
Higher	79.9	95.8	87.0	99.2	69.6	0.8	99.2	907
Wealth index quintiles								
Poorest	83.9	78.4	81.9	95.9	61.8	3.3	95.9	2 445
Second	84.9	79.3	80.2	95.4	62.7	3.4	95.4	2 441
Middle	86.0	80.2	81.1	96.8	62.7	2.3	96.8	2 553
Fourth	85.2	83.9	83.7	97.4	65.3	2.2	97.4	3 356
Richest	83.2	85.9	81.7	97.8	63.8	2.0	97.8	3 614

[1] **MICS indicator 9.2 - Knowledge of mother-to-child transmission of HIV**

(*) Figures that are based on less than 25 unweighted cases

Ninety-five percent of men age 15-54 years had knowledge on MTCT, as shown in Table HA.2M. The percentage of men who knew all three means of MTCT was 52 percent. The pattern is similar to that for women.

Table HA.2M: Knowledge of mother-to-child HIV transmission (men)

Percentage of men age 15-54 years who correctly identify means of HIV transmission from mother to child, Zimbabwe MICS, 2014

	Percentage of men age 15-54 who have heard of AIDS and:						
	Know HIV can be transmitted from mother to child:					Do not know any of the specific means of HIV transmission from mother to child	Number of men age 15-54
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means		
Total	**78.1**	**73.6**	**77.2**	**94.9**	**52.0**	**3.9**	**7 914**
Province							
Manicaland	82.3	79.4	76.1	95.9	56.3	2.9	937
Mashonaland Central	79.6	75.7	75.4	96.9	51.0	2.4	492
Mashonaland East	80.5	75.8	79.3	96.6	54.0	2.9	869
Mashonaland West	77.6	68.9	77.5	95.3	47.4	3.1	1 136
Matabeleland North	79.2	75.6	80.9	96.6	56.0	3.1	670
Matabeleland South	76.2	65.1	73.9	88.8	50.2	6.9	591
Midlands	72.7	70.7	77.5	92.6	51.3	6.6	1 026
Masvingo	81.1	72.1	80.9	94.8	54.9	2.9	728
Harare	77.3	76.7	73.3	95.2	49.9	4.6	838
Bulawayo	75.7	77.2	76.1	96.2	49.9	3.4	627
Area							
Urban	76.5	78.9	77.4	96.3	52.8	3.5	2 558
Rural	78.9	71.1	77.1	94.3	51.6	4.1	5 356
Age group							
15-24	77.4	64.4	73.4	92.5	45.2	5.3	3 296
15-19	77.0	62.0	70.3	90.3	43.3	6.7	2 068
20-24	77.9	68.5	78.7	96.1	48.6	3.0	1 227
25-29	77.3	78.4	79.8	96.0	55.4	3.3	1 096
30-39	79.3	81.5	80.7	97.2	57.3	2.5	1 999
40-49	77.7	80.0	78.8	96.5	56.4	3.3	1 173
50-54	83.0	79.1	78.6	95.9	60.0	3.3	351
Marital status							
Ever married/in union	79.1	79.4	80.3	96.8	56.4	2.8	4 584
Never married/in union	76.8	65.7	72.9	92.2	45.9	5.4	3 330
Education							
None	79.4	72.7	74.3	91.4	56.0	4.1	70
Primary	77.7	65.2	75.0	90.8	50.4	6.0	2 033
Secondary	79.0	74.5	77.7	96.1	51.8	3.5	5 090
Higher	73.1	91.1	80.2	98.7	57.7	1.3	721
Wealth index quintiles							
Poorest	77.0	69.3	78.5	92.9	51.4	4.9	1 258
Second	79.5	70.7	76.1	93.7	52.0	4.1	1 330
Middle	80.0	69.1	75.9	93.9	50.8	4.8	1 511
Fourth	79.0	75.9	78.5	96.3	52.6	3.1	2 025
Richest	75.6	80.1	76.7	96.5	52.7	3.3	1 790

12.3 Accepting Attitudes toward People Living with HIV

AIDS related stigma and discrimination refers to the prejudice, negative attitudes, abuse and maltreatment of people living with HIV and AIDS. These negative attitudes result in those living with the disease being shunned by family, peers and the wider community. It also leads to poor treatment in healthcare and education settings, erosion of rights, psychological damage and could negatively affect the success of HIV testing and treatment.

The indicators on attitudes towards people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are considered low if respondents report an accepting attitude on the following four situations: 1) would care for a family member with AIDS in own home; 2) would buy fresh vegetables from a vendor who is HIV-positive; 3) thinks that a female teacher who is HIV-positive should be allowed to teach in school; and 4) would not want to keep it a secret if a family member is HIV-positive.

Tables HA.3, HA.3M and Figure HA.2 present the results on attitudes of women and men towards people living with HIV. In Zimbabwe, 99.6 percent of women and 99.7 percent of men who have heard of AIDS agreed with at least one accepting statement. The most common accepting attitude for both women and men was willingness to care for a family member with AIDS in respondent's house (97.1 percent and 96.4 percent, respectively). There were no differences by age, province, education and urban/rural areas on agreeing with at least one accepting attitude for both women and men. On willingness to care for a family member with AIDS in respondent's house, the highest proportion for women (98.5 percent) was in Masvingo Province, while that for men (98.8 percent) was in Mashonaland Central Province. There were no major differences by age, education and urban/rural areas from the provincial distribution on agreeing with at least one accepting attitude for both women and men.

Overall, 43.2 percent of women and 44.9 percent of men expressed accepting attitudes with regards to all four situations. Men were more likely not to keep it a secret that a family member got infected with HIV than women (60.6 percent and 56.6 percent, respectively). For both men and women, the proportion of those who would not keep a secret was higher for those who had ever been married/in union compared to those who had never been married/in union. Men with no education or primary education were less likely to keep a family member's HIV status a secret than men who had higher education.

Table HA.3: Accepting attitudes toward people living with HIV (women)

Percentage of women age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Zimbabwe MICS, 2014

	Percentage of women who:						
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Number of women age 15-49 who have heard of AIDS
Total	**97.1**	**82.9**	**87.1**	**56.6**	**99.6**	**43.2**	**14 316**
Province							
Manicaland	96.9	82.6	87.2	50.9	99.6	38.5	1 744
Mashonaland Central	97.8	77.4	81.8	52.2	99.4	37.7	734
Mashonaland East	97.2	84.3	86.7	54.8	99.6	42.1	1 544
Mashonaland West	98.1	82.6	84.5	54.2	99.7	40.0	1 855
Matabeleland North	94.5	76.3	83.1	61.3	99.2	42.0	1 236
Matabeleland South	96.0	79.4	81.8	61.8	99.3	43.8	1 095
Midlands	97.4	84.7	89.1	60.6	99.6	47.7	1 796
Masvingo	98.5	81.2	86.2	58.1	99.9	43.7	1 495
Harare	98.0	89.5	94.6	55.5	99.8	48.0	1 620
Bulawayo	95.6	86.1	92.3	57.4	100.0	46.6	1 197
Area							
Urban	97.4	88.2	94.1	55.5	99.8	46.8	4 993
Rural	96.9	80.1	83.4	57.1	99.5	41.3	9 324
Age							
15-24	95.3	79.3	85.0	52.3	99.3	37.5	5 609
15-19	94.1	75.7	82.4	50.4	99.1	33.9	3 056
20-24	96.9	83.7	88.2	54.6	99.6	41.8	2 553
25-29	97.3	85.4	88.9	57.1	99.8	44.4	2 366
30-39	98.4	86.1	89.7	58.3	99.9	46.8	4 100
40-49	98.9	83.5	85.8	63.5	99.8	49.6	2 241
Marital status							
Ever married/in union	97.8	84.0	87.5	58.2	99.8	45.1	10 966
Never married/in union	94.8	79.4	86.0	51.1	99.1	36.9	3 345
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	6
Education							
None	97.3	63.1	65.0	54.1	100.0	25.1	192
Primary	95.9	73.1	76.5	58.7	99.4	37.1	3 850
Secondary	97.5	86.3	90.8	55.9	99.7	45.2	9 368
Higher	98.0	94.4	99.3	55.5	100.0	51.4	906
Wealth index quintiles							
Poorest	95.5	72.0	77.4	59.7	99.1	38.1	2 425
Second	96.9	80.4	82.0	58.6	99.6	41.4	2 410
Middle	97.7	83.2	86.2	55.2	99.7	42.5	2 532
Fourth	97.9	86.1	90.6	53.9	99.8	43.3	3 343
Richest	97.1	88.9	94.5	56.6	99.8	48.2	3 606

[1] **MICS indicator 9.3 - Accepting attitudes towards people living with HIV**

(*) Figures that are based on less than 25 unweighted cases

Table HA.3M: Accepting attitudes toward people living with HIV (men)

Percentage of men age 15-54 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Zimbabwe MICS, 2014

	Percentage of men who:						
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators	Number of men age 15-54who have heard of AIDS
Total	**96.4**	**80.2**	**84.9**	**60.6**	**99.7**	**43.9**	**7 822**
Province							
Manicaland	97.5	80.9	84.9	60.9	99.9	46.7	926
Mashonaland Central	98.8	76.8	82.0	57.1	100.0	40.9	489
Mashonaland East	98.0	84.7	88.0	58.4	99.7	44.9	865
Mashonaland West	96.9	78.5	82.5	59.4	99.4	41.0	1 118
Matabeleland North	92.9	71.8	79.7	60.4	99.6	34.6	668
Matabeleland South	91.1	69.2	70.7	67.7	98.7	38.2	566
Midlands	96.1	82.6	86.9	62.7	99.8	46.6	1 017
Masvingo	97.3	81.1	86.7	62.2	99.9	45.1	711
Harare	97.0	86.6	93.0	60.8	99.7	51.7	837
Bulawayo	97.4	84.1	89.6	56.8	100.0	44.4	625
Area							
Urban	97.2	85.6	91.8	57.7	99.9	47.2	2 552
Rural	96.1	77.6	81.6	62.0	99.6	42.3	5 270
Age							
15-24	94.6	75.6	80.7	54.8	99.4	35.3	3 222
15-19	93.8	72.3	77.2	54.1	99.2	31.9	2 007
20-24	96.1	80.9	86.4	55.9	99.7	40.8	1 216
25-29	97.6	85.2	86.5	63.1	99.9	48.4	1 089
30-39	97.2	83.3	89.0	64.9	99.8	50.0	1 991
40-49	98.6	83.5	89.1	65.4	99.7	52.7	1 171
50-54	97.2	78.7	81.9	66.7	100.0	44.7	348
Marital status							
Ever married/ in union	97.7	83.1	87.3	64.9	99.8	49.9	4 569
Never married/ in union	94.6	76.1	81.6	54.6	99.4	35.4	3 253
Education							
None	96.2	68.6	73.7	61.8	100.0	32.0	66
Primary	94.0	68.0	72.7	63.7	99.5	35.6	1 968
Secondary	97.2	83.1	88.2	59.8	99.7	46.1	5 066
Higher	97.4	94.1	96.5	57.7	99.9	51.6	721
Wealth index quintiles							
Poorest	94.8	71.3	76.6	63.9	99.6	37.8	1 230
Second	96.9	76.8	79.8	64.3	99.7	42.0	1 301
Middle	95.6	79.1	81.3	58.7	99.5	41.8	1 491
Fourth	96.6	82.2	88.6	61.4	99.6	47.6	2 013
Richest	97.8	87.5	93.2	56.4	99.9	46.9	1 786

Figure HA.2: Accepting attitudes toward people living with HIV/AIDS, Zimbabwe MICS, 2014

12.4 Knowledge of a Place for HIV Testing, Counselling and Testing during Antenatal Care (ANC)

Knowledge of where to be tested for HIV and use of such services is an important component of prevention, although not sufficient to change behaviour or reduce risk in itself. In order to protect themselves and to prevent infecting others, it is important for individuals to know their HIV status. Knowledge of own status is also a critical factor in the decision to seek treatment.

Results on knowledge of a facility for HIV testing and whether a person had been tested in the last 12 months preceding the survey and knew their HIV result are presented in Table HA.4. About 95 percent of women age 15-49 years knew of a place to get tested. No major differences were observed between women residing in rural (94.6 percent) and urban areas (96.1 percent). Overall, knowledge of a place to get tested was universal[92] across all provinces (ranging from 93.6 percent in Mashonaland West Province to 98.2 percent in Matabeleland North Province), age groups, sexual activity, level of education and household wealth.

[92] Universal access to HIV services is at least 80 percent.

About 51 percent of the women age 15-49 years were tested in the last twelve months preceding the survey and knew the results. The indicator was higher (52.4 percent) in rural areas than urban areas (47.1 percent). On the same indicator, the proportion was highest in Mashonaland Central Province (59.1 percent) and lowest in Midlands Province (44.7 percent). More sexually active women (57.4 percent) were tested and knew the results than the sexually inactive (31.5 percent). Fifty-six percent of women who had ever been married/in union had been tested and knew the result compared to 31.7 percent who had never been married/in union.

Table HA.4: Knowledge of a place for HIV testing (women)

Percentage of women age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Zimbabwe MICS, 2014

	Percentage of women who:					
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2, 3]	Number of women age 15-49
Total	**95.2**	**81.6**	**79.1**	**51.6**	**50.6**	**14 409**
Province						
Manicaland	95.4	80.9	78.6	49.5	49.0	1 755
Mashonaland Central	95.1	84.6	81.3	60.5	59.1	739
Mashonaland East	95.1	82.6	80.8	55.3	54.4	1 550
Mashonaland West	93.6	81.5	79.4	49.1	48.4	1 874
Matabeleland North	98.2	86.4	83.9	54.4	53.5	1 238
Matabeleland South	94.0	82.4	80.8	57.1	56.1	1 120
Midlands	95.9	78.5	75.6	46.0	44.7	1 800
Masvingo	93.8	82.5	78.4	57.5	55.5	1 509
Harare	95.7	81.9	78.8	47.8	46.9	1 624
Bulawayo	95.0	76.9	75.7	45.9	45.5	1 200
Area						
Urban	96.1	80.6	78.6	47.7	47.1	5 004
Rural	94.6	82.1	79.4	53.6	52.4	9 405
Age						
15-24	90.4	67.1	64.6	46.5	45.5	5 677
15-19	85.4	51.2	49.0	35.3	34.5	3 105
20-24	96.5	86.3	83.4	60.0	58.8	2 572
25-29	98.4	94.3	91.9	60.3	59.4	2 372
30-39	98.4	92.9	90.0	56.0	55.0	4 110
40-49	97.6	84.0	82.3	46.9	46.0	2 250
Age and sexual activity in the last 12 months						
Sexually active	97.6	90.6	87.9	58.4	57.4	10 596
15-24[3]	95.7	87.5	84.5	63.1	62.1	3 116
15-19	92.3	78.1	75.3	58.3	57.7	1 030
20-24	97.3	92.1	89.0	65.5	64.2	2 085
25-49	98.4	91.9	89.4	56.5	55.5	7 480
Sexually inactive	88.3	56.5	54.5	32.4	31.5	3 813
Marital status						
Ever married/in union	97.9	91.3	88.7	57.3	56.4	11 009
Never married/in union	86.4	50.0	48.0	32.7	31.7	3 393
Missing/DK	(*)	(*)	(*)	(*)	(*)	6

Education						
None	93.7	80.4	72.9	48.3	43.8	197
Primary	93.9	82.4	79.1	52.3	51.1	3 904
Secondary	95.3	80.5	78.3	51.1	50.2	9 402
Higher	99.2	89.6	88.3	54.1	53.5	907
Wealth index quintiles						
Poorest	94.9	81.7	77.4	51.0	49.0	2 445
Second	93.6	82.1	79.5	53.5	52.7	2 441
Middle	94.5	80.8	79.0	52.5	51.9	2 553
Fourth	96.1	85.8	83.4	55.9	54.8	3 356
Richest	95.9	77.8	76.0	45.9	45.4	3 614

[1] MICS indicator 9.4 - Women who know where to be tested for HIV

[2] MICS indicator 9.5 - Women who have been tested for HIV and know the results

[3] MICS indicator 9.6 - Sexually active young women who have been tested for HIV and know the results

(*) Figures that are based on less than 25 unweighted cases

For men, results on knowledge of a facility for HIV testing and whether they had been tested in the last twelve months preceding the survey and knew their HIV result are presented in Table HA.4M. About 94 percent of men age 15-54 years knew a place to get tested. No major differences were observed between rural (92.2 percent) and urban areas (96.5 percent). Overall, knowledge of a place to get tested was universal across all provinces (ranging from 86.4 percent in Matabeleland South Province to 97.1 percent in Matabeleland North Province), age groups, sexual activity, level of education and household wealth.

About 41 percent of the men age 15-54 years were tested in the last twelve months preceding the survey and knew the result. This proportion was highest in Mashonaland East Province (45.0 percent) and lowest in Midlands Province (33.7 percent). More sexually active men (47.1 percent) were tested and knew the results than the sexually inactive (24.1 percent). Forty-eight percent of men who had ever been married/in union had been tested and knew the result compared to 30.6 percent who had never been married/in union.

Almost equal proportions of women and men knew of a place to get tested. However, more women (50.6 percent) had been tested in the last 12 months preceding the survey and knew the result than men (40.5 percent). For both women and men, Midlands Province had the least proportions tested in the last twelve months preceding the survey and knew their HIV result.

Table HA.4M: Knowledge of a place for HIV testing (men)

Percentage of men age 15-54 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Zimbabwe MICS, 2014

	Percentage of men who:					
	Know a place to get tested	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result	Number of men age 15-54
Total	**93.6**	**62.3**	**61.1**	**41.3**	**40.5**	**7 914**
Province						
Manicaland	94.0	61.2	60.1	39.2	38.8	937
Mashonaland Central	94.9	64.7	62.6	46.0	44.7	492
Mashonaland East	95.3	65.7	65.0	45.8	45.0	869
Mashonaland West	91.0	60.3	59.2	41.3	41.1	1 136
Matabeleland North	97.1	60.7	59.5	37.6	36.8	670
Matabeleland South	86.4	58.1	56.3	42.0	41.0	591
Midlands	93.0	57.0	55.7	34.6	33.7	1 026
Masvingo	92.0	62.7	60.5	46.2	44.3	728
Harare	96.6	67.1	66.5	39.8	39.5	838
Bulawayo	96.4	68.8	67.5	44.5	43.4	627
Area						
Urban	96.5	67.6	66.7	41.5	41.0	2 558
Rural	92.2	59.8	58.4	41.1	40.2	5 356
Age						
15-24	88.5	45.9	44.5	32.9	32.0	3 296
15-19	84.3	36.1	34.5	25.3	24.3	2 068
20-24	95.4	62.3	61.2	45.7	45.0	1 227
25-29	96.2	72.5	71.5	51.6	50.9	1 096
30-39	97.8	75.4	74.5	47.5	47.0	1 999
40-49	97.6	73.7	72.1	43.2	42.2	1 173
50-54	96.9	72.3	71.1	45.1	44.2	351
Age and sexual activity in the last 12 months						
Sexually active	97.1	71.8	70.7	47.9	47.1	5 615
15-24	94.7	60.2	58.9	46.3	45.4	1 285
15-19	90.0	47.2	45.3	36.0	34.7	475
20-24	97.5	67.8	66.9	52.4	51.7	811
25-54	97.8	75.4	74.3	48.5	47.9	4 003
Sexually inactive	85.1	39.1	37.5	25.1	24.1	2 299
Marital status						
Ever married/in union	97.6	75.0	73.9	48.3	47.6	4 584
Never married/in union	88.2	44.9	43.4	31.5	30.6	3 330
Education						
None	90.9	69.0	67.8	44.2	43.0	70
Primary	87.8	53.8	52.2	36.1	35.1	2 033
Secondary	95.1	63.3	62.0	42.5	41.7	5 090
Higher	99.8	79.0	78.4	47.1	46.8	721
Wealth index quintiles						
Poorest	91.8	56.1	54.6	36.5	35.4	1 258
Second	90.8	57.1	55.5	39.7	39.0	1 330
Middle	91.9	58.3	56.9	39.7	38.6	1 511
Fourth	94.9	67.7	66.9	47.1	46.6	2 025
Richest	97.0	67.8	66.7	40.4	39.7	1 790

Guidelines for Prevention of Mother-To-Child Transmission (PMTCT) state that every pregnant woman attending ANC should be provided with information on HIV prevention and transmission, should be counselled on HIV prevention and subsequently offered HIV testing. HIV testing and counselling during ANC provides an opportunity for pregnant women who test HIV positive to enrol for PMTCT.

Table HA.5 presents results of pregnant women age 15-49 years who had given birth two years preceding the survey, who had received HIV counselling and testing during ANC. About 78 percent of the women had received HIV counselling during ANC. More women in urban areas (83.4 percent) compared to those in rural areas (75.4 percent) were counselled. Matabeleland North Province had the highest proportion of women who had received HIV counselling during ANC (87.8 percent) and Mashonaland West Province had the least (67.2 percent). The proportion also increased with education level of the pregnant women (66.2 percent for those with no education and 85.2 percent for those with higher education) and with wealth quintile.

About 89 percent of all women who attended ANC were offered an HIV test, got tested and received their results. Matabeleland North Province had the highest proportion (95.3 percent) and Mashonaland East Province had the lowest (86.4 percent). Variations were also observed by urban and rural divide (91.9 percent and 88.2 percent, respectively), by wealth quintiles and by level of education of the pregnant woman.

Table HA.5: HIV counselling and testing during antenatal care

Percentage of women age 15-49 years with a live birth in the last 2 years who received antenatal care from a health professional during the last pregnancy, percentage who received HIV counselling, percentage who were offered and tested for HIV, percentage who were offered, tested and received the results of the HIV test, and percentage who received counselling and were offered, accepted and received the results of the HIV test, Zimbabwe MICS, 2014

	Percentage of women who:					
	Received antenatal care from a health care professional for last pregnancy	Received HIV counselling during antenatal care[1]	Were offered an HIV test and were tested for HIV during antenatal care	Were offered an HIV test and were tested for HIV during antenatal care, and received the results[2]	Received HIV counselling, were offered an HIV test, accepted and received the results	Number of women age 15-49 years with a live birth in the last 2 years
Total	**93.7**	**77.7**	**90.2**	**89.3**	**76.3**	**3 902**
Province						
Manicaland	91.1	78.0	89.1	88.6	77.1	503
Mashonaland Central	93.3	73.1	89.6	88.9	72.0	228
Mashonaland East	91.2	75.1	86.6	86.4	73.7	446
Mashonaland West	93.5	67.2	90.0	89.0	66.2	516
Matabeleland North	98.4	87.8	96.3	95.3	86.4	336
Matabeleland South	96.4	80.2	91.1	89.9	79.7	298
Midlands	93.0	76.8	88.7	86.5	74.5	464
Masvingo	93.4	78.3	91.7	90.3	77.0	423
Harare	93.7	82.3	89.3	89.1	80.3	411
Bulawayo	96.0	83.7	92.4	92.0	82.1	276
Area						
Urban	95.3	83.4	92.1	91.9	81.9	1 145
Rural	93.0	75.4	89.4	88.2	74.0	2 758
Age						
15-24	93.4	71.3	88.9	88.0	69.9	1 621
15-19	92.9	65.5	86.7	85.8	64.2	512
20-24	93.7	74.0	89.9	89.0	72.5	1 109
25-29	94.1	82.2	91.2	90.5	80.8	963
30-39	94.1	82.9	91.7	90.6	81.8	1 162
40-49	90.6	77.2	86.8	86.0	75.8	157
Marital status						
Ever married/in union	93.4	77.4	90.0	89.1	76.0	3 674
Never married/in union	99.0	81.8	94.4	93.5	80.8	226
Missing/DK	(*)	(*)	(*)	(*)	(*)	3
Education						
None	(95.4)	(66.2)	(84.7)	(77.9)	(65.3)	44
Primary	89.4	69.8	85.3	83.8	68.4	1 194
Secondary	95.3	81.1	92.2	91.6	79.7	2 473
Higher	98.5	85.2	96.6	96.6	84.7	192
Wealth index quintiles						
Poorest	91.7	72.1	87.0	84.7	70.2	810
Second	90.8	73.3	88.4	87.6	72.7	781
Middle	94.5	77.3	90.8	90.4	75.8	664
Fourth	94.4	80.6	90.9	90.3	78.8	959
Richest	97.5	85.6	94.6	94.4	84.8	688

[1] MICS indicator 9.7 - HIV counselling during antenatal care

[2] MICS indicator 9.8 - HIV testing during antenatal care

(*) Figures that are based on less than 25 unweighted cases

12.5 Sexual Behaviour Related to HIV Transmission

The Government of Zimbabwe has put in place a number of policies to create a conducive environment for the provision of Sexual Reproductive Health and Rights (SRHR) services in the country. Government has also acceded to a number of international and regional commitments that support these activities. These include Millennium Development Goals 5 and 6 that emphasize the need to increase the use of contraceptives and reduce adolescent birth rate; as well as boost the proportion of young people with comprehensive knowledge of SRHR including HIV and AIDS; the African Charter on the Rights and Welfare of the Child (1999) which stresses the need to end early marriages and provide equal access to information on SRHR between the rural and urban youths; the Maputo Plan of Action (2007) for the operationalisation of SRHR continental policy framework that seeks to take the continent forward towards the goal of universal access to comprehensive SRH services in Africa by 2015.

The SRHR programme in Zimbabwe is guided by a number of policies and strategies that include the National Population Policy (1999); the Zimbabwe National Youth Policy (2000); the National Reproductive Health Policy (2005); the National Health Strategy for Zimbabwe (2009-2013); the National Adolescent Sexual and Reproductive Health Strategy (2010-2015); the Zimbabwe Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2011-2015; and the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II) 2011 – 2015.

Promoting safer sexual behaviour is critical for reducing new HIV infections. Condom use, especially with non-regular or multiple partners is particularly important for reducing the spread of HIV and STIs. A set of questions were administered to all women age 15-49 years and men 15-54 years of age to assess their risk of HIV infection.

As shown in Table HA.6, 1.2 percent of women age 15-49 years reported having sex with more than one partner in the last 12 months. Of the women who had multiple sexual partners, 49.1 percent (60.1 percent urban and 40.6 percent rural) reported using a condom when they had sex the last time.

Table HA.6: Sex with multiple partners (women)

Percentage of women age 15-49 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, mean number of sexual partners in lifetime for women who have ever had sex, and among those who had sex with multiple partners in the last 12 months, the percentage who used a condom at last sex, Zimbabwe MICS, 2014

	Percentage of women who:							
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of women age 15-49 years	Mean number of sexual partners in lifetime	Number of women age 15-49 years who have ever had sex	Percentage of women who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex[2]	Number of women age 15-49 years who had more than one sexual partner in the last 12 months
Total	**83.0**	**73.5**	**1.2**	**14 409**	**1.8**	**11 961**	**49.1**	**174**
Province								
Manicaland	82.8	72.4	1.0	1 755	1.6	1 453	(*)	18
Mashonaland Central	87.1	78.5	1.1	739	1.6	644	(*)	8
Mashonaland East	83.0	74.9	0.5	1 550	1.6	1 287	(*)	8
Mashonaland West	84.5	75.2	1.1	1 874	1.7	1 584	(*)	22
Matabeleland North	87.3	77.5	2.0	1 238	2.2	1 080	(*)	24
Matabeleland South	85.8	76.0	1.4	1 120	2.5	961	(*)	16
Midlands	82.3	74.6	1.3	1 800	1.7	1 481	(*)	23
Masvingo	82.7	72.7	1.0	1 509	1.5	1 247	(*)	15
Harare	79.3	68.4	1.3	1 624	1.9	1 287	(*)	20
Bulawayo	78.0	67.9	1.7	1 200	2.4	936	(*)	21
Area								
Urban	79.4	69.2	1.5	5 004	2.1	3 972	60.1	76
Rural	84.9	75.9	1.0	9 405	1.7	7 989	40.6	98
Age								
15-24	58.7	54.9	1.3	5 677	1.6	3 333	43.4	76
15-19	35.8	33.2	0.7	3 105	1.4	1 113	(*)	21
20-24	86.3	81.1	2.1	2 572	1.8	2 220	49.8	55
25-29	97.2	89.8	1.6	2 372	1.9	2 306	(55.2)	38
30-39	99.3	88.6	1.2	4 110	1.9	4 081	(54.4)	48
40-49	99.6	75.9	0.5	2 250	1.8	2 241	(*)	11
Marital status								
Ever married/in union	100.0	89.9	1.1	11 009	1.8	11 006	43.3	123
Never married/in union	28.0	20.5	1.5	3 393	2.3	949	63.2	51
Missing/DK	(*)	(*)	(*)	6	(*)	6	-	0
Education								
None	98.9	74.5	0.5	197	1.7	195	(*)	1
Primary	92.8	82.6	1.3	3 904	1.9	3 624	(36.7)	49
Secondary	78.0	69.3	1.2	9 402	1.8	7 332	52.5	115
Higher	89.5	78.3	1.0	907	1.8	811	(*)	9
Wealth index quintiles								
Poorest	87.4	78.3	1.0	2 445	1.7	2 136	(*)	24
Second	86.7	77.4	0.8	2 441	1.6	2 117	(*)	19
Middle	81.5	71.3	0.8	2 553	1.6	2 080	(*)	21
Fourth	86.4	78.0	2.2	3 356	2.1	2 901	54.8	73
Richest	75.5	65.2	1.0	3 614	1.9	2 727	(58.5)	38

[1] MICS indicator 9.12 - Multiple sexual partnerships

[2] MICS indicator 9.13 - Condom use at last sex among people with multiple sexual partnerships

(*) Figures that are based on less than 25 unweighted cases

About 11 percent of men age 15-54 years reported having sex with more than one partner in the last 12 months, see Table HA.6M. Among men who had multiple sexual partners, 42.4 percent (47.9 percent urban and 39.4 percent rural) reported using a condom when they had sex the last time. Men that had never been married (75.1 percent) were more likely have used a condom the last time they had sex compared to those ever married/in union (24.6 percent).

Table HA.6M: Sex with multiple partners (men)

Percentage of men age 15-54 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, mean number of sexual partners in lifetime for men who have ever had sex, and among those who had sex with multiple partners in the last 12 months, the percentage who used a condom at last sex, Zimbabwe MICS, 2014

	Percentage of men who:							
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months	Number of men age 15-54 years	Mean number of sexual partners in lifetime	Number of men age 15-54 years who have ever had sex	Percentage of men who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex	Number of men age 15-54 years who had more than one sexual partner in the last 12 months
Total	**76.4**	**70.9**	**10.7**	**7 914**	**5.5**	**6 049**	**42.4**	**846**
Province								
Manicaland	71.5	65.8	7.7	937	5.1	670	38.6	72
Mashonaland Central	80.6	73.7	12.9	492	4.2	397	39.2	63
Mashonaland East	76.2	70.7	9.9	869	5.3	661	40.5	86
Mashonaland West	76.2	70.5	10.3	1 136	5.1	865	34.3	117
Matabeleland North	80.6	75.6	16.8	670	7.2	540	41.5	112
Matabeleland South	78.8	72.4	10.4	591	5.9	465	49.7	61
Midlands	74.4	70.6	10.6	1 026	5.7	764	45.4	109
Masvingo	73.7	68.7	9.2	728	4.5	536	36.8	67
Harare	78.5	72.3	10.2	838	5.4	658	41.1	86
Bulawayo	78.4	72.8	11.5	627	6.2	492	61.6	72
Area								
Urban	79.3	73.4	11.7	2 558	6.0	2 029	47.9	299
Rural	75.1	69.8	10.2	5 356	5.2	4 020	39.4	546
Age								
15-24	46.0	39.0	8.3	3 296	3.5	1 517	64.6	274
15-19	28.3	23.0	4.3	2 068	2.7	586	61.9	89
20-24	75.9	66.1	15.1	1 227	4.1	931	65.9	185
25-29	94.5	89.2	16.7	1 096	5.3	1 036	41.1	184
30-39	99.0	95.1	11.1	1 999	5.4	1 978	30.8	223
40-49	99.7	95.9	10.5	1 173	7.1	1 170	20.8	123
50-54	99.5	93.1	12.1	351	9.1	349	(28.3)	43
Marital status								
Ever married/in union	100.0	97.3	11.9	4 584	5.8	4 583	24.6	548
Never married/in union	44.0	34.7	9.0	3 330	4.4	1 466	75.1	298
Education								
None	93.2	88.5	8.9	70	5.0	65	(*)	6
Primary	79.1	73.5	11.5	2 033	5.4	1 608	36.7	234
Secondary	72.8	67.4	10.3	5 090	5.3	3 705	44.6	526
Higher	93.1	86.9	11.1	721	6.3	671	42.7	80
Wealth index quintiles								
Poorest	78.5	73.2	10.7	1 258	5.3	988	30.9	134
Second	72.2	67.7	9.8	1 330	5.2	960	41.2	130
Middle	70.1	63.2	9.7	1 511	5.0	1 060	50.5	147
Fourth	81.6	77.3	11.6	2 025	5.4	1 652	38.3	236
Richest	77.6	71.1	11.1	1 790	6.1	1 390	49.8	198

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

12.6 HIV Indicators for Young Women and Young Men

In many countries, over half of new adult HIV infections are among young people age 15-24 years, thus, a change in behaviour among members of this age group is especially important to reduce new infections.[93] The next tables present specific information on this age group.

Table HA.7 summarizes information on key indicators on HIV among young women age 15-24 years. About 56 percent women had comprehensive knowledge on HIV, 90.4 percent knew where to get tested and 37.5 percent expressed accepting attitudes towards people living with HIV. Amongst young women, 54.9 percent had had sex in the last 12 months preceding the survey. Forty-six percent of young women and 62.1 percent of sexually active young women had had an HIV test in the last 12 months preceding the survey and knew their results.

Table HA.7M shows information on key HIV indicators among young men age 15-24 years. About one in two young men had comprehensive knowledge on HIV, 88.5 percent knew where to get tested and 35.3 percent expressed accepting attitudes towards people living with HIV. Amongst young men, 39.0 percent had had sex in the last 12 months preceding the survey. Thirty-two percent of young men and 45.4 percent of sexually active young men had had an HIV test in the last 12 months preceding the survey and knew their results.

[93] WHO/UNAIDS, 2010. Technical Guidance Note for Global Fund HIV Proposals - Prevention, Treatment, Care and Support for Young People.

Table HA.7: Key HIV and AIDS indicators (young women)

Percentage of women age 15-24 years by key HIV and AIDS indicators, Zimbabwe MICS, 2014

	Percentage of women age 15-24 years who:										
	Have comprehensive knowledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months and know the result	Had sex in the last 12 months	Number of women age 15-24 years	Percentage of sexually active young women who have been tested for HIV in the last 12 months and know the result[2]	Number of women age 15-24 years who had sex in the last 12 months	Percentage who express accepting attitudes towards people living with HIV on all four indicators[a]	Number of women age 15-24 years who have heard of AIDS
Total	**56.4**	**55.1**	**90.4**	**64.6**	**45.5**	**54.9**	**5 677**	**62.1**	**3 116**	**37.,5**	**5 609**
Province											
Manicaland	60.0	54.0	92.0	63.8	44.3	53.9	670	60.8	361	31.5	661
Mashonaland Central	58.1	56.0	90.0	68.9	54.4	62.4	262	69.4	164	30.9	259
Mashonaland East	54.2	56.0	91.2	68.5	49.7	55.8	620	66.1	346	34.3	616
Mashonaland West	54.8	48.2	87.3	65.6	44.2	57.8	727	55.9	420	37.1	713
Matabeleland North	64.9	61.9	96.6	71.9	49.7	64.7	522	64.0	337	41.1	522
Matabeleland South	46.9	54.0	87.5	65.4	51.0	60.9	457	67.3	278	35.4	437
Midlands	52.5	56.3	91.8	61.6	41.2	53.8	716	60.4	385	42.9	712
Masvingo	47.8	56.3	86.9	63.5	46.1	52.5	563	59.9	296	37.4	554
Harare	61.4	54.9	91.2	61.5	40.4	46.0	623	58.0	286	38.2	621
Bulawayo	64.0	55.9	89.6	58.0	41.5	46.8	518	65.1	242	42.6	515
Area											
Urban	65.8	55.9	91.6	61.0	41.7	46.4	1 945	62.8	904	39.1	1 937
Rural	51.4	54.6	89.8	66.4	47.5	59.3	3 732	61.8	2 212	36.6	3 673
Age											
15-19	51.4	49.4	85.4	49.0	34.5	33.2	3 105	57.7	1 030	33.9	3 056
15-17	47.5	45.5	79.9	36.8	27.7	19.1	1 881	57.0	359	31,7	1 842
18-19	57.4	55.3	93.9	67.7	44.8	54.8	1 224	58.1	671	37.2	1 214
20-24	62.3	62.0	96.5	83.4	58.8	81.1	2 572	64.2	2 085	41.8	2 553
20-22	60.1	59.7	95.8	80.8	56.9	77.0	1 541	63.8	1 187	39.6	1 526
23-24	65.7	65.5	97.5	87.3	61.6	87.1	1 031	64.8	898	45.2	1 027

Marital status											
Ever married/in union	58.2	61.9	96.4	86.9	63.1	96.7	2 673	63.5	2 585	39.3	2 649
Never married/in union	54.7	49.0	85.1	44.7	29.8	17.6	3 003	55.2	529	35.8	2 958
Missing/DK	(*)	(*)	(*)	(*)	(*)	(*)	1	(*)	1	(*)	1
Education											
None	(*)	(*)	(*)	(*)	(*)	(*)	9	(*)	8	(8)	8
Primary	43.0	52.1	87.1	66.0	46.0	73.0	1 197	56.4	873	30.9	1 153
Secondary	59.3	55.4	91.1	63.8	44.9	49.9	4 337	64.0	2 163	39.2	4 313
Higher	83.5	70.6	98.4	77.0	59.6	53.0	135	73.5	71	40.8	135
Wealth index quintiles											
Poorest	46.6	54.9	91.1	64.1	44.5	62.5	941	56.4	588	34.6	927
Second	51.2	54.8	88.2	67.3	47.4	62.9	946	59.1	596	36.8	926
Middle	51.5	53.3	89.5	65.1	46.7	53.4	1 073	64.8	573	36.7	1 054
Fourth	61.4	58.4	92.1	72.7	53.3	63.4	1 312	67.4	831	37.8	1 303
Richest	65.4	53.7	90.7	54.9	36.6	37.5	1 405	60.3	527	40.1	1 399

[1] MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young women

[2] MICS indicator 9.6 - Sexually active young women who have been tested for HIV and know the results

[a] Refer to Table HA.3 for the four indicators.
(*) Figures that are based on less than 25 unweighted cases

Table HA.7M: Key HIV and AIDS indicators (young men)

Percentage of men age 15-24 years by key HIV and AIDS indicators, Zimbabwe MICS, 2014

	Percentage of men age 15-24 years who:										
	Have comprehensive knowledge[1]	Know all three means of HIV transmission from mother to child	Know a place to get tested for HIV	Have ever been tested and know the result of the most recent test	Have been tested for HIV in the last 12 months and know the result	Had sex in the last 12 months	Number of men age 15-24 years	Percentage of sexually active young men who have been tested for HIV in the last 12 months and know the result[2]	Number of men age 15-24 years who had sex in the last 12 months	Percentage who express accepting attitudes towards people living with HIV on all four indicators[a]	Number of men age 15-24 years who have heard of AIDS
Total	**51.7**	**45.2**	**88.5**	**44.5**	**32.0**	**39.0**	**3 296**	**58.9**	**1 285**	**35.3**	**3 222**
Province											
Manicaland	53.6	51.3	89.2	43.8	30.0	29.2	401	57.4	117	36.5	392
Mashonaland Central	55.7	40.8	90.5	46.1	35.5	40.9	193	63.3	79	29.3	190
Mashonaland East	53.9	46.8	92.3	49.9	37.2	33.5	339	73.2	114	34.0	337
Mashonaland West	49.4	43.6	85.3	44.1	33.1	37.7	466	66.0	176	34.0	452
Matabeleland North	57.9	47.7	95.6	43.6	31.9	52.2	305	44.5	159	30.9	305
Matabeleland South	37.3	42.3	75.7	39.0	30.1	52.3	299	46.1	156	27.2	277
Midlands	46.9	44.5	86.1	32.1	22.2	36.3	421	54.1	153	38.7	413
Masvingo	45.3	46.3	85.3	43.3	33.8	36.5	329	54.4	120	37.4	315
Harare	59.3	42.6	92.8	48.5	30.5	33.3	276	64.3	92	39.9	275
Bulawayo	64.2	43.3	95.9	61.7	41.4	45.0	266	75.9	120	42.3	265
Area											
Urban	64.8	45.6	93.3	51.1	34.9	36.3	884	71.4	321	38.5	881
Rural	47.0	45.1	86.7	42.0	31.0	40.0	2 411	54.7	965	34.0	2 342
Age											
15-19	48.7	43.3	84.3	34.5	24.3	23.0	2 068	45.3	475	31.9	2 007
15-17	46.8	42.3	80.9	28.6	19.7	12.6	1 259	36.9	159	29.7	1 212
18-19	51.6	44.8	89.6	43.7	31.5	39.1	809	49.5	316	35.1	795
20-24	57.0	48.6	95.4	61.2	45.0	66.1	1 227	66.9	811	40.8	1 216
20-22	56.1	48.8	94.6	57.4	43.1	59.7	769	63.8	459	39.9	761
23-24	58.3	48.2	96.8	67.6	48.0	76.7	459	70.9	352	42.5	455

Marital status											
Ever married/in union	51.5	50.3	96.5	70.3	53.9	98.2	423	70.5	415	44.3	418
Never married/in union	51.8	44.5	87.3	40.7	28.8	30.3	2 873	53.4	871	33.9	2 805
Education											
None	(*)	(*)	(*)	(*)	(*)	(*)	5	(*)	3	(*)	5
Primary	34.9	39.3	78.4	30.8	23.1	47.6	886	45.4	422	30.2	833
Secondary	57.0	47.3	91.9	48.9	34.8	35.6	2 327	64.6	827	37.2	2 308
Higher	86.7	51.2	100.0	64.5	49.6	43.2	77	(84.5)	33	33.3	77
Wealth index quintiles											
Poorest	43.0	44.1	85.6	37.1	25.7	42.7	518	50.6	221	31.8	498
Second	46.0	45.2	84.1	38.2	28.8	36.9	617	53.2	228	34.6	593
Middle	49.3	45.8	86.9	42.6	30.6	37.8	795	52.5	301	33.3	777
Fourth	51.7	45.5	90.9	52.2	40.3	46.3	724	66.3	335	38.4	714
Richest	67.4	45.2	94.2	50.0	32.6	31.3	641	71.8	201	37.4	640

[1] MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young men[M]

[2] MICS indicator 9.6 - Sexually active young men who have been tested for HIV and know the results[M]

[a] Refer to Table HA.3M for the four indicators.

(*) Figures that are based on less than 25 unweighted cases

Certain behaviour may create, increase, or perpetuate risk of exposure to HIV. For this young age group, such behaviour includes sex at an early age and women having sex with older men.

Table HA.8 shows results on sexual behaviour of young women age 15 to 24 years. Overall 4.1 percent of young women had sex before the age of 15 years, 58.7 percent had ever had sex and 1.3 percent had had sex with more than one sexual partner in the last 12 months preceding the survey. Young women who resided in rural areas were more likely to start having sex before age 15 years and start engaging in sexual relations than their urban counterparts. Seventy-eight percent of young single (never married) women had never had sex. Amongst young women who had had sex, 17.9 percent had sex with a man 10 or more years older and 11.8 percent had it with a non-marital/non-cohabiting partner. Almost six out of ten young women who had sex with a non-marital/non-cohabiting partner reported use of condom during the last sexual encounter with this partner in the last 12 months preceding the survey.

Tables HA.8M show results on sexual behaviour of young men age 15 to 24 years. Almost 4 percent of young men had sex before the age of 15 years, 46.0 percent had ever had sex and 8.3 percent had had sex with more than one sexual partner in the last 12 months preceding the survey. Young men who resided in rural areas were more likely to start having sex before age 15 years than their urban counterparts. Sixty-two percent of young single (never married) men had never had sex. Amongst young men who had had sex, 28.8 percent had sex with a non-marital/non-cohabiting partner. Almost three quarters of young men who had sex with a non-marital/non-cohabiting partner reported use of condom during the last sexual encounter with this partner in the last 12 months.

Table HA.8: Key sexual behaviour indicators (young women)

Percentage of women age 15-24 years by key sexual behaviour indicators, Zimbabwe MICS, 2014

	Percentage of women age 15-24 years who:						Percentage of women age 15-24 years who in the last 12 months had sex with:								
	Had sex before age 15[1]	Ever had sex	Had sex with more than one partner in last 12 months	Number of women age 15-24 years	Percentage of women who never had sex[2]	Number of never-married women age 15-24 years	A man 10 or more years older[3]	A non-marital, non-cohabiting partner[4]	Number of women age 15-24 years who had sex in the last 12 months	Percentage reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months[5]	Number of women age 15-24 years who had sex with a non-marital, non-cohabiting partner in last 12 months	Percentage reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months	Number of women age 15-24 years who had sex with a non-marital, non-cohabiting partner in last 12 months	Percentage reporting that a condom was used the last time they had sex	Number of women age 15-24 years who had sex with more than one partner in the last 12 months
Total	**4.1**	**58.7**	**1.3**	**5 677**	**78.0**	**3 003**	**17.9**	**11.8**	**3 116**	**57.6**	**670**	**8.5**	**2 477**	**43,4**	**76**
Province															
Manicaland	4.2	57.1	0.6	670	90.7	317	24.7	5.2	361	(64.0)	35	7.3	331	(*)	4
Mash Central	8.7	65.5	1.0	262	89.8	101	18.1	4.1	164	(*)	11	6.7	153	(*)	3
Mash East	4.8	59.2	0.5	620	89.5	283	18.9	5.2	346	(61.2)	32	10.5	315	(*)	3
Mash West	4.1	61.5	1.3	727	84.2	330	16.8	8.6	420	51.5	63	6.9	361	(*)	9
Mat North	5.3	705	3.4	522	53.8	286	15.2	23.8	337	51.3	124	13.5	219	(*)	17
Mat South	4.7	66.4	1.6	457	51.1	301	10.8	31.5	278	60.9	144	17.3	137	(*)	7
Midlands	4.4	56.0	1.5	716	84.1	375	18.1	9.9	385	64.1	71	7.1	319	(*)	10
Masvingo	4.5	55.0	0.8	563	88.5	285	21.7	60	296	(60.7)	34	3.6	265	(*)	5
Harare	1.4	50.8	1.2	623	85.7	357	19.2	7.3	286	(47.4)	46	5.9	243	(*)	8
Bulawayo	1.3	51.5	1.9	518	68.2	368	13.2	21.4	242	59.6	111	13.6	134	(*)	10
Area															
Urban	1.5	50.7	1.6	1 945	78.8	1 217	16.9	13.0	904	61.5	253	8.3	661	(58.8)	31
Rural	5.4	62.9	1.2	3 732	77.4	1 786	18.3	11.2	2 212	55.3	417	8.6	1816	(32.7)	45
Age															
15-19	4.3	35.8	0.7	3 105	84.8	2 345	17.4	10.1	1 030	50.9	312	8.2	730	(*)	21
15-17	4.5	20.4	0.6	1 881	90.3	1 656	18.6	7.6	359	49.3	142	6.0	223	(*)	11
18-19	4.1	59.5	0.9	1 224	71.7	689	16.8	13.9	671	52.2	170	9.2	507	(*)	10
20-24	3.8	86.3	2.1	2 572	53.5	658	18.1	13.9	2 085	63.5	357	8.6	1 747	49.8	55
20-22	3.7	82.3	2.0	1 541	57.5	473	16.9	14.4	1 187	63.6	222	9.6	977	(47.8)	31
23-24	4.0	92.2	2.3	1 031	43.3	184	19.7	13.1	898	63.3	135	7.4	770	(*)	24

Marital status															
Ever married/in union	6.8	99.9	1.4	2 673	na	na	20.0	5.4	2 585	60.8	144	8.5	2 468	(34.3)	38
Never married/in union	1.7	22.0	1.3	3 003	78.0	3 003	7.4	17.5	529	56.9	524	(*)	9	(52.6)	38
Missing/DK	(*)	(*)	(*)	1	-	0	(*)	(*)	1	(*)	1	-	0		
Education															
None	(*)	(*)	(*)	9	(*)	2	(*)	(*)	8	(*)	2	(*)	7	(*)	1
Primary	11.0	77.7	2.1	1 197	63.7	418	20.4	13.1	873	56.5	157	7.9	726	(26.6)	25
Secondary	2.2	53.4	1.1	4 337	81.1	2 489	17.1	11.0	2 163	56.6	475	8.6	1 707	(52.8)	49
Higher	0.0	58.7	1.4	135	58.5	94	6.3	26.8	71	(75.9)	36	(17.0)	37	(*)	2
Wealth index quintiles															
Poorest	7.6	67.3	1.5	941	69.3	444	16.7	13.8	588	50.8	130	7.8	468	(*)	14
Second	6.2	66.1	1.3	946	77.3	413	17.1	10.2	596	55.2	96	8.1	503	(*)	12
Middle	4.2	57.0	1.0	1 073	82.3	559	20.7	9.2	573	53.8	98	8.7	480	(*)	10
Fourth	3.3	66.6	1.5	1 312	77.0	568	19.3	12.0	831	61.1	157	9.5	680	(*)	20
Richest	0.9	41.8	1.3	1 405	80.2	1 018	14.9	13.5	527	62.5	189	7.7	346	(*)	19

[1] MICS indicator 9.10 - Sex before age 15 among young women

[2] MICS indicator 9.9 - Young women who have never had sex

[3] MICS indicator 9.11 - Age-mixing among sexual partners

[4] MICS indicator 9.14 – Sex with non-regular partners

[5] MICS indicator 9.15; MDG indicator 6.2 - Condom use with non-regular partners

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table HA.8M: Key sexual behaviour indicators (young men)

Percentage of men age 15-24 years by key sexual behaviour indicators, Zimbabwe MICS, 2014

	Percentage of men age 15-24 years who:													
	Had sex before age 15[1]	Ever had sex	Had sex with more than one partner in last 12 months	Number of men age 15-24 years	Percent age of men who never had sex[2]	Number of never-married men age 15-24 years	Percentage who in the last 12 months had sex with a non-marital, non-cohabiting partner[3]	Number of men age 15-24 years who had sex in the last 12 months	Percentage reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner in the last 12 months[4]	Number of men age 15-24 years who had sex with a non-marital, non-cohabiting partner in last 12 months	Percentage reporting the use of a condom during the last sexual intercourse with a marital, cohabiting partner in the last 12 months	Number of men age 15-24 years who had sex with a marital, cohabiting partner in last 12 months	Percentage reporting that a condom was used the last time they had sex	Number of men age 15-24 years who had sex with more than one partner in the last 12 months
Total	**3.9**	**46.0**	**8.3**	**3 296**	**61.9**	**2 873**	**28.8**	**1 285**	**74.9**	**949**	**10.3**	**389**	**64.6**	**274**
Province														
Manicaland	2.1	35.9	2.7	401	73.3	351	17.7	117	75.0	71	(1.8)	47	(*)	11
Mashonaland Central	6.4	51.9	9.6	193	57.9	160	27.9	79	82.9	54	(8.1)	31	(*)	18
Mashonaland East	2.7	41.0	5.3	339	68.5	292	20.9	114	83.1	71	(4.6)	45	(*)	18
Mashonaland West	3.5	44.4	8.0	466	65.1	398	25.8	176	66.5	120	10.5	63	(56.8)	37
Matabeleland North	6.6	59.5	15.0	305	46.5	266	44.3	159	63.9	135	(10.7)	35	(48.5)	46
Matabeleland South	7.6	58.4	9.2	299	45.4	274	46.6	156	77.9	139	(*)	23	(75.7)	27
Midlands	3.0	40.7	8.8	421	68.4	365	24.3	153	83.7	102	10.3	55	(73.9)	37
Masvingo	5.5	42.5	8.0	329	66.7	283	25.5	120	67.1	84	(8.3)	40	(58.7)	26
Harare	1.1	43.9	6.9	276	63.8	243	24.6	92	75.2	68	(5.1)	27	(*)	19
Bulawayo	2.8	52.1	12.4	266	53.0	241	39.2	120	82.7	104	(*)	23	(66.6)	33
Area														
Urban	2.2	45.1	8.8	884	61.4	791	28.2	321	82.7	249	14.2	85	72.6	78
Rural	4.6	46.4	8.1	2 411	62.1	2 082	29.0	965	72.1	699	9.3	304	61.4	196
Age														
15-19	4.7	28.3	4.3	2 068	72.9	2 032	21.7	475	69.9	449	(29.0)	35	61.9	89
15-17	5.3	16.3	1.7	1 259	83.9	1 257	12.5	159	61.4	158	(*)	3	(*)	22
18-19	3.8	47.0	8.3	809	55.2	776	36.0	316	74.5	291	(27.2)	32	68.5	67
20-24	2.6	75.9	15.1	1 227	35.2	841	40.7	811	79.4	499	8.5	354	65.9	185
20-22	2.7	69.3	14.3	769	39.6	597	42.4	459	78.5	326	9.4	161	68.0	110
23-24	2.6	87.0	16.3	459	24.5	244	37.9	352	81.1	174	7.7	193	62.8	75

Marital status														
Ever married/in union	3.9	100.0	13.8	423	na	na	19.2	415	74.9	81	8.5	376	31.8	58
Never married/in union	3.9	38.1	7.5	2 873	61.9	2 873	30.2	871	74.9	867	(*)	13	73.5	215
Education														
None	(*)	(*)	(*)	5	(*)	4	(*)	3	(*)	2	(*)	1	(*)	1
Primary	6.8	54.2	10.0	886	54.8	740	34.9	422	67.8	309	13.9	126	52.7	89
Secondary	2.9	42.3	7.5	2 327	65.3	2 057	26.2	827	77.8	609	8.3	257	68.7	175
Higher	0.0	62.9	11.4	77	39.7	72	(37.0)	33	(89.0)	28	(*)	5	(*)	9
Wealth index quintiles														
Poorest	6.2	49.9	8.0	518	60.9	426	28.4	221	65.8	147	10.8	83	(46.7)	41
Second	4.1	41.9	8.0	617	65.7	545	27.5	228	71.4	170	4.6	67	(68.1)	49
Middle	5.0	45.0	7.7	795	61.7	709	28.5	301	73.0	227	9.9	82	66.8	61
Fourth	3.0	51.5	9.4	724	59.1	594	32.8	335	76.7	238	11.7	114	64.4	68
Richest	1.7	42.0	8.4	641	62.2	598	26.1	201	86.5	167	(15.7)	43	73.0	54

[1] **MICS indicator 9.10 - Sex before age 15 among young men[M]**

[2] **MICS indicator 9.9 - Young men who have never had sex[M]**

[3] **MICS indicator 9.14 - Sex with non-regular partners[M]**

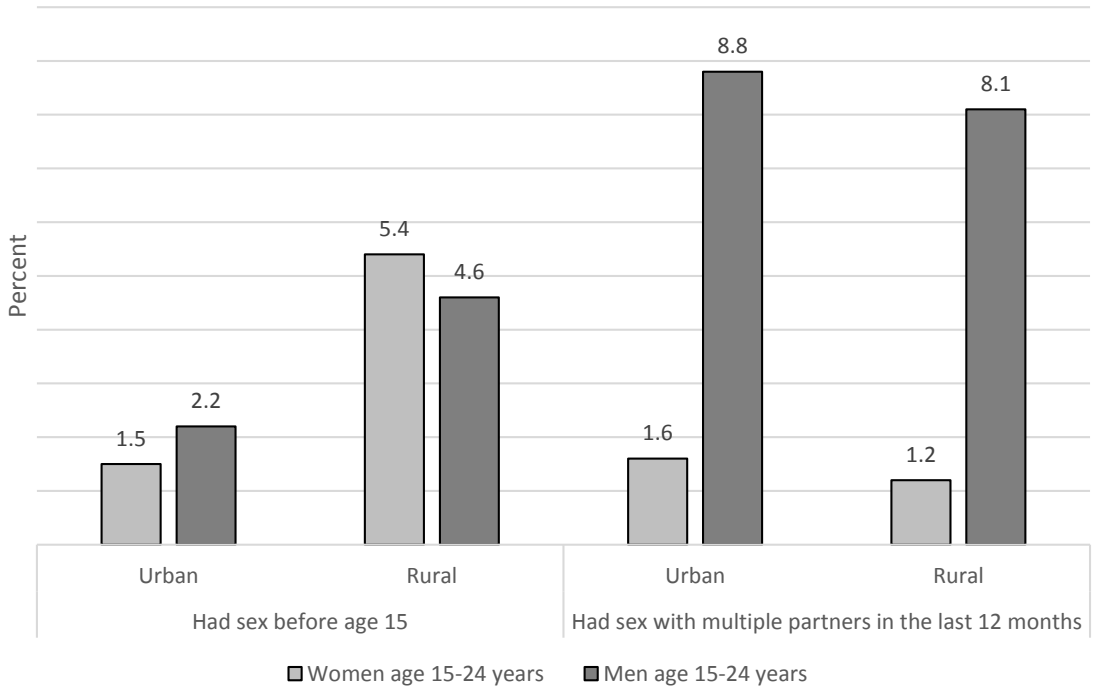
[4] **MICS indicator 9.15; MDG indicator 6.2 - Condom use with non-regular partners[M]**

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Figure HA.3 brings together two critical behaviours that are known to increase the risk of HIV infection, sex before age 15 and sex with multiple partners, from tables HA.8 and HA.6. The proportion of young women age 15-24 years who had had sex before age 15 was the same for boys in both rural and urban areas. However, the results for the same age group who had sex with multiple partners indicated that in urban areas two percent of young women and nine percent of boys had had sex with multiple partners. In rural areas the proportion is one percent and eight percent, respectively.

Figure HA.3: Sexual behaviour that increases the risk of HIV infection, young people age 15-24 years, Zimbabwe MICS, 2014



12.7 Orphans

While the number of children orphaned due to AIDS has stabilized globally since 2009, efforts to mitigate the impact of HIV and AIDS on children, households and communities continues to be intensified by national programmes and global partners. Orphaned children may be at increased risk of neglect and exploitation. Monitoring the variations in different outcomes for orphans and comparing them to their peers gives a measure of how well communities and governments are responding to their needs.

Table HA.9 presents information on the school attendance of children age 10-14 years by their orphanhood status. About seven percent of children age 10-14 years in Zimbabwe were double orphans[94]. Eighty-nine percent of orphans were attending school compared to 94.9 percent attendance among non-orphans of the same age group who were living with at least one parent. This results in orphans to non-orphans school attendance ratio of 0.94 which suggests that orphans were disadvantaged in relation to non-orphans. The ratio was 0.97 for girls and 0.91 for boys, while it was 0.94 and 1.00 for rural and urban areas, respectively. Amongst girls and in urban areas school attendance was the same for orphans and non-orphans.

Table HA.9: School attendance of orphans and non-orphans

School attendance of children age 10-14 years by orphanhood, Zimbabwe MICS, 2014

	Percentage of children whose mother and father have died (orphans)	Percentage of children whose parents are still alive and who are living with at least one parent (non-orphans)	Number of children age 10-14 years	Percentage of children whose mother and father have died (orphans) and are attending school	Total number of orphan children age 10-14 years	Percentage of children whose parents are still alive, who are living with at least one parent (non-orphans), and who are attending school	Total number of non-orphan children age 10-14 years	Orphans to non-orphans school attendance ratio[1]
Total	**6.6**	**51.5**	**9 030**	**89.2**	**595**	**94.9**	**4 650**	**0.94**
Sex								
Male	6.5	51.8	4 573	86.1	297	94.8	2 367	0.91
Female	6.7	51.2	4 457	92.2	299	95.0	2 283	0.97
Area								
Urban	4.3	61.9	1 864	97.6	80	98.0	1 153	1.00
Rural	7.2	48.8	7 166	87.9	515	93.9	3 497	0.94

[1] **MICS indicator 9.16; MDG indicator 6.4 - Ratio of school attendance of orphans to school attendance of non-orphans**

See Table CP.14 for further overall results related to children's living arrangements and orphanhood

12.8 Male circumcision

There is evidence that male circumcision (the complete removal of the foreskin of the penis) reduces the risk of heterosexually acquired HIV infection in men by approximately 60 percent[95]. Male Circumcision (MC) is safe when performed by well-trained health professionals in properly equipped settings. In some societies, it may be performed for religious or cultural reasons and can be carried out at birth, during adolescence or at other times during a man's life. In countries and regions with heterosexual epidemics and high HIV and low male circumcision prevalence, male circumcision is being included in comprehensive HIV prevention packages. Alone, male circumcision is only partially protective, however, when combined with HIV testing and counselling services, condoms, safer sexual practices and treatment of sexually transmitted infections, it is highly effective.

[94] For this section 'orphans' refers to 'double orphans'.

[95] Bailey RC, Moses S, Parker CB, et al. Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. Lancet 2007; 369:643–56.

Zimbabwe adopted Voluntary Medical Male Circumcision (VMMC) as one of the key combination interventions for the prevention of heterosexual transmission of HIV. The policy and strategy were adopted in 2009 following studies that indicated that VMMC reduces the chances of contracting HIV in heterosexual men by 50-60 percent. A communication strategy for VMMC was developed in 2011. In 2014, the Ministry of Health and Child Care launched the Zimbabwe Policy Guidelines on Voluntary Medical Male Circumcision. According to the laws of Zimbabwe, no adolescent or adult should be subjected to a medical procedure unless he or the legal guardian in the case of a minor has agreed to the procedure. The same applies in the case of male circumcision. The current demand for male circumcision in Zimbabwe is still low. According to the Zimbabwe Demographic and Health Survey (ZDHS) 2010-11, it was estimated that 10 percent of Zimbabwean men age 15-49 years were circumcised.

The prevalence of male circumcision is presented in Table HA.10, which also shows the age at circumcision. About 11 percent of men age 15-54 were circumcised. The prevalence was higher among young men age 15 to 19 years (15.3 percent) and lowest among 30-39 years (9.2 percent). The prevalence is higher in urban area (14.9 percent) compared to 9.4 percent in rural areas. Lowest proportions of respondents reporting that they were circumcised were in Mashonaland East Province (5.4 percent) and the highest proportion was in Bulawayo Province (22.1 percent). More men circumcised were from richest households (16.7 percent) compared to 8.1 percent from poorest households.

Men were most likely to be circumcised between ages 15 and 19 years (34.2 percent), 18.3 percent were circumcised between ages 10 and 14 years whilst 16.4 percent were circumcised when they were 25 years or older.

Table HA.10: Male circumcision

Percentage of men age 15-54 years who report having been circumcised, and percent distribution of men by age of circumcision, Zimbabwe MICS, 2014

	Percent circumcised[1]	Number of men age 15-54 years	Age at circumcision: During infancy	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25+ years	DK/ Missing	Total	Number of men age 15-54 years who have been circumcised
Total	**11.2**	**7 914**	**3.1**	**4.0**	**7.9**	**18.3**	**34.2**	**11.7**	**16.4**	**4.4**	**100.0**	**884**
Province												
Manicaland	10.1	937	3.0	13.3	9.2	7.1	33.3	11.8	17.4	4.9	100.0	94
Mashonaland Central	6.1	492	(4.7)	(4.8)	(9.6)	(15.6)	(31.2)	(14.0)	(16.2)	(3.9)	100.0	30
Mashonaland East	5.4	869	(2.0)	(4.2)	(12.6)	(10.5)	(40.2)	(7.0)	(23.5)	(0.0)	100.0	47
Mashonaland West	8.3	1 136	1.1	2.2	8.8	26.8	25.5	10.4	15.1	10.2	100.0	94
Matabeleland North	9.9	670	1.6	3.3	6.5	24.7	52.4	7.0	4.4	0.0	100.0	66
Matabeleland South	20.8	591	0.9	3.4	8.0	25.0	39.3	12.0	8.4	3.0	100.0	123
Midlands	8.7	1 026	2.4	1.1	8.9	11.4	32.4	15.8	22.1	5.9	100.0	89
Masvingo	13.8	728	1.7	0.0	6.0	27.4	30.5	12.0	19.3	3.1	100.0	101
Harare	12.2	838	8.4	5.6	6.2	15.3	22.6	5.5	27.5	9.0	100.0	102
Bulawayo	22.1	627	4.5	3.3	7.2	14.3	38.4	17.3	13.4	1.6	100.0	139
Area												
Urban	14.9	2 558	5.1	4.8	8.9	13.9	28.3	12.8	21.0	5.2	100.0	381
Rural	9.4	5 356	1.5	3.4	7.2	21.6	38.7	10.9	12.9	3.8	100.0	503
Age												
15-24	13.1	3 296	0.7	1.2	4.8	20.9	58.5	12.7	na	1.2	100.0	431
15-19	15.3	2 068	0.3	0.7	4.3	26.6	67.0	na	na	1.0	100.0	316
20-24	9.4	1 227	1.8	2.5	5.9	5.3	35.3	47.4	na	1.8	100.0	116
25-29	9.4	1 096	4.6	5.4	1.7	12.8	6.3	25.5	38.5	5.2	100.0	103
30-39	9.2	1 999	4.4	6.5	14.7	18.3	12.3	3.7	33.1	7.1	100.0	183
40-49	10.7	1 173	7.3	5.4	12.8	13.6	13.4	8.7	28.7	10.2	100.0	126
50-54	11.9	351	(4.8)	(14.7)	(11.8)	(19.1)	(10.8)	(11.2)	(22.0)	(5.6)	100.0	42

Education												
None	14.1	70	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	10
Primary	9.2	2 033	2.6	4.1	11.3	28.3	35.4	6.0	9.4	2.9	100.0	188
Secondary	11.4	5 090	2.2	3.1	6.4	16.9	38.6	12.6	15.5	4.6	100.0	582
Higher	14.6	721	8.8	8.3	9.9	6.0	9.3	17.9	34.5	5.3	100.0	105
Wealth index quintile												
Poorest	8.1	1 258	1.5	2.5	7.7	18.1	41.4	11.2	10.3	7.5	100.0	101
Second	8.6	1 330	2.1	4.8	6.4	27.4	36.9	11.1	6.9	4.3	100.0	115
Middle	9.0	1 511	1.6	2.5	6.7	20.3	45.8	10.0	11.8	1.3	100.0	136
Fourth	11.6	2 025	1.0	6.1	9.9	18.5	31.5	10.0	18.7	4.3	100.0	234
Richest	16.7	1 790	6.3	3.3	7.6	13.8	27.5	14.2	22.5	4.9	100.0	298

[1] **MICS indicator 9.17 - Male circumcision**

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table HA.11 shows the provider and place of circumcision. Most circumcisions were performed in a health facility (65.1 percent) while 19.1 percent were performed at ritual sites and 9.9 percent were conducted at home. Bulawayo had the highest number of male circumcision performed at a health facility (71.4 percent) and Masvingo had the lowest of 46.6 percent.

Most circumcisions were performed by health workers (65.9 percent) while 29.9 were performed by a traditional practitioner/family/friend. Bulawayo Province had the highest number of male circumcision performed by a health worker/professional (76.6 percent).

Table HA.11: Provider and location of circumcision

Percent distribution of circumcised men age 15-54 by person performing circumcision and the location where circumcision was performed, Zimbabwe MICS, 2014

	Person performing circumcision:					Place of circumcision:							
	Traditional practitioner/ family /friend	Health worker/ professional	Other	DK/ Missing	Total	Health facility	Home of a health worker/ professional	At home	Ritual site	Other home / place	DK/ Missing	Total	Number of men age 15-54 years who have been circumcised
Total	**29.9**	**65.9**	**1.4**	**2.8**	**100.0**	**65.1**	**1.1**	**9.9**	**19.1**	**2.1**	**2.7**	**100.0**	**884**
Province													
Manicaland	20.8	66.8	4.6	7.9	100.0	65.4	2.6	17.2	7.2	3.7	3.9	100.0	94
Mashonaland Central	(31.3)	(61.1)	(2.1)	(5.5)	100.0	(57.9)	(0.0)	(10.2)	(21.9)	(4.7)	(5.3)	100.0	30
Mashonaland East	(33.1)	(66.9)	(0.0)	(0.0)	100.0	(66.9)	(0.0)	(10.1)	(23.0)	(0.0)	(0.0)	100.0	47
Mashonaland West	35.0	59.1	0.0	5.9	100.0	57.9	0.0	2.3	32.3	1.2	6.3	100.0	94
Matabeleland North	27.9	65.3	6.8	0.0	100.0	70.9	3.0	14.5	8.0	3.5	0.0	100.0	66
Matabeleland South	27.9	70.2	0.9	1.1	100.0	71.4	1.1	16.4	6.3	4.8	0.0	100.0	123
Midlands	37.7	58.7	0.0	3.6	100.0	58.4	0.0	8.2	28.6	0.0	4.8	100.0	89
Masvingo	40.1	58.5	0.0	1.3	100.0	46.6	0.2	1.5	49.5	0.3	1.9	100.0	101
Harare	28.2	66.7	0.4	4.7	100.0	66.0	1.1	11.4	15.8	1.9	3.8	100.0	102
Bulawayo	22.5	76.6	0.9	0.0	100.0	79.2	1.7	8.3	7.3	1.6	1.9	100.0	139
Area													
Urban	24.0	70.6	1.3	4.1	100.0	70.9	1.3	10.5	11.3	2.7	3.2	100.0	381
Rural	34.3	62.4	1.5	1.9	100.0	60.6	0.9	9.5	25.0	1.6	2.3	100.0	503
Age													
15-24	12.6	85.2	0.3	1.9	100.0	83.4	0.9	1.8	10.4	2.2	1.3	100.0	431
15-19	11.4	87.7	0.0	0.9	100.0	85.4	0.8	1.5	8.3	3.0	1.1	100.0	316
20-24	15.6	78.4	1.2	4.8	100.0	78.1	1.2	2.6	16.3	0.0	1.8	100.0	116
25-29	24.7	69.2	1.0	5.1	100.0	71.2	0.9	8.9	14.9	0.0	4.1	100.0	103
30-39	49.9	45.4	1.8	2.9	100.0	45.6	0.7	18.3	29.4	2.6	3.3	100.0	183
40-49	56.1	36.4	2.4	5.0	100.0	35.4	1.9	26.1	29.5	1.8	5.4	100.0	126
50-54	(54.3)	(37.8)	(7.9)	(0.0)	100.0	(34.7)	(3.1)	(11.6)	(43.1)	(5.0)	(2.6)	100.0	42

Education													
None	(*)	(*)	(*)	(*)	100.0	(*)	(*)	(*)	(*)	(*)	(*)	100.0	10
Primary	48.7	46.6	3.6	1.1	100.0	42.6	0.4	14.7	37.9	3.3	1.1	100.0	188
Secondary	24.1	72.4	0.3	3.2	100.0	72.2	1.3	8.4	13.3	1.7	3.0	100.0	582
Higher	25.7	69.0	2.0	3.3	100.0	69.7	1.1	7.9	15.1	2.3	4.0	100.0	105
Wealth index quintile													
Poorest	38.3	56.9	2.6	2.2	100.0	51.8	0.0	12.8	31.2	0.0	4.2	100.0	101
Second	45.0	51.8	0.9	2.3	100.0	48.3	0.9	12.5	34.2	2.2	1.9	100.0	115
Middle	20.9	77.0	1.1	1.0	100.0	75.0	0.9	7.5	14.3	1.5	0.8	100.0	136
Fourth	33.5	60.5	0.9	5.1	100.0	61.4	1.7	11.9	19.5	2.6	2.8	100.0	234
Richest	22.3	73.7	1.6	2.3	100.0	74.4	1.1	7.5	11.1	2.7	3.2	100.0	298

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

13 Access to Mass Media and Use of Information and Communication Technology

The Government of Zimbabwe put in place legislative instruments to steer the development of Information and Communication Technology (ICT) infrastructure in the country. Some of these Acts, policies and strategies include the National Information and Communication Technology Policy Framework (2005); Ministry of Information Communication Technology Strategic Plan 2010-2014; and Postal and Telecommunications Act [*Chapter 12:05*]. Zimbabwe is one of the countries with growing ICT systems. The International Telecommunication Report of 2011, which ranked 152 countries according to their level of ICT access, use and skills noted that Zimbabwe had moved four places up from a ranking of 128 in 2008 to 124 in 2010[96].

The MICS collected information on exposure[97] to mass media and the use of computers and the internet among women age 15-49 years and men age 15-54 years.

13.1 Access to Mass Media

The proportion of women age 15-49 years who read a newspaper or magazine, listened to the radio or watched television at least once a week is shown in Table MT.1. Overall, eight percent of women had exposure to all the three types of media on a weekly basis. Exposure to the three types of media increased with high levels of education and household wealth quintile. Urban provinces, Harare (25.8 percent) and Bulawayo (17.4 percent) recorded high exposure compared to predominantly rural provinces. The highest exposure for the rural provinces was for women in Manicaland Province (7.4 percent) and the lowest was in Matabeleland North Province (1.2 percent). Exposure to all three types of media tended to increase with age from 15 -29 years and thereafter declined.

Radio was the most common medium that the majority of women were exposed to with about 45 percent of women listening to a radio at least once a week. Listenership to radio increased with an increase in education. Women in urban areas (49.4 percent) were more likely to listen to a radio compared to their rural counterparts (41.8 percent).

About 37 percent of women age 15-49 years had no exposure to the three media types. The highest proportion was in rural areas (50.0 percent). Non-exposure to all three types of media declined with an increase in education and wealth quintiles.

Across all the provinces women in Matabeleland North Province had the lowest proportion in readership (5.9 percent), listenership (17.4 percent) and viewership (16.6 percent) compared to national averages of 17.7 percent, 44.5 percent and 37.6 percent, respectively.

[96] ICT Data and Statistics Division, Telecommunication Development Bureau International Telecommunication. The World in 2011 – ICT Facts and Figures.

[97] In this chapter, exposure refers to the actual readership, listenership and/or viewership

Table MT.1: Exposure to mass media (women)

Percentage of women age 15-49 years who are exposed to specific mass media on a weekly basis, Zimbabwe MICS, 2014

	Percentage of women age 15-49 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of women age 15-49 years
Total	**17.7**	**44.5**	**37.6**	**8.0**	**63.2**	**36.7**	**14 409**
Age							
15-19	18.2	44.7	38.0	7.8	64.1	35.8	3 105
20-24	17.4	46.1	40.8	8.5	65.7	34.2	2 572
25-29	17.8	45.9	40.1	8.9	65.1	34.8	2 372
30-34	18.8	45.0	39.0	8.7	64.0	36.0	2 327
35-39	18.1	42.9	35.6	7.8	61.6	38.2	1 783
40-44	17.2	41.6	33.0	6.9	58.6	41.3	1 371
45-49	14.3	41.5	28.2	6.1	55.7	44.0	879
Province							
Manicaland	16.2	48.1	33.4	7.4	62.3	37.6	1 755
Mashonaland Central	10.3	52.0	24.6	3.9	63.8	36.1	739
Mashonaland East	16.3	57.3	32.1	6.6	71.4	28.6	1 550
Mashonaland West	11.8	50.0	37.8	5.2	66.4	33.6	1 874
Matabeleland North	5.9	17.4	16.6	1.2	28.9	71.1	1 238
Matabeleland South	10.3	26.6	19.9	2.2	42.3	57.7	1 120
Midlands	13.6	41.4	36.6	5.6	62.3	37.5	1 800
Masvingo	8.9	37.9	16.4	2.1	48.2	51.7	1 509
Harare	44.5	61.7	70.2	25.8	88.7	11.3	1 624
Bulawayo	35.9	43.3	81.1	17.4	89.0	10.7	1 200
Area							
Urban	36.9	49.4	77.5	19.2	88.4	11.5	5 004
Rural	7.5	41.8	16.4	2.1	49.8	50.1	9 405
Education							
None	0.6	29.4	10.2	0.0	33.6	65.8	197
Primary	2.2	37.3	16.6	0.7	44.6	55.1	3 904
Secondary	20.4	47.2	43.2	9.2	68.8	31.2	9 402
Higher	60.9	49.6	76.9	29.3	91.3	8.7	907
Wealth index quintile							
Poorest	2.3	28.3	2.9	0.1	30.2	69.6	2 445
Second	4.2	39.7	6.9	0.8	43.4	56.4	2 441
Middle	7.6	48.2	13.7	1.3	54.5	45.5	2 553
Fourth	20.6	51.1	49.6	8.0	75.0	24.9	3 356
Richest	41.9	49.9	87.7	23.1	94.0	5.9	3 614

[1] **MICS indicator 10.1 - Exposure to mass media**

The proportion of men age 15-54 years who read a newspaper or magazine, listened to the radio or watched television at least once a week is shown in Table MT.1M. Overall, 15.0 percent of men had exposure to all the three types of media on a weekly basis. Exposure to the three types of media increased with an increase in education and household wealth quintile. Urban provinces, Harare (38.3 percent) and Bulawayo (31.5 percent) recorded high exposure compared to predominantly rural provinces. The highest exposure for the rural provinces was for men in Mashonaland East Province (15.4 percent) and the lowest was in Matabeleland North Province (3.6 percent). Exposure to all three types of media tended to increase with age from 15 -39 years.

Radio was the most common medium that the majority of men were exposed to, with 57.4 percent of men listening to a radio at least once a week. Overall, newspaper readership among men was 29.6 percent and tended to increase with an increase in education from 0.9 percent for those with no education to 77 percent for those with higher levels of education and household wealth quintiles from 4.8 percent for the poorest to 65.4 percent for the richest households.

About 26.2 percent of men age 15-54 years had no exposure to the three media types. The highest proportion was in rural areas (35.1 percent). Non-exposure to all three types of media declined with an increase in household wealth quintiles.

Across all the provinces men in Matabeleland North Province had the least proportion in readership (10.0 percent), listenership (28.3 percent) and viewership (19.3 percent) compared to national averages of 29.6 percent, 57.4 percent and 41.9 percent, respectively. A smaller proportion of men (26.2 percent) were not exposed to any of the three media types as compared to women (36.8 percent).

Table MT.1M: Exposure to mass media (men)

Percentage of men age 15-54 years who are exposed to specific mass media on a weekly basis, Zimbabwe MICS, 2014

	Percentage of men age 15-54 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week	Any media at least once a week	None of the media at least once a week	Number of men age 15-54 years
Total	**29.6**	**57.4**	**41.9**	**15.0**	**73.8**	**26.2**	**7 914**
Age							
15-19	18.1	50.8	37.2	9.2	65.9	34.1	2 068
20-24	28.5	59.0	43.0	13.9	75.9	24.1	1 227
25-29	35.0	61.2	48.0	18.2	79.3	20.7	1 096
30-34	32.7	60.9	42.5	16.2	77.9	22.1	1 088
35-39	37.9	59.6	43.0	19.6	76.9	23.1	910
40-44	38.6	62.0	43.5	18.7	79.6	20.4	746
45-49	35.6	54.7	43.4	19.1	69.2	30.8	427
50-54	26.9	55.5	36.6	15.1	68.0	32.0	351
Province							
Manicaland	28.4	61.4	41.1	14.4	76.1	23.9	937
Mashonaland Central	18.2	71.4	34.0	9.5	80.4	19.6	492
Mashonaland East	28.7	69.6	39.1	15.4	80.8	19.2	869
Mashonaland West	21.2	66.3	40.4	11.2	77.9	22.1	1 136
Matabeleland North	10.0	28.3	19.3	3.6	39.9	60.1	670
Matabeleland South	15.6	38.3	26.8	4.3	54.8	45.2	591
Midlands	24.4	52.4	35.1	11.5	68.4	31.6	1 026
Masvingo	19.5	52.9	29.3	8.3	65.4	34.6	728
Harare	69.3	68.6	68.8	38.3	93.8	6.2	838
Bulawayo	58.1	55.0	83.7	31.5	93.9	6.1	627
Area							
Urban	61.2	60.0	76.1	33.9	92.3	7.7	2 558
Rural	14.5	56.2	25.5	6.0	64.9	35.1	5 356
Education							
None	0.9	44.5	18.2	0.9	47.7	52.3	70
Primary	5.3	49.2	20.8	2.2	56.0	44.0	2 033
Secondary	33.0	60.2	46.0	16.5	78.3	21.7	5 090
Higher	77.0	62.0	74.4	41.7	94.6	5.4	721
Wealth index quintile							
Poorest	4.8	40.6	7.8	1.2	44.4	55.6	1 258
Second	9.0	55.2	15.0	2.5	60.6	39.4	1 330
Middle	14.1	60.8	26.0	5.0	69.0	31.0	1 511
Fourth	38.5	64.6	52.8	18.7	84.6	15.4	2 025
Richest	65.4	59.8	86.8	38.3	96.1	3.9	1 790

13.2 Use of Information and Communication Technology

Information and Communication Technology (ICT) is an umbrella term for tools that facilitate communication, processing and transmission of information as well as the sharing of knowledge by electronic means. The definition of the term encompasses communication devices or applications such as the radio, television, landline and cellular phones, computer hardware and software, satellite systems as well as the various services and applications associated with them.

As shown in Table MT.2, 26 percent of 15-24 year old women had ever used a computer, 18 percent had used a computer during the last year and 10 percent had used at least once a week during the last month. Overall, 23.3 percent of women age 15-24 years had ever used the internet[98] while 21.6 percent had used it during the last year. The proportion of young women who had used the internet more frequently, at least once a week during the last month, was smaller, at 15.8 percent.

Both computer and internet use during the last 12 months was more prevalent among the 15-19 year old women. Use of a computer and the internet was also strongly associated with area, education and wealth. Few women with primary education reported using a computer during the last year while almost all of the women with higher education had used a computer. Similarly, higher utilisation of the internet was observed among young women in urban areas (48.4 percent) compared to those in rural areas (10.2 percent). The use of the internet during the last 12 months preceding the survey was highest in Bulawayo Province (52.5 percent) and lowest in Matabeleland North and Masvingo provinces (10.3 percent each) while the proportion was 52.6 percent for young women in the richest households compared to only 3.1 percent of those living in the poorest households.

The proportion of women who had ever used a mobile or non-mobile phone was 88.5 percent while use in the last twelve months was 85.2 percent and those who had used a mobile or non-mobile phone at least once a week during the last one month was 71.2 percent. Use of mobile or non-mobile phones was higher for women age 20-24 years than for women 15-19 years. Women in urban areas had higher use than those in rural areas while a greater proportion of young women with higher education had used mobile or non-mobile phones than those with lower or no education. Minimal differences were observed by province.

[98] Internet also refers to the use of social media as well as instant messaging services

Table MT.2: Use of computers and internet, mobile or non-mobile phone (young women)

Percentage of young women age 15-24 years who have ever used a computer, the internet and mobile or non-mobile phone, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Zimbabwe MICS, 2014

	Percentage of women age 15-24 years who have:									
	Ever used a computer	Used a computer during the last 12 months[1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months[2]	Used the internet at least once a week during the last one month	Ever used a mobile or non-mobile phone	Used a mobile or non-mobile phone during the last 12 months	Used a mobile or non-mobile phone at least once a week during the last one month	Number of women age 15-24 years
Total	**26.0**	**18.0**	**10.0**	**23.3**	**21.6**	**15.8**	**88.5**	**85.2**	**71.2**	**5 677**
Age										
15-19	27.3	20.5	11.1	19.8	18.3	12.8	84.3	80.4	63.7	3 105
20-24	24.4	15.1	8.8	27.4	25.6	19.4	93.6	91.0	80.3	2 572
Province										
Manicaland	22.7	13.5	7.2	17.3	15.5	9.9	91.5	87.3	73.0	670
Mashonaland Central	16.1	12.8	6.1	10.8	10.0	5.6	85.1	81.4	58.2	262
Mashonaland East	26.0	16.7	8.1	23.4	21.2	15.5	90.8	87.1	74.0	620
Mashonaland West	18.9	12.4	5.7	16.0	15.1	10.6	84.1	78.8	64.4	727
Matabeleland North	19.3	13.3	6.4	11.5	10.3	6.3	76.3	74.1	56.9	522
Matabeleland South	20.3	9.2	3.2	17.1	15.2	10.4	86.0	81.6	62.4	457
Midlands	25.6	18.3	10.8	20.6	19.1	15.8	86.0	84.2	72.5	716
Masvingo	12.3	9.2	4.6	10.9	10.3	6.3	89.4	85.8	71.4	563
Harare	43.7	31.6	18.8	45.2	42.6	33.3	95.6	93.1	83.7	623
Bulawayo	51.3	41.5	28.1	55.4	52.5	39.6	98.1	96.3	86.9	518
Area										
Urban	46.4	36.0	22.2	48.4	45.6	35.5	97.3	95.5	87.0	1 945
Rural	15.4	8.7	3.7	10.2	9.1	5.5	83.9	79.8	63.0	3 732
Education										
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	9
Primary	2.3	1.4	0.7	2.9	2.4	1.5	74.3	68.8	48.8	1 197
Secondary	30.6	20.6	10.8	26.7	24.7	17.5	92.1	89.3	76.6	4 337
Higher	91.4	85.7	69.1	93.4	93.4	86.4	99.4	99.4	98.8	135
Wealth index quintile										
Poorest	8.3	5.4	2.0	3.7	3.1	0.8	73.6	67.5	47.4	941
Second	11.5	6.3	2.7	5.4	4.9	2.3	82.2	77.6	57.5	946
Middle	18.3	8.9	3.4	10.5	8.9	5.3	88.3	84.8	70.1	1 073
Fourth	26.5	15.2	7.1	26.6	24.1	16.3	94.3	92.1	79.9	1 312
Richest	53.0	44.0	28.2	55.0	52.6	42.3	97.5	95.8	89.1	1 405

[1] **MICS indicator 10.2 - Use of computers**

[2] **MICS indicator 10.3 - Use of internet**

(*) Figures that are based on less than 25 unweighted cases

Table MT.2A presents the results of use of computers, internet and mobile or non-mobile phones in the last 12 months preceding the survey by women age 15-49 years. Overall, about 19.4 percent had ever used a computer, 20.4 percent had ever used the internet while 91.1 percent had ever used a mobile or non-mobile phone. The use of computers and the internet in the last 12 months preceding the survey was 13.9 percent and 19.1 percent, respectively. Both computer and internet usage was higher in urban areas (29.4 percent for computers and 43.1 percent for internet) than in rural areas (5.6 percent for computers and 8.3 percent for internet).

The proportion of women age 15-49 years who had used computers in the last 12 months preceding the survey varied from 6.5 percent in Masvingo Province to 32.7 percent in Bulawayo Province while use of the internet during the same period varied from 7.5 percent in Mashonaland Central Province to 45.7 percent in Bulawayo Province. The use of computers and internet over the last 12 months preceding the survey increased with wealth quintiles (from 2.3 percent for the poorest to 38 percent for the richest) while internet use ranged from 2.2 percent for the poorest to 52.3 percent for the richest. Similarly, for educational levels, computer use ranged from 0.3 percent for women with no education to 70.6 percent for those with higher levels of education while internet use ranged from 0.3 percent to 81.0 percent, respectively.

Table MT.2A: Use of computers, internet and mobile or non-mobile phone (women)

Percentage of women age 15-49 years who have ever used a computer ,the internet and mobile or non-mobile phone, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Zimbabwe MICS, 2014

	Percentage of women age 15-49 years who have:									
	Ever used a computer	Used a computer during the last 12 months	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months	Used the internet at least once a week during the last one month	Ever used a mobile or non-mobile phone	Used a mobile or non-mobile phone during the last 12 months	Used a mobile or non-mobile phone at least once a week during the last one month	Number of women age 15-49 years
Total	**19.4**	**13.9**	**8.5**	**20.4**	**19.1**	**14.9**	**91.1**	**88.6**	**76.7**	**14 409**
Age										
15-19	27.3	20.5	11.1	19.8	18.3	12.8	84.3	80.4	63.7	3 105
20-24	24.4	15.1	8.8	27.4	25.6	19.4	93.6	91.0	80.3	2 572
25-29	20.0	14.4	9.4	22.5	21.3	17.2	94.7	92.8	82.3	2 372
30-34	14.7	11.3	7.7	21.0	19.9	16.9	92.6	91.0	79.7	2 327
35-39	14.0	10.3	6.5	17.3	16.3	12.9	92.5	90.6	80.5	1 783
40-44	11.8	8.7	6.3	13.5	12.8	10.8	92.4	90.3	80.5	1 371
45-49	10.1	7.6	5.3	11.7	11.2	9.0	89.4	87.3	76.3	879
Province										
Manicaland	15.7	9.9	4.9	13.9	12.7	9.3	93.5	90.8	79.4	1 755
Mashonaland Central	11.7	8.5	4.7	8.0	7.5	5.4	86.1	83.3	63.0	739
Mashonaland East	18.4	12.1	6.5	20.0	18.4	13.7	93.5	90.7	80.6	1 550
Mashonaland West	14.1	9.7	5.2	14.1	13.5	9.7	88.1	84.6	70.2	1 874
Matabeleland North	13.2	9.5	5.4	10.6	9.7	6.8	80.8	78.0	62.7	1 238
Matabeleland South	13.8	7.2	3.1	15.5	13.9	10.0	90.7	87.6	69.0	1 120
Midlands	20.2	15.3	9.8	18.0	17.0	14.1	88.8	87.6	77.4	1 800
Masvingo	9.2	6.5	3.5	9.9	9.5	6.2	91.7	89.1	76.7	1 509
Harare	35.3	26.4	17.4	43.7	41.2	34.2	97.4	95.9	90.4	1 624
Bulawayo	40.8	32.7	23.9	47.6	45.7	38.0	97.8	95.6	88.8	1 200
Area										
Urban	37.6	29.4	19.8	43.1	40.9	33.9	98.2	96.9	91.4	5 004
Rural	9.7	5.6	2.5	8.3	7.5	4.8	87.4	84.2	69.0	9 405
Education										
None	0.7	0.3	0.3	0.3	0.3	0.3	61.0	55.6	38.5	197
Primary	1.0	0.6	0.3	2.2	1.9	1.3	81.5	77.7	59.3	3 904
Secondary	21.7	14.2	7.6	22.4	20.8	15.4	94.9	92.8	82.7	9 402
Higher	79.0	70.6	54.3	82.3	81.0	72.2	99.7	99.6	98.9	907
Wealth index quintile										
Poorest	4.0	2.3	0.8	2.2	1.9	0.6	76.6	72.0	51.1	2 445
Second	6.1	2.9	1.3	3.2	2.7	1.4	87.6	84.0	66.9	2 441
Middle	10.0	4.8	1.8	7.8	6.7	3.7	92.1	89.6	76.3	2 553
Fourth	18.8	11.2	5.4	21.4	19.8	14.0	95.7	94.0	84.8	3 356
Richest	46.0	38.0	26.1	52.3	50.1	42.5	98.4	97.5	93.5	3 614

The proportion of young men who had used a computer and the internet during the last 12 months preceding the survey is shown in Table MT.2M. Twenty-four percent of young men age 15-24 years had used a computer. Young men in urban areas were more likely to have used a computer than their counterparts in the rural areas (68.7 percent and 16.6 percent, respectively). Three-quarters of young men in the richest quintile had ever used a computer compared to one in twenty in the lowest wealth quintile.

The proportion of young men who had used the internet during the reference period was 30.8 percent. Sixty-nine percent and 16.6 percent of young men in urban and rural areas, respectively, had used the internet during the last 12 months preceding the survey. Use of the internet increased with an increase in household wealth, a pattern similar to that on the use of computers.

Table MT.2M: Use of computers, internet and mobile or non-mobile phone (young men)

Percentage of young men age 15-24 years who have ever used a computer, the internet and mobile or non-mobile phone, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Zimbabwe, 2014

	Percentage of men age 15-24 years who have:									
	Ever used a computer	Used a computer during the last 12 months[1]	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months[2]	Used the internet at least once a week during the last one month	Ever used a mobile or non-mobile phone	Used a mobile or non-mobile phone during the last 12 months	Used a mobile or non-mobile phone at least once a week during the last one month	Number of men age 15-24 years
Total	**30.6**	**24.0**	**15.1**	**34.3**	**30.8**	**22.4**	**89.7**	**85.6**	**69.1**	**3 296**
Age										
15-19	28.8	23.1	14.1	27.8	24.4	17.2	86.3	81.3	62.4	2 068
20-24	33.5	25.6	16.7	45.3	41.6	31.3	95.5	92.8	80.3	1 227
Province										
Manicaland	24.5	18.5	12.1	27.2	21.7	15.4	92.7	88.5	69.9	401
Mash Central	21.9	16.0	8.0	24.1	22.2	15.2	91.1	86.8	66.9	193
Mash East	30.0	20.9	13.9	42.1	34.6	23.3	90.6	85.4	70.2	339
Mash West	24.5	18.2	9.9	29.6	25.7	15.3	89.3	84.1	65.4	466
Mat North	19.0	12.6	6.5	19.2	16.2	10.0	82.8	76.2	55.7	305
Mat South	20.5	15.0	7.0	20.5	17.8	10.0	83.3	80.3	56.9	299
Midlands	22.8	18.1	11.0	22.5	21.1	15.9	86.7	82.9	65.5	421
Masvingo	18.1	13.7	6.2	20.2	18.7	11.9	90.0	86.1	69.0	329
Harare	66.9	56.8	36.5	74.7	70.8	58.0	97.0	93.7	85.8	276
Bulawayo	71.9	63.7	49.1	77.5	74.8	64.3	96.4	94.7	91.6	266
Area										
Urban	68.7	58.4	42.0	73.9	69.4	57.1	97.9	95.7	89.2	884
Rural	16.6	11.4	5.2	19.8	16.6	9.7	86.8	81.8	61.7	2 411
Education										
None	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	5
Primary	3.3	1.8	0.4	6.3	4.8	2.4	80.9	73.3	49.9	886
Secondary	38.9	30.5	18.6	42.9	38.7	28.0	92.8	89.8	75.6	2 327
Higher	94.2	86.4	76.5	97.3	92.6	86.9	100.0	97.4	93.2	77
Wealth index quintile										
Poorest	5.2	2.9	.8	5.0	4.1	1.1	74.3	67.2	41.5	518
Second	14.3	10.1	2.9	13.8	10.7	4.8	88.1	83.0	59.7	617
Middle	18.1	11.2	5.0	22.3	18.3	11.3	90.1	85.1	67.3	795
Fourth	36.5	27.2	15.4	45.9	40.5	25.5	94.4	91.5	78.1	724
Richest	75.4	66.8	50.4	79.4	76.2	67.0	98.1	96.7	92.3	641

[1] **MICS indicator 10.2 - Use of computers[M]**

[2] **MICS indicator 10.3 - Use of internet[M]**

(*) Figures that are based on less than 25 unweighted cases

Table MT.2MA shows the results on use of computers, internet and mobile or non-mobile phone by men age 15-54 years in the last 12 months preceding the survey. Overall, 22.2 percent of men age 15-54 years had used a computer in the last twelve months while 30.3 percent had used the internet during the same period. Men in urban areas, with secondary or higher education and those from the richest households were more likely to have used a computer and the internet.

Nine in ten men used a phone in the reference period. Education and household wealth shows a positive correlation with the use of phones.

Table MT.2MA: Use of computers internet and mobile or non-mobile phone (men)

Percentage of young men age 15-54 years who have ever used a computer, the internet and mobile or non-mobile phone, percentage who have used during the last 12 months, and percentage who have used at least once weekly during the last one month, Zimbabwe MICS, 2014

	Percentage of men age 15-54 years who have:									
	Ever used a computer	Used a computer during the last 12 months	Used a computer at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months	Used the internet at least once a week during the last one month	Ever used a mobile or non-mobile phone	Used a mobile or non-mobile phone during the last 12 months	Used a mobile or non-mobile phone at least once a week during the last one month	Number of men age 15-54 years
Total	**27.9**	**22.2**	**15.0**	**33.4**	**30.3**	**23.4**	**93.2**	**90.3**	**78.3**	**7 914**
Age										
15-19	28.8	23.1	14.1	27.8	24.4	17.2	86.3	81.3	62.4	2 068
20-24	33.5	25.6	16.7	45.3	41.6	31.3	95.5	92.8	80.3	1 227
25-29	32.4	27.1	19.1	43.1	39.2	31.1	97.6	95.5	86.6	1 096
30-34	25.6	19.3	14.1	33.7	30.9	25.3	96.6	94.5	85.5	1 088
35-39	25.0	21.0	14.7	32.9	30.1	23.6	96.4	94.6	85.2	910
40-44	21.9	16.9	12.3	27.1	25.0	20.4	96.1	93.9	86.9	746
45-49	27.4	21.0	15.9	26.5	24.7	20.5	92.7	91.1	81.4	427
50-54	16.4	14.1	10.5	17.4	15.7	11.7	86.8	84.7	78.0	351
Province										
Manicaland	23.1	16.5	10.3	27.5	23.6	17.0	95.1	92.7	79.5	937
Mashonaland Central	18.7	14.1	8.2	23.1	20.8	14.6	93.3	90.1	72.9	492
Mashonaland East	26.1	19.4	13.7	38.6	32.5	23.8	95.3	91.8	82.1	869
Mashonaland West	22.4	16.3	9.6	26.9	23.6	15.9	93.3	89.4	76.1	1 136
Matabeleland North	16.4	12.2	7.5	17.9	15.7	10.5	85.6	80.6	62.0	670
Matabeleland South	18.4	13.9	7.5	20.5	17.6	12.0	87.7	84.8	65.4	591
Midlands	24.8	20.6	14.4	27.4	26.0	20.4	91.3	88.8	77.5	1 026
Masvingo	16.1	12.0	7.0	20.6	18.9	13.8	92.4	89.3	78.2	728
Harare	54.4	46.3	32.4	65.5	62.0	53.3	98.7	97.4	92.6	838
Bulawayo	59.2	52.1	41.5	65.4	62.8	53.5	96.9	95.4	91.5	627

Area										
Urban	57.1	48.9	37.2	64.9	61.0	51.4	98.7	97.7	93.5	2 558
Rural	13.9	9.4	4.5	18.4	15.7	10.0	90.5	86.7	71.1	5 356
Education										
None	0.9	0.9	0.9	2.3	2.3	0.9	68.6	66.4	50.6	70
Primary	2.5	1.2	0.3	5.7	4.4	2.6	85.3	79.4	60.2	2 033
Secondary	30.9	23.5	14.5	37.8	33.8	25.1	95.7	93.7	83.2	5 090
Higher	80.8	74.1	61.4	84.0	82.0	72.2	99.9	99.3	97.9	721
Wealth index quintile										
Poorest	3.2	1.6	0.4	4.6	3.7	1.3	80.5	74.7	53.0	1 258
Second	9.9	6.1	1.9	12.0	9.0	4.9	91.8	88.1	69.0	1 330
Middle	15.0	8.5	3,3	20.5	17.1	10.5	93.2	88.9	75.8	1 511
Fourth	30.4	22.8	12.7	40.5	36.3	25.8	97.0	95.4	86.4	2 025
Richest	66.6	59.4	47.6	72.5	69.4	60.8	98.8	98.1	96.0	1 790

14 Tobacco and Alcohol Use

Tobacco products are made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed, or snuffed. All contain the highly addictive psychoactive ingredient, nicotine. Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases and cardiovascular diseases.[99]

The consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties. In addition to the chronic diseases that may develop in those who drink large amounts of alcohol over a number of years, alcohol use is also associated with an increased risk of acute health conditions.[100] Alcohol use also causes harm far beyond the physical and psychological health of the drinker. It harms the well-being and health of people around the drinker. An intoxicated person can harm others or put them at risk of traffic accidents or violent behaviour or negatively affect co-workers, relatives, friends or strangers. Thus, the impact of the harmful use of alcohol reaches deep into society.[101]

The 2005 WHO Framework Convention on Tobacco Control (FCTC) contains articles aimed at both reducing the supply of and demand for tobacco. Zimbabwe is not a signatory to the treaty[102]. However, the country has a statutory instrument, the Public Health (Tobacco Control) Regulation 264 of 2002 which controls smoking in public premises and on public transport. The instrument also regulates the trading of tobacco to or by minors and promotion of tobacco products. Zimbabwe has in place the Liquor Act [*Chapter 14:12*] which regulates the distribution, selling and consumption of alcohol.

The Zimbabwe MICS collected information on ever and current use of tobacco and alcohol and intensity of use among women and men age 15-49 years.

14.1 Tobacco Use

Table TA.1 is on current and ever use of tobacco by women age 15-49 years. The proportion of women who used any tobacco product in the month preceding the survey was 0.7 percent.

[99] World Health Organization, http://www.who.int/topics/tobacco/en/
[100] World Health Organization, http://www.who.int/topics/alcohol_drinking/en/
[101] World Health Organization, http://www.who.int/mediacentre/factsheets/fs349/en/
[102] Report Card on the WHO Framework Convention on Tobacco Control, Zimbabwe

Table TA.1: Current and ever use of tobacco (women)

Percentage of women age 15-49 years by pattern of use of tobacco, Zimbabwe MICS, 2014

	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of women age 15-49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	
Total	**97.4**	**0.7**	**0.2**	**1.5**	**2.4**	**0.1**	**0.0**	**0.5**	**0.7**	**14 409**
Age										
15-19	98.4	0.4	0.2	1.0	1.5	0.1	0.0	0.2	0.3	3 105
20-24	97.7	1.0	0.2	0.7	1.9	0.2	0.0	0.1	0.3	2 572
25-29	97.8	0.8	0.1	1.2	2.0	0.1	0.0	0.3	0.4	2 372
30-34	97.4	0.6	0.3	1.4	2.4	0.1	0.0	0.5	0.7	2 327
35-39	97.6	0.6	0.1	1.5	2.3	0.1	0.0	0.8	0.9	1 783
40-44	96.7	0.6	0.3	2.3	3.2	0.1	0.0	1.2	1.3	1 371
45-49	93.2	1.1	0.3	5.3	6.7	0.1	0.0	2.2	2.4	879
Province										
Manicaland	98.5	0.6	0.1	0.8	1.5	0.1	0.0	0.2	0.4	1 755
Mashonaland Central	97.6	0.6	0.3	1.2	2.1	0.0	0.1	0.3	0.3	739
Mashonaland East	97.8	0.6	0.2	1.2	2.0	0.0	0.0	0.4	0.4	1 550
Mashonaland West	97.5	0.3	0.1	2.1	2.5	0.0	0.0	0.6	0.6	1 874
Matabeleland North	97.9	0.6	0.1	1.0	1.7	0.2	0.0	0.6	0.7	1 238
Matabeleland South	97.3	0.3	0.1	2.3	2.7	0.0	0.0	1.3	1.3	1 120
Midlands	98.4	0.4	0.1	0.8	1.3	0.1	0.0	0.3	0.5	1 800
Masvingo	98.4	0.2	0.2	1.1	1.5	0.1	0.0	0.7	0.8	1 509
Harare	94.5	1.9	0.5	2.7	5.1	0.4	0.1	0.6	1.1	1 624
Bulawayo	96.0	1.3	0.3	1.9	3.5	0.3	0.0	0.6	0.9	1 200
Area										
Urban	96.4	1.4	0.3	1.6	3.3	0.3	0.0	0.4	0.7	5 004
Rural	98.0	0.3	0.1	1.4	1.9	0.0	0.0	0.6	0.7	9 405
Education										
None	95.8	0.4	0.4	2.7	3.6	0.0	0.2	1.9	2.1	197
Primary	97.1	0.6	0.1	2.0	2.7	0.1	0.0	1.0	1.0	3 904
Secondary	97.7	0.6	0.2	1.3	2.1	0.1	0.0	0.4	0.6	9 402
Higher	96.4	2.0	0.4	1.2	3.6	0.2	0.0	0.1	0.3	907
Under-5s in the same household										
At least one	97.9	0.7	0.1	1.1	1.9	0.1	0.0	0.4	0.4	9 029
None	96.7	0.7	0.3	2.1	3.2	0.2	0.0	0.9	1.1	5 380
Wealth index quintile										
Poorest	98.3	0.2	0.1	1.3	1.6	0.0	0.0	0.7	0.7	2 445
Second	98.1	0.3	0.1	1.5	1.8	0.0	0.0	0.7	0.7	2 441
Middle	98.1	0.5	0.1	1.1	1.7	0.0	0.0	0.4	0.4	2 553
Fourth	96.7	0.9	0.3	2.0	3.1	0.3	0.0	0.7	1.0	3 356
Richest	96.6	1.3	0.3	1.5	3.1	0.2	0.0	0.3	0.6	3 614

[1] **MICS indicator 12.1 - Tobacco use**

Results on the use of tobacco by men are presented in Table TA.1M. Overall, 20.3 percent of men age 15-54 years had used any tobacco product at any time in the last one month preceding the survey. A larger proportion of men in rural areas (22.2 percent) had used any tobacco product than in urban areas (16.4 percent). About 28 percent of men in Mashonaland Central Province had used any tobacco product compared to 14.5 percent in Bulawayo Province. Tobacco use decreased with an increase in men's education and generally with household wealth.

Sixty-two percent of men had never smoked cigarettes or used other tobacco products. Among the 15-19 years age group, 89.4 percent had never smoked cigarettes or used other tobacco products.

Figure TA.1 summarises ever and current use of any tobacco products by women and men.

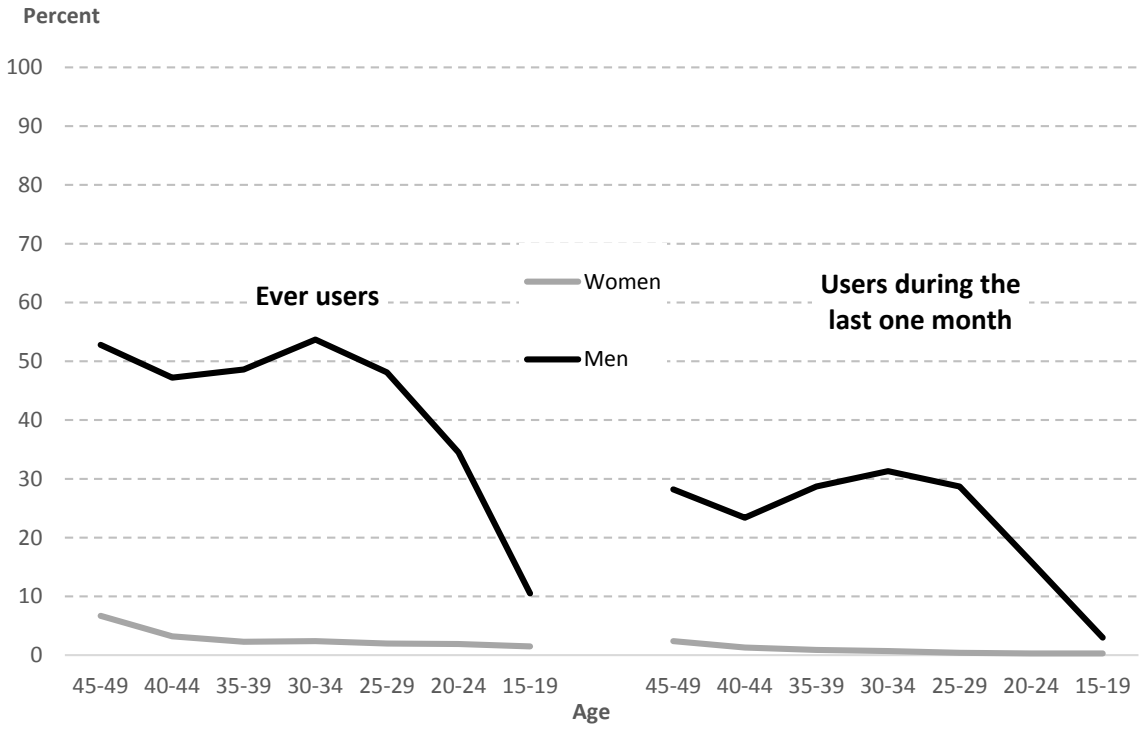
Table TA.1M: Current and ever use of tobacco (men)

Percentage of men age 15-54 years by pattern of use of tobacco, Zimbabwe MICS, 2014

	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of men age 15-54 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	
Total	**61.6**	**19.1**	**16.0**	**3.0**	**38.2**	**10.2**	**7.6**	**2.5**	**20.3**	**7 914**
Age										
15-19	89.4	5.8	2.8	1.8	10.5	1.2	1.1	0.7	3.0	2 068
20-24	65.2	22.6	9.6	2.3	34.5	9.8	4.9	1.2	15.9	1 227
25-29	51.6	25.8	19.7	2.6	48.1	17.5	9.6	1.6	28.7	1 096
30-34	46.2	26.9	24.8	2.0	53.7	16.1	12.7	2.4	31.3	1 088
35-39	50.8	21.0	22.6	5.0	48.6	13.6	11.0	4.2	28.7	910
40-44	52.8	21.7	20.2	5.3	47.2	9.5	9.8	4.2	23.4	746
45-49	47.2	22.3	25.3	5.2	52.8	12.1	10.6	5.5	28.2	427
50-54	28.6	26.8	40.8	3.8	71.4	13.7	16.3	9.1	39.2	351
Province										
Manicaland	59.3	20.6	17.5	2.5	40.6	11.9	7.1	1.7	20.8	937
Mashonaland Central	54.3	18.4	24.7	2.2	45.3	12.2	13.9	1.8	27.8	492
Mashonaland East	59.0	20.7	16.5	3.5	40.7	10.1	8.4	1.7	20.2	869
Mashonaland West	59.2	17.1	19.9	3.6	40.6	10.0	10.9	3.0	23.9	1 136
Matabeleland North	63.8	17.5	17.0	1.6	36.1	9.7	8.8	4.3	22.9	670
Matabeleland South	66.0	15.6	15.2	3.2	34.0	9.0	10.0	2.7	21.7	591
Midlands	66.7	18.9	12.3	2.0	33.2	8.5	6.0	3.0	17.5	1 026
Masvingo	61.9	19.0	15.3	3.4	37.7	8.1	6.7	2.9	17.7	728
Harare	58.1	22.8	14.8	4.0	41.5	12.4	3.7	1.6	17.7	838
Bulawayo	68.1	19.8	7.8	3.9	31.5	10.4	1.6	2.4	14.5	627
Area										
Urban	63.1	22.6	10.7	3.2	36.6	12.1	2.8	1.4	16.4	2 558
Rural	60.9	17.5	18.6	2.9	39.0	9.3	9.9	3.0	22.2	5 356

Education										
None	26.5	21.1	48.1	4.3	73.5	10.2	19.6	15.8	45.6	70
Primary	56.1	16.9	23.5	3.4	43.8	10.6	12.6	4.5	27.8	2 033
Secondary	64.4	19.3	13.3	2.8	35.4	10.0	6.2	1.7	17.9	5 090
Higher	61.1	24.5	11.1	3.1	38.7	10.5	1.9	1.5	13.9	721
Under-5s in the same household										
At least one	59.9	19.8	16.8	3.2	39.8	10.7	7.8	3.0	21.6	4 085
None	63.4	18.5	15.2	2.7	36.4	9.6	7.4	1.9	18.9	3 829
Wealth index quintile										
Poorest	59.6	14.3	23.2	2.8	40.3	10.3	11.9	5.2	27.5	1 258
Second	61.2	14.8	20.7	3.1	38.5	7.1	12.4	3.5	23.1	1 330
Middle	62.4	20.2	14.5	2.6	37.4	9.4	7.7	2.0	19.1	1 511
Fourth	57.9	22.3	16.3	3.3	41.9	13.1	7.0	1.6	21.7	2 025
Richest	66.7	21.3	8.5	3.0	32.9	9.7	1.5	1.3	12.5	1 790

Figure TA.1: Ever and current smokers, Zimbabwe MICS, 2014



Results on the frequency and age at first use of cigarettes by women age 15-49 are presented in Table TA.2. Given the small number of women who reported using tobacco, it is not informative to examine the pattern of tobacco use among women by background characteristics.

Table TA.2: Age at first use of cigarettes and frequency of use (women)

Percentage of women age 15-49 years who smoked a whole cigarette before age 15, and percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours, Zimbabwe MICS, 2014

	Percentage of women who smoked a whole cigarette before age 15[1]	Number of women age 15-49 years	Number of cigarettes in the last 24 hours					Number of women age 15-49 years who are current cigarette smokers
			Less than 5	5-9	10-19	20+	Total	
Total	**0.1**	**14 409**	**(*)**	**(*)**	**(*)**	**(*)**	**100.0**	**20**

[1] **MICS indicator 12.2 - Smoking before age 15**

Results on the frequency and age at first use of cigarettes by men age 15-54 years are presented in Table TA.2M. About two percent of men smoked a whole cigarette before age 15. A majority of men (56.9 percent) who smoked cigarettes in the last 24 hours preceding the interview smoked less than 5 cigarettes, followed by 21.2 percent of men who smoked between 5 and 9 cigarettes.

Table TA.2M: Age at first use of cigarettes and frequency of use (men)

Percentage of men age 15-54 years who smoked a whole cigarette before age 15, and percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours, Zimbabwe MICS, 2014

	Percentage of men who smoked a whole cigarette before age 15	Number of men age 15-54 years	Number of cigarettes in the last 24 hours						Number of men age 15-54 years who are current cigarette smokers
			Less than 5	5-9	10-19	20+	DK/ Missing	Total	
Total	**2.1**	**7 914**	**56.9**	**21.2**	**15.6**	**5.9**	**0.4**	**100.0**	**1 450**
Age									
15-19	1.3	2 068	(78.5)	(7.9)	(7.6)	(6.0)	(0.0)	100.0	47
20-24	1.3	1 227	65.8	22.8	7.2	4.3	0.0	100.0	183
25-29	2.9	1 096	54.6	21.7	15.7	7.3	0.7	100.0	303
30-34	2.0	1 088	57.5	22.0	15.4	4.6	0.6	100.0	320
35-39	1.8	910	57.1	19.9	18.0	5.0	0.0	100.0	230
40-44	2.3	746	53.1	22.8	17.0	6.4	0.7	100.0	150
45-49	4.2	427	47.2	23.4	20.7	8.8	0.0	100.0	103
50-54	5.7	351	51.6	19.0	22.1	6.4	0.8	100.0	113
Province									
Manicaland	1.8	937	61.4	21.8	13.6	2.7	0.5	100.0	184
Mashonaland Central	2.4	492	61.5	17.7	14.8	6.0	0.0	100.0	133
Mashonaland East	1.5	869	49.2	20.9	18.5	11.4	0.0	100.0	163
Mashonaland West	2.0	1 136	60.1	20.4	13.4	6.1	0.0	100.0	244
Matabeleland North	1.5	670	63.8	17.8	11.3	4.4	2.7	100.0	129
Matabeleland South	0.9	591	58.0	26.0	11.0	5.0	0.0	100.0	116
Midlands	2.7	1 026	65.2	13.8	16.2	4.7	0.0	100.0	160
Masvingo	2.8	728	50.2	23.9	17.4	7.6	0.9	100.0	111
Harare	2.7	838	44.8	25.1	21.4	8.3	0.5	100.0	134
Bulawayo	2.7	627	45.0	31.9	23.1	0.0	0.0	100.0	76
Area									
Urban	2.8	2 558	44.4	26.7	21.6	7.1	0.2	100.0	381
Rural	1.8	5 356	61.4	19.2	13.5	5.4	0.5	100.0	1 069
Education									
None	4.9	70	(72.5)	(10.3)	(17.2)	(0.0)	(0.0)	100.0	26
Primary	2.6	2 033	61.5	19.1	11.3	7.6	0.5	100.0	494
Secondary	1.6	5 090	54.7	22.5	17.3	5.1	0.4	100.0	840
Higher	3.9	721	47.8	23.7	23.1	5.5	0.0	100.0	90
Under-5s in the same household									
At least one	1.7	4 085	60.8	19.6	13.9	5.3	0.3	100.0	782
None	2.5	3 829	52.3	23.0	17.7	6.5	0.5	100.0	668
Wealth index quintile									
Poorest	1.8	1 258	66.5	16.4	8.9	7.1	1.1	100.0	307
Second	1.8	1 330	59.9	20.9	12.8	6.4	0.0	100.0	270
Middle	2.1	1 511	63.3	20.1	13.4	2.8	0.3	100.0	264
Fourth	1.9	2 025	46.0	26.9	20.9	5.8	9.4	100.0	408
Richest	2.9	1 790	52.2	18.5	22.0	7.3	0.0	100.0	201

14.2 Alcohol Use

Table TA.3 presents results on alcohol consumption pattern by women age 15-49 years. A majority of women (88.8 percent) had never had an alcoholic drink in their life, less than one percent had at least one before age 15 and two percent had at least one anytime during the last month prior to the survey. Women residing in urban areas, with higher levels of education and from the richest wealth quintile were more likely to have had at least one alcoholic drink at any time during the one month prior to the survey. Harare and Bulawayo provinces had the highest proportion of women who had at least one alcoholic drink at any time one month prior to the survey. The proportion of women who had at least one alcoholic drink before the age 15 was highest among those age 15-19 years compared to other age groups.

Table TA.3: Use of alcohol (women)

Percentage of women age 15-49 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of women who have had at least one alcoholic drink at any time during the last one month, Zimbabwe MICS, 2014

	Percentage of women who:			
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15[1]	Had at least one alcoholic drink at any time during the last one month[2]	Number of women age 15-49 years
Total	**88.8**	**0.5**	**2.0**	**14 409**
Age				
15-19	92.9	1.0	1.2	3 105
20-24	88.2	0.5	2.1	2 572
25-29	86.6	0.5	2.4	2 372
30-34	87.4	0.3	2.3	2 327
35-39	88.9	0.4	2.3	1 783
40-44	89.7	0.1	1.9	1 371
45-49	84.8	0.6	2.6	879
Province				
Manicaland	91.1	0.3	1.7	1 755
Mashonaland Central	90.4	0.5	1.4	739
Mashonaland East	89.8	0.6	0.9	1 550
Mashonaland West	89.7	0.4	1.6	1 874
Matabeleland North	90.3	0.5	1.2	1 238
Matabeleland South	91.5	0.4	0.8	1 120
Midlands	93.1	0.3	1.1	1 800
Masvingo	92.9	0.5	1.4	1 509
Harare	79.4	0.9	4.5	1 624
Bulawayo	79.2	1.2	5.8	1 200
Area				
Urban	82.7	0.8	4.1	5 004
Rural	92.1	0.4	0.9	9 405
Education				
None	86.9	0.9	1.8	197
Primary	90.6	0.4	1.3	3 904
Secondary	89.1	0.6	2.0	9 402
Higher	78.6	0.6	5.2	907
Wealth index quintile				
Poorest	93.6	0.4	0.6	2 445
Second	93.3	0.3	0.7	2 441
Middle	92.5	0.4	0.7	2 553
Fourth	86.0	0.3	2.7	3 356
Richest	82.6	1.1	4.2	3 614

[1] MICS indicator 12.4 - Use of alcohol before age 15

[2] MICS indicator 12.3 - Use of alcohol

Forty-four percent of men age 15-54 years had never had an alcoholic drink in their life (see Table TA.3M). About 30 percent had at least one alcoholic drink at any time during one month prior to the survey and 2.8 percent had at least one alcoholic drink before age 15. The proportion of men who had at least one alcoholic drink at any time during one month prior to the survey ranged from 8.2 percent among those in the 15-19 years age group to 43.4 percent among those age 30-34 years. Bulawayo Province had the highest proportion (38.9 percent) and Mashonaland Central Province had the lowest (27.0 percent). Men in urban areas were more likely to have had at least one alcoholic drink any time during one month prior to the survey compared to those in the rural areas. Variations by education and wealth quintiles did not follow a defined pattern.

The proportion of men who had at least one alcoholic drink before age 15 was high among the 45-49 age group, in Bulawayo Province, in the urban areas, for men with higher education and those from the richest quintile.

Overall, women were more likely (nearly twice as much) to have never had an alcoholic drink compared to their male counterparts.

Table TA.3M: Use of alcohol (men)

Percentage of men age 15-54 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of men who have had at least one alcoholic drink at any time during the last one month, Zimbabwe MICS, 2014

	Percentage of men who:			
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15	Had at least one alcoholic drink at any time during the last one month[2]	Number of men age 15-54 years
Total	**44.0**	**2.8**	**30.2**	**7 914**
Age				
15-19	77.1	3.1	8.2	2 068
20-24	44.8	2.2	29.4	1 227
25-29	32.0	3.0	40.7	1 096
30-34	26.6	2.8	43.4	1 088
35-39	29.4	2.7	40.9	910
40-44	32.8	1.6	34.3	746
45-49	27.8	4.1	38.6	427
50-54	20.0	2.9	42.0	351
Province				
Manicaland	45.6	3.0	29.7	937
Mashonaland Central	42.3	2.2	27.0	492
Mashonaland East	43.0	2.2	30.0	869
Mashonaland West	45.5	2.3	30.4	1 136
Matabeleland North	42.8	3.0	27.5	670
Matabeleland South	48.9	2.2	27.4	591
Midlands	48.6	2.9	29.3	1 026
Masvingo	45.8	2.9	30.0	728
Harare	38.3	2.6	31.5	838
Bulawayo	36.4	5.0	38.9	627
Area				
Urban	39.4	3.7	34.3	2 558
Rural	46.2	2.3	28.3	5 356
Education				
None	25.0	2.0	42.6	70
Primary	42.6	2.8	29.1	2 033
Secondary	46.2	2.4	28.9	5 090
Higher	34.6	5.5	41.3	721
Wealth index quintile				
Poorest	45.5	2.2	27.0	1 258
Second	49.7	1.8	27.0	1 330
Middle	47.8	2.7	26.9	1 511
Fourth	39.4	2.5	34.5	2 025
Richest	40.8	4.3	32.8	1 790

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Table ED.5: Secondary school attendance and out of school children

Percentage of children of secondary school age attending secondary school or higher (adjusted net attendance ratio), percentage attending primary school, and percentage out of school, Zimbabwe MICS, 2014

	Male				Female				Total			
		Percentage of children:				Percentage of children:				Percentage of children:		
	Net attendance ratio (adjusted)	Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)	Attending primary school	Out of school[a]	Number of children	Net attendance ratio (adjusted)[1]	Attending primary school	Out of school[a]	Number of children
Total	**45.8**	**20.0**	**33.6**	**4 883**	**49.8**	**14.3**	**35.6**	**4 489**	**47.7**	**17.3**	**34.6**	**9 372**
Province												
Manicaland	47.8	23.5	28.5	620	44.8	19.0	36.0	587	46.3	21.3	32.2	1 208
Mashonaland Central	38.3	26.9	34.3	279	37.4	20.2	41.7	211	37.9	24.1	37.5	490
Mashonaland East	52.9	21.8	24.6	536	54.7	11.6	33.4	472	53.8	17.1	28.7	1 008
Mashonaland West	44.5	22.5	32.8	707	46.3	14.8	38.7	558	45.3	19.1	35.4	1 265
Matabeleland North	34.3	19.6	45.1	466	49.1	17.0	34.0	457	41.6	18.3	39.6	923
Matabeleland South	29.6	14.2	55.2	453	47.3	8.9	43.5	389	37.8	11.8	49.8	841
Midlands	43.7	23.5	32.6	657	52.7	17.4	29.7	593	48.0	20.6	31.2	1 250
Masvingo	44.8	22.4	32.4	566	47.8	18.2	33.7	540	46.3	20.4	33.0	1 106
Harare	70.4	7.6	20.3	310	54.7	7.0	37.4	376	61.8	7.3	29.7	685
Bulawayo	63.4	6.6	29.6	290	62.5	3.4	33.9	307	62.9	5.0	31.8	597
Area												
Urban	67.7	8.5	23.1	1 050	59.0	6.6	33.9	1 208	63.1	7.5	28.9	2 258
Rural	39.9	23.1	36.5	3 833	46.4	17.1	36.3	3 281	42.9	20.4	36.4	7 114
Age at beginning of school year												
13	30.5	57.6	11.7	1 016	44.2	44.8	10.8	961	37.2	51.4	11.3	1 977
14	52.2	29.5	18.2	901	64.8	20.1	15.1	855	58.3	24.9	16.7	1 757
15	63.8	11.0	25.0	743	68.9	3.8	27.2	655	66.2	7.6	26.0	1 397
16	57.6	4.0	37.6	755	57.8	1.7	40.3	699	57.7	2.9	38.9	1 454

17	43.4	1.6	54.3	720	37.6	0.3	61.5	675	40.6	1.0	57.8	1 395
18	31.7	0.2	66.6	749	22.8	0.1	76.5	643	27.6	0.2	71.2	1 392
Mother's education												
None	30.3	37.3	32.1	309	50.6	28.8	20.3	1 183	35.5	34.6	29.7	569
Primary	36.0	36.9	26.9	1 411	68.2	16.8	14.9	1 024	42.7	33.2	23.9	2 594
Secondary	62.4	22.9	14.6	1 101	72.6	14.8	12.3	147	65.2	20.0	14.7	2 125
Higher	80.3	14.2	5.4	118	38.5	1.4	59.7	1 873	76.1	14.5	9.2	265
Cannot be determined[b]	43.9	3.7	51.3	1 944	50.6	28.8	20.3	1 183	41.3	2.6	55.4	3 816
Missing/DK	-	-	-	0	(*)	(*)	(*)	3	(*)	(*)	(*)	3
Wealth index quintile												
Poorest	26.5	29.9	43.4	983	38.0	23.0	38.8	895	32.0	26.6	41.2	1 877
Second	41.3	23.7	34.8	1 099	47.1	17.3	35.4	879	43.9	20.8	35.1	1 978
Middle	46.9	19.3	33.1	1 193	53.2	15.2	31.6	978	49.7	17.4	32.4	2 171
Fourth	45.9	17.8	35.6	808	47.8	10.1	41.4	801	46.8	14.0	38.5	1 609
Richest	74.3	6.1	19.0	800	61.7	5.9	32.1	936	67.5	6.0	26.0	1 736

[1] MICS indicator 7.5 - Secondary school net attendance ratio (adjusted)

[a] The percentage of children of secondary school age out of school are those who are not attending primary, secondary, or higher education

[b] Children age 15 or higher at the time of the interview whose mothers were not living in the household

(*) Figures that are based on less than 25 unweighted cases

Table ED.8: Education gender parity

Ratio of adjusted net attendance ratios of girls to boys, in primary and (lower and upper) secondary school, Zimbabwe MICS, 2014

	Primary school			Secondary school		
	Primary school adjusted net attendance ratio (NAR), girls	Primary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school adjusted NAR[1]	Secondary school adjusted net attendance ratio (NAR), girls	Secondary school adjusted net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school adjusted NAR[2]
Total	**94.0**	**92.7**	**1.01**	**49.8**	**45.8**	**1.09**
Province						
Manicaland	93.4	92.1	1.01	44.8	47.8	0.94
Mashonaland Central	90.1	90.6	0.99	37.4	38.3	0.98
Mashonaland East	95.1	93.9	1.01	54.7	52.9	1.03
Mashonaland West	92.5	91.6	1.01	46.3	44.5	1.04
Matabeleland North	95.5	93.8	1.02	49.1	34.3	1.43
Matabeleland South	95.0	93.9	1.01	47.3	29.6	1.60
Midlands	93.6	90.9	1.03	52.7	43.7	1.21
Masvingo	93.0	91.7	1.01	47.8	44.8	1.07
Harare	95.3	94.5	1.01	54.7	70.4	0.78
Bulawayo	97.6	97.3	1.00	62.5	63.4	0.99
Area						
Urban	96.4	96.0	1.00	59.0	67.7	0.87
Rural	93.3	91.9	1.02	46.4	39.9	1.16
Mother's education						
None	89.4	86.7	1.03	41.7	30.3	1.37
Primary	92.2	90.6	1.02	50.6	36.0	1.40
Secondary	96.3	96.0	1.00	68.2	62.4	1.09
Higher	97.9	96.7	1.01	72.6	80.3	0.90
Cannot be determined[a]	(92.0)	(83.3)	1.11	38.5	43.9	0.88
Missing/DK	(*)	(*)	(*)	(*)	-	-
Wealth index quintile						
Poorest	91.9	88.9	1.03	38.0	26.5	1.44
Second	92.7	91.4	1.01	47.1	41.3	1.14
Middle	95.1	94.4	1.01	53.2	46.9	1.13
Fourth	93.5	93.8	1.00	47.8	45.9	1.04
Richest	97.6	97.3	1.00	61.7	74.3	0.83

[1] MICS indicator 7.9; MDG indicator 3.1 - Gender parity index (primary school)

[2] MICS indicator 7.10; MDG indicator 3.1 - Gender parity index (secondary school)

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household

na: not applicable

Table ED.9: Out of school gender parity

Percentage of girls in the total out of school population, in primary and (lower and secondary) secondary school, Zimbabwe MICS, 2014

	Primary school				Secondary school			
	Percentage of out of school children	Number of children of primary school age	Percentage of girls in the total out of school population of primary school age	Number of children of primary school age out of school	Percentage of out of school children	Number of children of secondary school age	Percentage of girls in the total out of school population of secondary school age	Number of children of secondary school age out of school
Total	**6.6**	**12 573**	**45.2**	**833**	**34.6**	**9 372**	**49.3**	**3 242**
Province								
Manicaland	7.2	1 620	45.2	117	32.2	1 208	54.5	388
Mashonaland Central	9.6	688	53.3	66	37.5	490	47.8	183
Mashonaland East	5.4	1 339	42.3	72	28.7	1 008	54.4	289
Mashonaland West	7.9	1 697	47.6	134	35.4	1 265	48.2	448
Matabeleland North	5.4	1 332	40.0	72	39.6	923	42.5	365
Matabeleland South	5.6	1 167	46.6	65	49.8	841	40.3	419
Midlands	7.8	1 572	41.3	122	31.2	1 250	45.1	390
Masvingo	7.6	1 666	44.7	127	33.0	1 106	49.9	365
Harare	4.9	819	48.4	40	29.7	685	69.1	204
Bulawayo	2.5	674	(*)	17	31.8	597	54.7	190
Area								
Urban	3.7	2 717	49.5	102	28.9	2 258	62.8	653
Rural	7.4	9 856	44.7	731	36.4	7 114	46.0	2 589
Mother's education								
None	11.9	1 167	45.4	139	29.7	569	41.4	169
Primary	8.6	5 504	44.4	474	23.9	2 594	38.8	620
Secondary	3.8	5 224	48.3	198	14.7	2 125	48.8	313
Higher	2.5	622	(*)	15	9.2	265	(73.7)	25
Cannot be determined[a]	12.2	51	(*)	6	55.4	3 816	52.9	2 115
Missing/DK	(*)	5	-	-	(*)	3	-	0
Wealth index quintile								
Poorest	9.6	3 036	41.8	291	41.2	1 877	44.9	773
Second	8.0	2 910	45.8	232	35.1	1 978	44.9	694
Middle	5.2	2 666	45.9	139	32.4	2 171	43.9	704
Fourth	6.2	1 946	49.9	121	38.5	1 609	53.6	619
Richest	2.4	2 015	49.4	49	26.0	1 736	66.5	452

[a] Children age 15 or higher at the time of the interview whose mothers were not living in the household
na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table CP.7M: Early marriage and polygyny (men)

Percentage of men age 15-49 years who first married or entered a marital union before their 15th birthday, percentages of men age 20-49 years who first married or entered a marital union before their 15th and 18th birthdays, percentage of men age 15-19 years currently married or in union, and the percentage of men who are in a polygynous marriage or union, Zimbabwe MICS, 2014

	Men age 15-49 years		Men age 20-49 years			Men age 15-19 years		Men age 15-49 years	
	Percentage married before age 15[1]	Number of men age 15-49 years	Percent age married before age 15	Percent age married before age 18[2]	Number of men age 20-49 years	Percent age currently married/in union[3]	Number of men age 15-19 years	Percentage in polygamous marriage/ union[4]	Number of men age 15-49 years currently married/ in union
Total	**0.3**	**7 563**	**0.4**	**3.7**	**5 495**	**1.7**	**2 068**	**3.8**	**3 879**
Province									
Manicaland	0.5	901	0.6	3.8	626	2.6	275	3.3	475
Mash Central	0.6	473	0.8	7.7	356	4.6	117	8.4	275
Mash East	0.3	833	0.4	4.1	629	1.2	204	6.0	450
Mash West	0.1	1 095	0.1	5.2	800	1.2	295	2.9	587
Mat North	0.0	627	0.0	4.0	432	1.1	195	5.1	292
Mat South	0.7	551	1.2	3.4	340	0.4	210	1.4	198
Midlands	0.3	981	0.2	2.2	717	0.9	264	2.8	509
Masvingo	0.3	694	0.5	4.5	469	3.8	225	4.6	361
Harare	0.4	808	0.5	1.8	671	0.6	137	2.4	457
Bulawayo	0.2	601	0.2	2.0	454	1.9	147	1.3	276
Area									
Urban	0.2	2 451	0.2	2.0	1 962	1.5	489	2.3	1 332
Rural	0.4	5 112	0.5	4.7	3 533	1.8	1 579	4.5	2 547
Age									
15-19	0.1	2 068	na	na	na	1.7	2 068	0.0	26
20-24	0.1	1 227	0.1	2.1	1 227	na	na	1.5	349
25-29	0.5	1 096	0.5	3.2	1 096	na	na	1.3	720
30-34	0.4	1 088	0.4	4.4	1 088	na	na	3.4	899
35-39	0.3	910	0.3	3.6	910	na	na	3.8	811
40-44	0.7	746	0.7	4.7	746	na	na	7.2	691
45-49	1.1	427	1.1	6.7	427	na	na	5.2	382
Education									
None	(0.0)	39	(0.0)	(6.1)	36	(*)	2	(*)	25
Primary	0.7	1 864	1.0	7.1	1 287	2.8	577	5.4	920
Secondary	0.2	4 989	0.3	3.0	3 510	1.3	1 480	3.4	2 458
Higher	0.1	671	0.1	0.9	662	(*)	9	2.6	477
Wealth index quintile									
Poorest	0.6	1 184	0.8	5.4	841	2.3	342	5.5	648
Second	0.2	1 265	0.3	4.6	833	2.5	432	4.4	604
Middle	0.2	1 463	0.3	4.7	923	1.5	540	4.3	602
Fourth	0.5	1 954	0.6	4.1	1 572	1.2	383	3.4	1 156
Richest	0.2	1 697	0.1	1.0	1 327	1.2	371	2.2	870

[1] MICS indicator 8.4 - Marriage before age 15[M]

[2] MICS indicator 8.5 - Marriage before age 18[M]

[3] MICS indicator 8.6 - Young men age 15-19 years currently married or in union[M]

[4] MICS indicator 8.7 - Polygyny[M]

na: not applicable
( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table HA.1M: Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (men)

Percentage of men age 15-49 years who know the main ways of preventing HIV transmission, percentage who know that a healthy looking person can be HIV-positive, percentage who reject common misconceptions, and percentage who have comprehensive knowledge about HIV transmission, Zimbabwe MICS, 2014

	Percentage who have heard of AIDS	Percentage who know transmission can be prevented by: Having only one faithful uninfected sex partner	Using a condom every time	Both	Percentage who know that a healthy looking person can be HIV-positive	Percentage who know that HIV cannot be transmitted by: Mosquito bites	Supernatural means	Sharing food with someone with HIV	Percentage who reject the two most common misconceptions and know that a healthy looking person can be HIV-positive	Percentage with comprehensive knowledge[1]	Number of men age 15-49
Total	**98.8**	**92.9**	**85.6**	**81.9**	**88.7**	**81.1**	**93.1**	**90.2**	**69.1**	**59.6**	**7 563**
Province											
Manicaland	98.8	93.2	88.6	85.2	87.7	83.2	95.6	91.8	70.9	62.4	901
Mashonaland Central	99.3	93.7	87.6	84.3	87.5	81.1	95.0	93.1	68.9	61.9	473
Mashonaland East	99.5	93.4	86.1	81.9	91.6	79.7	93.4	92.0	70.0	59.8	833
Mashonaland West	98.6	91.2	84.8	79.8	89.1	80.8	92.5	91.8	69.5	59.0	1 095
Matabeleland North	99.7	97.3	87.5	86.0	87.4	82.9	96.1	88.9	68.9	60.9	627
Matabeleland South	95.5	83.8	78.3	71.5	82.2	71.8	89.2	80.4	56.3	44.9	551
Midlands	99.1	94.6	84.9	82.4	86.7	79.8	92.2	87.7	65.4	56.1	981
Masvingo	97.6	88.1	83.5	77.3	85.8	78.6	90.1	88.8	65.2	55.1	694
Harare	99.8	96.0	84.5	82.4	93.4	86.1	93.9	93.5	77.1	66.5	808
Bulawayo	99.7	96.4	89.7	87.7	93.9	85.2	93.5	91.3	76.0	68.6	601
Area											
Urban	99.7	96.3	88.0	86.1	94.1	85.9	93.8	94.0	78.1	69.6	2 451
Rural	98.4	91.2	84.4	79.9	86.1	78.7	92.8	88.3	64.8	54.9	5 112
Age											
15-24[1]	97.8	88.3	81.6	76.1	83.5	78.1	91.2	88.3	62.7	51.7	3 296
15-19	97.0	85.7	79.7	73.5	79.6	78.1	89.8	86.8	60.1	48.7	2 068
20-24	99.1	92.5	84.7	80.3	90.2	78.3	93.5	90.8	67.1	57.0	1 227
25-29	99.3	96.1	88.2	86.0	92.5	83.3	95.5	90.8	73.1	64.2	1 096
30-39	99.6	96.1	88.5	85.9	92.9	83.5	94.8	92.0	74.7	66.4	1 999
40-49	99.8	97.3	89.4	87.5	92.7	83.0	93.6	91.7	73.7	65.9	1 173

Marital status											
Ever married/in union	99.7	96.2	88.3	85.9	92.6	82.3	94.7	91.4	72.8	64.4	4 238
Never married/in union	97.7	88.7	82.1	76.7	83.7	79.5	91.2	88.5	64.3	53.5	3 325
Education											
None	(93.1)	(89.9)	(83.0)	(83.0)	(86.0)	(75.5)	(88.3)	(82.2)	(65.2)	(56.9)	39
Primary	96.6	87.2	79.1	73.7	80.3	70.9	89.4	82.1	53.5	43.2	1 864
Secondary	99.5	94.2	87.0	83.5	90.7	83.6	94.3	92.5	72.7	63.0	4 989
Higher	100.0	99.1	93.4	92.6	97.2	91.1	95.4	95.8	85.4	80.1	671
Wealth index quintiles											
Poorest	97.8	90.7	82.8	78.1	83.5	76.1	90.8	84.4	59.7	49.4	1 184
Second	97.8	90.4	82.3	78.3	83.6	78.6	93.0	87.8	64.2	53.5	1 265
Middle	98.6	90.5	85.5	80.4	87.5	79.1	93.0	89.8	66.4	56.6	1 463
Fourth	99.4	93.7	86.3	82.4	90.8	81.3	94.1	91.7	70.2	61.0	1 954
Richest	99.8	97.4	89.2	87.9	94.8	87.8	93.9	94.6	80.3	72.3	1 697

[1]MICS indicator 9.1; MDG indicator 6.3 - Knowledge about HIV prevention among young men[M]

Table HA.2M: Knowledge of mother-to-child HIV transmission (men)

Percentage of men age 15-49 years who correctly identify means of HIV transmission from mother to child, Zimbabwe MICS, 2014

	Percentage of men age 15-49 who have heard of AIDS and:						
	Know HIV can be transmitted from mother to child:					Do not know any of the specific means of HIV transmission from mother to child	Number of men age 15-49
	During pregnancy	During delivery	By breastfeeding	By at least one of the three means	By all three means[1]		
Total	**77.9**	**73.4**	**77.1**	**94.9**	**51.6**	**4.0**	**7 563**
Province							
Manicaland	81.8	78.9	76.2	95.8	55.8	3.0	901
Mashonaland Central	79.3	75.2	76.1	96.9	50.9	2.3	473
Mashonaland East	80.3	75.8	79.2	96.6	53.9	2.9	833
Mashonaland West	77.3	69.1	77.5	95.3	47.2	3.2	1 095
Matabeleland North	79.0	75.1	80.6	96.5	55.2	3.2	627
Matabeleland South	75.9	64.3	73.5	88.6	49.4	6.9	551
Midlands	72.7	70.4	77.6	92.5	51.2	6.7	981
Masvingo	81.0	71.7	80.7	95.0	54.0	2.6	694
Harare	77.4	76.5	73.1	95.1	50.0	4.7	808
Bulawayo	75.2	76.9	76.0	96.1	49.4	3.6	601
Area							
Urban	76.2	78.8	77.2	96.1	52.4	3.6	2 451
Rural	78.8	70.8	77.1	94.3	51.2	4.1	5 112
Age group							
15-24[1]	77.4	64.4	73.4	92.5	45.2	5.3	3 296
15-19	77.0	62.0	70.3	90.3	43.3	6.7	2 068
20-24	77.9	68.5	78.7	96.1	48.6	3.0	1 227
25-29	77.3	78.4	79.8	96.0	55.4	3.3	1 096
30-39	79.3	81.5	80.7	97.2	57.3	2.5	1 999
40-49	77.7	80.0	78.8	96.5	56.4	3.3	1 173
Marital status							
Ever married/in union	78.8	79.3	80.4	96.9	56.1	2.8	4 238
Never married/in union	76.8	65.7	73.0	92.3	45.9	5.4	3 325
Education							
None	(74.1)	(66.7)	(72.4)	(88.4)	(53.1)	(4.7)	39
Primary	77.3	64.4	74.7	90.6	49.6	6.0	1 864
Secondary	78.9	74.4	77.7	96.0	51.6	3.5	4 989
Higher	72.6	90.8	80.3	98.6	56.9	1.4	671
Wealth index quintiles							
Poorest	76.7	69.0	78.6	93.0	50.9	4.8	1 184
Second	78.9	70.4	76.0	93.6	51.4	4.3	1 265
Middle	80.1	68.9	75.9	94.0	50.7	4.6	1 463
Fourth	79.0	75.7	78.4	96.3	52.5	3.1	1 954
Richest	75.0	79.8	76.6	96.3	52.1	3.5	1 697

[1] **MICS indicator 9.2 - Knowledge of mother-to-child transmission of HIV[M]**

Table HA.3M: Accepting attitudes toward people living with HIV (men)

Percentage of men age 15-49 years who have heard of AIDS who express an accepting attitude towards people living with HIV, Zimbabwe MICS, 2014

	Percentage of men who:						
	Are willing to care for a family member with AIDS in own home	Would buy fresh vegetables from a shopkeeper or vendor who is HIV-positive	Believe that a female teacher who is HIV-positive and is not sick should be allowed to continue teaching	Would not want to keep secret that a family member is HIV-positive	Agree with at least one accepting attitude	Express accepting attitudes on all four indicators[1]	Number of men age 15-49 who have heard of AIDS
Total	**96.4**	**80.3**	**85.1**	**60.3**	**99.7**	**43.8**	**7 474**
Province							
Manicaland	97.5	81.1	84.8	61.0	99.9	46.8	890
Mashonaland Central	98.8	77.2	82.1	56.9	100.0	41.1	470
Mashonaland East	97.9	85.0	88.0	57.5	99.7	44.4	829
Mashonaland West	96.8	78.4	82.7	58.9	99.3	40.6	1 079
Matabeleland North	92.8	72.5	79.6	60.7	99.6	35.3	625
Matabeleland South	90.7	68.0	70.4	67.6	98.6	37.5	526
Midlands	96.0	82.4	87.1	62.5	99.8	46.7	972
Masvingo	97.2	81.4	87.3	61.9	99.9	45.0	677
Harare	96.9	86.4	92.9	61.1	99.7	51.9	806
Bulawayo	97.9	84.2	90.1	55.7	100.0	44.4	599
Area							
Urban	97.2	85.7	91.9	57.4	99.9	47.1	2 445
Rural	96.0	77.7	81.7	61.8	99.6	42.2	5 029
Age							
15-24	94.6	75.6	80.7	54.8	99.4	35.3	3 222
15-19	93.8	72.3	77.2	54.1	99.2	31.9	2 007
20-24	96.1	80.9	86.4	55.9	99.7	40.8	1 216
25-29	97.6	85.2	86.5	63.1	99.9	48.4	1 089
30-39	97.2	83.3	89.0	64.9	99.8	50.0	1 991
40-49	98.6	83.5	89.1	65.4	99.7	52.7	1 171
Marital status							
Ever married/in union	97.7	83.5	87.7	64.8	99.8	50.3	4 225
Never married/in union	94.6	76.1	81.6	54.6	99.4	35.4	3 248
Education							
None	(97.4)	(67.3)	(83.2)	(56.3)	(100.0)	(34.9)	36
Primary	93.7	67.6	72.3	63.5	99.4	35.1	1 801
Secondary	97.2	83.1	88.1	59.6	99.7	46.0	4 966
Higher	97.4	93.7	96.6	57.4	99.9	51.3	671
Wealth index quintiles							
Poorest	94.6	71.7	77.4	63.8	99.6	38.6	1 157
Second	96.7	76.6	79.6	64.3	99.7	41.8	1 238
Middle	95.6	79.1	81.3	58.6	99.5	41.7	1 443
Fourth	96.7	82.3	88.7	60.8	99.6	47.2	1 942
Richest	97.7	87.5	93.4	56.1	99.9	46.8	1 693

[1] **MICS indicator 9.3 - Accepting attitudes towards people living with HIV[M]**

Table HA.4M: Knowledge of a place for HIV testing (men)

Percentage of men age 15-49 years who know where to get an HIV test, percentage who have ever been tested, percentage who have ever been tested and know the result of the most recent test, percentage who have been tested in the last 12 months, and percentage who have been tested in the last 12 months and know the result, Zimbabwe MICS, 2014

	Percentage of men who:					
	Know a place to get tested[1]	Have ever been tested	Have ever been tested and know the result of the most recent test	Have been tested in the last 12 months	Have been tested in the last 12 months and know the result[2, 3]	Number of men age 15-49
Total	**93.5**	**61.9**	**60.6**	**41.1**	**40.3**	**7 563**
Province						
Manicaland	93.8	60.7	59.5	39.0	38.6	901
Mashonaland Central	94.8	64.7	62.8	46.3	45.1	473
Mashonaland East	95.2	65.6	64.9	45.9	45.2	833
Mashonaland West	91.1	60.1	59.0	41.2	41.0	1 095
Matabeleland North	96.9	59.1	58.1	37.3	36.6	627
Matabeleland South	85.6	56.7	55.0	40.9	40.0	551
Midlands	92.8	56.5	55.0	34.7	33.8	981
Masvingo	91.6	61.9	59.7	45.6	43.6	694
Harare	96.6	67.1	66.5	39.5	39.1	808
Bulawayo	96.3	68.7	67.3	44.5	43.3	601
Area						
Urban	96.4	67.4	66.5	41.5	41.0	2 451
Rural	92.1	59.2	57.8	40.9	40.0	5 112
Age						
15-24	88.5	45.9	44.5	32.9	32.0	3 296
15-19	84.3	36.1	34.5	25.3	24.3	2 068
20-24	95.4	62.3	61.2	45.7	45.0	1 227
25-29	96.2	72.5	71.5	51.6	50.9	1 096
30-39	97.8	75.4	74.5	47.5	47.0	1 999
40-49	97.6	73.7	72.1	43.2	42.2	1 173
Age and sexual activity in the last 12 months						
Sexually active	97.1	71.7	70.6	48.0	47.3	5 288
15-24[3]	94.7	60.2	58.9	46.3	45.4	1 285
15-19	90.0	47.2	45.3	36.0	34.7	475
20-24	97.5	67.8	66.9	52.4	51.7	811
25-49	97.8	75.4	74.3	48.5	47.9	4 003
Sexually inactive	85.1	38.9	37.4	25.0	24.0	2 275
Marital status						
Ever married/in union	97.6	75.2	74.1	48.5	47.9	4 238
Never married/in union	88.2	44.9	43.4	31.6	30.6	3 325
Education						
None	(89.0)	(69.7)	(67.5)	(43.2)	(40.9)	39
Primary	87.1	52.4	50.7	35.4	34.4	1 864
Secondary	95.0	63.0	61.8	42.3	41.6	4 989
Higher	99.8	78.8	78.3	47.4	47.1	671

Wealth index quintiles						
Poorest	91.7	55.4	53.8	36.5	35.3	1 184
Second	90.5	56.3	54.7	38.9	38.3	1 265
Middle	91.8	57.9	56.3	39.4	38.3	1 463
Fourth	94.7	67.6	66.7	47.2	46.7	1 954
Richest	96.9	67.5	66.3	40.2	39.5	1 697

[1] **MICS indicator 9.4 - Men who know where to be tested for HIV[M]**

[2] **MICS indicator 9.5 - Men who have been tested for HIV and know the results[M]**

[3] **MICS indicator 9.6 - Sexually active young men who have been tested for HIV and know the results[M]**

Table HA.6M: Sex with multiple partners (men)

Percentage of men age 15-49 years who ever had sex, percentage who had sex in the last 12 months, percentage who had sex with more than one partner in the last 12 months, mean number of sexual partners in lifetime for men who have ever had sex, and among those who had sex with multiple partners in the last 12 months, the percentage who used a condom at last sex, Zimbabwe MICS, 2014

	Percentage of men who:							
	Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in last 12 months[1]	Number of men age 15-49 years	Mean number of sexual partners in lifetime	Number of men age 15-49 years who have ever had sex	Percentage of men who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex[2]	Number of men age 15-49 years who had more than one sexual partner in the last 12 months
Total	**75.4**	**69.9**	**10.6**	**7 563**	**5.2**	**5 700**	**43.1**	**803**
Province								
Manicaland	70.4	64.4	7.7	901	4.8	634	37.8	69
Mashonaland Central	79.8	72.9	13.2	473	4.1	378	39.8	63
Mashonaland East	75.1	69.6	9.6	833	5.1	626	42.2	80
Mashonaland West	75.4	70.1	10.2	1 095	5.0	825	35.0	112
Matabeleland North	79.2	74.1	16.5	627	6.7	497	40.8	104
Matabeleland South	77.2	71.3	10.1	551	5.5	425	52.5	56
Midlands	73.2	69.4	10.4	981	5.3	718	47.3	102
Masvingo	72.4	67.6	9.1	694	4.3	503	38.9	63
Harare	77.8	71.5	10.3	808	5.4	628	41.3	83
Bulawayo	77.5	71.8	11.8	601	6.1	466	61.0	71
Area								
Urban	78.5	72.4	11.6	2 451	5.8	1 923	48.7	285
Rural	73.9	68.7	10.1	5 112	5.0	3 777	40.1	518
Age								
15-24	46.0	39.0	8.3	3 296	3.5	1 517	64.6	274
15-19	28.3	23.0	4.3	2 068	2.7	586	61.9	89
20-24	75.9	66.1	15.1	1 227	4.1	931	65.9	185
25-29	94.5	89.2	16.7	1 096	5.3	1 036	41.1	184
30-39	99.0	95.1	11.1	1 999	5.4	1 978	30.8	223
40-49	99.7	95.9	10.5	1 173	7.1	1 170	20.8	123
Marital status								
Ever married/in union	100.0	97.5	12.0	4 238	5.6	4 238	24.5	506
Never married/in union	44.0	34.7	8.9	3 325	4.3	1 462	75.0	297
Education								
None	(87.8)	(80.9)	(4.8)	39	(3.6)	34	(*)	2
Primary	77.2	71.9	11.2	1 864	4.9	1 439	37.7	209
Secondary	72.3	66.9	10.4	4 989	5.2	3 605	44.9	517
Higher	92.6	86.3	11.1	671	6.1	622	45.5	75
Wealth index quintiles								
Poorest	77.2	72.4	10.3	1 184	5.1	913	31.7	122
Second	70.8	66.3	9.8	1 265	5.0	896	42.2	125
Middle	69.2	62.4	9.7	1 463	4.7	1011	49.9	142
Fourth	80.9	76.7	11.7	1 954	5.3	1582	39.1	230
Richest	76.4	69.6	10.9	1 697	5.9	1297	51.2	185

[1] **MICS indicator 9.12 - Multiple sexual partnerships[M]**

[2] **MICS indicator 9.13 - Condom use at last sex among people with multiple sexual partnerships[M]**

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table HA.10: Male circumcision

Percentage of men age 15-49 years who report having been circumcised, and percent distribution of men by age of circumcision, Zimbabwe MICS, 2014

	Percent circumcised[1]	Number of men age 15-49 years	Age at circumcision: During infancy	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years	25+ years	DK/ Missing	Total	Number of men age 15-49 years who have been circumcised
Total	**11.1**	**7 563**	**3.0**	**3.5**	**7.7**	**18.2**	**35.4**	**11.7**	**16.2**	**4.3**	**100.0**	**843**
Province												
Manicaland	9.8	901	3.3	11.0	9.8	7.6	34.2	12.6	16.2	5.3	100.0	88
Mashonaland Central	5.9	473	(3.3)	(5.1)	(10.2)	(16.7)	(31.8)	(11.5)	(17.3)	(4.2)	100.0	28
Mashonaland East	5.2	833	(2.2)	(4.6)	(13.7)	(7.4)	(39.1)	(7.6)	(25.5)	(0.0)	100.0	43
Mashonaland West	7.9	1 095	0.0	2.4	9.5	26.0	27.6	10.1	15.0	9.5	100.0	87
Matabeleland North	9.5	627	1.8	1.8	7.2	21.4	56.7	7.8	3.2	0.0	100.0	60
Matabeleland South	21.3	551	0.9	2.6	7.0	26.2	41.3	12.0	7.7	2.3	100.0	117
Midlands	8.9	981	2.5	1.1	7.8	11.5	32.8	15.9	22.3	6.0	100.0	88
Masvingo	14.2	694	1.7	0.0	5.1	27.9	31.1	12.2	18.8	3.1	100.0	99
Harare	12.1	808	8.3	5.8	6.4	15.9	23.5	5.0	25.8	9.3	100.0	98
Bulawayo	22.5	601	4.6	2.6	6.5	14.6	39.4	16.8	13.7	1.6	100.0	135
Area												
Urban	14.9	2 451	4.9	4.3	8.9	14.2	29.4	12.6	20.2	5.4	100.0	366
Rural	9.3	5 112	1.5	2.8	6.8	21.3	39.9	11.1	13.1	3.5	100.0	477
Age												
15-24	13.1	3 296	0.7	1.2	4.8	20.9	58.5	12.7	na	1.2	100.0	431
15-19	15.3	2 068	0.3	0.7	4.3	26.6	67.0	na	na	1.0	100.0	316
20-24	9.4	1 227	1.8	2.5	5.9	5.3	35.3	47.4	na	1.8	100.0	116
25-29	9.4	1 096	4.6	5.4	1.7	12.8	6.3	25.5	38.5	5.2	100.0	103
30-39	9.2	1 999	4.4	6.5	14.7	18.3	12.3	3.7	33.1	7.1	100.0	183
40-49	10.7	1 173	7.3	5.4	12.8	13.6	13.4	8.7	28.7	10.2	100.0	126
Education												
None	(13.8)	39	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	100.0	5
Primary	9.1	1 864	2.6	2.3	10.6	30.3	36.7	6.6	9.0	1.9	100.0	170
Secondary	11.4	4 989	2.3	3.2	6.2	16.6	39.4	12.3	15.3	4.7	100.0	569
Higher	14.6	671	7.8	7.6	10.6	6.4	9.5	17.9	34.5	5.7	100.0	98

Wealth index quintile												
Poorest	8.0	1 184	1.1	0.0	8.2	18.0	44.2	11.9	11.0	5.5	100.0	95
Second	8.6	1 265	2.2	4.0	4.9	27.8	38.5	10.8	7.3	4.5	100.0	109
Middle	9.1	1 463	1.7	2.5	6.0	20.6	46.5	10.1	11.3	1.3	100.0	134
Fourth	11.5	1 954	1.0	5.9	10.3	17.3	31.9	10.0	19.1	4.5	100.0	225
Richest	16.5	1 697	6.1	3.0	7.4	14.3	28.6	14.1	21.3	5.2	100.0	280

[1] MICS indicator 9.17 - Male circumcision

na: not applicable

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table MT.1M: Exposure to mass media (men)

Percentage of men age 15-49 years who are exposed to specific mass media on a weekly basis, Zimbabwe MICS, 2014

	Percentage of men age 15-49 years who:						
	Read a newspaper at least once a week	Listen to the radio at least once a week	Watch television at least once a week	All three media at least once a week[1]	Any media at least once a week	None of the media at least once a week	Number of men age 15-49 years
Total	**29.7**	**57.5**	**42.1**	**15.0**	**74.1**	**25.9**	**7 563**
Age							
15-19	18.1	50.8	37.2	9.2	65.9	34.1	2 068
20-24	28.5	59.0	43.0	13.9	75.9	24.1	1 227
25-29	35.0	61.2	48.0	18.2	79.3	20.7	1 096
30-34	32.7	60.9	42.5	16.2	77.9	22.1	1 088
35-39	37.9	59.6	43.0	19.6	76.9	23.1	910
40-44	38.6	62.0	43.5	18.7	79.6	20.4	746
45-49	35.6	54.7	43.4	19.1	69.2	30.8	427
Province							
Manicaland	28.1	61.0	41.0	14.4	75.7	24.3	901
Mashonaland Central	18.6	72.1	34.5	9.8	81.3	18.7	473
Mashonaland East	29.2	69.4	39.3	15.5	80.9	19.1	833
Mashonaland West	21.3	66.3	40.4	11.0	78.2	21.8	1 095
Matabeleland North	10.0	28.7	19.5	3.7	40.1	59.9	627
Matabeleland South	16.3	38.4	27.1	4.3	55.7	44.3	551
Midlands	24.3	52.4	35.3	11.3	68.5	31.5	981
Masvingo	19.1	52.5	29.5	8.0	65.2	34.8	694
Harare	69.5	68.3	68.5	38.0	93.8	6.2	808
Bulawayo	57.4	55.1	84.4	31.5	94.0	6.0	601
Area							
Urban	61.1	59.8	76.1	33.7	92.4	7.6	2 451
Rural	14.7	56.3	25.8	6.0	65.3	34.7	5 112
Education							
None	(1.6)	(54.7)	(23.5)	(1.6)	(60.5)	(39.5)	39
Primary	4.8	48.9	20.5	2.0	55.8	44.2	1 864
Secondary	32.8	60.2	46.0	16.5	78.2	21.8	4 989
Higher	77.5	61.4	74.5	41.2	94.6	5.4	671
Wealth index quintile							
Poorest	5.1	41.2	8.1	1.3	45.2	54.8	1 184
Second	9.2	55.2	15.2	2.6	60.9	39.1	1 265
Middle	14.1	60.5	26.2	4.8	68.8	31.2	1 463
Fourth	38.7	64.6	53.2	18.9	84.8	15.2	1 954
Richest	65.3	59.7	86.9	38.2	96.1	3.9	1 697

[1] **MICS indicator 10.1 - Exposure to mass media[M]**

( ) Figures that are based on 25-49 unweighted cases

Table TA.1M: Current and ever use of tobacco (men)

Percentage of men age 15-49 years by pattern of use of tobacco, Zimbabwe MICS, 2014

	Never smoked cigarettes or used other tobacco products	Ever users				Users of tobacco products at any time during the last one month				Number of men age 15-49 years
		Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product	Only cigarettes	Cigarettes and other tobacco products	Only other tobacco products	Any tobacco product[1]	
Total	**63.1**	**18.8**	**14.9**	**3.0**	**36.6**	**10.0**	**7.2**	**2.2**	**19.4**	**7 563**
Age										
15-19	89.4	5.8	2.8	1.8	10.5	1.2	1.1	0.7	3.0	2 068
20-24	65.2	22.6	9.6	2.3	34.5	9.8	4.9	1.2	15.9	1 227
25-29	51.6	25.8	19.7	2.6	48.1	17.5	9.6	1.6	28.7	1 096
30-34	46.2	26.9	24.8	2.0	53.7	16.1	12.7	2.4	31.3	1 088
35-39	50.8	21.0	22.6	5.0	48.6	13.6	11.0	4.2	28.7	910
40-44	52.8	21.7	20.2	5.3	47.2	9.5	9.8	4.2	23.4	746
45-49	47.2	22.3	25.3	5.2	52.8	12.1	10.6	5.5	28.2	427
Province										
Manicaland	61.1	20.1	16.1	2.6	38.8	11.8	7.3	1.7	20.7	901
Mash Central	55.5	18.6	23.4	2.1	44.1	12.3	13.1	1.6	27.0	473
Mash East	60.0	20.7	15.6	3.4	39.8	9.9	7.8	1.4	19.1	833
Mash West	60.6	16.6	19.0	3.5	39.2	9.6	10.7	2.3	22.6	1 095
Mat North	66.2	16.9	15.0	1.7	33.7	10.2	8.5	3.9	22.6	627
Mat South	69.0	14.8	13.1	3.1	31.0	8.3	9.2	2.2	19.6	551
Midlands	67.9	18.9	11.5	1.6	31.9	8.4	5.6	2.7	16.7	981
Masvingo	63.4	18.6	14.2	3.5	36.2	8.2	5.7	2.7	16.6	694
Harare	59.4	22.0	14.2	3.9	40.2	12.2	3.7	1.4	17.3	808
Bulawayo	69.3	19.8	6.6	3.9	30.3	9.8	1.1	2.3	13.3	601
Area										
Urban	64.3	22.2	10.0	3.2	35.3	11.8	2.6	1.3	15.7	2 451
Rural	62.6	17.2	17.3	2.9	37.3	9.2	9.4	2.6	21.2	5 112
Education										
None	(28.5)	(22.8)	(43.5)	(5.1)	(71.5)	(9.5)	(25.2)	(11.9)	(46.5)	39
Primary	58.7	16.4	21.5	3.2	41.1	10.2	11.9	4.0	26.1	1 864
Secondary	65.1	19.0	12.8	2.9	34.7	9.9	6.0	1.6	17.6	4 989
Higher	63.1	23.6	10.3	2.8	36.7	10.3	1.7	1.1	13.1	671
Under-5s in the same household										
At least one	61.1	19.5	15.9	3.3	38.6	10.6	7.5	2.8	20.9	3 950
None	65.3	18.0	13.8	2.6	34.5	9.3	6.8	1.6	17.8	3 613
Wealth index quintile										
Poorest	61.6	14.5	21.0	2.8	38.3	10.6	10.9	4.6	26.1	1 184
Second	63.0	14.2	19.4	3.2	36.8	6.6	12.2	3.2	22.0	1 265
Middle	63.9	19.8	13.7	2.4	35.9	9.4	7.3	1.6	18.4	1 463
Fourth	59.3	21.9	15.2	3.4	40.5	12.9	6.6	1.5	20.9	1 954
Richest	68.0	20.7	7.9	2.9	31.6	9.4	1.5	1.0	12.0	1 697

[1] **MICS indicator 12.1 - Tobacco use[M]**

( ) Figures that are based on 25-49 unweighted cases

Table TA.2M: Age at first use of cigarettes and frequency of use (men)

Percentage of men age 15-49 years who smoked a whole cigarette before age 15, and percent distribution of current smokers by the number of cigarettes smoked in the last 24 hours, Zimbabwe MICS, 2014

	Percentage of men who smoked a whole cigarette before age 15[1]	Number of men age 15-49 years	Number of cigarettes in the last 24 hours						Number of men age 15-49 years who are current cigarette smokers
			Less than 5	5-9	10-19	20+	DK/Missing	Total	
Total	**1.9**	**7 563**	**57.4**	**21.4**	**15.1**	**5.8**	**0.4**	**100.0**	**1 337**
Age									
15-19	1.3	2 068	(78.5)	(7.9)	(7.6)	(6.0)	(0.0)	100.0	47
20-24	1.3	1 227	65.8	22.8	7.2	4.3	0.0	100.0	183
25-29	2.9	1 096	54.6	21.7	15.7	7.3	0.7	100.0	303
30-34	2.0	1 088	57.5	22.0	15.4	4.6	0.6	100.0	320
35-39	1.8	910	57.1	19.9	18.0	5.0	0.0	100.0	230
40-44	2.3	746	53.1	22.8	17.0	6.4	0.7	100.0	150
45-49	4.2	427	47.2	23.4	20.7	8.8	0.0	100.0	103
Province									
Manicaland	1.7	901	62.9	21.6	12.7	2.8	0.0	100.0	176
Mash Central	2.4	473	62.2	18.5	13.3	6.0	0.0	100.0	124
Mash East	1.4	833	49.0	21.8	17.6	11.6	0.0	100.0	150
Mash West	1.8	1 095	60.6	20.0	12.9	6.5	0.0	100.0	228
Mat North	1.4	627	61.0	19.1	12.2	4.8	2.9	100.0	120
Mat South	0.4	551	60.3	27.5	10.0	2.2	0.0	100.0	97
Midlands	2.7	981	65.4	13.8	16.3	4.4	0.0	100.0	147
Masvingo	2.4	694	51.5	23.4	15.6	8.5	1.0	100.0	100
Harare	2.7	808	43.5	25.7	22.3	8.0	0.5	100.0	129
Bulawayo	2.5	601	48.4	30.0	21.6	0.0	0.0	100.0	66
Area									
Urban	2.8	2 451	45.7	26.5	21.4	6.3	0.2	100.0	353
Rural	1.6	5 112	61.6	19.5	12.8	5.6	0.5	100.0	984
Education									
None	(5.8)	39	(*)	(*)	(*)	(*)	(*)	100.0	16
Primary	2.3	1 864	62.8	18.7	10.3	7.7	0.5	100.0	430
Secondary	1.5	4 989	55.0	22.5	17.2	5.0	0.3	100.0	811
Higher	3.9	671	49.4	25.6	20.5	4.5	0.0	100.0	81
Under-5s in the same household									
At least one	1.6	3 950	61.0	20.1	13.7	4.8	0.4	100.0	742
None	2.3	3 613	52.8	23.0	16.8	7.0	0.4	100.0	595
Wealth index quintile									
Poorest	1.5	1 184	64.8	16.7	9.3	7.9	1.3	100.0	275
Second	1.7	1 265	60.4	21.1	12.1	6.4	0.0	100.0	246
Middle	1.8	1 463	64.4	21.3	11.7	2.6	0.0	100.0	249
Fourth	1.7	1 954	47.3	26.2	20.8	5.3	0.4	100.0	381
Richest	2.8	1 697	53.6	18.8	20.3	7.3	0.0	100.0	185

[1] **MICS indicator 12.2 - Smoking before age 15[M]**

( ) Figures that are based on 25-49 unweighted cases
(*) Figures that are based on less than 25 unweighted cases

Table TA.3M: Use of alcohol (men)

Percentage of men age 15-49 years who have never had an alcoholic drink, percentage who first had an alcoholic drink before age 15, and percentage of men who have had at least one alcoholic drink at any time during the last one month, Zimbabwe MICS, 2014

	Percentage of men who:			
	Never had an alcoholic drink	Had at least one alcoholic drink before age 15[1]	Had at least one alcoholic drink at any time during the last one month[2]	Number of men age 15-49 years
Total	**45.2**	**2.8**	**29.6**	**7 563**
Age				
15-19	77.1	3.1	8.2	2 068
20-24	44.8	2.2	29.4	1 227
25-29	32.0	3.0	40.7	1 096
30-34	26.6	2.8	43.4	1 088
35-39	29.4	2.7	40.9	910
40-44	32.8	1.6	34.3	746
45-49	27.8	4.1	38.6	427
Province				
Manicaland	46.9	3.0	29.6	901
Mashonaland Central	43.3	2.2	26.6	473
Mashonaland East	44.2	1.9	29.3	833
Mashonaland West	46.3	2.2	29.6	1 095
Matabeleland North	44.6	3.2	27.2	627
Matabeleland South	51.2	1.8	25.9	551
Midlands	49.5	3.0	28.9	981
Masvingo	47.4	2.9	29.3	694
Harare	39.3	2.7	31.0	808
Bulawayo	36.6	5.3	38.3	601
Area				
Urban	40.2	3.9	33.6	2 451
Rural	47.5	2.3	27.8	5 112
Education				
None	(31.2)	(1.1)	(43.9)	39
Primary	44.9	2.7	28.0	1 864
Secondary	46.7	2.4	28.6	4 989
Higher	35.1	5.6	41.3	671
Wealth index quintile				
Poorest	47.4	2.1	26.7	1 184
Second	51.1	1.8	26.1	1 265
Middle	48.7	2.6	26.6	1 463
Fourth	40.2	2.4	33.9	1 954
Richest	41.7	4.5	32.0	1 697

[1] **MICS indicator 12.4 - Use of alcohol before age 15[M]**

[2] **MICS indicator 12.3 - Use of alcohol[M]**

( ) Figures that are based on 25-49 unweighted cases

Appendix C. Sample Design

The major features of the 2014 Zimbabwe Multiple Indicator Cluster Survey (MICS) sample design are described in this appendix. Sample design features include target sample size, sample allocation, sampling frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights and sampling errors.

The primary objective of the sample design for the 2014 Zimbabwe MICS was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the ten provinces of the country namely: Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Matabeleland North, Matabeleland South, Midlands, Masvingo, Harare and Bulawayo. Urban and rural areas in each of the ten provinces were defined as the sampling strata.

A two-stage, stratified sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The sample size for the 2014 Zimbabwe MICS was 17 068 households. For the calculation of the sample size the key indicator used was the birth registration. The following formula was used to estimate the required sample size for this indicator per province:

$$n = \frac{[4(r)(1-r)(deff)]}{[(0.12r)^2(pb)(AveSize)(RR)]}$$

Where:
n is the required sample size, expressed as number of households
4 is a factor to achieve the 95 percent level of confidence
r is the predicted or anticipated value of the indicator, expressed in the form of a proportion
deff is the design effect for the indicator, estimated from a previous survey
0.12r is the margin of error to be tolerated at the 95 percent level of confidence, defined as 12 per cent of *r* (relative margin of error of *r*)
pb is the proportion of the total population upon which the indicator, *r*, is based
AveSize is the average household size (number of persons per household)
RR is the predicted response rate

The number of households selected per enumeration area/cluster for the 2014 Zimbabwe MICS was determined as 25 households, based on a number of considerations, including the design effect, the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of sample households per cluster, it was calculated that 683 sample clusters would need to be selected nationwide.

Power allocation of the total sample size to the ten provinces was used. In total, 683 clusters were allocated to the ten provinces, with the final sample size calculated as 17 075 households (683 cluster*

25 sample households per cluster). In each province, the clusters (primary sampling units) were distributed to the urban and rural domains proportionally to the number of urban and rural households in that province. The table below shows the allocation of clusters to the sampling strata.

Table SD.1: Allocation of Sample Clusters (Primary Sampling Units) to Sampling Strata

	Population (2012 Census)			Number of Clusters		
	Total	**Urban**	**Rural**	**Total**	**Urban**	**Rural**
Total	13 061 239	4 284 145	8 777 094	683	229	454
Province						
Bulawayo	653 337	653 337	-	51	51	-
Manicaland	1 752 698	296 559	1 456 139	81	15	66
Mashonaland Central	1 152 520	71 332	1 081 188	65	4	61
Mashonaland East	1 344 955	181 288	1 163 667	72	10	62
Mashonaland west	1 501 656	376 943	1 124 713	74	20	54
Matabeleland North	749 017	69 891	679 126	50	5	45
Matabeleland South	683 893	80 162	603 731	50	7	43
Midlands	1 614 941	396 765	1 218 176	75	21	54
Masvingo	1 485 090	144 820	1 340 270	73	9	64
Harare	2 123 132	2 013 048	110 084	92	5	87

Of the 683 clusters, one cluster in Masvingo Province could not be covered due to floods which affected the Tokwe Mukosi area. Effectively, (682) clusters were covered during data collection.

Sampling Frame and Selection of Clusters

The 2012 population census frame was used for the selection of clusters. Census enumeration areas were defined as primary sampling units (PSUs), and were selected from each of the sampling strata by using systematic sampling with probability proportional to size (PPS) sampling procedures the measure of size being the number of households in each enumeration area from the 2012 Population Census frame .

The first stage of sampling was thus completed by selecting the required number of enumeration areas from each of the ten provinces by urban and rural strata.

Listing Activities

Since the sampling frame (the 2012 population census) was not up-to-date, a new listing of households was conducted in all the sample enumeration areas prior to the selection of households. Enumerators visited all of the selected enumeration areas and listed all households in each enumeration area. Two hundred enumerators were engaged in the listing operation and each enumerator covered a minimum of three clusters during the listing operation. The household listing operation involves three main steps: locating each cluster, preparing the location and sketch maps of each cluster, and the listing of all households found in each cluster. In some cases, segmentation was required for clusters with 300 or more households. The complete listing of large EAs is not cost effective. For that reason, large EAs were subdivided into smaller segments of which only one was selected and listed. Upon arrival in a large EA that may need segmentation, the enumerator first toured the EA and did a quick count to get the estimated number of households in the EA. The MICS standard recommends that each EA with 300 or more households should be subdivided into 2 or 3 segments. Where possible, the segments were roughly of equal size. However, it was important to adopt segment boundaries that were easily identifiable.

Selection of Households

The second stage sampling procedure involved the selection of households after the listing operation. Lists of households and sketch maps were prepared by the listers/mappers in the field for each enumeration area. The households were then sequentially numbered from 1 to n (the total number of households in each enumeration area) at the provincial offices, where the selection of 25 households in each enumeration area was carried out using a household selection template.

The survey also had a questionnaire for men that was administered in every third household in each sampled cluster for interviews with all eligible men.

Calculation of Sample Weights

The 2014 Zimbabwe MICS sample is not self-weighting. Essentially, by allocating an equal number of households to each of the clusters, different sampling fractions were used in each province since the sizes of the provinces varied. For this reason, sample weights were calculated and these were used in the subsequent analyses of the survey data.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling stratum (*h*) and PSU (*i*):

$$W_{hi} = \frac{1}{f_{hi}}$$

The term f_{hi}, the sampling fraction for the sample households in the *i-th* sample PSU in the *h-th* stratum, is the product of probabilities of selection at every stage in each sampling stratum:

$$f_{hi} = p_{1hi} \times p_{2hi} \times p_{3hi}$$

where p_{shi} is the probability of selection of the sampling unit at stages for the *i-th* sample PSU in the *h-th* sampling stratum. Based on the sample design, these probabilities were calculated as follows:

p_{1hi} = $\dfrac{n_h \times M_{hi}}{M_h}$,

n_h = number of sample PSUs selected in stratum *h*

M_{hi} = number of households in the 2012 Population Census frame for the *i-th* sample PSU in stratum *h*

M_h = total number of households in the 2012 Population Census frame for stratum *h*

p_{2hi} = proportion of the PSU listed the *i-th* sample PSU stratum *h* (in the case of PSUs that were segmented); for non-segmented PSUs, p_{2hi} = 1

p_{3hi} = $\dfrac{25}{M'_{hi}}$

M'_{hi} = number of households listed in the *i-th* sample PSU in stratum *h*

Since the number of households in each cluster (PSU) from the 2012 Population Census frame used for the first stage selection and the updated number of households in the enumeration area from the listing are generally different, individual overall probabilities of selection for households in each sample cluster were calculated.

A final component in the calculation of sample weights takes into account the level of non-response for the household and individual interviews. The adjustment for household non-response in each stratum is equal to:

$$\frac{1}{RR_h}$$

where RR_h is the response rate for the sample households in stratum *h*, defined as the proportion of the number of interviewed households in stratum *h* out of the number of selected households found to be occupied during the fieldwork in stratum *h*.

Similarly, adjustment for non-response at the individual level (women, men, and under-5 children) for each stratum is equal to:

$$\frac{1}{RR_h}$$

where RR_h is the response rate for the individual questionnaires in stratum *h*, defined as the proportion of eligible individuals (women, men, and under-5 children) in the sample households in stratum *h* who were successfully interviewed.

After the completion of fieldwork, response rates were calculated for each sampling stratum. These were used to adjust the sample weights calculated for each cluster. Response rates in the 2014 Zimbabwe MICS are shown in Table HH.1 in this report.

The non-response adjustment factors for the individual women, men, and under-5 questionnaires were applied to the adjusted household weights. Numbers of eligible women, men, and under-5 children were obtained from the list of household members in the Household Questionnaire for households where interviews were completed.

The design weights for the households were calculated by multiplying the inverse of the probabilities of selection for the households in each enumeration area by the non-response adjustment factor for the corresponding stratum. These weights were then standardised (or normalised), one purpose of which was to make the weighted sum of the interviewed sample units equal to the total sample size at the national level. Normalisation was achieved by dividing the full sample weights (adjusted for nonresponse) by the average of these weights across all households at the national level. This was performed by multiplying the sample weights by a constant factor equal to the unweighted number of households at the national level divided by the weighted total number of households (using the full sample weights adjusted for nonresponse). A similar standardisation procedure was followed in obtaining standardised weights for the individual women, men, and under-5 questionnaires. Adjusted (normalised) weights varied between 0.325 and 2.25 in the 682 sample clusters.

Sample weights were merged to all data sets and analyses were performed by weighting households, women, men, or under-5s with these sample weights.

Since interviews with eligible men were conducted in every third household, the sample weight for men included an additional factor of 3, in addition to the non-response adjustment factor.

Appendix D. List of Personnel Involved in the Survey

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Ministry of Information, Media and Broadcasting Services
Ministry of Women's Affairs, Gender and Community Development
Ministry of Local Government, Public Works and National Housing
Ministry of Justice, Legal and Parliamentary Affairs
Ministry of Information Communication Technology, Postal and Courier Services
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MASVINGO PROVINCE (21 Persons)

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HARARE PROVINCE (24 Persons)

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BULAWAYO PROVINCE (14 Persons)

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Team Supervisors
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Appendix E. Estimates of Sampling Errors

The sample of respondents selected in the Zimbabwe Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between the estimates from all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey data.

The following sampling error measures are presented in this appendix for each of the selected indicators:

Standard error (*se*): Standard error is the square root of the variance of the estimate. For survey indicators that are means, proportions or ratios, the Taylor series linearization method is used for the estimation of standard errors. For more complex statistics, such as fertility and mortality rates, the Jackknife repeated replication method is used for standard error estimation.

Coefficient of variation (*se*/*r*) is the ratio of the standard error to the value (*r*) of the indicator, and is a measure of the relative sampling error.

Design effect (*deff*) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling based on the same sample size. The *square root of the design effect* (*deft*) is used to show the efficiency of the sample design in relation to the precision. A *deft* value of 1.0 indicates that the sample design of the survey is as efficient as a simple random sample for a particular indicator, while a *deft* value above 1.0 indicates an increase in the standard error due to the use of a more complex sample design.

Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall, with a specified level of confidence. For any given statistic calculated from the survey, the value of that statistic will fall within a range of plus or minus two times the standard error (*r* + 2.*se* or *r* – 2.*se*) of the statistic in 95 percent of all possible samples of identical size and design.

The Talyor series variance estimation method was used in the calculation of sampling errors. The variance estimator takes into account the different aspects of the sample design, such as the stratification and clustering.The Taylor series variance estimator for a total can be expressed as follows:

$$V(\hat{Y}) = \sum_{h=1}^{L} \left[\frac{n_h}{n_h - 1} \sum_{i=1}^{n_h} \left(\hat{Y}_{hi} - \frac{\hat{Y}_h}{n_h} \right)^2 \right],$$

Where:

$$\hat{Y}_{hi} = \sum_{j=1}^{m_h} w_{hij} y_{hij}$$

$$\hat{Y}_h = \sum_{i=1}^{n_h} \hat{Y}_{hi}$$

Many of the estimates are in the form of proportions or percentages, which are types of ratios. The variance estimator of a ratio can be expressed as follows:

$$V(\hat{R}) = \frac{1}{\hat{X}^2}\left[V(\hat{Y}) + \hat{R}^2 V(\hat{X}) - 2\hat{R}\,COV(\hat{X},\hat{Y})\right],$$

Where:

$$COV(\hat{X},\hat{Y}) = \sum_{h=1}^{L}\left[\frac{n_h}{n_h - 1}\sum_{i=1}^{n_h}\left(\hat{X}_{hi} - \frac{\hat{X}_h}{n_h}\right)\left(\hat{Y}_{hi} - \frac{\hat{Y}_h}{n_h}\right)\right]$$

$V(\hat{Y})$ and $V(\hat{X})$ are calculated according to the formula for the variance of a total. The standard error is the square root of the variance.

For the calculation of sampling errors from MICS data, programs developed in CSPro Version 5.0, SPSS Version 21 Complex Samples module and CMRJack[103] have been used.

The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator. Given the use of normalized weights, by comparing the weighted and unweighted counts it is possible to determine whether a particular domain has been under-sampled or over-sampled compared to the average sampling rate. If the weighted count is smaller than the unweighted count, this means that the particular domain had been over-sampled. As explained later in the footnote of Table SE.1, there is an exception in the case of indicators 4.1 and 4.3, for which the unweighted count represents the number of sample households, and the weighted counts reflect the total population.

Sampling errors are calculated for indicators of primary interest, for the national level, for urban and rural areas, and for all provinces. Three of the selected indicators are based on households members, 12 are based on women, 3 are based on men, and 4 are based on children under 5. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.10 show the calculated sampling errors for selected domains.

[103] *CMRJack is a software developed by FAFO, an independent and multidisciplinary research foundation. CMRJack produces mortality estimates and standard errors for surveys with complete birth histories or summary birth histories. See http://www.fafo.no/ais/child_mortality/index.html*

Table SE.1: Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Zimbabwe, 2014

MICS5 Indicator		Base Population
Household members		
4.1	Use of improved drinking water sources	All household members[a]
4.3	Use of improved sanitation	All household members[a]
7.4	Primary school net attendance ratio (adjusted)	Children of primary school age
Women		
1.2	Infant mortality rate	Children of interviewed women exposed to the risk of mortality during the first year of life
1.5	Under five mortality rate	Children of interviewed women exposed to the risk of mortality during the first five years of life
5.1	Adolescent birth rate	Women years of exposure to childbirth during ages 15-19 years
5.3	Contraceptive prevalence rate	Women age 15-49 years who are currently married or in union
5.4	Unmet need	Women age 15-49 years who are currently married or in union
5.5a	Antenatal care coverage (1+ times, skilled provider)	Women age 15-49 years with a live birth in the last 2 years
5.5b	Antenatal care coverage (4+ times, any provider)	Women age 15-49 years with a live birth in the last 2 years
5.7	Skilled attendant at delivery	Women age 15-49 years with a live birth in the last 2 years
5.13	Maternal mortality ratio	Women age 15-49 years
7.1	Literacy rate (young women)	Women age 15-24 years
9.1	Knowledge about HIV prevention (young women)	Women age 15-24 years
9.15	Condom use with non-regular partners	Women age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months
Men		
7.1	Literacy rate (young men)	Men age 15-24 years
9.1	Knowledge about HIV prevention (young men)	Men age 15-24 years
9.15	Condom use with non-regular partners	Men age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months
Under-5s		
2.1a	Underweight prevalence (moderate and severe)	Children under age 5 years
2.1b	Underweight prevalence (severe)	Children under age 5 years
3.18	Children under age 5 who slept under an ITN	Children under age 5 years who spent the previous night in the household
3.22	Anti-malarial treatment of children under age 5	Children under age 5 years with fever in the last 2 weeks

[a]To calculate the weighted results of MICS Indicators 4.1 and 4.3, the household weight is multiplied by the number of household members in each household. Therefore the unweighted base population presented in the SE tables reflect the unweighted number of households, whereas the weighted numbers reflect the household population.

Table SE.2: Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.7607	0.0103	0.014	9.125	3.021	65 259	15 686	0.740	0.781
Use of improved sanitation	4.3	7.9	0.3502	0.0069	0.020	3.267	1.808	65 259	15 686	0.336	0.364
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9327	0.0032	0.003	2.048	1.431	12 573	12 508	0.926	0.939
Women											
Infant mortality rate	1.2	4.2	55	2.5	0.05	na	na	na	na	50	60
Under five mortality rate	1.5	4.1	75	3.3	0.04	na	na	na	na	68	81
Adolescent birth rate	5.1	5.4	120	4.2	0.04	na	na	na	na	111	128
Contraceptive prevalence rate	5.3	5.3	0.4953	0.0047	0.010	1.281	1.132	14 409	14 409	0.486	0.505
Unmet need	5.4	5.6	0.1038	0.0036	0.035	1.284	1.133	9 112	9 129	0.097	0.111
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2537	0.0042	0.016	1.312	1.145	14 409	14 409	0.245	0.262
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.2166	0.0040	0.018	1.357	1.165	14 409	14 409	0.209	0.225
Skilled attendant at delivery	5.7	5.2	0.2166	0.0040	0.018	1.357	1.165	14 409	14 409	0.209	0.225
Maternal mortality ratio	5.13	5.1	614	54	0.088	na	na	na	na	506	722
Literacy rate (young women)	7.1	2.3	0.9201	0.0046	0.005	1.643	1.282	5 677	5 629	0.911	0.929
Knowledge about HIV prevention (young women)	9.1	6.3	0.5636	0.0077	0.014	1.367	1.169	5 677	5 629	0.548	0.579
Condom use with non-regular partners	9.15	6.2	0.5761	0.0187	0.033	0.905	0.951	670	630	0.539	0.614
Men											
Literacy rate (young men)	7.1	2.3	0.8614	0.0078	0.009	1.667	1.291	3 296	3 262	0.846	0.877
Knowledge about HIV prevention (young men)	9.1	6.3	0.5174	0.0101	0.019	1.321	1.149	3 296	3 262	0.497	0.538
Condom use with non-regular partners	9.15	6.2	0.7491	0.0141	0.019	0.984	0.992	949	930	0.721	0.777
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1116	0.0038	0.034	1.395	1.181	9 591	9 584	0.104	0.119
Underweight prevalence (severe)	2.1b	1.8	0.0217	0.0016	0.076	1.219	1.104	9 591	9 584	0.018	0.025
Children under age 5 who slept under an ITN	3.18	6.7	0.2676	0.0081	0.030	3.212	1.792	9 559	9 560	0.251	0.284
Anti-malarial treatment of children under age 5	3.22	6.8	0.0305	0.0036	0.118	1.201	1.096	2 679	2 746	0.023	0.038

Table SE.3: Sampling errors: Urban

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.9845	0.0023	0.002	1.819	1.349	18 082	5 134	0.980	0.989
Use of improved sanitation	4.3	7.9	0.4729	0.0140	0.030	4.026	2.007	18 082	5 134	0.445	0.501
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9618	0.0040	0.004	1.225	1.107	2 717	2 861	0.954	0.970
Women											
Infant mortality rate	1.2	4.2	51	4.5	0.087	na	na	na	na	42	60
Under five mortality rate	1.5	4.1	66	5.3	0.081	na	na	na	na	56	77
Adolescent birth rate	5.1	5.4	75	5.5	0.073	na	na	na	na	64	86
Contraceptive prevalence rate	5.3	5.3	0.4743	0.0073	0.015	1.146	1.070	5 004	5 336	0.460	0.489
Unmet need	5.4	5.6	0.0946	0.0060	0.063	1.269	1.126	2 875	3 053	0.083	0.107
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2180	0.0063	0.029	1.259	1.122	5 004	5 336	0.205	0.231
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1662	0.0057	0.034	1.233	1.110	5 004	5 336	0.155	0.178
Skilled attendant at delivery	5.7	5.2	0.2126	0.0063	0.030	1.266	1.125	5 004	5 336	0.200	0.225
Literacy rate (young women)	7.1	2.3	0.9808	0.0031	0.003	1.071	1.035	1 945	2 063	0.975	0.987
Knowledge about HIV prevention (young women)	9.1	6.3	0.6497	0.0134	0.021	1.627	1.276	1 945	2 063	0.623	0.676
Condom use with non-regular partners	9.15	6.2	0.6150	0.0230	0.037	0.574	0.757	253	257	0.569	0.661
Men										0.000	0.000
Literacy rate (young men)	7.1	2.3	0.9644	0.0070	0.007	1.274	1.129	884	887	0.950	0.978
Knowledge about HIV prevention (young men)	9.1	6.3	0.6368	0.0189	0.030	1.368	1.170	884	887	0.599	0.675
Condom use with non-regular partners	9.15	6.2	0.8268	0.0221	0.027	0.876	0.936	249	257	0.783	0.871
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.0677	0.0060	0.088	1.544	1.243	2 545	2 715	0.056	0.080
Underweight prevalence (severe)	2.1b	1.8	0.0121	0.0025	0.202	1.362	1.167	2 545	2 715	0.007	0.017
Children under age 5 who slept under an ITN	3.18	6.7	0.1735	0.0103	0.059	2.018	1.421	2 553	2 728	0.153	0.194
Anti-malarial treatment of children under age 5	3.22	6.8	0.0093	0.0026	0.275	0.476	0.690	602	671	0.004	0.014

Table SE.4: Sampling errors: Rural

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.6750	0.0137	0.020	9.047	3.008	47 177	10 552	0.648	0.702
Use of improved sanitation	4.3	7.9	0.3032	0.0077	0.025	2.979	1.726	47 177	10 552	0.288	0.319
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9247	0.0039	0.004	2.098	1.448	9 856	9 647	0.917	0.932
Women											
Infant mortality rate	1.2	4.2	56	3.0	0.053	na	na	na	na	50	62
Under five mortality rate	1.5	4.1	78	4.0	0.052	na	na	na	na	70	86
Adolescent birth rate	5.1	5.4	143	5.2		na	na	na	na	133	154
Contraceptive prevalence rate	5.3	5.3	0.5065	0.0061	0.012	1.337	1.156	9 405	9 073	0.494	0.519
Unmet need	5.4	5.6	0.1081	0.0045	0.042	1.271	1.127	6 236	6 076	0.099	0.117
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2727	0.0053	0.020	1.304	1.142	9 405	9 073	0.262	0.283
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.2064	0.0049	0.024	1.356	1.164	9 405	9 073	0.196	0.216
Skilled attendant at delivery	5.7	5.2	0.2188	0.0051	0.023	1.392	1.180	9 405	9 073	0.209	0.229
Literacy rate (young women)	7.1	2.3	0.8885	0.0067	0.008	1.615	1.271	3 732	3 566	0.875	0.902
Knowledge about HIV prevention (young women)	9.1	6.3	0.5141	0.0095	0.019	1.298	1.139	3 732	3 566	0.495	0.533
Condom use with non-regular partners	9.15	6.2	0.5525	0.0264	0.048	1.049	1.024	417	373	0.500	0.605
Men											
Literacy rate (young men)	7.1	2.3	0.8237	0.0099	0.012	1.606	1.267	2 411	2 375	0.804	0.843
Knowledge about HIV prevention (young men)	9.1	6.3	0.4696	0.0113	0.024	1.227	1.108	2 411	2 375	0.447	0.492
Condom use with non-regular partners	9.15	6.2	0.7214	0.0174	0.024	1.018	1.009	699	673	0.687	0.756
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1274	0.0046	0.036	1.296	1.138	7 047	6 869	0.118	0.137
Underweight prevalence (severe)	2.1b	1.8	0.0251	0.0020	0.081	1.170	1.082	7 047	6 869	0.021	0.029
Children under age 5 who slept under an ITN	3.18	6.7	0.3019	0.0104	0.034	3.478	1.865	7 006	6 832	0.281	0.323
Anti-malarial treatment of children under age 5	3.22	6.8	0.0366	0.0045	0.124	1.211	1.100	2 078	2 075	0.028	0.046

Table SE.5: Sampling errors: Manicaland

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.7893	0.0374	0.047	15.721	3.965	8 164	1 870	0.714	0.864
Use of improved sanitation	4.3	7.9	0.3527	0.0219	0.062	3.931	1.983	8 164	1 870	0.309	0.396
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9264	0.0116	0.012	3.106	1.762	1 620	1 582	0.903	0.950
Women											
Infant mortality rate	1.2	4.2	50	5.4	0.109	na	na	na	na	39	60
Under five mortality rate	1.5	4.1	75	8.0	0.108	na	na	na	na	59	91
Adolescent birth rate	5.1	5.4	116	11.6	0.099	na	na	na	na	93	139
Contraceptive prevalence rate	5.3	5.3	0.4843	0.0157	0.032	1.574	1.255	1 755	1 597	0.453	0.516
Unmet need	5.4	5.6	0.1110	0.0106	0.096	1.231	1.109	1 184	1 081	0.090	0.132
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2613	0.0131	0.050	1.426	1.194	1 755	1 597	0.235	0.288
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.2199	0.0122	0.055	1.382	1.175	1 755	1 597	0.196	0.244
Skilled attendant at delivery	5.7	5.2	0.2072	0.0119	0.057	1.371	1.171	1 755	1 597	0.183	0.231
Literacy rate (young women)	7.1	2.3	0.9173	0.0114	0.012	1.047	1.023	670	607	0.894	0.940
Knowledge about HIV prevention (young women)	9.1	6.3	0.6002	0.0222	0.037	1.250	1.118	670	607	0.556	0.645
Condom use with non-regular partners	9.15	6.2	(0.6405)	(0.0840)	(0.131)	(0.919)	(0.959)	(35)	(31)	0.472	0.808
Men											
Literacy rate (young men)	7.1	2.3	0.9021	0.0155	0.017	1.012	1.006	401	372	0.000	0.000
Knowledge about HIV prevention (young men)	9.1	6.3	0.5359	0.0204	0.038	0.619	0.787	401	372	0.000	0.000
Condom use with non-regular partners	9.15	6.2	0.7501	0.0461	0.061	0.748	0.865	71	67	0.658	0.842
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1083	0.0093	0.086	1.075	1.037	1 277	1 190	0.090	0.127
Underweight prevalence (severe)	2.1b	1.8	0.0145	0.0039	0.270	1.275	1.129	1 277	1 190	0.007	0.022
Children under age 5 who slept under an ITN	3.18	6.7	0.4035	0.0274	0.068	3.718	1.928	1 275	1 193	0.349	0.458
Anti-malarial treatment of children under age 5	3.22	6.8	0.0711	0.0125	0.176	1.036	1.018	451	440	0.046	0.096

Table SE.6: Sampling errors: Mashonaland Central

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.6590	0.0370	0.056	9.309	3.051	3 455	1 531	0.585	0.733
Use of improved sanitation	4.3	7.9	0.3149	0.0255	0.081	4.600	2.145	3 455	1 531	0.264	0.366
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9025	0.0107	0.012	1.765	1.328	688	1 356	0.881	0.924
Women											
Infant mortality rate	1.2	4.2	73	7.6	0 103	na	na	na	na	58	88
Under five mortality rate	1.5	4.1	91	8.5	0 .094	na	na	na	na	74	108
Adolescent birth rate	5.1	5.4	172	13.9	0.081	na	na	na	na	144	200
Contraceptive prevalence rate	5.3	5.3	0.5490	0.0147	0.027	1.198	1.094	739	1 377	0.520	0.578
Unmet need	5.4	5.6	0.0879	0.0109	0.124	1.484	1.218	538	1 004	0.066	0.110
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2876	0.0193	0.067	2.490	1.578	739	1 377	0.249	0.326
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1978	0.0150	0.076	1.940	1.393	739	1 377	0.168	0.228
Skilled attendant at delivery	5.7	5.2	0.2190	0.0181	0.083	2.639	1.624	739	1 377	0.183	0.255
Literacy rate (young women)	7.1	2.3	0.8721	0.0176	0.020	1.354	1.164	262	487	0.837	0.907
Knowledge about HIV prevention (young women)	9.1	6.3	0.5806	0.0262	0.045	1.366	1.169	262	487	0.528	0.633
Condom use with non-regular partners	9.15	6.2	(*)	(*)	(*)	(*)	(*)	11	20	0.491	0.706
Men											
Literacy rate (young men)	7.1	2.3	0.8216	0.0275	0.034	1.768	1.330	193	343	0.767	0.877
Knowledge about HIV prevention (young men)	9.1	6.3	0.5574	0.0231	0.041	0.737	0.858	193	343	0.511	0.604
Condom use with non-regular partners	9.15	6.2	0.8292	0.0455	0.055	1.389	1.179	54	96	0.738	0.920
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1300	0.0117	0.090	1.246	1.116	539	1 033	0.107	0.153
Underweight prevalence (severe)	2.1b	1.8	0.0247	0.0057	0.232	1.410	1.187	539	1 033	0.013	0.036
Children under age 5 who slept under an ITN	3.18	6.7	0.4183	0.0304	0.073	3.870	1.967	532	1 018	0.357	0.479
Anti-malarial treatment of children under age 5	3.22	6.8	0.0702	0.0125	0.178	0.896	0.946	196	375	0.045	0.095

Table SE.7: Sampling errors: Mashonaland East

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.8100	0.0198	0.024	4.235	2.058	7 232	1 658	0.770	0.850
Use of improved sanitation	4.3	7.9	0.3847	0.0202	0.053	2.862	1.692	7 232	1 658	0.344	0.425
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9447	0.0087	0.009	1.778	1.333	1 339	1 229	0.927	0.962
Women											
Infant mortality rate	1.2	4.2	39	8.0	0.207	na	na	na	na	23	55
Under five mortality rate	1.5	4.1	64	14.4	0.224	na	na	na	na	36	93
Adolescent birth rate	5.1	5.4	128	12.9	0.101	na	na	na	na	102	154
Contraceptive prevalence rate	5.3	5.3	0.5087	0.0138	0.027	1.062	1.031	1 550	1 392	0.481	0.536
Unmet need	5.4	5.6	0.0860	0.0088	0.102	0.919	0.958	1 042	935	0.068	0.104
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2624	0.0116	0.044	0.973	0.986	1 550	1 392	0.239	0.286
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.2082	0.0118	0.057	1.171	1.082	1 550	1 392	0.185	0.232
Skilled attendant at delivery	5.7	5.2	0.2323	0.0115	0.049	1.028	1.014	1 550	1 392	0.209	0.255
Literacy rate (young women)	7.1	2.3	0.9211	0.0128	0.014	1.254	1.120	620	556	0.895	0.947
Knowledge about HIV prevention (young women)	9.1	6.3	0.5420	0.0281	0.052	1.762	1.328	620	556	0.486	0.598
Condom use with non-regular partners	9.15	6.2	(0.6123)	(0.0588)	(0.096)	(0.408)	(0.639)	(32)	(29)	0.495	0.730
Men											
Literacy rate (young men)	7.1	2.3	0.9255	0.0153	0.017	1.092	1.045	339	321	0.000	0.000
Knowledge about HIV prevention (young men)	9.1	6.3	0.5395	0.0295	0.055	1.124	1.060	339	321	0.000	0.000
Condom use with non-regular partners	9.15	6.2	0.8314	0.0323	0.039	0.490	0.700	71	67	0.767	0.896
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1245	0.0150	0.120	1.941	1.393	1 049	943	0.095	0.154
Underweight prevalence (severe)	2.1b	1.8	0.0265	0.0064	0.241	1.491	1.221	1 049	943	0.014	0.039
Children under age 5 who slept under an ITN	3.18	6.7	0.2953	0.0265	0.090	3.145	1.773	1 041	935	0.242	0.348
Anti-malarial treatment of children under age 5	3.22	6.8	0.0288	0.0122	0.423	1.579	1.256	331	298	0.004	0.053

Table SE.8: Sampling errors: Mashonaland West

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.6846	0.0269	0.039	5.664	2.380	8 684	1 696	0.631	0.738
Use of improved sanitation	4.3	7.9	0.3136	0.0165	0.053	2.137	1.462	8 684	1 696	0.281	0.347
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9199	0.0106	0.012	2.185	1.478	1 697	1 432	0.899	0.941
Women											
Infant mortality rate	1.2	4.2	58	6.7	0.116	na	na	na	na	44	71
Under five mortality rate	1.5	4.1	74	8.3	0.113	na	na	na	na	57	90
Adolescent birth rate	5.1	5.4	146	12.9	0.089	na	na	na	na	120	172
Contraceptive prevalence rate	5.3	5.3	0.5325	0.0109	0.020	0.737	0.859	1 874	1 555	0.511	0.554
Unmet need	5.4	5.6	0.0946	0.0075	0.079	0.683	0.827	1 263	1 047	0.080	0.110
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2574	0.0132	0.051	1.414	1.189	1 874	1 555	0.231	0.284
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1914	0.0126	0.066	1.586	1.259	1 874	1 555	0.166	0.217
Skilled attendant at delivery	5.7	5.2	0.2042	0.0127	0.062	1.553	1.246	1 874	1 555	0.179	0.230
Literacy rate (young women)	7.1	2.3	0.9196	0.0111	0.012	0.999	1.000	727	603	0.897	0.942
Knowledge about HIV prevention (young women)	9.1	6.3	0.5394	0.0214	0.040	1.108	1.053	727	603	0.497	0.582
Condom use with non-regular partners	9.15	6.2	0.5150	0.0386	0.075	0.299	0.547	63	51	0.438	0.592
Men											
Literacy rate (young men)	7.1	2.3	0.8739	0.0182	0.021	1.181	1.087	466	396	0.000	0.000
Knowledge about HIV prevention (young men)	9.1	6.3	0.4942	0.0229	0.046	0.828	0.910	466	396	0.000	0.000
Condom use with non-regular partners	9.15	6.2	0.6646	0.0445	0.067	0.852	0.923	120	97	0.576	0.754
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1174	0.0119	0.102	1.435	1.198	1 243	1 043	0.093	0.141
Underweight prevalence (severe)	2.1b	1.8	0.0214	0.0042	0.194	0.858	0.927	1 243	1 043	0.013	0.030
Children under age 5 who slept under an ITN	3.18	6.7	0.2693	0.0240	0.089	3.046	1.745	1 237	1 041	0.221	0.317
Anti-malarial treatment of children under age 5	3.22	6.8	0.0106	0.0052	0.491	0.981	0.991	452	381	0.000	0.021

Table SE.9: Sampling errors: Matabeleland North

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.6912	0.0515	0.075	14.509	3.809	6 226	1 168	0.588	0.794
Use of improved sanitation	4.3	7.9	0.1985	0.0212	0.107	3.307	1.819	6 226	1 168	0.156	0.241
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9445	0.0089	0.009	1.774	1.332	1 332	1 172	0.927	0.962
Women											
Infant mortality rate	1.2	4.2	36	5.9	0.164	na	na	na	na	24	48
Under five mortality rate	1.5	4.1	53	8.5	0.159	na	na	na	na	36	70
Adolescent birth rate	5.1	5.4	148	13.7	0.093	na	na	na	na	121	175
Contraceptive prevalence rate	5.3	5.3	0.5022	0.0172	0.034	1.249	1.118	1 238	1 052	0.468	0.537
Unmet need	5.4	5.6	0.1120	0.0125	0.112	1.037	1.019	772	661	0.087	0.137
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2671	0.0145	0.054	1.123	1.060	1 238	1 052	0.238	0.296
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1957	0.0118	0.060	0.929	0.964	1 238	1 052	0.172	0.219
Skilled attendant at delivery	5.7	5.2	0.2407	0.0142	0.059	1.161	1.077	1 238	1 052	0.212	0.269
Literacy rate (young women)	7.1	2.3	0.8675	0.0269	0.031	2.765	1.663	522	441	0.814	0.921
Knowledge about HIV prevention (young women)	9.1	6.3	0.6490	0.0241	0.037	1.119	1.058	522	441	0.601	0.697
Condom use with non-regular partners	9.15	6.2	0.5132	0.0520	0.101	1.114	1.055	124	104	0.409	0.617
Men											
Literacy rate (young men)	7.1	2.3	0.7268	0.0372	0.051	1.858	1.363	299	267	0.652	0.801
Knowledge about HIV prevention (young men)	9.1	6.3	0.3735	0.0347	0.093	1.365	1.168	299	267	0.304	0.443
Condom use with non-regular partners	9.15	6.2	0.7785	0.0495	0.064	1.720	1.312	139	122	0.680	0.878
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1388	0.0150	0.108	1.308	1.144	780	698	0.109	0.169
Underweight prevalence (severe)	2.1b	1.8	0.0283	0.0064	0.228	1.052	1.026	780	698	0.015	0.041
Children under age 5 who slept under an ITN	3.18	6.7	0.0299	0.0067	0.225	1.080	1.039	778	696	0.016	0.043
Anti-malarial treatment of children under age 5	3.22	6.8	(0.0000)	(0.0000)	na	na	na	(52)	(44)	(0.000)	(0.000)

Table SE.10: Sampling errors: Matabeleland South

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se*/*r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.7309	0.0292	0.040	4.978	2.231	5 464	1 147	0.672	0.789
Use of improved sanitation	4.3	7.9	0.4026	0.0242	0.060	2.797	1.672	5 464	1 147	0.354	0.451
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9425	0.0078	0.008	1.194	1.093	1 167	1 062	0.927	0.958
Women											
Infant mortality rate	1.2	4.2	67	9.8	0.147	na	na	na	na	47	87
Under five mortality rate	1.5	4.1	85	12.0	0.141	na	na	na	na	61	109
Adolescent birth rate	5.1	5.4	118	11.5	0.097	na	na	na	na	95	141
Contraceptive prevalence rate	5.3	5.3	0.4680	0.0224	0.048	1.992	1.411	1 120	989	0.423	0.513
Unmet need	5.4	5.6	0.1790	0.0190	0.106	1.240	1.113	572	506	0.141	0.217
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2568	0.0157	0.061	1.273	1.128	1 120	989	0.225	0.288
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1910	0.0143	0.075	1.314	1.146	1 120	989	0.162	0.220
Skilled attendant at delivery	5.7	5.2	0.2248	0.0153	0.068	1.320	1.149	1 120	989	0.194	0.255
Literacy rate (young women)	7.1	2.3	0.8970	0.0174	0.019	1.331	1.154	457	409	0.862	0.932
Knowledge about HIV prevention (young women)	9.1	6.3	0.4687	0.0231	0.049	0.877	0.936	457	409	0.422	0.515
Condom use with non-regular partners	9.15	6.2	0.6093	0.0594	0.098	1.840	1.356	144	125	0.490	0.728
Men											
Literacy rate (young men)	7.1	2.3	0.7268	0.0372	0.051	1.858	1.363	299	267	0.652	0.801
Knowledge about HIV prevention (young men)	9.1	6.3	0.3735	0.0347	0.093	1.365	1.168	299	267	0.304	0.443
Condom use with non-regular partners	9.15	6.2	0.7785	0.0495	0.064	1.720	1.312	139	122	0.680	0.878
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1388	0.0150	0.108	1.308	1.144	780	698	0.109	0.169
Underweight prevalence (severe)	2.1b	1.8	0.0283	0.0064	0.228	1.052	1.026	780	698	0.015	0.041
Children under age 5 who slept under an ITN	3.18	6.7	0.0299	0.0067	0.225	1.080	1.039	778	696	0.016	0.043
Anti-malarial treatment of children under age 5	3.22	6.8	(0.0000)	(0.0000)	na	na	na	(52)	(44)	(0.000)	(0.000)

Table SE.11: Sampling errors: Midlands

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.7149	0.0318	0.044	8.757	2.959	8 264	1 766	0.651	0.779
Use of improved sanitation	4.3	7.9	0.3795	0.0185	0.049	2.559	1.600	8 264	1 766	0.343	0.416
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9223	0.0086	0.009	1.469	1.212	1 572	1 433	0.905	0.939
Women											
Infant mortality rate	1.2	4.2	63	9.5	0.151	na	na	na	na	44	82
Under five mortality rate	1.5	4.1	84	11.4	0.135	na	na	na	na	62	107
Adolescent birth rate	5.1	5.4	119	14.6	0.122	na	na	na	na	90	148
Contraceptive prevalence rate	5.3	5.3	0.5061	0.0115	0.023	0.872	0.934	1 800	1 652	0.483	0.529
Unmet need	5.4	5.6	0.0981	0.0098	0.100	1.169	1.081	1 171	1 069	0.078	0.118
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2398	0.0116	0.048	1.217	1.103	1 800	1 652	0.217	0.263
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1710	0.0101	0.059	1.186	1.089	1 800	1 652	0.151	0.191
Skilled attendant at delivery	5.7	5.2	0.1944	0.0105	0.054	1.170	1.082	1 800	1 652	0.173	0.215
Literacy rate (young women)	7.1	2.3	0.9138	0.0114	0.013	1.099	1.048	716	662	0.891	0.937
Knowledge about HIV prevention (young women)	9.1	6.3	0.5245	0.0223	0.043	1.317	1.148	716	662	0.480	0.569
Condom use with non-regular partners	9.15	6.2	0.6412	0.0460	0.072	0.606	0.779	71	67	0.549	0.733
Men											
Literacy rate (young men)	7.1	2.3	0.8274	0.0192	0.023	1.029	1.015	421	401	0.789	0.866
Knowledge about HIV prevention (young men)	9.1	6.3	0.4691	0.0334	0.071	1.796	1.340	421	401	0.402	0.536
Condom use with non-regular partners	9.15	6.2	0.8373	0.0310	0.037	0.665	0.816	102	95	0.775	0.899
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1111	0.0100	0.090	1.103	1.050	1 198	1 087	0.091	0.131
Underweight prevalence (severe)	2.1b	1.8	0.0289	0.0051	0.176	1.003	1.002	1 198	1 087	0.019	0.039
Children under age 5 who slept under an ITN	3.18	6.7	0.2191	0.0257	0.117	4.200	2.049	1 199	1 087	0.168	0.271
Anti-malarial treatment of children under age 5	3.22	6.8	0.0048	0.0034	0.715	0.812	0.901	371	333	0.000	0.012

Table SE.12: Sampling errors: Masvingo

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.6427	0.0296	0.046	6.338	2.517	7 400	1 661	0.583	0.702
Use of improved sanitation	4.3	7.9	0.2747	0.0219	0.080	3.979	1.995	7 400	1 661	0.231	0.318
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9234	0.0100	0.011	2.131	1.460	1 666	1 515	0.903	0.943
Women											
Infant mortality rate	1.2	4.2	63	7.6	0.121	na	na	na	na	48	78
Under five mortality rate	1.5	4.1	89	9.5	0.107	na	na	na	na	70	108
Adolescent birth rate	5.1	5.4	117	12.6	0.108	na	na	na	na	92	142
Contraceptive prevalence rate	5.3	5.3	0.4801	0.0163	0.034	1.603	1.266	1 509	1 513	0.448	0.513
Unmet need	5.4	5.6	0.1104	0.0135	0.123	1.829	1.352	995	981	0.083	0.138
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2619	0.0129	0.049	1.299	1.140	1 509	1 513	0.236	0.288
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.2109	0.0120	0.057	1.308	1.144	1 509	1 513	0.187	0.235
Skilled attendant at delivery	5.7	5.2	0.2137	0.0134	0.063	1.615	1.271	1 509	1 513	0.187	0.240
Literacy rate (young women)	7.1	2.3	0.9041	0.0170	0.019	1.880	1.371	563	567	0.870	0.938
Knowledge about HIV prevention (young women)	9.1	6.3	0.4779	0.0231	0.048	1.209	1.100	563	567	0.432	0.524
Condom use with non-regular partners	9.15	6.2	0.6071	0.0485	0.080	0.355	0.595	34	37	0.510	0.704
Men											
Literacy rate (young men)	7.1	2.3	0.8471	0.0295	0.035	2.162	1.470	329	323	0.788	0.906
Knowledge about HIV prevention (young men)	9.1	6.3	0.4528	0.0259	0.057	0.869	0.932	329	323	0.401	0.504
Condom use with non-regular partners	9.15	6.2	0.6712	0.0467	0.070	0.792	0.890	84	81	0.578	0.765
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.1092	0.0101	0.092	1.114	1.056	1 124	1 073	0.089	0.129
Underweight prevalence (severe)	2.1b	1.8	0.0248	0.0051	0.206	1.156	1.075	1 124	1 073	0.015	0.035
Children under age 5 who slept under an ITN	3.18	6.7	0.2893	0.0215	0.074	2.338	1.529	1 093	1 045	0.246	0.332
Anti-malarial treatment of children under age 5	3.22	6.8	0.0341	0.0102	0.300	1.216	1.103	413	384	0.014	0.055

Table SE.13: Sampling errors: Harare

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits	
										Lower bound r - 2se	Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.9725	0.0050	0.005	1.957	1.399	5 901	2 072	0.962	0.983
Use of improved sanitation	4.3	7.9	0.3932	0.0239	0.061	4.974	2.230	5 901	2 072	0.345	0.441
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9495	0.0082	0.009	1.523	1.234	819	1 091	0.933	0.966
Women											
Infant mortality rate	1.2	4.2	61	8.4	0.136	na	na	na	na	45	78
Under five mortality rate	1.5	4.1	77	9.5	0.1246	na	na	na	na	58	96
Adolescent birth rate	5.1	5.4	78	9.5	0.122	na	na	na	na	59	97
Contraceptive prevalence rate	5.3	5.3	0.4668	0.0115	0.025	1.138	1.067	1 624	2 159	0.444	0.490
Unmet need	5.4	5.6	0.0728	0.0099	0.135	1.851	1.360	977	1 286	0.053	0.093
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2375	0.0092	0.039	1.002	1.001	1 624	2 159	0.219	0.256
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1727	0.0079	0.046	0.939	0.969	1 624	2 159	0.157	0.188
Skilled attendant at delivery	5.7	5.2	0.2273	0.0093	0.041	1.074	1.036	1 624	2 159	0.209	0.246
Literacy rate (young women)	7.1	2.3	0.9811	0.0059	0.006	1.533	1.238	623	815	0.969	0.993
Knowledge about HIV prevention (young women)	9.1	6.3	0.6027	0.0247	0.041	2.071	1.439	623	815	0.553	0.652
Condom use with non-regular partners	9.15	6.2	0.4744	0.0615	0.130	0.940	0.970	46	63	0.351	0.597
Men											
Literacy rate (young men)	7.1	2.3	0.9490	0.0145	0.015	1.436	1.199	276	331	0.920	0.978
Knowledge about HIV prevention (young men)	9.1	6.3	0.5926	0.0345	0.058	1.624	1.274	276	331	0.524	0.662
Condom use with non-regular partners	9.15	6.2	0.7520	0.0443	0.059	0.958	0.979	68	92	0.663	0.841
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.0697	0.0111	0.159	2.189	1.479	883	1 159	0.048	0.092
Underweight prevalence (severe)	2.1b	1.8	0.0070	0.0027	0.392	1.256	1.121	883	1 159	0.002	0.012
Children under age 5 who slept under an ITN	3.18	6.7	0.1300	0.0129	0.099	1.735	1.317	893	1 175	0.104	0.156
Anti-malarial treatment of children under age 5	3.22	6.8	0.0021	0.0001	0.045	0.002	0.040	262	354	0.002	0.002

Table SE.14: Sampling errors: Bulawayo

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft), and confidence intervals for selected indicators, Zimbabwe, 2014

	MICS Indicator	MDG Indicator	Value (*r*)	Standard error (*se*)	Coefficient of variation (*se/r*)	Design effect (*deff*)	Square root of design effect (*deft*)	Weighted count	Unweighted count	Confidence limits: Lower bound r - 2se	Confidence limits: Upper bound r + 2se
Household members											
Use of improved drinking water sources	4.1	7.8	0.9892	0.0051	0.005	2.680	1.637	4 469	1 117	0.979	0.999
Use of improved sanitation	4.3	7.9	0.5497	0.0217	0.039	2.119	1.456	4 469	1 117	0.506	0.593
Primary school net attendance ratio (adjusted)	7.4	2.1	0.9735	0.0061	0.006	0.919	0.959	674	636	0.961	0.986
Women											
Infant mortality rate	1.2	4.2	37	42	6.5	na	na	na	na	24	50
Under five mortality rate	1.5	4.1	48	63	7.9	na	na	na	na	32	63
Adolescent birth rate	5.1	5.4	77	9.62	0.125	na	na	na	na	58	96
Contraceptive prevalence rate	5.3	5.3	0.4627	0.0149	0.032	1.007	1.004	1 200	1 123	0.433	0.493
Unmet need	5.4	5.6	0.1228	0.0127	0.103	0.833	0.913	596	559	0.097	0.148
Antenatal care coverage (1+ times, skilled provider)	5.5a	5.5	0.2207	0.0127	0.058	1.051	1.025	1 200	1 123	0.195	0.246
Antenatal care coverage (4+ times, any provider)	5.5b	5.5	0.1640	0.0119	0.073	1.165	1.079	1 200	1 123	0.140	0.188
Skilled attendant at delivery	5.7	5.2	0.2186	0.0124	0.057	1.005	1.002	1 200	1 123	0.194	0.243
Literacy rate (young women)	7.1	2.3	0.9736	0.0070	0.007	0.920	0.959	518	482	0.960	0.988
Knowledge about HIV prevention (young women)	9.1	6.3	0.6399	0.0234	0.037	1.144	1.070	518	482	0.593	0.687
Condom use with non-regular partners	9.15	6.2	0.5960	0.0323	0.054	0.441	0.664	111	103	0.532	0.661
Men											
Literacy rate (young men)	7.1	2.3	0.9685	0.0112	0.012	0.967	0.983	266	235	0.946	0.991
Knowledge about HIV prevention (young men)	9.1	6.3	0.6424	0.0401	0.062	1.641	1.281	266	235	0.562	0.723
Condom use with non-regular partners	9.15	6.2	0.8270	0.0365	0.044	0.839	0.916	104	91	0.754	0.900
Under-5s											
Underweight prevalence (moderate and severe)	2.1a	1.8	0.0959	0.0130	0.136	1.113	1.055	601	568	0.070	0.122
Underweight prevalence (severe)	2.1b	1.8	0.0205	0.0064	0.310	1.141	1.068	601	568	0.008	0.033
Children under age 5 who slept under an ITN	3.18	6.7	0.1285	0.0178	0.139	1.621	1.273	605	571	0.093	0.164
Anti-malarial treatment of children under age 5	3.22	6.8	0.0000	0.0000	0.0000	na	na	81	75	0.000	0.000

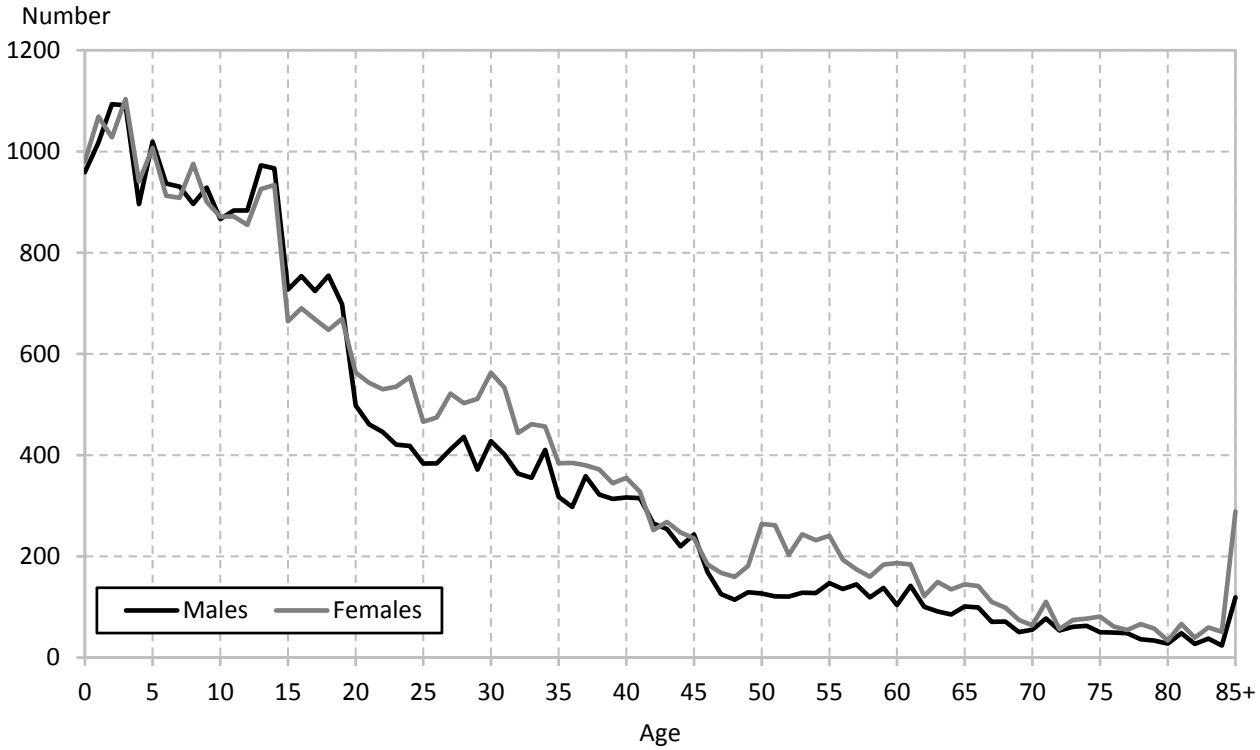
Appendix F. Data Quality Tables

DQ.1: Age distribution of household population

Single-year age distribution of household population by sex, Zimbabwe MICS, 2014

	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
Age					**Age**				
0	959	3.1	981	2.9	45	243	0.8	235	0.7
1	1 018	3.3	1 069	3.1	46	169	0.5	184	0.5
2	1 093	3.5	1 028	3.0	47	125	0.4	167	0.5
3	1 091	3.5	1 104	3.2	48	114	0.4	159	0.5
4	896	2.9	941	2.7	49	129	0.4	181	0.5
5	1 019	3.3	1 007	2.9	50	127	0.4	264	0.8
6	937	3.0	913	2.7	51	121	0.4	261	0.8
7	931	3.0	909	2.7	52	120	0.4	203	0.6
8	896	2.9	975	2.8	53	128	0.4	244	0.7
9	929	3.0	901	2.6	54	128	0.4	232	0.7
10	866	2.8	871	2.5	55	147	0.5	241	0.7
11	883	2.9	872	2.5	56	135	0.4	193	0.6
12	884	2.9	855	2.5	57	145	0.5	174	0.5
13	973	3.1	926	2.7	58	119	0.4	160	0.5
14	967	3.1	934	2.7	59	138	0.4	184	0.5
15	727	2.3	665	1.9	60	104	0.3	187	0.5
16	754	2.4	690	2.0	61	142	0.5	184	0.5
17	724	2.3	668	1.9	62	100	0.3	122	0.4
18	755	2.4	647	1.9	63	91	0.3	149	0.4
19	698	2.3	669	2.0	64	85	0.3	135	0.4
20	498	1.6	563	1.6	65	101	0.3	145	0.4
21	461	1.5	543	1.6	66	99	0.3	141	0.4
22	446	1.4	530	1.5	67	71	0.2	110	0.3
23	421	1.4	535	1.6	68	71	0.2	99	0.3
24	418	1.3	554	1.6	69	51	0.2	74	0.2
25	383	1.2	466	1.4	70	55	0.2	64	0.2
26	384	1.2	475	1.4	71	77	0.2	110	0.3
27	411	1.3	522	1.5	72	53	0.2	56	0.2
28	436	1.4	503	1.5	73	61	0.2	74	0.2
29	371	1.2	511	1.5	74	63	0.2	77	0.2
30	428	1.4	563	1.6	75	50	0.2	81	0.2
31	401	1.3	533	1.6	76	49	0.2	62	0.2
32	363	1.2	444	1.3	77	48	0.2	55	0.2
33	355	1.1	461	1.3	78	36	0.1	66	0.2
34	410	1.3	457	1.3	79	34	0.1	57	0.2
35	318	1.0	384	1.1	80	28	0.1	34	0.1
36	298	1.0	385	1.1	81	48	0.2	66	0.2
37	359	1.2	380	1.1	82	27	0.1	39	0.1
38	322	1.0	372	1.1	83	37	0.1	60	0.2
39	313	1.0	345	1.0	84	24	0.1	51	0.1
40	316	1.0	355	1.0	85+	119	0.4	289	0.8
41	315	1.0	328	1.0					
42	265	0.9	252	0.7	DK/Missing	3	0.0	2	0.0
43	254	0.8	268	0.8					
44	220	0.7	248	0.7	Total	30 986	100.0	34 273	100.0

Figure DQ.1: Household population by single ages, Zimbabwe MICS, 2014



Note: The graph excludes 5 members of the household population with unknown…

DQ.2: Age distribution of eligible and interviewed women

Household population of women age 10-54 years, interviewed women age 15-49 years, and percentage of eligible women who were interviewed, by five-year age groups, Zimbabwe MICS, 2014

	Household population of women age 10-54 years	**Interviewed women age 15-49 years**		Percentage of eligible women interviewed (Completion rate)
	Number	Number	Percent	
Total (15-49)	**15 242**	**14 312**	**100.0**	**93.9**
Age				
10-14	4 457	na	na	na
15-19	3 340	3 085	21.6	92.4
20-24	2 725	2 559	17.9	93.9
25-29	2 476	2 344	16.4	94.7
30-34	2 458	2 319	16.2	94.3
35-39	1 865	1 775	12.4	95.2
40-44	1 450	1 360	9.5	93.8
45-49	927	871	6.1	93.9
50-54	1 205	na	na	na
Ratio of 50-54 to 45-49	1.30			

na: not applicable

DQ.3: Age distribution of eligible and interviewed men

Household population of men age 10-59 years, in all households and in households selected for men's interviews, interviewed men age 15-54 years, and percentage of eligible men who were interviewed, by five-year age groups, Zimbabwe MICS, 2014

	Household population of men age 10-59 years		Interviewed men age 15-54 years		Percentage of eligible men interviewed (Completion rate)
	All households	Selected households			
	Number	Number	Number	Percent	
Total (15-54)	**14 232**	**8 909**	**7 895**	**100.0**	**88.6**
Age					
10-14	4 573	2 913	na	na	na
15-19	3 659	2 281	2 080	26.3	91.2
20-24	2 244	1 368	1 218	15.4	89.1
25-29	1 986	1 237	1 080	13.7	87.3
30-34	1 958	1 259	1 086	13.8	86.3
35-39	1 610	1 019	903	11.4	88.6
40-44	1 370	866	757	9.6	87.4
45-49	782	486	427	5.4	87.9
50-54	624	392	343	4.3	87.4
55-59	684	450	na	na	na
Ratio of 55-59 to 50-54	1.10	1.15	na	na	na

na: not applicable

DQ.4: Age distribution of children in household and under-5 questionnaires

Household population of children age 0-7 years, children age 0-4 years whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caregivers were interviewed, by single years of age, Zimbabwe MICS, 2014

	Household population of children 0-7 years	**Under-5s with completed interviews**		Percentage of eligible under-5s with completed interviews (Completion rate)
	Number	Number	Percent	
Total (0-4)	**10 180**	**9 862**	**100.0**	**96.9**
Age				
0	1 940	1 878	19.0	96.8
1	2 087	2 009	20.4	96.3
2	2 122	2 055	20.8	96.9
3	2 195	2 134	21.6	97.2
4	1 837	1 786	18.1	97.2
5	2 027	na	na	na
6	1 849	na	na	na
7	1 839	na	na	na
Ratio of 5 to 4	1.10	na	na	na

na: not applicable

DQ.5: Birth date reporting: Household population

Percent distribution of household population by completeness of date of birth information, Zimbabwe MICS, 2014

	Completeness of reporting of month and year of birth					
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	Number of household members
Total	**98.4**	**1.6**	**0.0**	**0.0**	**100.0**	**65 336**
Age						
0-4	99.6	0.4	0.0	0.0	100.0	10 223
5-14	98.1	1.9	0.0	0.0	100.0	18 298
15-24	98.6	1.4	0.0	0.0	100.0	11 952
25-49	98.9	1.1	0.0	0.0	100.0	17 186
50-64	97.0	3.0	0.0	0.0	100.0	4 730
65-84	95.2	4.8	0.0	0.0	100.0	2 557
85+	88.8	9.9	0.0	1.3	100.0	385
DK/Missing	(*)	(*)	(*)	(*)	100.0	5
Province						
Manicaland	97.1	2.9	0.0	0.0	100.0	7 769
Mashonaland Central	97.3	2.7	0.0	0.0	100.0	6 691
Mashonaland East	97.4	2.5	0.0	0.0	100.0	6 567
Mashonaland West	99.4	0.6	0.0	0.0	100.0	7 324
Matabeleland North	99.0	1.0	0.0	0.0	100.0	5 392
Matabeleland South	97.6	2.3	0.0	0.1	100.0	4 929
Midlands	99.3	0.7	0.0	0.0	100.0	7 539
Masvingo	98.6	1.4	0.0	0.0	100.0	6 938
Harare	99.0	1.0	0.0	0.0	100.0	7 984
Bulawayo	99.4	0.6	0.0	0.0	100.0	4 203
Area						
Urban	99.3	0.7	0.0	0.0	100.0	19 364
Rural	98.0	1.9	0.0	0.0	100.0	45 972

na: not applicable

DQ.6: Birth date and age reporting: Women

Percent distribution of women age 15-49 years by completeness of date of birth/age information, Zimbabwe MICS, 2014

	Completeness of reporting of date of birth and age						Number of women age 15-49 years
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/ Missing	Total	
Total	**99.9**	**0.1**	**0.0**	**0.0**	**0.0**	**100.0**	**14 409**
Province							
Manicaland	99.8	0.2	0.0	0.0	0.0	100.0	1 597
Mashonaland Central	99.8	0.2	0.0	0.0	0.0	100.0	1 377
Mashonaland East	99.7	0.3	0.0	0.0	0.0	100.0	1 392
Mashonaland West	99.9	0.1	0.0	0.0	0.0	100.0	1 555
Matabeleland North	99.8	0.2	0.0	0.0	0.0	100.0	1 052
Matabeleland South	99.9	0.1	0.0	0.0	0.0	100.0	989
Midlands	100.0	0.0	0.0	0.0	0.0	100.0	1 652
Masvingo	99.9	0.1	0.0	0.0	0.0	100.0	1 513
Harare	100.0	0.0	0.0	0.0	0.0	100.0	2 159
Bulawayo	100.0	0.0	0.0	0.0	0.0	100.0	1 123
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	5 336
Rural	99.8	0.2	0.0	0.0	0.0	100.0	9 073

DQ.7: Birth date and age reporting: Men

Percent distribution of men age 15-54 years by completeness of date of birth/age information, Zimbabwe MICS, 2014

	Completeness of reporting of date of birth and age						
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK /Missing	Total	Number of men age 15-54 years
Total	**99.8**	**0.1**	**0.0**	**0.0**	**0.0**	**100.0**	**7 914**
Province							
Manicaland	99.7	0.3	0.0	0.0	0.0	100.0	859
Mashonaland Central	99.7	0.3	0.0	0.0	0.0	100.0	869
Mashonaland East	100.0	0.0	0.0	0.0	0.0	100.0	807
Mashonaland West	100.0	0.0	0.0	0.0	0.0	100.0	966
Matabeleland North	100.0	0.0	0.0	0.0	0.0	100.0	587
Matabeleland South	100.0	0.0	0.0	0.0	0.0	100.0	523
Midlands	99.7	0.2	0.0	0.1	0.0	100.0	977
Masvingo	99.7	0.3	0.0	0.0	0.0	100.0	750
Harare	99.9	0.1	0.0	0.0	0.0	100.0	1 023
Bulawayo	100.0	0.0	0.0	0.0	0.0	100.0	553
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	2 600
Rural	99.8	0.2	0.0	0.0	0.0	100.0	5 314

DQ.8: Birth date and age reporting: Under-5s

Percent distribution children under 5 by completeness of date of birth/age information, Zimbabwe MICS, 2014

	Completeness of reporting of date of birth and age						
	Year and month of birth	Year of birth and age	Year of birth only	Age only	Other/DK/ Missing	Total	Number of under-5 children
Total	**99.9**	**0.1**	**0.0**	**0.0**	**0.0**	**100.0**	**9 884**
Province							
Manicaland	99.8	0.2	0.0	0.0	0.0	100.0	1 238
Mashonaland Central	99.7	0.3	0.0	0.0	0.0	100.0	1 061
Mashonaland East	100.0	0.0	0.0	0.0	0.0	100.0	982
Mashonaland West	100.0	0.0	0.0	0.0	0.0	100.0	1 075
Matabeleland North	99.9	0.1	0.0	0.0	0.0	100.0	808
Matabeleland South	99.9	0.1	0.0	0.0	0.0	100.0	716
Midlands	100.0	0.0	0.0	0.0	0.0	100.0	1 112
Masvingo	99.8	0.2	0.0	0.0	0.0	100.0	1 092
Harare	99.9	0.1	0.0	0.0	0.0	100.0	1 209
Bulawayo	100.0	0.0	0.0	0.0	0.0	100.0	591
Area							
Urban	100.0	0.0	0.0	0.0	0.0	100.0	2 808
Rural	99.9	0.1	0.0	0.0	0.0	100.0	7 076

DQ.9: Birth date reporting: Children, adolescents and young people

Percent distribution of children, adolescents and young people age 5-24 years by completeness of date of birth information, Zimbabwe MICS, 2014

	Completeness of reporting of month and year of birth					
	Year and month of birth	Year of birth only	Month of birth only	Both missing	Total	Number of children, adolescents and young people age 5-24 years
Total	**98.3**	**1.7**	**0.0**	**0.0**	**100.0**	**30 250**
Province						
Manicaland	97.1	2.9	0.0	0.0	100.0	3 662
Mashonaland Central	97.1	2.9	0.0	0.0	100.0	3 106
Mashonaland East	97.1	2.8	0.0	0.0	100.0	2 998
Mashonaland West	99.6	0.4	0.0	0.0	100.0	3 439
Matabeleland North	98.8	1.2	0.0	0.0	100.0	2 662
Matabeleland South	97.5	2.4	0.0	0.1	100.0	2 459
Midlands	99.3	0.7	0.0	0.0	100.0	3 590
Masvingo	98.6	1.4	0.0	0.0	100.0	3 314
Harare	99.0	1.0	0.0	0.0	100.0	3 147
Bulawayo	99.4	0.6	0.0	0.0	100.0	1 873
Area						
Urban	99.3	0.7	0.0	0.0	100.0	8 056
Rural	98.0	2.0	0.0	0.0	100.0	22 194

DQ.10: Birth date reporting: First and last births

Percent distribution of first and last births to women age 15-49 years by completeness of date of birth, Zimbabwe MICS, 2014

	Completeness of reporting of date of birth										
	Date of first birth						Date of last birth				
	Year and month of birth	Year of birth only	Completed years since first birth only	Other/DK/ Missing	Total	Number of first births	Year and month of birth	Year of birth only	Other /DK/ Missing	Total	Number of last births
Total	**99.8**	**0.2**	**0.0**	**0.1**	**100.0**	**10 843**	**99.8**	**0.2**	**0.0**	**100.0**	**8 389**
Province											
Manicaland	99.5	0.2	0.0	0.2	100.0	1 226	99.9	0.1	0.0	100.0	991
Mashonaland Central	99.7	0.3	0.0	0.0	100.0	1 136	99.5	0.5	0.0	100.0	933
Mashonaland East	99.9	0.1	0.0	0.0	100.0	1 056	99.9	0.1	0.0	100.0	837
Mashonaland West	99.9	0.0	0.1	0.0	100.0	1 206	100.0	0.0	0.0	100.0	944
Matabeleland North	99.9	0.1	0.0	0.0	100.0	804	99.8	0.2	0.0	100.0	614
Matabeleland South	100.0	0.0	0.0	0.0	100.0	749	99.6	0.4	0.0	100.0	556
Midlands	99.7	0.2	0.1	0.0	100.0	1 240	99.6	0.4	0.0	100.0	959
Masvingo	99.6	0.4	0.0	0.1	100.0	1 141	100.0	0.0	0.0	100.0	923
Harare	99.8	0.1	0.0	0.1	100.0	1 535	99.7	0.2	0.1	100.0	1 108
Bulawayo	99.9	0.1	0.0	0.0	100.0	750	100.0	0.0	0.0	100.0	524
Area											
Urban	99.8	0.1	0.0	0.1	100.0	3 741	99.9	0.1	0.0	100.0	2 700
Rural	99.7	0.2	0.0	0.0	100.0	7 102	99.8	0.2	0.0	100.0	5 689

DQ.11: Completeness of reporting

Percentage of observations that are missing information for selected questions and indicators, Zimbabwe MICS, 2014

Questionnaire and type of missing information	Reference group	Percent with missing/incomplete information[a]	Number of cases
Household			
Salt test result	All households interviewed that have salt	0.8	15 686
Starting time of interview	All households interviewed	0.2	15 686
Ending time of interview	All households interviewed	0.0	15 686
Women			
Date of first marriage/union	All ever married women age 15-49		
Only month		6.6	11 015
Both month and year		1.0	11 015
Age at first marriage/union	All ever married women age 15-49 with year of first marriage not known	0.3	11 015
Age at first intercourse	All women age 15-24 who have ever had sex	0.1	3 333
Time since last intercourse	All women age 15-24 who have ever had sex	0.2	3 333
Starting time of interview	All women interviewed	0.0	14 409
Ending time of interview	All women interviewed	0.0	14 409
Men			
Date of first marriage/union	All ever married men age 15-54		
Only month		9.8	4 584
Both month and year		1.0	4 584
Age at first marriage/union	All ever married men age 15-49 with year of first marriage not known	0.0	4 584
Age at first intercourse	All men age 15-24 who have ever had sex	0.1	1 517
Time since last intercourse	All men age 15-24 who have ever had sex	0.1	1 517
Starting time of interview	All men interviewed	0.3	7 914
Ending time of interview	All men interviewed	0.0	7 914
Under-5			
Starting time of interview	All under-5 children	0.0	9 884
Ending time of interview	All under-5 children	0.1	9 884

[a] Includes "Don't know" responses

DQ.12: Completeness of information for anthropometric indicators: Underweight

Percent distribution of children under 5 by completeness of information on date of birth and weight, Zimbabwe MICS, 2014

	Valid weight and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
		Weight not measured	Incomplete date of birth	Weight not measured and incomplete date of birth	Flagged cases (outliers)			
Total	**97.0**	**2.8**	**0.1**	**0.0**	**0.1**	**100.0**	**3.0**	**9 884**
Age								
<6 months	97.1	2.7	0.0	0.0	0.2	100.0	2.9	867
6-11 months	98.8	0.9	0.0	0.0	0.3	100.0	1.2	974
12-23 months	97.5	2.4	0.0	0.0	0.1	100.0	2.5	1 991
24-35 months	96.6	3.3	0.0	0.0	0.0	100.0	3.4	2 043
36-47 months	96.5	3.3	0.2	0.0	0.0	100.0	3.5	2 146
48-59 months	96.4	3.3	0.3	0.0	0.0	100.0	3.6	1 863

DQ.13: Completeness of information for anthropometric indicators: Stunting

Percent distribution of children under 5 by completeness of information on date of birth and length or height, Zimbabwe MICS, 2014

	Valid length/ height and date of birth	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
		Length/Height not measured	Incomplete date of birth	Length/Height not measured, incomplete date of birth	Flagged cases (outliers)			
Total	**96.6**	**3.0**	**0.1**	**0.0**	**0.3**	**100.0**	**3.4**	**9 884**
Age								
<6 months	96.2	3.1	0.0	0.0	0.7	100.0	3.8	867
6-11 months	98.6	0.9	0.0	0.0	0.5	100.0	1.4	974
12-23 months	97.2	2.4	0.0	0.0	0.4	100.0	2.8	1 991
24-35 months	96.2	3.5	0.0	0.0	0.2	100.0	3.8	2 043
36-47 months	96.1	3.4	0.2	0.0	0.2	100.0	3.9	2 146
48-59 months	96.2	3.4	0.3	0.0	0.2	100.0	3.8	1 863

DQ.14: Completeness of information for anthropometric indicators: Wasting

Percent distribution of children under 5 by completeness of information on weight and length or height, Zimbabwe MICS, 2014

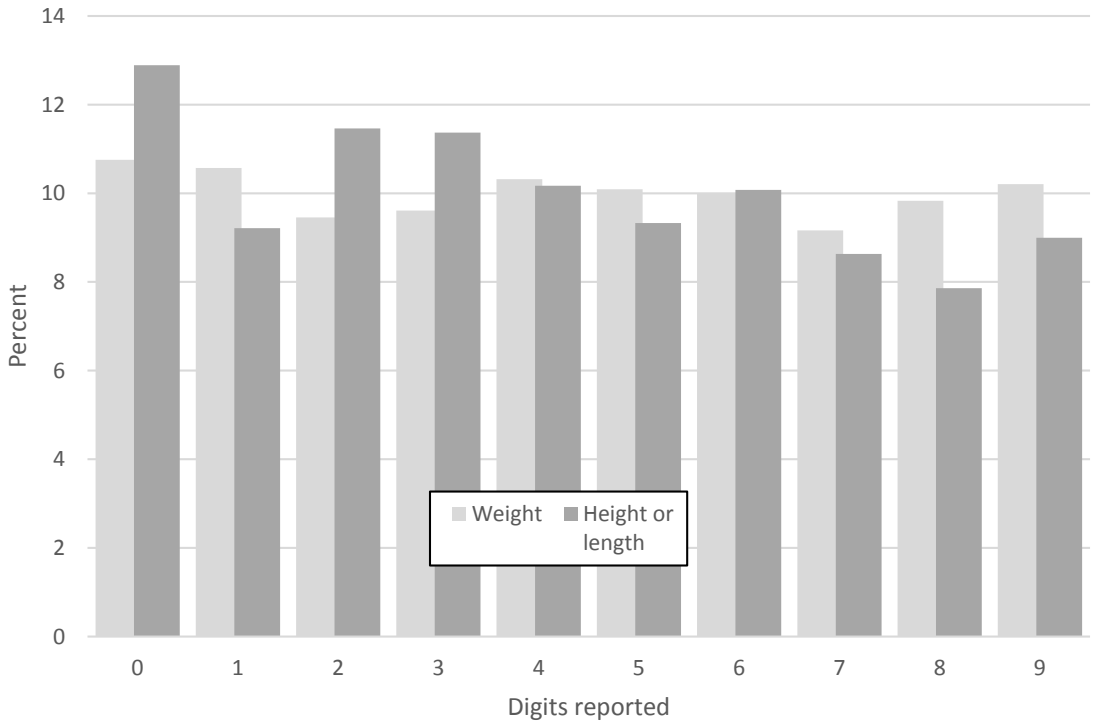
	Valid weight and length/height	Reason for exclusion from analysis				Total	Percent of children excluded from analysis	Number of children under 5
		Weight not measured	Length/Height not measured	Weight and length/height not measured	Flagged cases (outliers)			
Total	**96.6**	**0.0**	**0.1**	**2.8**	**0.5**	**100.0**	**3.4**	**9 884**
Age								
<6 months	94.5	0.0	0.5	2.7	2.4	100.0	5.5	867
6-11 months	98.5	0.0	0.0	0.9	0.6	100.0	1.5	974
12-23 months	97.2	0.1	0.1	2.4	0.3	100.0	2.8	1 991
24-35 months	96.4	0.0	0.1	3.3	0.1	100.0	3.6	2 043
36-47 months	96.3	0.0	0.2	3.3	0.2	100.0	3.7	2 146
48-59 months	96.3	0.1	0.1	3.3	0.3	100.0	3.7	1 863

DQ.15: Heaping in anthropometric measurements

Distribution of weight and height/length measurements by digits reported for the decimal points, Zimbabwe MICS, 2014

	Weight		Height	
	Number	Percent	Number	Percent
Total	**9 603**	**100.0**	**9 605**	**100.0**
Digits				
0	1 033	10.8	1 238	12.9
1	1 015	10.6	885	9.2
2	908	9.5	1 101	11.5
3	923	9.6	1 092	11.4
4	991	10.3	977	10.2
5	969	10.1	896	9.3
6	960	10.0	968	10.1
7	880	9.2	829	8.6
8	944	9.8	755	7.9
9	980	10.2	864	9.0
0 or 5	2 002	20.8	2 134	22.2

Figure DQ.2: Weight and height/length measurements by digits reported for the decimal points, Zimbabwe MICS, 2014



DQ:16: Observation of birth certificates

Percent distribution of children under 5 by presence of birth certificates, and percentage of birth certificates seen, Zimbabwe MICS, 2014

	Child has birth certificate						
	Seen by the interviewer (1)	Not seen by the interviewer (2)	Child does not have birth certificate	DK/Missing	Total	Percentage of birth certificates seen by the interviewer (1)/(1+2)*100	Number of children under age 5
Total	**18.9**	**10.7**	**70.0**	**0.4**	**100.0**	**63.7**	**9 884**
Province							
Manicaland	17.0	8.6	73.8	0.5	100.0	66.4	1 238
Mashonaland Central	13.9	9.4	76.5	0.2	100.0	59.5	1 061
Mashonaland East	17.9	8.6	72.8	0.7	100.0	67.7	982
Mashonaland West	11.6	8.5	79.4	0.5	100.0	57.9	1 075
Matabeleland North	18.9	7.4	73.5	0.1	100.0	71.8	808
Matabeleland South	17.9	9.1	72.8	0.3	100.0	66.3	716
Midlands	19.2	6.7	73.5	0.7	100.0	74.2	1 112
Masvingo	14.9	11.6	72.8	0.6	100.0	56.2	1 092
Harare	26.7	22.7	50.3	0.2	100.0	54.0	1 209
Bulawayo	38.2	13.2	48.6	0.0	100.0	74.3	591
Area							
Urban	34.2	18.2	47.4	0.2	100.0	65.2	2 808
Rural	12.8	7.8	79.0	0.5	100.0	62.2	7 076
Child's age							
0-5 months	8.5	5.2	86.2	0.1	100.0	62.2	867
6-11 months	14.7	7.3	77.9	0.1	100.0	66.8	974
12-23 months	17.7	9.8	72.3	0.2	100.0	64.2	1 991
24-35 months	22.0	10.9	66.4	0.7	100.0	67.0	2 043
36-47 months	20.2	12.3	67.0	0.5	100.0	62.0	2 146
48-59 months	22.2	14.1	63.2	0.5	100.0	61.2	1 863

DQ.17: Observation of child health cards

Percent distribution of children age 0-35 months by presence of a child health card, and the percentage of child health cards seen by the interviewers, Zimbabwe MICS, 2014

	Child does not have child health card		Child has child health card					
	Had child health card previously	Never had child health card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/Missing	Total	Percentage of child health cards seen by the interviewer (1)/(1+2)*100	Number of children age 0-35 months
Total	**3.3**	**5.0**	**80.2**	**11.5**	**0.1**	**100.0**	**87.5**	**5 875**
Province								
Manicaland	2.9	6.5	80.2	10.3	0.1	100.0	88.7	721
Mashonaland Central	4.9	6.3	78.0	10.8	0.0	100.0	87.8	637
Mashonaland East	1.9	8.3	74.7	15.1	0.0	100.0	83.1	588
Mashonaland West	2.8	5.5	76.1	15.6	0.0	100.0	82.9	652
Matabeleland North	1.3	1.1	87.5	10.2	0.0	100.0	89.6	471
Matabeleland South	4.9	3.7	83.0	8.4	0.0	100.0	90.8	406
Midlands	4.1	5.7	78.0	12.0	0.2	100.0	86.7	633
Masvingo	5.8	6.1	78.6	9.4	0.0	100.0	89.3	635
Harare	1.9	2.7	83.7	11.1	0.7	100.0	88.3	749
Bulawayo	1.8	1.0	86.9	10.2	0.0	100.0	89.5	383
Area								
Urban	1.8	2.3	84.2	11.4	0.3	100.0	88.1	1 741
Rural	3.8	6.1	78.5	11.5	0.0	100.0	87.2	4 134
Child's age								
0-5 months	0.7	7.5	86.7	5.1	0.0	100.0	94.5	867
6-11 months	1.3	4.6	86.3	7.6	0.1	100.0	91.9	974
12-23 months	3.1	3.9	81.3	11.7	0.1	100.0	87.5	1 991
24-35 months	5.4	5.1	73.5	15.9	0.2	100.0	82.2	2 043

DQ.18: Observation of women's health cards

Percent distribution of women with a live birth in the last 2 years by presence of a health card, and the percentage of health cards seen by the interviewers, Zimbabwe MICS, 2014

	Woman has health card						
	Woman does not have health card	Seen by the interviewer (1)	Not seen by the interviewer (2)	DK/Missing	Total	Percent of health cards seen by the interviewer (1)/(1+2)*100	Number of women with a live birth in the last two years
Total	**36.1**	**29.8**	**33.9**	**0.2**	**100.0**	**46.8**	**3 913**
Province							
Manicaland	35.0	27.9	36.9	0.2	100.0	43.0	466
Mashonaland Central	39.2	22.6	38.0	0.2	100.0	37.3	434
Mashonaland East	39.9	26.8	32.8	0.5	100.0	44.9	396
Mashonaland West	29.5	33.3	36.7	0.5	100.0	47.5	430
Matabeleland North	20.1	47.3	32.0	0.7	100.0	59.7	294
Matabeleland South	29.4	41.2	29.4	0.0	100.0	58.4	262
Midlands	32.9	33.6	33.6	0.0	100.0	50.0	426
Masvingo	38.7	31.9	29.4	0.0	100.0	52.0	411
Harare	52.5	14.0	33.5	0.0	100.0	29.4	537
Bulawayo	30.4	36.6	33.1	0.0	100.0	52.5	257
Area							
Urban	40.2	23.6	35.9	0.2	100.0	39.7	1 223
Rural	34.2	32.6	32.9	0.2	100.0	49.8	2 690
Age							
15-24	34.4	30.9	34.4	0.2	100.0	47.3	1 617
25-34	36.8	28.9	34.1	0.2	100.0	45.8	1 749
35-49	38.8	29.6	31.4	0.2	100.0	48.5	547

DQ.19: Observation of bednets and places for handwashing

Percentage of bednets in all households observed by the interviewers, and percent distribution of places for handwashing observed by the interviewers in all interviewed households, Zimbabwe MICS, 2014

	Percentage of bednets observed by interviewer	Total number of bednets	Place for handwashing						Number of house-holds inter-viewed
				Not observed					
			Observed	Not in the dwelling, plot or yard	No permission to see	Run to waste	Other reason	Total	
Total	**83.5**	**15 301**	**20.3**	**0.6**	**0.4**	**78.0**	**0.8**	**100.0**	**15 686**
Province									
Manicaland	94.7	2 519	19.0	0.0	0.1	80.9	0.0	100.0	1 870
Mashonaland Central	88.5	1 552	5.7	0.9	0.1	93.3	0.0	100.0	1 531
Mashonaland East	86.2	1 488	8.2	0.4	0.1	91.1	0.2	100.0	1 658
Mashonaland West	81.2	1 799	11.8	0.2	0.3	87.7	0.0	100.0	1 696
Matabeleland North	98.6	2 153	11.1	2.3	0.1	84.0	2.5	100.0	1 168
Matabeleland South	66.3	309	12.3	1.6	0.2	85.4	0.5	100.0	1 147
Midlands	87.2	1 442	27.2	0.9	0.1	67.7	4.0	100.0	1 766
Masvingo	85.7	1 834	9.2	0.1	0.2	90.6	0.0	100.0	1 661
Harare	40.8	1 306	38.8	0.4	1.6	58.6	0.4	100.0	2 072
Bulawayo	64.7	899	62.6	0.2	0.4	36.8	0.1	100.0	1 117
Area									
Urban	63.9	4 193	47.3	0.7	0.8	50.9	0.2	100.0	5 134
Rural	90.9	11 108	7.2	0.6	0.1	91.1	1.0	100.0	10 552
Wealth index quintiles									
Poorest	93.5	3 287	1.8	0.9	0.2	94.7	2.5	100.0	2 566
Second	93.2	2 970	4.1	0.6	0.1	94.5	0.7	100.0	2 831
Middle	89.6	2 876	7.4	0.4	0.1	91.7	0.5	100.0	3 001
Fourth	79.6	2 842	20.2	0.7	0.4	78.4	0.3	100.0	3 777
Richest	62.9	3 326	58.1	0.5	0.9	40.2	0.2	100.0	3 511

DQ.20: Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person who was interviewed for the under-5 questionnaire, Zimbabwe MICS, 2014

	Mother in the household	Mother not in the household				
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Total	Number of children under 5
Total	**84.3**	**0.1**	**15.4**	**0.2**	**100.0**	**10 180**
Age						
0	98.9	0.0	1.1	0.0	100.0	1 940
1	90.7	0.0	9.3	0.0	100.0	2 087
2	81.7	0.1	18.1	0.2	100.0	2 122
3	76.5	0.2	23.0	0.3	100.0	2 195
4	74.1	0.4	25.1	0.4	100.0	1 837

DQ.21: Selection of children age 1-14 years for the child labour and child discipline modules

Percent distribution of households by the number of children age 1-14 years, and the percentage of households with at least two children age 1-14 years where correct selection of one child for the child labour and child discipline modules was performed, Zimbabwe MICS, 2014

	Number of children age 1-14 years						
	None	One	Two or more	Total	Number of households	Percentage of households where correct selection was performed	Number of households with 2 or more children age 1-14years
Total	**26.5**	**23.6**	**49.9**	**100.0**	**15 686**	**96.4**	**7 823**
Province							
Manicaland	24.6	23.5	51.9	100.0	1 870	97.9	970
Mashonaland Central	20.2	22.3	57.5	100.0	1 531	97.2	880
Mashonaland East	29.4	24.0	46.6	100.0	1 658	94.6	772
Mashonaland West	22.8	23.6	53.7	100.0	1 696	96.2	910
Matabeleland North	22.7	21.8	55.5	100.0	1 168	97.2	648
Matabeleland South	27.0	20.8	52.1	100.0	1 147	98.0	598
Midlands	24.7	23.1	52.2	100.0	1 766	96.3	922
Masvingo	23.7	21.3	55.0	100.0	1 661	96.9	914
Harare	35.3	26.6	38.0	100.0	2 072	94.7	788
Bulawayo	34.4	27.9	37.7	100.0	1 117	94.1	421
Area							
Urban	34.2	26.9	38.9	100.0	5 134	95.2	1 995
Rural	22.8	22.0	55.2	100.0	10 552	96.8	5 828
Wealth index quintiles							
Poorest	14.6	20.1	65.3	100.0	2 566	97.0	1 675
Second	17.7	20.9	61.4	100.0	2 831	97.2	1 738
Middle	22.6	23.6	53.7	100.0	3 001	96.7	1 613
Fourth	38.6	24.1	37.2	100.0	3 777	95.4	1 406
Richest	32.8	27.6	39.6	100.0	3 511	95.5	1 391

DQ.22: School attendance by single age

Distribution of household population age 5-24 years by educational level and grade attended in the current (or most recent) school year, Zimbabwe MICS, 2014

	Currently attending																					
			Primary school Grade								Secondary school Grade											
	Not attending school	Preschool	10[a]	1	2	3	4	5	6	7	20[b]	1	2	3	4	5	6	Higher than secondary	Not able to determine	DK/Missing	Total	Number of household members
Age at beginning of school year																						
5	20.7	55.2	0.4	22.8	0.7	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	2 001
6	8.1	17.5	0.0	53.4	20.0	0.9	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 812
7	2.5	4.2	0.0	23.8	47.9	20.3	1.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 836
8	2.5	1.1	0.0	6.7	25.2	46.9	16.5	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 874
9	1.7	0.6	0.0	1.9	7.9	22.7	44.3	19.6	1.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 831
10	2.1	0.3	0.1	0.6	3.0	10.7	28.7	38.1	15.6	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 692
11	2.2	0.1	0.3	0.6	1.0	4.5	12.2	25.1	39.3	14.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 805
12	3.8	0.0	0.2	0.3	0.5	1.6	5.2	12.6	26.6	37.6	0.0	11.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 724
13	11.4	0.0	0.1	0.0	0.4	0.7	3.1	6.3	14.6	26.1	0.1	25.9	10.7	0.4	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1 977
14	16.8	0.0	0.0	0.0	0.3	0.1	1.1	2.6	6.2	14.6	0.0	18.2	27.3	12.4	0.5	0.0	0.0	0.0	0.0	0.0	100.0	1 757
15	26.2	0.0	0.0	0.0	0.1	0.2	0.1	0.5	1.9	4.9	0.0	9.6	17.8	28.6	10.1	0.1	0.0	0.0	0.0	0.0	100.0	1 397
16	39.3	0.0	0.0	0.0	0.0	0.0	0.2	0.4	0.7	1.7	0.0	3.4	8.4	18.0	25.4	2.4	0.0	0.0	0.0	0.1	100.0	1 454
17	58.4	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.7	0.0	1.0	2.7	8.3	21.5	4.0	2.9	0.2	0.0	0.0	100.0	1 395
18	75.4	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.6	0.4	3.7	12.1	2.5	4.4	0.8	0.0	0.0	100.0	1 392
19	87.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.3	1.1	6.5	1.1	2.5	1.3	0.0	0.1	100.0	1 319
20	90.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.6	4.2	9.6	1.1	2.7	0.0	0.0	100.0	1 032
21	92.9	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.8	1.5	9.4	0.6	3.5	0.0	0.0	100.0	1 072
22	94.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.3	0.3	0.5	3.3	0.0	0.0	100.0	911
23	94.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.5	4.2	0.0	0.0	100.0	980
24	86.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.1	0.3	2.5	10.3	0.0	100.0	931

[a]Primary School Grade 10 is a special class for slow learners

[b]Secondary School Grade/Form 20 is a special class for slow learners

DQ.23: Sex ratio at birth among children ever born and living

Sex ratio (number of males per 100 females) among children ever born (at birth), children living, and deceased children, by age of women, Zimbabwe MICS, 2014

	Children Ever Born			Children Living			Children Deceased			
	Sons	Daughters	Sex ratio at birth	Sons	Daughters	Sex ratio	Sons	Daughters	Sex ratio	Number of women
Total	**16 329**	**15 956**	**1.02**	**14 912**	**14 767**	**1.01**	**1 417**	**1 189**	**1.19**	**14 409**
Age										
15-19	350	321	1.09	322	306	1.05	28	15	1.87	3 079
20-24	1 532	1 489	1.03	1 420	1 393	1.02	112	96	1.17	2 550
25-29	2 617	2 608	1.00	2 426	2 428	1.00	191	180	1.06	2 392
30-34	3 573	3 528	1.01	3 286	3 279	1.00	287	249	1.15	2 359
35-39	3 246	3 205	1.01	2 969	2 962	1.00	277	243	1.14	1 791
40-44	2 893	2 823	1.02	2 594	2 607	1.00	299	216	1.38	1 367
45-49	2 118	1 982	1.07	1 895	1 792	1.06	223	190	1.17	871

DQ.24: Births by periods preceding the survey

Number of births, sex ratio at birth, and period ratio by periods preceding the survey, according to living, deceased, and total children (weighted, imputed), as reported in the birth histories, Zimbabwe MICS, 2014

	Number of births			Percent with complete birth date[a]			Sex ratio at birth[b]			Period ratio[c]		
	Living	Deceased	Total	Living	Deceased	Total	Living	Deceased	Total	Living	Deceased	Total
Total	**29 848**	**2 610**	**32 458**	**99.8**	**97.5**	**99.6**	**100.4**	**118.3**	**101.7**	**na**	**na**	**na**
Years												
0	1 816	92	1 908	100.0	98.4	99.9	98.0	119.5	98.9	na	na	na
1	1 895	84	1 979	100.0	96.9	99.9	96.7	74.8	95.7	103.9	76.4	102.3
2	1 832	128	1 960	100.0	98.2	99.9	104.8	99.9	104.5	98.0	113.7	98.9
3	1 845	142	1 987	99.9	99.6	99.9	95.2	95.1	95.2	108.9	114.3	109.2
4	1 558	120	1 677	99.7	96.3	99.4	97.9	159.7	101.3	91.4	87.2	91.0
5	1 566	132	1 698	100.0	98.8	99.9	98.8	129.8	100.9	105.5	104.2	105.4
6	1 409	135	1 544	99.7	95.5	99.4	106.9	117.0	107.7	97.4	99.4	97.6
7	1 329	138	1 467	99.7	96.6	99.4	104.5	111.4	105.1	96.6	115.3	98.1
8	1 342	105	1 447	99.9	97.9	99.8	96.5	190.4	101.3	101.1	72.9	98.3
9	1 326	151	1 477	99.8	97.1	99.5	98.6	92.7	98.0	17.4	20.3	17.6
10+	13 932	1 381	15 312	99.7	97.4	99.5	101.3	122.0	103.0	na	na	na
Five-year periods												
0-4	8 945	565	9 511	99.9	98.0	99.8	98.5	107.3	99.0	na	na	na
5-9	6 971	662	7 633	99.8	97.1	99.6	101.0	120.8	102.5	na	na	na
10-14	5 897	550	6 447	99.7	97.3	99.5	100.3	119.6	101.8	na	na	na
15-19	4 160	386	4 547	99.7	98.0	99.6	102.2	116.3	103.3	na	na	na
20+	3 874	444	4 318	99.6	97.2	99.4	101.9	130.2	104.5	na	na	na

na: not applicable

[a] Both month and year of birth given. The inverse of the percent reported is the percent with incomplete and therefore imputed date of birth

[b] $(B_m/B_f) \times 100$, where B_m and B_f are the numbers of male and female births, respectively

[c] $(2 \times B_t/(B_{t-1} + B_{t+1})) \times 100$, where B_t is the number of births in year t preceding the survey

DQ.25: Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0–6 days, by 5-year periods preceding the survey (weighted, imputed), Zimbabwe MICS, 2014

	Number of years preceding the survey				Total
	0–4	5–9	10–14	15–19	(0–19)
Age at death (days)					
0	75	45	26	15	162
1	54	44	29	16	142
2	35	19	17	7	78
3	27	16	8	2	53
4	10	5	5	3	22
5	5	2	5	1	12
6	5	5	3	0	13
7	25	17	20	13	74
8	0	3	0	1	4
9	1	2	2	0	4
10	2	2	1	0	5
11	0	0	1	0	1
12	2	0	0	0	2
13	1	0	1	0	2
14	11	16	7	5	40
16	1	0	0	0	2
18	2	0	0	0	2
19	1	0	0	0	1
20	1	0	0	0	1
21	17	6	5	3	30
23	1	0	0	0	1
25	2	0	0	0	2
26	0	0	1	0	1
28	0	1	0	0	1
30	0	0	0	1	1
Total 0–30 days	277	183	131	65	656
Percent early neonatal[a]	75.7	74.9	70.6	66.0	73.5

[a] Deaths during the first 7 days (0-6), divided by deaths during the first month (0-30 days)

DQ.26: Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at age under one month, for the 5-year periods of birth preceding the survey (weighted, imputed), Zimbabwe MICS, 2014

	Number of years preceding the survey				Total
	0–4	5–9	10–14	15–19	(0-19)
Age at death (months)					
0[a]	277	183	131	65	656
1	41	32	38	10	121
2	22	31	19	17	88
3	32	43	30	20	126
4	19	17	17	10	63
5	9	16	13	7	45
6	17	29	18	11	75
7	17	21	18	9	64
8	11	26	13	5	56
9	22	22	19	12	75
10	6	8	7	0	21
11	9	8	10	4	31
12	17	30	26	15	88
13	0	0	3	1	4
14	5	0	1	3	9
15	2	2	3	2	9
16	0	1	0	2	3
17	3	3	3	0	10
18	4	9	5	10	28
19	0	4	2	1	7
20	1	2	0	1	4
21	1	1	0	0	2
22	0	1	0	0	1
23	0	0	1	0	1
24	1	0	0	0	1
Reported as 1 year	23	44	33	23	123
Total 0–11 months	466	457	351	186	1 460
Percent neonatal[b]	57.4	42.0	39.4	38.0	46.1

[a] Includes deaths under one month reported in days

[b] Deaths under one month, divided by deaths under one year

DQ.27: Completeness of information on siblings

Completeness of information on the survival status of (all) siblings and age of living siblings reported by interviewed women, and age at death and years since death of siblings who have died (unweighted), Zimbabwe MICS, 2014

	Sisters		Brothers		All siblings	
	Number	Percent	Number	Percent	Number	Percent
Survival status of siblings						
Living	29 217	81.7	29 435	81.5	58 652	81.6
Dead	6 515	18.2	6 654	18.4	13 169	18.3
DK/Missing	37	0.1	45	0.1	82	0.1
Total	35 769	100.0	36 134	100.0	71 903	100.0
Age of living siblings						
Reported	29 166	99.8	29 381	99.8	58 547	99.8
DK/Missing	51	0.2	54	0.2	105	0.2
Total	29 217	100.0	29 435	100.0	58 652	100.0
Age at death and years since death for siblings who have died						
Both reported	6 427	98.6	6 554	98.5	12 981	98.6
Only years since death reported	54	0.8	57	0.9	111	0.8
Only age at death reported	7	0.1	10	0.2	0.1	0
DK/Missing both	27	0.4	33	0.5	60	0.5
Total	**6 515**	**100.0**	**6 654**	**100.0**	**13 152**	**100.0**

DQ.28: Sibship size and sex ratio of siblings

Mean sibship size and sex ratio of siblings at birth, Zimbabwe MICS, 2014

	Mean sibship size[a]	Sex ratio of siblings at birth[b]	Number of women age 15-49 years
Total	**6.0**	**1.01**	**14 409**
Age			
15-19	4.7	1.04	3 105
20-24	5.4	0.99	2 572
25-29	6.0	1.03	2 372
30-34	6.4	0.99	2 327
35-39	7.0	0.98	1 783
40-44	7.3	1.02	1 371
45-49	7.4	1.04	879

[a] Includes the respondent

[b] Excludes the respondent

Appendix G.Zimbabwe MICS5 Indicators: Numerators and Denominators

MICS INDICATOR[M]		Module[104]	Numerator	Denominator	MDG Indicator Reference[105]
MORTALITY[106]					
1.1	Neonatal mortality rate	BH	Probability of dying within the first month of life		
1.2	Infant mortality rate	CM - BH	Probability of dying between birth and the first birthday		MDG 4.2
1.3	Post-neonatal mortality rate	BH	Difference between infant and neonatal mortality rates		
1.4	Child mortality rate	BH	Probability of dying between the first and the fifth birthdays		
1.5	Under-five mortality rate	CM - BH	Probability of dying between birth and the fifth birthday		MDG 4.1
1.6	Maternal mortality ratio	MM	Deaths during pregnancy, childbirth, or within two months after delivery or termination of pregnancy, per 100,000 births within the 5-year period preceding the survey		MDG5. 1

NUTRITION					
2.1a 2.1b	Underweight prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) of the median weight for age of the WHO standard	Total number of children under age 5	MDG 1.8
2.2a 2.2b	Stunting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) of the median height for age of the WHO standard	Total number of children under age 5	
2.3a 2.3b	Wasting prevalence	AN	Number of children under age 5 who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) of the median weight for height of the WHO standard	Total number of children under age 5	

[M]The indicator is also calculated for men 15-49 years. Calculations are carried out by using modules in the Questionnaire for Individual Men

[104]Some indicators are constructed by using questions in several modules in the MICS questionnaires. In such cases, only the module(s) which contains most of the necessary information is indicated.

[105]Millennium Development Goals (MDG) indicators, effective 15 January 2008 - http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm, accessed 10 June 2013.

[106]When the Birth History module is used, mortality indicatorsarecalculated for the last 5-year period. When the indicators are estimated indirectly (using the Fertility module only), the rates refer to dates as estimated by the indirect technique.

2.4	Overweight prevalence	AN	Number of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	Total number of children under age 5	
2.S1	Nutritional oedema prevalence		Number of children 6 – 59 months with bilateral oedema	Total number of children 6-59 months	
2.5	Children ever breastfed	MN	Number of women with a live birth in the last 2 years who breastfed theirlast live-born child at any time	Total number of women with a live birth in the last 2 years	
2.6	Early initiation of breastfeeding	MN	Number of women with a live birth in the last 2 yearswho put their last newborn to the breast within one hour of birth	Total number of women with a live birth in the last 2 years	
2.7	Exclusive breastfeeding under 6 months	BD	Number of infants under 6 months of age who are exclusively breastfed[107]	Total number of infants under 6 months of age	
2.8	Predominant breastfeeding under 6 months	BD	Number of infants under 6 months of age who received breast milk as the predominant source of nourishment[108] during the previous day	Total number of infants under 6 months of age	
2.9	Continued breastfeeding at 1 year	BD	Number of children age 12-15 months who received breast milk during the previous day	Total number of children age 12-15 months	
2.10	Continued breastfeeding at 2 years	BD	Number of children age 20-23 months who received breast milk during the previous day	Total number of children age 20-23 months	
2.11	Duration of breastfeeding	BD	The age in months when 50 percent of children age 0-35 months did not receive breast milk during the previous day		
2.12	Age-appropriate breastfeeding	BD	Number of children age 0-23 months appropriately fed[109] during the previous day	Total number of children age 0-23 months	
2.13	Introduction of solid, semi-solid or soft foods	BD	Number of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	Total number of infants age 6-8 months	
2.14	Milk feeding frequency for non-breastfed children	BD	Number of non-breastfed children age 6-23 months who received at least 2 milk feedings during the previous day	Total number of non-breastfed children age 6-23 months	
2.15	Minimum meal frequency	BD	Number of children age 6-23 months who received solid, semi-solid and soft foods (plus milk feeds for non-breastfed children) the minimum number of times[110] or more during the previous day	Total number of children age 6-23 months	

[107]Infants receiving breast milk, and not receiving any other fluids or foods, with the exception of oral rehydration solution, vitamins, mineral supplements and medicines

[108]Infants who receive breast milk and certain fluids (water and water-based drinks, fruit juice, ritual fluids, oral rehydration solution, drops, vitamins, minerals, and medicines), but do not receive anything else (in particular, non-human milk and food-based fluids)

[109]Infants age 0-5 months who are exclusively breastfed, and children age 6-23 months who are breastfed and ate solid, semi-solid or soft foods

[110]Breastfeeding children: Solid, semi-solid, or soft foods, two times for infants age 6-8 months, and three times for children 9-23 months; Non-breastfeeding children: Solid, semi-solid, or soft foods, or milk feeds, four times for children age 6-23 months

2.16	Minimum dietary diversity	BD	Number of children age 6–23 months who received foods from 4 or more food groups[111] during the previous day	Total number of children age 6–23 months	
2.17a 2.17b	Minimum acceptable diet	BD	(a) Number of breastfed children age 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day (b) Number of non-breastfed children age 6–23 months who received at least 2 milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day	(a) Number of breastfed children age 6–23 months (b) Number of non-breastfed children age 6–23 months	
2.18	Bottle feeding	BD	Number of children age 0-23 months who were fed with a bottle during the previous day	Total number of children age 0-23 months	
2.19	Iodized salt consumption	SI	Number of households with salt testing 15 parts per million or more of iodide/iodate	Total number of households in which salt was tested or where there was no salt	
2.20	Low-birthweight infants	MN	Number of most recent live births in the last 2 yearsweighing below 2,500 grams at birth	Total number of most recent live births in the last 2 years	
2.21	Infants weighed at birth	MN	Number ofmost recent live births in the last 2 years who were weighed at birth	Total number of most recent live births in the last 2 years	
2.S2	Vitamin A Supplementation	IM	Number of children age 6-59 months who received at least one high dose Vitamin A supplement in the last 6 months	Total number of children age 6-59 months	

CHILD HEALTH					
3.1	Tuberculosis immunisation coverage	IM	Number of children age 12-23 months who received BCG vaccine before their first birthday	Total number of children age 12-23 months	
3.2	Polio immunisation coverage	IM	Number of children age 12-23 months who received the third dose of OPV vaccine (OPV3) before their first birthday	Total number of children age 12-23 months	
3.S1	Diphtheria, pertussis , tetanus, HepB, Hib (DPT-HepB-Hib) immunisation coverage	IM	Number of children age 12-23 months who received the third dose of Pentavalent vaccine (DPT-HepB-Hib3) before their first birthday	Total number of children age 12-23 months	
3.4	Measles immunisation coverage[112]	IM	Number of children age 12-23 months who received measles vaccine before their first birthday	Total number of children age 12-23 months	MDG 4.3
3.8	Full immunisation coverage	IM	Number of children age 12-23 months who received all vaccinations recommended in the national immunization schedule before their first birthday	Total number of children age 12-23 months	

[111]The indicator is based on consumption of any amount of food from at least 4 out of the 7 following food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables, and 7) other fruits and vegetables

3.9	Neonatal tetanus protection	MN	Number of women age 15-49 years with a live birth in the 2 years preceding the survey who were given at least two doses of tetanus toxoid vaccine within the appropriate interval[113] prior to the most recent birth	Total number of women age 15-49 years with a live birth in the 2 years preceding the survey	
3.10	Care-seeking for diarrhoea	CA	Number of children under age 5 with diarrhoea in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.11	Diarrhoea treatment with oral rehydration salts (ORS) and zinc	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORS and zinc	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.12	Diarrhoea treatment with oral rehydration therapy (ORT) and continued feeding	CA	Number of children under age 5 with diarrhoea in the last 2 weeks who received ORT (ORS packet, pre-packaged ORS fluid, recommended homemade fluid or increased fluids) and continued feeding during the episode of diarrhoea	Total number of children under age 5 with diarrhoea in the last 2 weeks	
3.13	Care-seeking for children with acute respiratory infection (ARI) symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.14	Antibiotic treatment for children with ARI symptoms	CA	Number of children under age 5 with ARI symptoms in the last 2 weeks who received antibiotics	Total number of children under age 5 with ARI symptoms in the last 2 weeks	
3.15	Use of solid fuels for cooking	HC	Number of household members in households that use solid fuels as the primary source of domestic energy to cook	Total number of household members	
3.16a 3.16b	Household availability of insecticide-treated nets (ITNs)[114]	TN	Number of households with (a) at least one ITN (b) at least one ITN for every two people	Total number of households	

[113]See the MICS tabulation plan for a detailed description

[114]An ITN is (a) a conventionally treated net which has been soaked with an insecticide within the past 12 months, (b) factory treated net which does not require any treatment (LLIN), (b) a pretreated net obtained within the past 12 months, or (c) a net that has been soaked with or dipped in insecticide within the past 12 months

3.17a 3.17b	Household vector control[115]	TN - IR	Number of households (a) with at least one ITN or that have been sprayed by IRS[116] in the last 12 months (b) with at least one ITN for every two people or that have been sprayed by IRS in the last 12 months	Total number of households	
3.18	Children under age 5 who slept under an ITN	TN	Number of children under age 5 who slept under an ITN the previous night	Total number of children under age 5	MDG 6.7
3.19	Population that slept under an ITN	TN	Number of household members who slept under an ITN the previous night	Total number of household members who spent the previous night in the interviewed households	
3.20	Care-seeking for fever	CA	Number of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	Total number of children under age 5 with fever in the last 2 weeks	
3.21	Malaria diagnostics usage	CA	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel prick for malaria testing	Total number of children under age 5 with fever in the last 2 weeks	
3.22	Malarial treatment of children under age 5	CA	Number of children under age 5 who tested positive for malaria in the last 2 weeks who received any antimalarial treatment	Total number of children under age 5 who tested positive for malaria in the last 2 weeks	MDG 6.8
3.22a	Malaria cases receiving correct treatment	CA	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel prick for malaria testing and were positive for malaria who received ACT or Quinine	Number of children under age 5 with fever in the last 2 weeks who had a finger or heel prick for malaria testing and were positive for malaria	
3.23	Treatment with Artemisinin-based Combination Therapy (ACT) among children who received malarial treatment	CA	Number of children under age 5 with fever in the last 2 weeks who received ACT or Quinine	Total number of children under age 5 with fever in the last 2 weeks who received any anti-malarial drugs	
3.24	Pregnant women who slept under an ITN	TN – CP	Number of pregnant women who slept under an ITN the previous night	Total number of pregnant women	
3.25	Intermittent preventive treatment for malaria during pregnancy	MN	Number of women age 15-49 years who received two or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	Total number of women age 15-49 years who have had a live birth in the last 2 years	

[115](a) Households covered by vector control, (b) Universal coverage of vector control

[116]Indoor Residual Spraying

WATER AND SANITATION					
4.1	Use of improved drinking water sources	WS	Number of household members using improved sources of drinking water	Total number of household members	MDG 7.8
4.2	Water treatment	WS	Number of household members in households using unimproved drinking water sources who use an appropriate treatment method	Total number of household members in households using unimproved drinking water sources	
4.3	Use of improved sanitation	WS	Number of household members using improved sanitation facilities which are not shared	Total number of household members	MDG 7.9
4.4	Safe disposal of child's faeces	CA	Number of children age 0-2 years whose last stools were disposed of safely	Total number of children age 0-2 years	
4.5	Place for handwashing	HW	Number of households with a specific place for hand washing where water and soap or other cleansing agent are present	Total number of households	
4.6	Availability of soap or other cleansing agent	HW	Number of households with soap or other cleansing agent	Total number of households	

REPRODUCTIVE HEALTH					
5.1	Adolescent birth rate[117]	CM - BH	Age-specific fertility rate for women age 15-19 years		MDG 5.4
5.2	Early childbearing	CM - BH	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	
5.3	Contraceptive prevalence rate	CP	Number of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	Total number of women age 15-49 years who are currently married or in union	MDG 5.3
5.4	Unmet need[118]	UN	Number of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	Total number of women age 15-49 years who are currently married or in union	MDG 5.6
5.5a 5.5b	Antenatal care coverage	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended (a) at least once by skilled personnel (b) at least four times by skilled personnel during their last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.5
5.S1	Iron Supplementation	IM	Number of women age 15-49 years with a live birth in the last 2 years who received iron supplements	Total number of women age 15-49 years with a live birth in the last 2 years	
5.S2	Folate Supplementation	IM	Number of women age 15-49 years with a live birth in the last 2 years who received folate supplement	Total number of women age 15-49 years with a live birth in the last 2 years	

[117]The indicator is calculated for the last 3-year period.

[118]See the MICS tabulation plan for a detailed description

5.6	Content of antenatal care	MN	Number of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	Total number of women age 15-49 years with a live birth in the last 2 years	
5.7	Skilled attendant at delivery	MN	Number of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	Total number of women age 15-49 years with a live birth in the last 2 years	MDG 5.2
5.8	Institutional deliveries	MN	Number of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	Total number of women age 15-49 years with a live birth in the last 2 years	
5.9	Caesarean section	MN	Number of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	Total number of women age 15-49 years with a live birth in the last 2 years	
5.10	Post-partum stay in health facility	PN	Number of women age 15-49 years who stayed in the health facility for 24 hours or more after the delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	
5.11	Post-natal health check for the newborn	PN	Number of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	Total number of last live births in the last 2 years	
5.12	Post-natal health check for the mother	PN	Number of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	Total number of women age 15-49 years with a live birth in the last 2 years	

CHILD DEVELOPMENT					
6.1	Net Attendance to early childhood education	EC	Number of children age 36-59 months who are attending an early childhood education programme	Total number of children age 36-59 months	
6.2	Support for learning	EC	Number of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.3	Father's support for learning	EC	Number of children age 36-59 months whose father has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	
6.4	Mother's support for learning	EC	Number of children age 36-59 months whose mother has engaged in four or more activities to promote learning and school readiness in the last 3 days	Total number of children age 36-59 months	

6.5	Availability of children's books	EC	Number of children under age 5 who have three or more children's books	Total number of children under age 5	
6.6	Availability of playthings	EC	Number of children under age 5 with two or more types of playthings	Total number of children under age 5	
6.7	Inadequate care	EC	Number of children under age 5 left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week	Total number of children under age 5	
6.8	Early child development index	EC	Number of children age 36-59 months who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains	Total number of children age 36-59 months	

LITERACY AND EDUCATION					
7.1	Literacy rate among young women [M]	WB	Number of women age 15-24 years who are able to read a short simple statement about everyday life or who attended secondary or higher education	Total number of women age 15-24 years	MDG 2.3
7.2	School readiness	ED	Number of children in first grade of primary school who attended pre-school during the previous school year	Total number of children attending the first grade of primary school	
7.3	Net intake rate in primary education	ED	Number of children of school-entry age who enter the first grade of primary school	Total number of children of school-entry age	
7.4	Primary school net attendance ratio (adjusted)	ED	Number of children of primary school age currently attending primary or secondary school	Total number of children of primary school age	MDG 2.1
7.5	Secondary school net attendance ratio (adjusted)	ED	Number of children of secondary school age currently attending secondary school or higher	Total number of children of secondary school age	
7.6	Children reaching last grade of primary	ED	Proportion of children entering the first grade of primary school who eventually reach last grade		MDG 2.2
7.7	Primary completion rate	ED	Number of children attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school)	
7.7a	Secondary completion rate	ED	Number of children attending the last grade of secondary school (form four), excluding repeaters	Total number of children of secondary school (form four) completion age (age appropriate to final grade of secondary school)	
7.8	Transition rate to secondary school	ED	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year	Total number of children attending the last grade of primary school during the previous school year	
7.9	Gender parity index (primary school)	ED	Primary school net attendance ratio (adjusted) for girls	Primary school net attendance ratio (adjusted) for boys	MDG 3.1
7.10	Gender parity index (secondary school)	ED	Secondary school net attendance ratio (adjusted) for girls	Secondary school net attendance ratio (adjusted) for boys	MDG 3.1

CHILD PROTECTION					
8.1	Birth registration	BR	Number of children under age 5 whose births are reported registered	Total number of children under age 5	
8.3	Violent discipline	CD	Number of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	Total number of children age 1-14 years	
8.4	Marriage before age 15[M]	MA	Number of women age 15-49 years who were first married or in union before age 15	Total number of women age 15-49 years	
8.5	Marriage before age 18[M]	MA	Number of women age 20-49 years who were first married or in union before age 18	Total number of women age 20-49 years	
8.6	Young women age 15-19 years currently married or in union[M]	MA	Number of women age 15-19 years who are married or in union	Total number of women age 15-19 years	
8.7	Polygyny[M]	MA	Number of women age 15-49 years who are in a polygynous union	Total number of women age 15-49 years who are married or in union	
8.8a 8.8b	Spousal age difference	MA	Number of women who are married or in union and whose spouse is 10 or more years older, (a) among women age 15-19 years, (b) among women age 20-24 years	Total number of women who are married or in union (a) age 15-19 years, (b) age 20-24 years	
8.12	Attitudes towards domestic violence [M]	DV	Number of women who state that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women age 15-49 years	

8.13	Children's living arrangements	HL	Number of children age 0-17 years living with neither biological parent	Total number of children age 0-17 years	
8.14	Prevalence of children with one or both parents dead	HL	Number of children age 0-17 years with one or both parents dead	Total number of children age 0-17 years	
8.15	Children with at least one parent living abroad	HL	Number of children 0-17 years with at least one parent living abroad	Number of children 0-17 years	

HIV/AIDS AND SEXUAL BEHAVIOUR					
9.1	Knowledge about HIV prevention among young women[M]	HA	Number of women age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV[119], and who reject major misconceptions about HIV transmission	Total number of women age 15-24 years	MDG 6.3
9.2	Knowledge of mother-to-child transmission of HIV[M]	HA	Number of women age 15-49 years who correctly identify all three means[120] of mother-to-child transmission of HIV	Total number of women age 15-49 years	
9.3	Accepting attitudes towards people living with HIV[M]	HA	Number of women age 15-49 years expressing accepting attitudes on all four questions[121] toward people living with HIV	Total number of women age 15-49 years who have heard of HIV	
9.4	Women who know where to be tested for HIV[M]	HA	Number of women age 15-49 years who state knowledge of a place to be tested for HIV	Total number of women age 15-49 years	
9.5	Women who have been tested for HIV and know the results [M]	HA	Number of women age 15-49 years who have been tested for HIV in the last 12 months and who know their results	Total number of women age 15-49 years	
9.6	Sexually active young women who have been tested for HIV and know the results [M]	HA	Number of women age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results	Total number of women age 15-24 years who have had sex in the last 12 months	
9.7	HIV counselling during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they received counselling on HIV during antenatal care	Total number of women age 15-49 years who had a live birth in the last 2 years	

[119]Using condoms and limiting sex to one faithful, uninfected partner

[120]Transmission during pregnancy, during delivery, and by breastfeeding

[121]Women (1) who think that a female teacher with the AIDS virus should be allowed to teach in school, (2) who would buy fresh vegetables from a shopkeeper or vendor who has the AIDS virus, (3) who would not want to keep it as a secret if a family member became infected with the AIDS virus, and (4) who would be willing to care for a family member who became sick with the AIDS virus

9.8	HIV testing during antenatal care	HA	Number of women age 15-49 years who had a live birth in the last 2 years and received antenatal care during the pregnancy of their most recent birth, reporting that they were offered and accepted an HIV test during antenatal care and received their results	Total number of women age 15-49 years who had a live birth in the last 2 years	
9.9	Young women who have never had sex[M]	SB	Number of never married women age 15-24 years who have never had sex	Total number of never married women age 15-24 years	
9.10	Sex before age 15 among young women[M]	SB	Number of women age 15-24 years who had sexual intercourse before age 15	Total number of women age 15-24 years	
9.11	Age-mixing among sexual partners	SB	Number of women age 15-24 years who had sex in the last 12 months with a partner who was 10 or more years older	Total number of women age 15-24 years who had sex in the last 12 months	
9.12	Multiple sexual partnerships[M]	SB	Number of women age 15-49 years who had sexual intercourse with more than one partner in the last 12 months	Total number of women age 15-49 years	
9.13	Condom use at last sex among people with multiple sexual partnerships[M]	SB	Number of women age 15-49 years who report having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	Total number of women age 15-49 years who reported having had more than one sexual partner in the last 12 months	
9.14	Sex with non-regular partners[M]	SB	Number of sexually active women age 15-24 years who had sex with a non-marital, non-cohabitating partner in the last 12 months	Total number of women age 15-24 years who had sex in the last 12 months	
9.15	Condom use with non-regular partners[M]	SB	Number of women age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months	Total number of women age 15-24 years who had a non-marital, non-cohabiting partner in the last 12 months	MDG 6.2
9.15a	Condom use with regular partners[M]	SB	Number of women age 15-24 years reporting the use of a condom during the last sexual intercourse with a marital, cohabiting sex partner in the last 12 months	Total number of women age 15-24 years who had a marital, cohabiting partner in the last 12 months	
9.17	Male circumcision	MMC	Number of men age 15-54 years who report having been circumcised by type of circumcision	Total number of men age 15-54 years	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY					
10.1	Exposure to mass media [M]	MT	Number of women age 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	Total number of women age 15-49 years	
10.2	Use of computers [M]	MT	Number of young women age 15-24 years who used a computer during the last 12 months	Total number of women age 15-24 years	
10.S1	Use of computers [M]	MT	Number of women age 15-49 years who used a computer during the last 12 months	Total number of women age 15-49 years	
10.S2	Use of mobile or non-mobile phones[M]	MT	Number of young women age 15-24 years who used a mobile or non-mobile phone during the last 12 months	Total number of women age 15-24 years	
10.S3	Use of mobile or non-mobile phones[M]	MT	Number of women age 15-49 years who used a mobile or non-mobile phone during the last 12 months	Total number of women age 15-49 years	
10.3	Use of internet[M]	MT	Number of young women age 15-24 who used the internet during the last 12 months	Total number of women age 15-24 years	
10.S4	Use of internet[M]	MT	Number of women age 15-49 who used the internet during the last 12 months	Total number of women age 15-49 years	

TOBACCO AND ALCOHOL USE					
12.1	Tobacco use [M]	TA	Number of women age 15-49 years who smoked cigarettes, or used smoked or smokeless tobacco products at any time during the last one month	Total number of women age 15-49 years	
12.2	Smoking before age 15 [M]	TA	Number of women age 15-49 years who smoked a whole cigarette before age 15	Total number of women age 15-49 years	
12.3	Use of alcohol[M]	TA	Number of women age 15-49 years who had at least one alcoholic drink at any time during the last one month	Total number of women age 15-49 years	
12.4	Use of alcohol before age 15 [M]	TA	Number of women age 15-49 years who had at least one alcoholic drink before age 15	Total number of women age 15-49 years	

Appendix H. Birth Registration

A current birth registration can be done for children born in a medical institution within one year from the date of birth.

Children born in hospital

(i) Where parents are legally married, and were married before the child was born the following documents are required:

- Mother and father's national identity cards
- Birth confirmation record from the hospital or clinic
- Marriage certificate
- Only one of the parents can register the child but must bring the national identity card for the other spouse.
- Where one or both parents are deceased relevant death certificates are required. Surviving spouse or relatives can register the child as the case may be

(ii) Where parents are not legally married the following documents are required:

- Mother and father's identity cards
- A birth confirmation record from hospital or clinic
- Both parents must be present to sign a declaration of paternity
- Where one or both parents are deceased relevant death certificates are required.
- Surviving spouse or relatives can register the child, as the case may be. The surviving spouse should sign the declaration of paternity
- Single mothers are free to register their children under their maiden name, if the biological father refuses to acknowledge paternity or his whereabouts are unknown.

Children born out of hospital

(i) Where parents are legally married, the following documents are required:

- Mother and fathers national identity cards
- A marriage certificate
- A baptismal certificate or
- One witness with a national identity card, preferably a midwife. In the case of a child born on a farm, a witness or a letter from the farmer, confirming the birth of that child at the respective farm.
- Either parent can register the child but must bring national identity card for the other spouse.
- Where one or both parents are deceased relevant death certificates are required.
- Surviving spouse or relatives can register the child, as the case may be.

(ii) Where the parents are not legally married, the following documents are required:-

- Mother and father's national identity cards.
- A baptismal certificate or
- One witness with a national identity card, preferably a midwife. In the case of a child born on a farm, a witness or a letter (declaration form supplied by the office) from the farmer.
- Both parents must be present to sign a declaration of paternity
- Where one or both parents are deceased relevant death certificates are required. Surviving spouse or relatives can register the child as the case may be. The surviving spouse should sign the declaration of paternity.
- Single mothers are free to register their children under their maiden name, if the biological father refuses to acknowledge paternity or his whereabouts are unknown.

Late birth registration for children registered after one year from the date of birth. A late birth registration can be done for children born in a medical institution or outside a medical institution after one year from the date of birth.

Children born in hospital/clinic

(i) Where parents are legally married the following documents are required:

- Mother and father's national identity cards
- Marriage certificate
- Birth confirmation record from the hospital or clinic
- Either parent can register the child but must bring the national identity of the other spouse.
- Children who are sixteen years of age and above must be present at the time of registration and must produce their identity cards if he/she was issued with one.

(ii) Where parents are not legally married, the following documents have to be produced:

- Mother and father's national identity cards.
- Birth confirmation record from the hospital or clinic
- Both parents must be present to sign a declaration of paternity
- Where one or both parents are deceased relevant death certificates are required. Surviving spouse or relatives can register the child, as the case may be.
- Single mothers are free to register their children under their maiden name, if the biological father refuses to acknowledge paternity or his whereabouts are unknown
- Children who are sixteen years and above must be present at the time of registration and must produce their identity cards

Children born out of hospital

(i) Where parents are legally married, the following documents are required:

- Mother and father's national identity cards
- Marriage certificate
- A baptismal certificate or
- One witness, if the child is under sixteen years of age and two witnesses if the child is sixteen years and above. In the case of a child born on a farm, a witness/s or letter (Declaration form supplied by office) from the farmer.
- Where one or both parents are deceased relevant death certificates are required. Surviving spouse or relatives can register the child as the case may be. The surviving spouse should sign the declaration of paternity

(ii) Where parents are not legally married, the following documents are required:

- Mother and father's national identity cards
- Baptismal certificate
- One witness, if the child is under sixteen years of age and two witnesses if the child is sixteen years and above
- Both parents must be present to sign a declaration of paternity
- Where one or both parents are deceased relevant death certificates are required. Surviving spouse or relatives can register the child as the case may be.
- Single mothers are free to register their children under their maiden name, if the biological father refuses to acknowledge paternity or his whereabouts are unknown.
- Children who are sixteen years and above must be present at the time of registration and must produce their identity cards if he/she was issued with one.

Self Registration

Self registrations are exceptional cases and are determined by the District Registrar and confirmed by the Provincial Registrar.

- Applicants are required to produce the following documents:
- A National Identity card of the applicant.
- A baptismal certificate, if the child was baptized (within six months of birth).
- National Identity card of a near relative.
- A letter from the employer, if employed.
- In each case, citizenship status must be established beyond doubt.

Appendix I. The Wealth Index

The wealth index is a composite indicator of wealth. To construct the wealth index, principal components analysis is performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation, and other characteristics that are related to the household's wealth, to generate weights (factor scores) for each of the items used. First, initial factor scores are calculated for the total sample. Then, separate factor scores are calculated for households in urban and rural areas. Finally, the urban and rural factor scores are regressed on the initial factor scores to obtain the combined, final factor scores for the total sample. This is carried out to minimize the urban bias in the wealth index values.

Each household in the total sample is then assigned a wealth score based on the assets owned by that household and on the final factor scores obtained as described above. The survey household population is then ranked according to the wealth score of the household they are living in, and is finally divided into 5 equal parts (quintiles) from lowest (poorest) to highest (richest).

The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels. The wealth scores calculated are applicable for only the particular data set they are based on.

Further information on the construction of the wealth index can be found in Filmer, D. and Pritchett, L., 2001. "Estimating wealth effects without expenditure data – or tears: An application to educational enrolments in states of India". Demography 38(1): 115-132. Rutstein, S.O. and Johnson, K., 2004. The DHS Wealth Index. DHS Comparative Reports No. 6. Calverton, Maryland: ORC Macro and Rutstein, S.O., 2008. The DHS Wealth Index: Approaches for Rural and Urban Areas. DHS Working Papers No. 60. Calverton, Maryland: Macro International *Inc.*

MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2014

HOUSEHOLD QUESTIONNAIRE

ENGLISH

PROVINCE CODE: ☐ **CLUSTER NO:** ☐☐☐ **HHOLD NO:** ☐☐☐

IDENTIFICATION PANEL	HH
HH1. Cluster name and number: Name _____ ___ ___ ___	**HH2**. Household number: ___ ___ ___
HH3. Interviewer name and number: Name _____ ___ ___ ___	**HH4.**Supervisor's name and number: Name _____ ___
HH5. Day / Month / Year of interview: ___ ___ /___ ___ / 2 0 1 ___	**HH7.** Province ___
HH6. Area: Urban .....1 Rural 2	**HH7A.**District ___ ___
HH 8. Is the household selected for Questionnaire for Men? Yes……1 No……2	

GOOD ……! MY NAME IS …… AND I AM WORKING FOR THE ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT). WE ARE WORKING ON A NATIONWIDE SURVEY CONCERNED WITH THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. FIRSTLY, I WOULD LIKE TO SPEAK WITH A KNOWLEDGEABLE ADULT MEMBER OF THE HOUSEHOLD FOR ABOUT **35** MINUTES AND LATER ON WOMEN (*AND MEN)* AS WELL AS MOTHERS OR PRIMARY CARE GIVERS OF CHILDREN IN THE HOUSEHOLD. WE WOULD VERY MUCH APPRECIATE YOUR PARTICIPATION IN THIS SURVEY. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW? IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.

☐*Yes, permission is given ⇨Go to HH18 to record the time and then begin the interview.*

☐*No, permission is not given ⇨Circle 04 in HH9. Discuss this result with your supervisor.*

After all questionnaires for the household have been completed, fill in the following information (HH9 to HH16A).

HH9. Result of household interview: Completed..... 01 Not at home..... 02 Household absent for an extended period..... 03 Refused..... 04 Dwelling vacant..... 05 Dwelling destroyed..... 06 Dwelling not found..... 07 Other(*specify*) _____ 96	**HH10.** Respondent to household questionnaire: Name _____ ___ ___
	HH11. Total number of household members:___ ___
	HH12. No. of women 15-49 eligible for interview:___ ___
HH13. No. of women's questionnaires completed:___ ___	**HH13A.**No. of men 15-54 eligible for interview:___ ___
HH13B. No. of men's questionnaires completed:___ ___	**HH14.** No. of children under age 5: ___ ___
HH15. No. of under-5 questionnaires completed:___ ___	**HH16A.**Team Leader and number: Name _____ ___ ___ ___
HH17. Main data entry Clerk's name and number: Name _____ ___ ___	**HH18**. *Record interview start time*___ ___ ___ ___ (*hour and minute*)

LIST OF HOUSEHOLD MEMBERS — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.

List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).

Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW?

If yes, complete listing for questions HL2-HL4. Then, ask questions starting with HL5 for each person at a time.

Use an additional questionnaire if all rows in the List of Household Members have been used.

									For women age **15-49**	*For men age* **15-54**	*For children age* **0-4**	*For children age* **0-17** *years*						*For children age* **0-14**
HL1. *Line no.*	**HL2**. *Name* *Record the name(s) of the member(s) of the household in the following order*: 1. *Head* 2. *Spouse* 3. *Unmarried children* 4. *Married children, their spouses and their children* 5. *Relatives of head* 6. *Non relatives*	**HL3**.	**HL4**. 1 Male 2 Female	**HL5**. 98 DK 9998 DK		**HL6**. *Record in completed years. If age is less than 1 year record 00 and if 95 years or above, record '95'*	**HL6A**. 1 Yes 2 No		**HL7**. *Circle line no. if woman age* **15-49**	**HL7A**. *Circle line no. if man age* **15-54** *and the household is selected for Questionnaire for Men*	**HL7B**. *Circle line no. if age* **0-4**	**HL11**. **1 YES 2 NO↘ HL13 8 DK↘ HL13**	**HL12**. **IF "YES" RECORD LINE NO. OF MOTHER AND GO TO HL13 IF "NO" RECORD 00**	**HL12A**. 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL13**. 1 Yes 2 No↘ HL15 8 DK↘ HL15	**HL14**. *If "Yes" Record line no. of father and go to HL15. If "No" record 00*	**HL14A**. 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL15**. *Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:*
Line	Name	Relation*	M	F	Month	Year	Age	Y N	15-49	15-54	0-4	Y N DK	Mother		Y N DK	Father		Mother
01		**0 1**	1	2	__ __	__ __ __ __	__ __	1 2	01	01	01	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
02		__ __	1	2	__ __	__ __ __ __	__ __	1 2	02	02	02	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
03		__ __	1	2	__ __	__ __ __ __	__ __	1 2	03	03	03	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
04		__ __	1	2	__ __	__ __ __ __	__ __	1 2	04	04	04	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
05		__ __	1	2	__ __	__ __ __ __	__ __	1 2	05	05	05	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
06		__ __	1	2	__ __	__ __ __ __	__ __	1 2	06	06	06	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
07		__ __	1	2	__ __	__ __ __ __	__ __	1 2	07	07	07	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
08		__ __	1	2	__ __	__ __ __ __	__ __	1 2	08	08	08	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
09		__ __	1	2	__ __	__ __ __ __	__ __	1 2	09	09	09	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
10		__ __	1	2	__ __	__ __ __ __	__ __	1 2	10	10	10	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
11		__ __	1	2	__ __	__ __ __ __	__ __	1 2	11	11	11	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___

								For women age **15-49**	*For men age* **15-54**	*For children age* **0-4**	*For children age* **0-17** *years*							*For children age* **0-14**
HL1. *Line no.*	**HL2**. *Name* *Record the name(s) of the member(s) of the household in the following order*: 1. *Head* 2. *Spouse* 3. *Unmarried children* 4. *Married children, their spouses and their children* 5. *Relatives of head* 6. *Non relatives*	**HL3**.	**HL4**. 1 Male 2 Female	**HL5**. 98 DK 9998 DK		**HL6**. *Record in completed years. If age is less than 1 year record 00 and if 95 years or above, record '95'*	**HL6A.** 1 Yes 2 No	**HL7**. *Circle line no. if woman age* **15-49**	**HL7A**. *Circle line no. if man age* **15-54** *and the household is selected for Questionnaire for Men*	**HL7B**. *Circle line no. if age* **0-4**	**HL11.** **1 YES 2 NO↘ HL13 8 DK↘ HL13**	**HL12.** **IF "YES" RECORD LINE NO. OF MOTHER AND GO TO HL13 IF "NO" RECORD 00**	**HL12A**. 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL13**. 1 Yes 2 No↘ HL15 8 DK↘ HL15	**HL14**. *If "Yes" Record line no. of father and go to HL15. If "No" record 00*	**HL14A**. 1 In another household in this country 2 Institution in this country 3 Abroad 8 DK	**HL15**. *Record line no. of mother from HL12 if indicated. If HL12 is blank, or "00" ask:*
Line	Name	Relation*	M F	Month	Year	Age	Y N	15-49	15-54	0-4	Y N DK	Mother		Y N DK	Father		Mother
12		__ __	1 2	__ __	__ __ __ __	__ __	1 2	12	12	12	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
13		__ __	1 2	__ __	__ __ __ __	__ __	1 2	13	13	13	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
14		__ __	1 2	__ __	__ __ __ __	__ __	1 2	14	14	14	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___
15		__ __	1 2	__ __	__ __ __ __	__ __	1 2	15	15	15	1 2 8	___ ___	1 2 3 8	1 2 8	___ ___	1 2 3 8	___ ___

Tick here if additional questionnaire used ☐

Probe for additional household members. Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of a separate Individual Woman's Questionnaire.
For each man age 15-54 years, write his name and line number and other identifying information in the information panel of a separate Individual Man's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of a separate Under-5 Questionnaire.
You should now have a separate questionnaire for each eligible woman, each eligible man, and each child under five in the household.

* *Codes for* ***HL3****: Relationship to head of household:*

01 Head
02 Spouse/Partner
03 Son / Daughter
04 Son-In-Law/ daughter-In-Law/
05 grandchild
06 Parent
07 Parent-In-Law
08 Brother / Sister
09 Brother-In-Law / Sister-In-Law
10 Uncle/Aunt
11 Niece/Nephew
12 Other relative
13 Adopted / Foster/ Stepchild
14 Servant (Live-in)
96 Other (Not related)
98 DK

EDUCATION				ED							ED
			For household members age **3 and above**			*For household members age* **3-24** *years*					
ED1. *Line number*	**ED2.** *Name and age* *Copy from HL2 and HL6*		**ED3.** HAS (*name*) EVER ATTENDED SCHOOL OR PRE-SCHOOL? 1 Yes 2 No ⇘ Next Line	**ED4A.** WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) HAS ATTENDED? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, skip to ED5*	**ED4B.** WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? **Codes**: 10 – Special primary 11 - 17 for primary 20 – Special secondary 21 – 26 for secondary 30 attended/currently attending higher education 31- completed higher education Grade: 98 DK *If the first grade at this level is not completed record 00.*	**ED5.** DURING THE CURRENT SCHOOL YEAR, THAT IS 2013/2014, DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME? 1 Yes 2 No ⇘ ED7	**ED6.** DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, skip to ED7*	**Codes**: 10 – Special primary 11 - 17 for primary 20 – Special secondary 21 – 26 for secondary 30 attended/currently attending higher education 31- completed higher education Grade: 98 DK	**ED7.** DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2012/2013, DID (*name*) ATTEND SCHOOL OR PRE-SCHOOL AT ANY TIME? 1 Yes 2 No ⇘ Next Line 8 DK ⇘ Next Line	**ED8.** DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? Level: 0 Preschool 1 Primary 2 Secondary 3 Higher 8 DK *If level=0, go to next line*	**Codes**: 10 – Special primary 11 - 17 for primary 20 – Special secondary 21 – 26 for secondary 30 attended/ currently attending higher education 31- completed higher education Grade: 98 DK
Line	Name	Age	Yes No	Level	Grade	Yes No	Level	Grade	Yes No DK	Level	Grade
01		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
02		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
03		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
04		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
05		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
06		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
07		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
08		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
09		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
10		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
11		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
12		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
13		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
14		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___
15		___ ___	1 2	0 1 2 3 8	___ ___	1 2	0 1 2 3 8	___ ___	1 2 8	0 1 2 3 8	___ ___

SELECTION OF ONE CHILD FOR CHILD DISCIPLINE — SL

SL1. *Check HL6 in the List of Household Members and write the total number of children age 1-14 years.*

Total number ..... __

SL2. *Check the number of children age 1-14 years in SL1:*

☐ *Zero ⇨ Go to HOUSEHOLD CHARACTERISTICS module*

☐ *One ⇨ Go to SL9 and record the rank number as '1', enter the line number, child's name and age*

☐ *Two or more ⇨Continue with SL2A*

SL2A. *List each of the children age 1-14 years below in the order they appear in the List of Household Members. Do not include other household members outside of the age range 1-14 years. Record the line number, name, sex, and age for each child.*

SL3. *Rank number*	**SL4**. *Line number from HL1*	**SL5**. *Name from HL2*	**SL6**. *Sex from HL4*	**SL7**. *Age from HL6*
Rank	Line	Name	M F	Age
1	__ __		1 2	___ ___
2	__ __		1 2	___ ___
3	__ __		1 2	___ ___
4	__ __		1 2	___ ___
5	__ __		1 2	___ ___
6	__ __		1 2	___ ___
7	__ __		1 2	___ ___
8	__ __		1 2	___ ___

SL8. *Check the last digit of the household number (HH2). This is the number of the row you should go to in the table below.*

Check the total number of children age 1-14years in SL1 above. This is the number of the column you should go to in the table below

Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number (SL3) of the selected child.

Last Digit of Household Number (from HH2)	**Total Number of Eligible Children in the Household (from SL1)**						
	2	***3***	***4***	***5***	***6***	***7***	***8+***
0	2	2	4	3	6	5	4
1	1	3	1	4	1	6	5
2	2	1	2	5	2	7	6
3	1	2	3	1	3	1	7
4	2	3	4	2	4	2	8
5	1	1	1	3	5	3	1
6	2	2	2	4	6	4	2
7	1	3	3	5	1	5	3
8	2	1	4	1	2	6	4
9	1	2	1	2	3	7	5

SL9.*Record the rank number (SL3), line number (SL4), name (SL5) and age (SL7) of the selected child*

Rank number ..... __

Line number ..... __ __

Name_____

Age..... __ __

CHILD DISCIPLINE		CD
CD2. *Write the line number and name of the child from SL9.*	Line number .....__ __ Name _____	
CD3. ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED. PLEASE TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.	Yes No	
[A] TOOK AWAY PRIVILEGES, FORBADE SOMETHING (*name*) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE THE HOUSE.	[A] Took away privileges 1 2	
[B] EXPLAINED WHY (*name*)'S BEHAVIOUR WAS WRONG.	[B] Explained wrong behaviour.....1 2	
[C] SHOOK HIM/HER.	[C] Shook him/her 1 2	
[D] SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	[D] Shouted, yelled, screamed 1 2	
[E] GAVE HIM/HER SOMETHING ELSE TO DO.	[E] Gave something else to do 1 2	
[F] SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	[F] Spanked, hit, slapped on bottom with bare hand 1 2	
[G] HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	[G] Hit with belt, hairbrush, stick, or other hard object 1 2	
[H] CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	[H] Called dumb, lazy, or another name 1 2	
[I] HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	[I] Hit/slapped on the face, head or ears 1 2	
[J] HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	[J] Hit/slapped on hand, arm or leg .1 2	
[K] BEAT HIM/HER UP, THAT IS HIT HIM/HER OVER AND OVER AS HARD AS ONE COULD.	[K] Beat up, hit over and over as hard as one could 1 2	

CD4. DO YOU BELIEVE THAT IN ORDER TO BRING UP, RAISE, OR EDUCATE A CHILD PROPERLY, THE CHILD NEEDS TO BE PHYSICALLY PUNISHED?	Yes.....1 No .....2 DK / No opinion 8	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Roman Catholic ..... 11 Protestant ..... 12 Pentecostal ..... 13 Apostolic Sect ..... 14 Other Christian ..... 15 Islam ..... 16 Traditional ..... 17 Other religion (*specify*) _____ 96 No religion 97	
HC1B. WHAT IS THE MOTHER TONGUE/NATIVE LANGUAGE OF THE HEAD OF THIS HOUSEHOLD?	Shona ..... 1 Ndebele ..... 2 English ..... 3 Other language (*specify*) _____ 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	Number of rooms ..... __ __	
HC3. *Main material of the dwelling floor.* *Record observation.*	**Natural floor** Earth / Sand ..... 11 Dung ..... 12 **Rudimentary floor** Wood planks ..... 21 **Finished floor** Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Cement ..... 34 Carpet ..... 35 Other (*specify*) _____ 96	
HC3A. *Type of Dwelling Unit* *Record observation.*	Traditional ..... 11 Mixed ..... 12 Detached ..... 13 Semi-detached ..... 14 Flat/Town house ..... 15 Shack ..... 16 Other (*specify*) _____ 96	
HC4. *Main material of the roof.* *Record observation.*	**Natural roofing** No Roof ..... 11 Thatch ..... 12 **Rudimentary roofing** Rustic mat ..... 21 Wood planks ..... 23 Cardboard ..... 24 **Finished roofing** Metal/Tin ..... 31 Wood ..... 32 Tiles ..... 34 Cement ..... 35 Roofing shingles ..... 36 Asbestos ..... 37 Other (*specify*) _____ 96	

HC5. *Main material of the exterior walls.* *Record observation.*	**Natural walls** No walls ..... 11 Cane / Trunks ..... 12 Mud (Pole and dagga) ..... 14 **Rudimentary walls** Stone with mud ..... 22 Plywood ..... 24 Carton/Cardboard ..... 25 Reused wood ..... 26 **Finished walls** Cement ..... 31 Stone with lime / cement ..... 32 Bricks ..... 33 Cement blocks ..... 34 Wood planks / shingles ..... 36 Other (*specify*) _____ 96	
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity ..... 01 Liquefied Petroleum Gas (LPG) ..... 02 Natural gas ..... 03 Biogas ..... 04 Kerosene ..... 05 Coal / Lignite ..... 06 Charcoal ..... 07 Wood ..... 08 Straw / Shrubs / Grass ..... 09 Animal waste ..... 10 Agricultural crop residue ..... 11 Saw dust ..... 12 Gel ..... 13 No food cooked in household ..... 95 Other (*specify*) _____ 96	01⇨HC8 02⇨HC8 03⇨HC8 04⇨HC8 05⇨HC8 95⇨HC8
HC7. IS THE COOKING USUALLY DONE IN THE HOUSE, IN A SEPARATE BUILDING, OR OUTDOORS? *If 'In the house', probe*: IS IT DONE IN A SEPARATE ROOM USED AS A KITCHEN?	In the house In a separate room used as kitchen ..... 1 Elsewhere in the house ..... 2 In a separate building ..... 3 Outdoors ..... 4 Other (*specify*) _____ 6	

HC8. DOES YOUR HOUSEHOLD HAVE:		Yes	No	
[A] ELECTRICITY THAT IS CONNECTED?	[A] Electricity	1	2	
[B] A RADIO IN WORKING CONDITION?	[B] Radio	1	2	
[C] A TELEVISION IN WORKING CONDITION?	[C] Television	1	2	
[D] A NON-MOBILE TELEPHONE IN WORKING CONDITION?	[D] Non-mobile telephone	1	2	

[E] A REFRIGERATOR IN WORKING CONDITION?	[E] Refrigerator 1 2	
[F] SATELLITE DISH IN WORKING CONDITION?	[F] Satellite dish 1 2	
[G] COMPUTER/LAPTOP IN WORKING CONDITION?	[G] Computer/ Laptop 1 2	
[H] DEEP FREEZER IN WORKING CONDITION?	[H] Deep freezer 1 2	
[I] DVD/VCD PLAYER IN WORKING CONDITION?	[I] DVD/VCD Player 1 2	
[J] A BATTERY/GENERATOR FOR POWER IN WORKING CONDITION?	[J] Battery/Generator 1 2	
[K] A SOLAR PANEL FOR POWER IN WORKING CONDITION?	[K] Solar panel 1 2	
HC9. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:	Yes No	
[A] A WRIST WATCH?	[A] Wrist Watch 1 2	
[B] MOBILE TELEPHONE?	[B] Mobile telephone 1 2	
[C] A BICYCLE?	[C] Bicycle 1 2	
[D] A MOTORCYCLE OR SCOOTER?	[D] Motorcycle / Scooter 1 2	
[E] AN ANIMAL-DRAWN CART?	[E] Animal drawn-cart 1 2	
[F] A CAR OR TRUCK?	[F] Car / Truck 1 2	
[G] A BOAT WITH A MOTOR?	[G] Boat with motor 1 2	
[H] WHEEL BARROW?	[H] Wheel Barrow 1 2	
HC10. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING? *If "No", then ask:* DO YOU RENT THIS DWELLING FROM SOMEONE NOT LIVING IN THIS HOUSEHOLD OR THE DWELLING IS PROVIDED BY EMPLOYER? *If "Rented from someone else", circle "2". If provided by employer, circle "3".For other responses, circle "6".*	Own ..... 1 Rent ..... 2 Tied Accommodation ..... 3 Other (*specify*)_____ 6	
HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?	Yes ..... 1 No 2	2⇨HC13

HC12. HOW MANY ACRES/ HECTARES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN? *If less than 1, record "00". If 95 or more, record '95'. If unknown, record '98'.*	Acres .....1 ___ ___ Hectares .....2 ___ ___	
HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, OTHER FARM ANIMALS, OR POULTRY?	Yes .....1 No 2	2⇨HC15
HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE? [A] CATTLE, MILK COWS, OR BULLS? [B] HORSES, DONKEYS, OR MULES? [C] GOATS? [D] SHEEP? [E] CHICKENS? [F] PIGS? *IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. If unknown, record '98'.*	[A] Cattle, milk cows, or bulls .....___ ___ [B] Horses, donkeys, or mules .....___ ___ [C] Goats .....___ ___ [D] Sheep .....___ ___ [E] Chickens .....___ ___ [F] Pigs .....___ ___	
HC15. DOES ANY MEMBER OF THIS HOUSEHOLD HAVE A BANK ACCOUNT?	Yes .....1 No 2	

INSECTICIDE TREATED NETS		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes .... 1 No 2	2⇨Next Module
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Number of nets .... ___ ___	
TN3. *Ask the respondent to show you the nets in the household. If more than 3 nets, use additional questionnaire(s).*		

	1st Net	2nd Net	3rd Net
TN4. *Mosquito net observed?*	Observed .... 1 Not observed 2	Observed .... 1 Not observed 2	Observed .... 1 Not observed 2
TN5. *Observe or ask the brand/type of mosquito net.* *If brand is unknown and you cannot observe the net, show pictures of typical net types/brands to respondent.*	Long-lasting treated nets *Olyset* .... 11 *Permanet* .... 12 Other (*specify*)______ 16 DK brand .... 18 Pre-treated nets *Ko Tab 123* .... 21 *Iconet* .... 22 Other (*specify*) ______26 DK brand .... 28 Other net (*specify*) ___________36 DK brand / type 98	Long-lasting treated nets *Olyset* .... 11 *Permanet* .... 12 Other (*specify*)______ 16 DK brand .... 18 Pre-treated nets *Ko Tab 123* .... 21 *Iconet* .... 22 Other (*specify*) ______26 DK brand .... 28 Other net (*specify*) ___________36 DK brand / type 98	Long-lasting treated nets *Olyset* .... 11 *Permanet* .... 12 Other (*specify*)______ 16 DK brand .... 18 Pre-treated nets *Ko Tab 123* .... 21 *Iconet* .... 22 Other (*specify*) ______26 DK brand .... 28 Other net (*specify*) ___________36 DK brand / type 98
TN6. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD GET THE MOSQUITO NET? *If less than one month, record "00"*	Months ago .... ___ ___ More than 36 mo. ago... 95 DK / Not sure 98	Months ago .... ___ ___ More than 36 mo. ago... 95 DK / Not sure 98	Months ago .... ___ ___ More than 36 mo. ago... 95 DK / Not sure 98
TN7. *Check TN5 for type of net*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*	☐ *Long-lasting (11-18)* ⇨ *TN11* ☐ *Pre-treated (21-28)* ⇨ *TN9* ☐ *Else* ⇨ *Continue*
TN8. WHEN YOU GOT THE NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes .... 1 No .... 2 DK / Not sure 8	Yes .... 1 No .... 2 DK / Not sure 8	Yes .... 1 No .... 2 DK / Not sure 8
TN9. SINCE YOU GOT THE NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOES?	Yes .... 1 No .... 2 ⇨ TN11 DK / Not sure .... 8 ⇨ TN11	Yes .... 1 No .... 2 ⇨ TN11 DK / Not sure .... 8 ⇨ TN11	Yes .... 1 No .... 2 ⇨ TN11 DK / Not sure .... 8 ⇨ TN11

TN10. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? *If less than one month, record "00"*	Months ago.....___ ___ More than 24 mo. ago... 95 DK / Not sure 98	Months ago ..... ___ ___ More than 24 mo. ago ... 95 DK / Not sure..... 98	Months ago..... ___ ___ More than 24 mo. ago... 95 DK / Not sure 98
TN11. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes ..... 1 No..... 2 ⇨ TN13 DK / Not sure ..... 8 ⇨ TN13	Yes..... 1 No ..... 2 ⇨ TN13 DK / Not sure..... 8 ⇨ TN13	Yes ..... 1 No..... 2 ⇨ TN13 DK / Not sure ..... 8 ⇨ TN13
TN12. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? *Record the person's line number from the List of Household Members* *If someone not in the List of Household Members slept under the mosquito net, record "00"*	Name _____ Line number.....___ ___ Name _____ Line number.....___ ___ Name _____ Line number.....___ ___ Name _____ Line number.....___ ___	Name_____ Line number ..... ___ ___ Name_____ Line number ..... ___ ___ Name_____ Line number ..... ___ ___ Name_____ Line number ..... ___ ___	Name _____ Line number..... ___ ___ Name _____ Line number..... ___ ___ Name _____ Line number..... ___ ___ Name _____ Line number..... ___ ___
TN13.	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 for next net. If no more nets, go to next module*	*Go back to TN4 in first column of a new questionnaire for next net. If no more nets, go to next module*
			Tick here if additional questionnaire used ☐

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE COME INTO YOUR DWELLING TO SPRAY THE INTERIOR WALLS AGAINST MOSQUITOES?	Yes ..... 1 No ..... 2 DK 8	 2⇨Next Module 8⇨Next Module
IR2. WHO SPRAYED THE DWELLING? *Circle all that apply.*	Government worker / program ..... A Private company ..... B Non-governmental organization ..... C Other (*specify*) _____ X DK ..... Z	

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	**Piped water** Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Piped to Neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole ..... 21 **Dug well** Protected well ..... 31 Unprotected well ..... 32 **Water from spring** Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 **Surface water** (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6 14⇨WS3 21⇨WS3 31⇨WS3 32⇨WS3 41⇨WS3 42⇨WS3 51⇨WS3 61⇨WS3 71⇨WS3 81⇨WS3 96⇨WS3
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	**Piped water** Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Piped to Neighbour ..... 13 Public tap / standpipe ..... 14 Tube Well, Borehole ..... 21 **Dug well** Protected well ..... 31 Unprotected well ..... 32 **Water from spring** Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank / drum ..... 71 **Surface water** (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Other (*specify*) _____ 96	 11⇨WS6 12⇨WS6 13⇨WS6
WS3. WHERE IS THAT WATER SOURCE LOCATED?	In own dwelling ..... 1 In own yard / plot ..... 2 Elsewhere 3	1⇨WS6 2⇨WS6
WS4. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	Number of minutes ..... __ __ __ DK 998	
WS4A. WHAT IS THE DISTANCE OF THE WATER SOURCE FROM YOUR HOUSEHOLD (IN METERS)?	Less than 500 metres ..... 1 500 metres to 1km ..... 2 More than 1km ..... 3 DK 8	

WS5. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD? *Probe:* IS THIS PERSON UNDER AGE 15? WHAT SEX?	Adult woman (age 15+ years)..... 1 Adult man (age 15+ years) ..... 2 Female child (under 15)..... 3 Male child (under 15)..... 4 DK 8	
WS6. DO YOU DO ANYTHING TO THE WATER TO MAKE IT SAFER TO DRINK?	Yes ..... 1 No ..... 2 DK 8	2⇨WS8 8⇨WS8
WS7. WHAT DO YOU USUALLY DO TO MAKE THE WATER SAFER TO DRINK? *Probe:* ANYTHING ELSE? *Record all items mentioned.*	Boil ..... A Add bleach / chlorine(jik/water guard) ..... B Strain it through a cloth..... C Use water filter (ceramic, sand, composite, etc.) ..... D Solar disinfection..... E Let it stand and settle..... F Add water treatment tablet..... G Other (*specify*) _____ X DK ..... Z	
WS8. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE? *If "flush" or "pour flush", probe:* WHERE DOES IT FLUSH TO? *If not possible to determine, ask permission to observe the facility.*	Flush / Pour flush Flush to piped sewer system ..... 11 Flush to septic tank..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else..... 14 Flush to unknown place / Not sure / DK where ..... 15 Pit latrine Ventilated Improved Pit latrine (VIP) .... 21 Pit latrine with slab..... 22 Pit latrine without slab / Open pit ..... 23 Upgradable Blair Ventilated Improved Pit latrine (UBVIP) ..... 24 Composting toilet..... 31 Bucket..... 41 No facility, Bush, Field ..... 95 Other (*specify*) _____ 96	95⇨Next Module
WS9. DO YOU SHARE THIS FACILITY WITH OTHERS WHO ARE NOT MEMBERS OF YOUR HOUSEHOLD?	Yes..... 1 No 2	2⇨Next Module
WS10. DO YOU SHARE THIS FACILITY ONLY WITH MEMBERS OF OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?	Other households only (not public)..... 1 Public facility 2	2⇨Next Module
WS11. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY, INCLUDING YOUR OWN HOUSEHOLD?	Number of households (if less than 10) 0 __ Ten or more households..... 10 DK 98	

HANDWASHING		HW
HW1. WE WOULD LIKE TO LEARN ABOUT THE PLACES THAT HOUSEHOLDS USE TO WASH THEIR HANDS. CAN YOU PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS?	Observed ..... 1 Not observed Not in dwelling / plot / yard ..... 2 No permission to see ..... 3 Run to waste ..... 4 Other reason (*specify*) _____ 6	 2 ⇨HW4 3 ⇨HW4 4 ⇨HW4 6 ⇨HW4
HW2. *Observe presence of water at the place for handwashing.* *Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.*	Water is available ..... 1 Water is not available 2	
HW3A. *Is soap, detergent or ash/mud/sand present at the place for handwashing?*	Yes, present ..... 1 No, not present 2	 2⇨HW4
HW3B. *Record your observation.* *Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
HW4. DO YOU HAVE ANY SOAP OR DETERGENT OR ASH/MUD/SAND IN YOUR HOUSE FOR WASHING HANDS?	Yes ..... 1 No 2	 2⇨HH19
HW5A. CAN YOU PLEASE SHOW IT TO ME?	Yes, shown ..... 1 No, not shown 2	 2⇨HH19
HW5B. *Record your observation.* *Circle all that apply.*	Bar soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Mud / Sand ..... D	

HH19. *Record end time.*	Hour and minutes..... __ __ : __ __	

SALT IODIZATION		**SI**
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I HAVE A SAMPLE OF THE SALT USED TO COOK MEALS IN YOUR HOUSEHOLD? *Once you have tested the salt, circle number that corresponds to test outcome.*	Not iodized - 0 PPM .....1 More than 0 PPM & less than 15 PPM.....2 15 PPM or more .....3 No salt in the house.....4 Salt not tested (*specify reason*)_____ 5	

HH20. *Thank the respondent for his/her cooperation and check the List of Household Members:*

☐ *A separate QUESTIONNAIRE FOR INDIVIDUAL WOMAN has been issued for each woman age 15-49 years in the List of Household Members (HL7)*

Check HH8. If the household is selected for QUESTIONNAIRE FOR INDIVIDUAL MAN:

☐ *A separate Questionnaire for Individual Man has been issued for each man age 15-54 years in the List of Household Members (HL7A)*

☐ *A separate QUESTIONNAIRE FOR CHILDREN UNDER FIVE has been issued for each child under age 5 years in the List of Household Members (HL7B)*

Return to the cover page and make sure that the result of the household interview (HH9), the name and line number of the respondent to the household questionnaire (HH10), and the number of eligible women (HH12), men (HH13A) and under-5s (HH14) are entered.

Make arrangements for the administration of the remaining questionnaire(s) in this household.

Interviewer's Observations

Team Leader's Observations

Supervisor's Observations

MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2014

MAN'S QUESTIONNAIRE

ENGLISH

PROVINCE CODE: ☐ **CLUSTER NO:** ☐☐☐ **HHOLD NO:** ☐☐☐

MAN'S INFORMATION PANEL	**MWM**
This questionnaire is to be administered to all men age 15 through 54 (see List of Household Members, column HL7A). *A separate questionnaire should be used for each eligible man.*	
MWM1. Cluster number: ___ ___ ___	**MWM2**. Household number: ___ ___
MWM3. Man's name: Name_____	**MWM4**. Man's line number: ___ ___
MWM5. Interviewer's name and number: Name_____ ___ ___	**MWM6**. Day / Month / Year of interview: ___ ___ /___ ___ / 2014

Repeat greeting if not already read to this man:	*If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:*
GOOD ……..! MY NAME IS …… AND I AM WORKING FOR THE ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT). WE ARE WORKING ON A NATIONWIDE SURVEY CONCERNED WITH THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT ***15*** MINUTES. WE WOULD VERY MUCH APPRECIATE YOUR PARTICIPATION IN THIS SURVEY. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.	NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

☐ *Yes, permission is given ⇨Go to MWM10 to record the time and then begin the interview.*

☐ *No, permission is not given ⇨Circle '03' inMWM7. Discuss this result with your supervisor.*

MWM7. Result of man's interview	
	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (*specify*) _____ 96

MWM8. Team Leader's name and number: Name_____ __ __	**MWM9**. Main data entry clerk's name and number: Name_____ __ __
MWM10. *Record start time for interview.*	Hour and minutes.....__ __: __ __

MAN'S BACKGROUND		**MWB**
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.....__ __ DK month.....98 Year ..... __ __ __ __ DK year.....9998	
MWB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct MWB1 and/or MWB2 if inconsistent*	Age (in completed years).....__ __	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes.....1 No 2	2⇨MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool.....0 Primary .....1 Secondary .....2 Higher 3	0⇨MWB7
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? 10 – Special primary 11 - 17 for primary 20 – Special secondary 21 – 26 for secondary 30 – Attended/currently attending higher education 31- completed higher education *If the first grade at this level is not completed, enter "00"*	Grade.....__ __	

MWB6. *Check MWB4:*

☐ *Secondary or higher (MWB4 = 2 or 3)⇨ Go to Next Module*

☐ *Primary (MWB4 = 1)⇨ Continue with MWB7*

MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all .....1 Able to read only parts of sentence.....2 Able to read whole sentence .....3 No sentence in required language _____4 *(specify language)* Blind/visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION COMMUNICATION TECHNOLOGY MMT

MMT1. *Check MWB7:*

☐ *Question left blank (Respondent has secondary or higher education) ⇨ Continue with MMT2*

☐ *Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇨ Continue with MMT2*

☐ *Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇨ Go to MMT3*

MMT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MMT6. HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No 2	2⇨MMT9
MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨MMT9
MMT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MMT9. HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No 2	2⇨MMT12

MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No 2	2⇨MMT12
MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	
MMT12. HAVE YOU EVER USED A MOBILE OR NON-MOBILE PHONE?	Yes ..... 1 No 2	2⇨Next Module
MMT13. IN THE LAST 12 MONTHS, HAVE YOU USED THE MOBILE OR NON-MOBILE PHONE? *If necessary, probe for use from any location, with any device.*	Yes ..... 1 No 2	2⇨ Next Module
MMT14. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE MOBILE OR NON-MOBILE PHONE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all 4	

FERTILITY		MCM
MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?	Yes .....1 No.....2 DK.....8	 2⇨MCM8 8⇨MCM8
MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?	Age in years .....__ __	
MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE LIVING WITH YOU?	Yes .....1 No.....2	 2⇨MCM6
MCM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home .....__ __ Daughters at home.....__ __	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No2	 2⇨MCM8
MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere.....__ __ Daughters elsewhere .....__ __	
MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:*	Yes .....1 No.....2	 2⇨MCM10

I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?		
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead .....__ __ Girls dead .....__ __	
MCM10. Sum answers to MCM5, MCM7, and MCM9.	Sum .....__ __	

MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

- ☐ *Yes. Check below:*
- ☐ *No live births ⇨ Go to Next Module*
- ☐ *One or more live births ⇨ Continue with MCM11A*
- ☐ *No ⇨ Check responses to MCM1-MCM10 and make corrections as necessary*

MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes..... 1 No 2	1⇨MCM12
MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women ..... __ __	
MCM12. OF THESE (*total number in MCM10*) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? Month and year must be recorded.	Date of last birth Month..... __ __ Year ..... __ __ __ __	

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV
MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:		
	Yes No DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	[A] Goes out without telling 1 2 8	
[B] IF SHE NEGLECTS THE CHILDREN?	[B] Neglects children 1 2 8	
[C] IF SHE ARGUES WITH HIM?	[C] Argues with him 1 2 8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	[D] Refuses sex.....1 2 8	
[E] IF SHE BURNS THE FOOD?	[E] Burns food.....1 2 8	
[F] IF SHE COMMITS INFIDELITY?	[F] Commits infidelity 1 2 8	

MARRIAGE/UNION		MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a woman ..... 2 No, not in union 3	 3⇨MMA5
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) ..... 1 No (Only one) 2	 2⇨MMA7
MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number ..... __ __	⇨MMA8B
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a woman ..... 2 No 3	 3 ⇨Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once 2	1 ⇨MMA8A 2 ⇨MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? **MMA8B**. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	 ⇨Next Module
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years ..... __ __	

SEXUAL BEHAVIOUR		MSB
Check for the presence of others. Before continuing, ensure privacy.		
MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00 Age in years ..... __ __ First time when started living with (first) wife/partner 95	00⇨Next Module
MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2 DK / Don't remember 8	
MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record answers in days, weeks or months if less than 12 months (one year).* *If more than 12 months (one year), answer must be recorded in years.*	Days ago ..... 1 __ __ Weeks ago ..... 2 __ __ Months ago ..... 3 __ __ Years ago ..... 4 __ __	4⇨MSB15
MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No 2	
MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'girlfriend', then ask:*	Wife ..... 1 Cohabiting partner ..... 2 Girlfriend ..... 3 Casual acquaintance ..... 4 Prostitute ..... 5 Other (*specify*) _____ 6	

WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'.If 'no', circle'3'.*		
MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨MSB15
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No 2	
MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'girlfriend' then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'.If 'no', circle'3'.*	Wife ..... 1 Cohabiting partner ..... 2 Girlfriend ..... 3 Casual acquaintance ..... 4 Prostitute ..... 5 Other (*specify*) 6	
MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨MSB15
MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of partners ..... __ __	

MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of lifetime partners ..... __ __ DK 98	

HIV AND AIDS		MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE .HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	2⇨ Next Module
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK 8	
MHA3. CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK 8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
MHA5. CAN PEOPLE GET HIV FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
MHA6. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS THE HIV?	Yes ..... 1 No ..... 2 DK 8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?	Yes ..... 1 No ..... 2 DK 8	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		

[A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK [A] During pregnancy .....1 2 8 [B] During delivery.....1 2 8 [C] By breastfeeding.....1 2 8	
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS HIV BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes .....1 No.....2 DK/Not sure/Depends 8	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD HIV?	Yes .....1 No.....2 DK/Not sure/Depends 8	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH HIV, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes .....1 No.....2 DK/Not sure/Depends 8	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes .....1 No.....2 DK/Not sure/Depends 8	
MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV?	Yes .....1 No.....2	2⇨MHA27

MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	1⇨Next Module 2⇨Next Module 8⇨Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR HIV?	Yes ..... 1 No 2	

CIRCUMCISION		MMC
MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes ..... 1 No 2	 2⇨Next Module
MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?	Age in completed years..... __ __ DK 98	
MMC3. WHO DID THE CIRCUMCISION?	Traditional practitioner/family/friend ..... 1 Health worker/Professional ..... 2 Other (*specify*) _____ 6 DK 8	
MMC4. WHERE WAS IT DONE?	Health facility ..... 1 Home of a health worker/professional ..... 2 Circumcision done at home..... 3 Ritual site..... 4 Other home/place (*specify*)_____ 6 DK 8	

TOBACCO AND ALCOHOL USE		MTA
MTA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No 2	2⇨MTA6
MTA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette ..... 00 Age ..... ___ ___	00⇨MTA6
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No 2	2⇨MTA6
MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ..... ___ ___	
MTA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS, PIPE OR ROLLED TOBACCO?	Yes ..... 1 No 2	2⇨MTA10
MTA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No 2	2⇨MTA10
MTA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D Rolled tobacco ..... E Other (*specify*)_____ X	

MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	

MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No 2	2 ⇨MTA14
MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No 2	2 ⇨MTA14
MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco ..... A Snuff ..... B Dip ..... C Other (*specify*)_____ X	
MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	
MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... 1 No 2	2⇨Next Module
MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER ,CIDER , SPIRIT COOLER; ONE GLASS OF WINE; ONE SHOT/TOT OF SPIRITS (INCLUDING BRANDY, VODKA, WHISKEY, CANE SPIRITS, ETC); ONE LITRE OF OPAQUE BEER. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol ..... 00 Age ..... ___ ___	00⇨Next Module

MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Did not have one drink in last one month . 00 Number of days ..... 0 ___ 10 days or more but less than a month .... 10 Everyday / Almost every day 30	00⇨Next Module
MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ..... ___ ___	

MWM11. *Record end time*.	Hour and minutes ..... __ __ : __ __	

MWM12. *Check List of Household Members, column HL7B and HL15*

Is the respondent the caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Proceed to complete the result of man's interview (MWM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No ⇨ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page.*

Interviewer's Observations

Team leader's Observations

Supervisor's Observations

MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2014

WOMAN'S QUESTIONNAIRE

ENGLISH

PROVINCE CODE: ☐ **CLUSTER NO:** ☐☐☐ **HHOLD NO:** ☐☐☐

WOMAN'S INFORMATION PANEL	**WM**
This questionnaire is to be administered to all women age 15 through 49 (see List of Household Members, column HL7).A separate questionnaire should be used for each eligible woman.	
WM1. Cluster number: ___ ___ ___	**WM2**. Household number: ___ ___ ___
WM3. Woman's name: Name_____	**WM4**. Woman's line number: ___ ___
WM5.Interviewer's name and number: Name_____ ___ ___	**WM6**. Day/Month/Year of interview: ___ ___ /___ ___ / 2014

GOOD ……! MY NAME IS …… AND I AM WORKING FOR THE ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT). WE ARE WORKING ON A NATIONWIDE SURVEY CONCERNED WITH THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT ***50*** MINUTES. WE WOULD VERY MUCH APPRECIATE YOUR PARTICIPATION IN THIS SURVEY. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.	*If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:* NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT ***30*** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.
MAY I START NOW? *Yes, permission is given ⇨Go to WM10 to record the time and then begin the interview.* ☐ *No, permission is not given ⇨Circle '03' inWM7.Discuss this result with your supervisor.*	

WM7. Result of woman's interview	
	Completed..... 01 Not at home ..... 02 Refused..... 03 Partly completed ..... 04 Incapacitated..... 05 Other (*specify*) _____ 96

WM8A. Team Leader's name and number: Name_____ __ __	**WM9**. Main data entry clerk's name and number: Name_____ __ __

WM10. *Record start time of interview.*	Hour and minutes .....__ __ : __ __	

WOMAN'S BACKGROUND		**WB**
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	
WB2. HOW OLD ARE YOU? *Probe:* HOW OLD WERE YOU AT YOUR LAST BIRTHDAY? *Compare and correct WB1 and/or WB2 if inconsistent*	Age (in completed years) .....__ __	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRE-SCHOOL?	Yes .....1 No.....2	 2⇨WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Pre-school .....0 Primary .....1 Secondary .....2 Higher.....3	0⇨WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? 10 – Special primary 11 - 17 for primary 20 – Special secondary 21 – 26 for secondary 30 – Attended/currently attending higher education 31- completed higher education *If first grade at this level is not completed at, enter "00".*	Grade .....__ __	

WB6. *Check WB4:*

☐ *Secondary or higher (WB4=2 or 3)⇨ Go to Next Module*

☐ *Primary (WB4=1)⇨ Continue with WB7*

WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. *Show sentence on the card to the respondent.* *If respondent cannot read whole sentence, probe:* CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3 No sentence in required language _____ 4 *(specify language)* Blind/visually impaired 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION COMMUNICATION TECHNOLOGY MT

MT1. *Check WB7:*

☐ *Question left blank (Respondent has secondary or higher education)* ⇨ *Continue with MT2*

☐ *Able to read or no sentence in required language (WB7 = 2, 3 or 4)* ⇨ *Continue with MT2*

☐ *Cannot read at all or blind/visually impaired (WB7 = 1 or 5)* ⇨ *Go to MT3*

MT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT3. DO YOU LISTEN TO THE RADIOALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT6. HAVE YOU EVER USED A COMPUTER?	Yes.....1 No.....2	 2⇨MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes.....1 No.....2	 2⇨MT9
MT8. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....1 At least once a week.....2 Less than once a week.....3 Not at all.....4	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes.....1 No.....2	 2⇨MT12

MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? *If necessary, probe for use from any location, with any device.*	Yes .....1 No 2	2⇨MT12
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day .....1 At least once a week .....2 Less than once a week .....3 Not at all 4	
MT12. HAVE YOU EVER USED A MOBILE OR NON-MOBILE PHONE?	Yes .....1 No 2	2⇨Next Module
MT13. IN THE LAST 12 MONTHS, HAVE YOU USED THE MOBILE OR NON-MOBILE PHONE? *If necessary, probe for use from any location, with any device.*	Yes .....1 No 2	2⇨ Next Module
MT14. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE MOBILE OR NON-MOBILE PHONE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day .....1 At least once a week .....2 Less than once a week .....3 Not at all 4	

FERTILITY/BIRTH HISTORY		CM
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?	Yes .....1 No 2	2⇨CM8
CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE **NOW** LIVING WITH YOU?	Yes .....1 No 2	2⇨CM6
CM5. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU? *If none, record '00'.*	Sons at home .....__ __ Daughters at home .....__ __	
CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes .....1 No 2	2⇨CM8
CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? *If none, record '00'.*	Sons elsewhere .....__ __ Daughters elsewhere .....__ __	
CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes .....1 No 2	2⇨CM10

CM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? *If none, record '00'.*	Boys dead .....__ __ Girls dead .....__ __	
CM10. Sum answers to CM5, CM7, and CM9.	Sum .....__ __	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes. Check below:*

☐ *No live births ⇨ Go to ILLNESS SYMPTOMS Module*

☐ *One or more live births ⇨ Continue with the BIRTH HISTORY Module*

☐ *No. ⇨ Check responses to CM1-CM10 and make corrections as necessary before proceeding to the BIRTH HISTORY Module or ILLNESS SYMPTOMS Module*

BIRTH HISTORY — BH

NOW I WOULD LIKE TO RECORD THE NAMES OF ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all of the births in BH1.Record twins and triplets on separate lines. If there are more than 14 births, use an additional questionnaire.

BH Line No.	**BH1**. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2**. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	**BH3**. IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	**BH4**. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		**BH5**. IS (*name*) STILL ALIVE? 1 Yes 2 No	**BH6**. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	**BH7**. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	**BH8**. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	**BH9**. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years if more than 2 years*		**BH10**. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
Line	Name	SM	BG	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨Next Line	Days .....1 Months .....2 Years.....3	__ __	
02		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Birth Next Birth
03		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Birth Next Birth
04		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Birth Next Birth

BH Line No.	**BH1**. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2**. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	**BH3**. IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	**BH4**. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		**BH5**. IS (*name*) STILL ALIVE? 1 Yes 2 No	**BH6**. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	**BH7**. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	**BH8**. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	**BH9**. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years if more than 2 years*		**BH10**. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
05		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .....1 Months .....2 Years.....3	___ ___	1 2 Add Next Birth Birth
06		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .....1 Months .....2 Years.....3	___ ___	1 2 Add Next Birth Birth
07		1 2	1 2	___ ___	___ ___ ___ ___	1 2 ⇨ BH9	___ ___	1 2	___ ___ ⇨BH10	Days .....1 Months .....2 Years.....3	___ ___	1 2 Add Next Birth Birth

BH Line No.	**BH1**. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2**. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	**BH3**. IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	**BH4**. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		**BH5**. IS (*name*) STILL ALIVE? 1 Yes 2 No	**BH6**. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	**BH7**. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	**BH8**. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	**BH9**. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years if more than 2 years*		**BH10**. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
08		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Next Birth Birth
09		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Next Birth Birth
10		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Next Birth Birth
11		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Next Birth Birth
12		1 2	1 2	__ __	__ __ __ __	1 2 ⇨ BH9	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Next Birth Birth
13		**1 2**	**1 2**	__ __	__ __ __ __	**1 2** ⇨	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Next Birth Birth

BH Line No.	**BH1**. WHAT NAME WAS GIVEN TO YOUR (*first/next*) BABY?	**BH2**. WERE ANY OF THESE BIRTHS TWINS? 1 Single 2 Multiple	**BH3**. IS (*name*) A BOY OR A GIRL? 1 Boy 2 Girl	**BH4**. IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe*: WHAT IS HIS/HER BIRTHDAY?		**BH5**. IS (*name*) STILL ALIVE? 1 Yes 2 No	**BH6**. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.*	**BH7**. IS (*name*) LIVING WITH YOU? 1 Yes 2 No	**BH8**. *Record household line number of child (from HL1)* *Record "00" if child is not listed.*	**BH9**. *If dead:* HOW OLD WAS (*name*) WHEN HE/SHE DIED? *If "1 year", probe:* HOW MANY MONTHS OLD WAS (*name*)? *Record days if less than 1 month; record months if less than 2 years; or years if more than 2 years*		**BH10**. WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (*name of previous birth*) AND (*name*), INCLUDING ANY CHILDREN WHO DIED AFTER BIRTH? 1 Yes 2 No
						BH9						
14		**1 2**	**1 2**	__ __	__ __ __ __	**1 2** ⇨ **BH9**	__ __	1 2	__ __ ⇨BH10	Days .....1 Months .....2 Years.....3	__ __	1 2 Add Next Birth Birth

BH11. HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (*name of last birth in BIRTH HISTORY Module*)?	Yes.....1 No.....2	1⇨Record birth(s) in Birth History

CM12A. *Compare number in CM10 with number of births in the BIRTH HISTORYModule above and check:*

☐ *Numbers are same ⇨Continue with CM13*

☐ *Numbers are different ⇨ Probe and reconcile*

CM13. *Check BH4 in BIRTH HISTORY Module: Last birth occurred within the last 2 years, that is, since (month of interview) in **2012**(if the month of interview and the month of birth are the same, and the year of birth is **2012**, consider this as a birth within the last 2 years)*

☐ *No live birth in last 2 years. ⇨ Go to ILLNESS SYMPTOMS Module.*

☐ *One or more live births in last 2 years. ⇨Record name of last born child and continue with Next Module*

*Name of last-born child*_____

If child has died, take special care when referring to this child by name in the following modules.

DESIRE FOR LAST BIRTH		**DB**
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
DB1. WHEN YOU GOT PREGNANT WITH (*name*), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes .....1 No 2	1⇨Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later .....1 No more.....2	2⇨Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT? *Record the answer as stated by respondent.*	Months.....1 __ __ Years .....2 __ __ DK.....998	

MATERNAL AND NEWBORN HEALTH		MN
This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. *Record name of last-born child from CM13 here _____.* *Use this child's name in the following questions, where indicated.*		
MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (*name*)?	Yes ..... 1 No 2	2⇨MN5
MN2. WHOM DID YOU SEE? *Probe:* ANYONE ELSE? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse/Midwife ..... B Other person Traditional birth attendant ..... F Village health worker/ City health promoters ..... G Other (*specify*) X	
MN2A. HOW MANY WEEKS OR MONTHS PREGNANT WERE YOU WHEN YOU FIRST RECEIVED ANTENATAL CARE FOR THIS PREGNANCY? *Record the answer as stated by respondent.*	Weeks ..... 1 __ __ Months ..... 2 0 __ DK 998	
MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	Number of times…….. __ __ DK……98	
MN3A. *Check if more than one person/code is circled in MN2* ☐ *Yes, more than one person/code is circled in MN2, Continue with MN3B* ☐ *No, only one person/code is circled ⇨Go to MN4*		
MN3B. HOW MANY TIMES DID YOU VISIT EACH OF THEM?	Doctor ..... __ __ Nurse/Midwife……..… __ __ Traditional birth attendant……..… __ __	

	Village health worker/ City health Promoters…….. __ __ Other (*specify*)_____ __ __	
MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE: [A] WAS YOUR BLOOD PRESSURE MEASURED? [B] DID YOU GIVE A URINE SAMPLE? [C] DID YOU GIVE A BLOOD SAMPLE?	Yes No [A] Blood pressure..... 1 2 [B] Urine sample..... 1 2 [C] Blood sample..... 1 2	
MN4A. DID YOU TAKE ANY IRON TABLETS DURING YOUR PREGNANCY WITH (*name*)? *Show iron tablet*	Yes ..... 1 No..... 2 DK 8	2⇨MN4E 8⇨MN4E
MN4B. FOR HOW LONG DID YOU TAKE THE IRON TABLETS?	Less than 1 month..... 1 One to two months ..... 2 Two to three months ..... 3 Three months or more ..... 4 DK 8	
MN4C. ON AVERAGE, HOW OFTEN DID YOU TAKE THESE IRON TABLETS DURING THIS PREGNANCY?	Daily ..... 1 Weekly..... 2 Not often..... 3 Other (*Specify)*_____6	

MN4D. WHERE DID YOU GET THE IRON TABLETS FROM? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source.	Public sector Government hospital ..... A Health centre/clinic ..... B Village health worker/ City health promoters ..... C Mobile / Outreach clinic ..... D Council facility ..... E Other public (*specify*) ..... H Private Medical Sector Private hospital ..... I Private clinic ..... J Pharmacy ..... K Other private medical (*specify*) _____ O Mission Facility ..... T Other (*specify*) _____ X	
MN4E. DID YOU TAKE ANY FOLATE TABLETS DURING YOUR PREGNANCY WITH (*name*)? *Show Folate tablet*	Yes ..... 1 No ..... 2 DK 8	2⇨MN5
MN4F. FOR HOW LONG DID YOU TAKE THE FOLATE TABLETS?	Less than 1 month ..... 1 One to two months ..... 2 Two to three months ..... 3 Three months or more ..... 4 DK 8	
MN4G. ON AVERAGE, HOW OFTEN DID YOU TAKE THESE FOLATE TABLETS DURING THIS PREGNANCY?	Daily ..... 1 Weekly ..... 2 Not often ..... 3 Other (*Specify)* 6	

MN4H. WHERE DID YOU GET THE FOLATE TABLETS FROM? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source.	Public sector Government hospital ..... A Health centre/clinic ..... B Village health worker/ City health promoters ..... C Mobile / Outreach clinic ..... D Council facility ..... E Other public (*specify*) ..... H Private Medical Sector Private hospital ..... I Private clinic ..... J Pharmacy ..... K Other private medical (*specify*) _____ O Mission Facility ..... T Other (*specify*) _____ X	
MN5. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? MAY I SEE IT PLEASE? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3 DK 8	
MN6. WHEN YOU WERE PREGNANT WITH (*name*), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN9 8⇨MN9
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (*name)*?	Number of times ..... __ DK 8	 8⇨MN9

MN8. *How many tetanus injections during last pregnancy were reported in MN7?*

☐ *At least two tetanus injections during last pregnancy. ⇨ Go to MN12*

☐ *Only one tetanus injection during last pregnancy. ⇨ Continue with MN9*

MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (*name*), EITHER TO PROTECT YOURSELF OR ANOTHER BABY?	Yes ..... 1 No ..... 2 DK 8	 2⇨MN12 8⇨MN12
MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name*)? *If 7 or more times, record '7'.*	Number of times ..... __ DK 8	 8⇨MN12
MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (*name)* *If less than 1 year, record '00'.*	Years ago ..... __ __	

MN12. *Check MN1 for presence of antenatal care during this pregnancy:*

☐ *Yes, antenatal care received. ⇨ Continue with MN13*

☐ *No antenatal care received ⇨ Go to MN17*

MN13. DURING (ANY OF)YOUR ANTENATAL VISIT(S) FOR THE PREGNANCY WITH (*name*), DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA	Yes ..... 1 No ..... 2 DK 8	 2⇨MN17 8⇨MN17
MN14. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP (Fansidar) ..... A Chloroquine ..... B Coartemether ..... C Deltaprim ..... D	

Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.	Other (*specify*) _____X DK .....Z	
MN15. *Check MN14 for medicine taken:* ☐ *SP (Fansidar) taken. ⇨ Continue with MN16* ☐ *SP (Fansidar) not taken. ⇨ Go to MN17*		
MN16. DURING YOUR PREGNANCY WITH (*name*), HOW MANY TIMES DID YOU TAKE SP (FANSIDAR) IN TOTAL? PLEASE INCLUDE ALL THAT YOU OBTAINED EITHER DURING AN ANTENATAL CARE VISIT, DURING A VISIT TO A HEALTH FACILITY OR FROM ANOTHER SOURCE?	Number of times .....__ __ DK 98	
MN17. WHO ASSISTED WITH THE DELIVERY OF (*name*)? *Probe:* ANYONE ELSE? *Probe for the type of person assisting and circle all answers given.* *If respondent says no one assisted, probe to determine whether any adults were present at the delivery.* *Circle all mentioned*	Health professional: Doctor ..... A Nurse / Midwife..... B Other person Traditional Birth Attendant.....F Village health worker/ City health promoters ..... G Relative / Friend ..... H Other (*specify*) _____X No one..... Y	
MN18. WHERE DID YOU GIVE BIRTH TO (*name*)? *Probe to identify the place of delivery.* *If unable to determine whether public or private, write the name of the place.*	Home Respondent's home .....11 Other home .....12 Public sector Government hospital 21	11⇨MN20 12⇨MN20

_____ *(Name of place)*	Health centre/clinic ..... 22 Mobile / Outreach clinic ..... 23 Council facility ..... 24 Other public (*specify*)_____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Mission Facility ..... 41 Other (*specify*) _____ 96	96⇨MN20
MN19. WAS (*name*) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?	Yes ..... 1 No 2	2⇨MN20
MN19A. WHEN WAS THE DECISION MADE TO HAVE THE CAESAREAN SECTION? WAS IT BEFORE OR AFTER YOUR LABOUR PAINS STARTED?	Before ..... 1 After 2	
MN20. WHEN (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN21. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	2⇨MN23 8⇨MN23

MN22.HOW MUCH DID (*name*) WEIGH? *If a card is available, record weight from card.*	From card ..... 1 __ . __ __ __(kg) From recall ..... 2 __ . __ __ __(kg) DK 99998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (*name*)?	Yes .....1 No 2	
MN24. DID YOU EVER BREASTFEED (*name*)?	Yes .....1 No 2	2⇨Next Module
MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately .....000 Hours..... 1 __ __ Days ..... 2 __ __ DK/Don't remember 998	

MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (*name*) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes ..... 1 No 2	2⇨Next Module
MN27. WHAT WAS (*name*) GIVEN TO DRINK? *Probe:* ANYTHING ELSE? *Circle all mentioned*	Milk (other than breast milk) ..... A Plain water ..... B Sugar or glucose water ..... C Gripe water ..... D Sugar-salt solution ..... E Fruit juice ..... F Infant formula ..... G Tea / Infusions ..... H Honey ..... I Other (*specify*) _____ X	

POST-NATAL HEALTH CHECKS — PN

This module is to be administered to all women with a live birth in the 2 years preceding the date of interview.

Record name of last-born child from CM13 here _____.

Use this child's name in the following questions, where indicated.

PN1. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36 or 41) ⇨ Continue with PN2*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN6*

PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (*name).* YOU HAVE SAID THAT YOU GAVE BIRTH AT (*name or type of facility in MN18*). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours.....1 __ __ Days .....2 __ __ Weeks .....3 __ __ DK / Don't remember.....998	
PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. BEFORE YOU LEFT THE (*name or type of facility in MN18*), DID ANYONE CHECK ON (*name*)'S HEALTH?	Yes .....1 No.....2	

PN4. AND WHAT ABOUT CHECKS ON <u>YOUR</u> HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU? DID ANYONE CHECK ON <u>YOUR</u> HEALTH BEFORE YOU LEFT (*name or type or facility in MN18*)?	Yes ..... 1 No 2	
PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (*name or type of facility in MN18*). DID ANYONE CHECK ON (*name*)'S HEALTH AFTER YOU LEFT (*name or type of facility in MN18*).	Yes ..... 1 No 2	1⇨PN11 2⇨PN16
PN6. *Check MN17: Did a health professional, traditional birth attendant, or village health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or village health worker/city health promoter (MN17=A-G) ⇨Continue with PN7* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or village health worker/city heath promoter (A-G not circled in MN17) ⇨ Go to PN10*		
PN7. YOU HAVE ALREADY SAID THAT (*person or personsin MN17*) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF (*name*) IS OK. AFTER THE DELIVERY WAS OVER AND BEFORE (*person or persons in MN17*) LEFT YOU, DID (*person or persons in MN17*) CHECK ON (*name*)'S HEALTH?	Yes ..... 1 No 2	

PN8. AND DID (*person or persons in MN17*) CHECK ON YOUR HEALTH BEFORE LEAVING? BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	
PN9. AFTER THE (*person or persons in MN17*) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (*name*)?	Yes ..... 1 No 2	1⇨PN11 2⇨PN18
PN10. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (*name*)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (*name*), CHECKING THE CORD, OR SEEING IF THE BABY IS OK. AFTER (*name*) WAS DELIVERED, DID ANYONE CHECK ON HIS/HER HEALTH?	Yes ..... 1 No 2	2⇨PN19
PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN12A 2⇨PN12B
PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN12B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK / Don't remember 998	

PN13. WHO CHECKED ON (*name*)'S HEALTH AT THAT TIME? *Circle all mentioned*	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Traditional Birth Attendant ..... F Village health worker/ City health promoters ..... G Relative / Friend ..... H Other (*specify*) _____ X	
PN14. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the place of delivery.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public sector Government hospital ..... 21 Health centre/clinic ..... 22 Mobile / Outreach clinic ..... 23 Council facility ..... 24 Other public (*specify*) ..... 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Mission Facility ..... 41 Other (*specify*) _____ 96	

PN15. *Check MN18: Was the child delivered in a health facility?*

☐ *Yes, the child was delivered in a health facility (MN18=21-26 or 31-36or 41) ⇨ Continue with PN16*

☐ *No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇨ Go to PN17*

PN16. AFTER YOU LEFT (*name or type of facility in MN18*), DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN17. *Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?* ☐ *Yes, delivery assisted by a health professional, traditional birth attendant, or community health worker (MN17=A-G) ⇨Continue with PN18* ☐ *No, delivery not assisted by a health professional, traditional birth attendant, or community health worker (A-G not circled in MN17) ⇨ Go to PN19*		
PN18. AFTER THE DELIVERY WAS OVER AND (*person or persons in MN17*) LEFT, DID ANYONE CHECK ON YOUR HEALTH?	Yes ..... 1 No 2	1⇨PN20 2⇨Next Module
PN19. AFTER THE BIRTH OF (*name*), DID ANYONE CHECK ON YOUR HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.	Yes ..... 1 No 2	2⇨Next Module
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?	Once ..... 1 More than once 2	1⇨PN21A 2⇨PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? **PN21B**. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	Hours ..... 1 __ __ Days ..... 2 __ __ Weeks ..... 3 __ __ DK / Don't remember 998	

PN22. WHO CHECKED ON YOUR HEALTH AT THAT TIME? *Circle all mentioned*	Health professional: Doctor ..... A Nurse / Midwife ..... B Other person Traditional Birth Attendant ..... F Village health worker/City Health Promoters ..... G Relative / Friend ..... H Other (*specify*) _____ X	
PN23. WHERE DID THIS CHECK TAKE PLACE? *Probe to identify the place of delivery.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Home Respondent's home ..... 11 Other home ..... 12 Public sector Government hospital ..... 21 Health centre/clinic ..... 22 Mobile / Outreach clinic ..... 23 Council facility ..... 24 Other public (*specify*) ..... 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Mission Facility ..... 41 Other (*specify*) _____ 96	

ILLNESS SYMPTOMS — IS

IS1. *Check List of Household Members, columnsHL7B and HL15*

Is the respondent the mother or caretaker of any child under age 5?

☐ Yes ⇨ Continue with IS2.

☐ No ⇨ Go to Next Module.

IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE A CHILD UNDER THE AGE OF 5 TO A HEALTH FACILITY RIGHT AWAY? *Probe:* ANY OTHER SYMPTOMS? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, but do <u>not</u> prompt with any suggestions	Child not able to drink or breastfeed ..... A Child becomes sicker ..... B Child develops a fever..... C Child has fast breathing..... D Child has difficulty breathing ..... E Child has blood in stool .....F Child is drinking/feeding poorly ..... G Child has convulsions..... H Child becomes unconscious .....I Child has diarrhoea ..... J Other (*specify*) _____ X Other (*specify*) _____ Y Other (*specify*) _____ Z	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	1⇨CP2A
CP2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	1⇨CP3
CP2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No 2	1⇨Next Module 2⇨Next Module
CP3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? Do not prompt. If more than one method is mentioned, circle each one.	**Modern Methods** Female sterilization ..... A Male sterilization ..... B IUCD ..... C Injectables ..... D Implants (jadelle/norplant) ..... E Pill ..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam/ Jelly ..... J Lactational amenorrhoea method (LAM) ..... K **Traditional Methods** Periodic abstinence/Rhythm ..... L Withdrawal ..... M Other (*specify*) _____ X	

UNMET NEED		UN
UN1. *Check CP1. Currently pregnant?* ☐ Yes, currently pregnant⇨ Continue with UN2 ☐ No, unsure or DK ⇨ Go to UN5		
UN2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No 2	1⇨UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more 2	
UN4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child ..... 1 No more / None ..... 2 Undecided / DK 8	1⇨UN7 2⇨UN13 8⇨UN13
UN5. *Check CP3. Currently using "Female sterilization"?* ☐ Yes ⇨ Go to UN13 ☐ No ⇨ Continue with UN6		
UN6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 No more / None ..... 2 Says she cannot get pregnant ..... 3 Undecided / DK 8	 2⇨UN9 3⇨UN11 8⇨UN9
UN7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? *Record the answer as stated by respondent.*	Months ..... 1 __ __ Years ..... 2 __ __ Does not want to wait (soon/now) ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 DK 998	 994⇨UN11

UN8. *Check CP1. Currently pregnant?*

☐ Yes, currently pregnant⇨ Go to UN13

☐ *No, unsure or DK⇨ Continue with UN9*

UN9. *Check CP2. Currently using a method?*

☐ *Yes ⇨ Go to UN13*

☐ *No ⇨ Continue with UN10*

UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes ..... 1 No ..... 2 DK 8	1 ⇨UN13 8 ⇨UN13
UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent sex / No sex ..... A Menopausal ..... B Never menstruated ..... C Hysterectomy (surgical removal of uterus) ..... D Has been trying to get pregnant for 2 years or more without result ..... E Postpartum amenorrheic ..... F Breastfeeding ..... G Too old ..... H Fatalistic ..... I Other (*specify*)_____ X DK ..... Z	

UN12. *Check UN11. "Never menstruated" mentioned?*

☐ Mentioned ⇨ Go to Next Module

☐ Not mentioned ⇨ Continue with UN13

UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago ..... 1 __ __	

Record the answer using the same unit stated by the respondent	Weeks ago ..... 2 __ __ Months ago ..... 3 __ __ Years ago..... 4 __ __ In menopause / Has had hysterectomy ..... 994 Before last birth..... 995 Never menstruated 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE — DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

[A] IF SHE GOES OUT WITHOUT TELLING HIM?

[B] IF SHE NEGLECTS THE CHILDREN?

[C] IF SHE ARGUES WITH HIM?

[D] IF SHE REFUSES TO HAVE SEX WITH HIM?

[E] IF SHE BURNS THE FOOD?

[F] IF SHE COMMITS INFIDELITY

	Yes	No	DK
[A] Goes out without telling	1	2	8
[B] Neglects children	1	2	8
[C] Argues with him	1	2	8
[D] Refuses sex	1	2	8
[E] Burns food	1	2	8
[F] Commits infidelity	1	2	8

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man..... 2 No, not in union 3	 3⇨MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER? *Probe*: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... __ __ DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes ..... 1 No 2	 2⇨MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number..... __ __ DK..... 98	⇨MA7 98⇨MA7
MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived with a man ..... 2 No 3	 3 ⇨Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced ..... 2 Separated..... 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once..... 2	1 ⇨MA8A 2 ⇨MA8B
MA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A MAN AS IF MARRIED? **MA8B**. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of (first) marriage Month..... __ __ DK month..... 98 Year ..... __ __ __ __	 ⇨Next Module

	DK year..... 9998	
MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age in years..... __ __	

MA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?	Age in years..... __ __	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before continuing, ensure privacy.		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse ..... 00 Age in years ..... __ __ First time when started living with (first) husband/partner 95	00⇨Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2 DK / Don't remember 8	
SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record answers in days, weeks or months if less than 12 months (one year).* *If 12 months (one year) or more, answer must be recorded in years.*	Days ago ..... 1 __ __ Weeks ago ..... 2 __ __ Months ago ..... 3 __ __ Years ago ..... 4 __ __	 4⇨SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No 2	
SB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse*	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Other (*specify*) _____ 6	 3⇨SB7 4⇨SB7 6⇨SB7

If 'boyfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'.If 'no', circle'3'.*		

SB6. *Check MA1:*

☐ *Currently married or living with a man (MA1 = 1 or 2) ⇨ Go to SB8*

☐ *Not married / Not in union (MA1 = 3) ⇨ Continue with SB7*

SB7. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... __ __ DK 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	 2⇨SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No 2	
SB.10 WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* *If 'boyfriend' then ask:* WERE YOU LIVING TOGETHER AS IF MARRIED? *If 'yes', circle '2'.If 'no', circle'3'.*	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 **Other (*specify*) 6**	 3⇨SB12 4⇨SB12 6⇨SB12

SB11. *Check MA1 and MA7:*

☐ *Currently married or living with a man (MA1 = 1 or 2)*

AND

Married only once or lived with a man only once (MA7 = 1) ⇨ Go to SB13

☐ *Else ⇨ Continue with SB12*

SB12. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... __ __ DK 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No 2	2⇨SB15
SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of partners ..... __ __	
SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? *If a non-numeric answer is given, probe to get an estimate.* *If number of partners is 95 or more, write '95'.*	Number of lifetime partners..... __ __ DK 98	

HIV AND AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes ..... 1 No 2	 2 ⇨Next Module
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK 8	
HA3. CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS	Yes ..... 1 No ..... 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK 8	
HA5. CAN PEOPLE GET HIV FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK 8	
HA6. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS THEVIRUS?	Yes ..... 1 No ..... 2 DK 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?	Yes ..... 1 No ..... 2 DK 8	

HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	Yes No DK [A] During pregnancy ..... 1 2 8 [B] During delivery ..... 1 2 8 [C] By breastfeeding 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS HIV BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK/Not sure/Depends 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD HIV?	Yes ..... 1 No ..... 2 DK/Not sure/Depends 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH HIV, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 DK/Not sure/Depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 DK/Not sure/Depends 8	

HA13. *Check CM13: Any live birth in last 2 years?*

☐ *No live birth in last 2 years (CM13="No" or blank) ⇨ Go to HA24*

☐ *One or more live births in last 2 years ⇨ Continue with HA14*

HA14. *Check MN1: Received antenatal care?*

☐ *Received antenatal care ⇨ Continue with HA15*

☐ *Did not receive antenatal care ⇨ Go to HA24*

HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (*name*), WERE YOU GIVEN ANY INFORMATION ABOUT

[A] BABIES GETTING THE HIV FROM THEIR MOTHER?

[B] THINGS THAT YOU CAN DO TO PREVENT GETTING HIV??

[C] GETTING TESTED FOR HIV?

WERE YOU:

[D] OFFERED AN HIV TEST?

	Y	N	DK
[A] HIV from mother	1	2	8
[B] Things to do	1	2	8
[C] Tested for HIV	1	2	8
[D] Offered a test	1	2	8

HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV AS PART OF YOUR ANTENATAL CARE?	Yes ..... 1 No ..... 2 DK 8	 2⇨HA19 8⇨HA19
HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	 2⇨HA22 8⇨HA22
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes ..... 1 No ..... 2 DK 8	1⇨HA22 2⇨HA22 8⇨HA22
HA19. *Check MN17: Birth delivered by health professional (A or B)?* ☐ *Yes, birth delivered by health professional (MN17 = A or B)⇨Continue with HA20* ☐ *No, birth not delivered by health professional (MN17 = else)⇨Go to HA24*		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes ..... 1 No 2	 2⇨HA24
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No 2	
HA22. HAVE YOU BEEN TESTED FOR HIV SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes ..... 1 No 2	1⇨HA25

HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR HIV?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	1 ⇨Next Module 2 ⇨Next Module 3 ⇨Next Module
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV?	Yes ..... 1 No 2	2⇨HA27
HA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago ..... 1 12-23 months ago ..... 2 2 or more years ago 3	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No ..... 2 DK 8	1 ⇨Next Module 2 ⇨Next Module 8 ⇨Next Module
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR HIV?	Yes ..... 1 No 2	

MATERNAL MORTALITY — MM

MM1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BROTHERS AND SISTERS, THAT IS, ALL OF THE CHILDREN BORN TO YOUR NATURAL/BIOLOGICAL MOTHER. PLEASE INCLUDE ALL YOUR SISTERS AND BROTHERS WHO ARE LIVING WITH YOU, THOSE WHO ARE LIVING ELSEWHERE, AND THOSE WHO HAVE DIED.

HOW MANY CHILDREN DID YOUR MOTHER GIVE BIRTH TO, INCLUDING YOURSELF?	Number of births to biological mother .....___ ___

MM2.*Check MM1.*

☐*Two or more births*⇨*Continue with MM3*

☐*Only one birth (respondent only)*⇨*Go to Next Module*

MM3. HOW MANY OF THESE BIRTHS DID YOUR MOTHER HAVE BEFORE YOU WERE BORN?	Number of preceding births.....___ ___

	[S1] Oldest	[S2] Next oldest	[S3] Next oldest	[S4] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (NEXT OLDEST) BROTHER OR SISTER?	_____	_____	_____	_____
MM5. IS (*name*) MALE OR FEMALE?	Male.....1 Female 2	Male .....1 Female 2	Male..... 1 Female..... 2	Male .....1 Female 2
MM6. IS (*name*) STILL ALIVE?	Yes .....1 No.....2 ⇨MM8 DK .....8 ⇨[S2]	Yes.....1 No .....2 ⇨MM8 DK.....8 ⇨[S3]	Yes ..... 1 No..... 2 ⇨MM8 DK..... 8 ⇨[S4]	Yes .....1 No.....2 ⇨MM8 DK .....8 ⇨[S5]
MM7. HOW OLD IS (*name*)?	___ ___ ⇨Go to [S2]	___ ___ ⇨Go to [S3]	___ ___ ⇨Go to [S4]	___ ___ ⇨Go to [S5]
MM8. HOW MANY YEARS AGO DID (*name*) DIE?	___ ___	___ ___	___ ___	___ ___

MM9. HOW OLD WAS (*name)* WHEN HE/SHE DIED?	___ ___	___ ___	___ ___	___ ___
MM9A. *Check MM5 and MM9.* *Is the sibling male OR died before age 12?*	☐*Yes.* ⇨ *Go to [S2]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S3]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S4]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S5]* ☐*No.* ⇨ *Continue with MM10*
MM10. WAS (*name*) PREGNANT WHEN SHE DIED?	Yes .....1 ⇨MM13 No.....2	Yes.....1 ⇨MM13 No 2	Yes ..... 1 ⇨MM13 No 2	Yes .....1 ⇨MM13 No.....2

MM11. DID (*name*) DIE DURING CHILDBIRTH?	Yes ..... 1 ⇨MM13 No..... 2	Yes.....1 ⇨MM13 No.....2	Yes..... 1 ⇨MM13 No 2	Yes .....1 ⇨MM13 No.....2
MM12. DID (*name*) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes ..... 1 No..... 2	Yes.....1 No.....2	Yes..... 1 No 2	Yes .....1 No.....2
MM13. HOW MANY LIVE BORN CHILDREN DID (*name*) GIVE BIRTH TO DURING HER LIFETIME?	___ ___	___ ___	___ ___	___ ___
MM14.	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*

	[S5] Next oldest	[S6] Next oldest	[S7] Next oldest	[S8] Next oldest
MM4. WHAT NAME WAS GIVEN TO YOUR OLDEST (*next oldest)* BROTHER OR SISTER?	_____	_____	_____	_____
MM5. IS (*name*) MALE OR FEMALE?	Male ..... 1 Female 2	Male ..... 1 Female 2	Male ..... 1 Female 2	Male ..... 1 Female 2
MM6. IS (*name*) STILL ALIVE?	Yes ..... 1 No ..... 2 ⇨MM8 DK ..... 8 ⇨[S6]	Yes ..... 1 No ..... 2 ⇨MM8 DK ..... 8 ⇨[S7]	Yes ..... 1 No ..... 2 ⇨MM8 DK ..... 8 ⇨[S8]	Yes ..... 1 No ..... 2 ⇨MM8 DK ..... 8 ⇨[S9]
MM7. HOW OLD IS (*name*)?	__ __ ⇨Go to [S6]	__ __ ⇨Go to [S7]	__ __ ⇨Go to [S8]	__ __ ⇨Go to [S9]
MM8. HOW MANY YEARS AGO DID (*name*) DIE	__ __	__ __	__ __	__ __
MM9. HOW OLD WAS (*name)* WHEN HE/SHE DIED?	__ __	__ __	__ __	__ __
MM9A. *Check MM5 and MM9.* *Is the sibling male OR died before age 12?*	☐*Yes.* ⇨ *Go to [S6]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S7]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S8]* ☐*No.* ⇨ *Continue with MM10*	☐*Yes.* ⇨ *Go to [S9]* ☐*No.* ⇨ *Continue with MM10*
MM10. WAS (*name*) PREGNANT WHEN SHE DIED?	Yes ..... 1 ⇨MM13 No 2	Yes ..... 1 ⇨MM13 No 2	Yes ..... 1 ⇨MM13 No 2	Yes ..... 1 ⇨MM13 No 2
MM11. DID (*name*) DIE DURING CHILDBIRTH?	Yes ..... 1 ⇨MM13 No 2	Yes ..... 1 ⇨MM13 No 2	Yes ..... 1 ⇨MM13 No 2	Yes ..... 1 ⇨MM13 No 2

MM12. DID (*name*) DIE WITHIN TWO MONTHS AFTER THE END OF A PREGNANCY OR CHILDBIRTH?	Yes..... 1 No 2	Yes ..... 1 No 2	Yes ..... 1 No..... 2	Yes..... 1 No 2
MM13. HOW MANY LIVE BORN CHILDREN DID (*name*) GIVE BIRTH TO DURING HER LIFETIME?	— —	— —	— —	— —
MM14.	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*	*If no more siblings, go to next module*
				Tick here if additional questionnaire used ☐

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes.....1 No 2	 2⇨TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette .....00 Age .....___ ___	00⇨TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes.....1 No 2	 2⇨TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes .....___ ___	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days .....0 ___ 10 days or more but less than a month.....10 Everyday / Almost every day.....30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS, PIPE OR ROLLED TOBACCO?	Yes.....1 No 2	 2⇨TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes.....1 No 2	 2⇨TA10

TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Cigars ..... A Water pipe ..... B Cigarillos ..... C Pipe ..... D Rolled tobacco ..... E Other (*specify*)_____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Number of days .....0 ___ 10 days or more but less than a month .....10 Everyday / Almost every day 30	
TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes.....1 No 2	2 ⇨TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes.....1 No 2	2 ⇨TA14
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? *Circle all mentioned.*	Chewing tobacco ..... A Snuff ..... B Dip ..... C Other (*specify*)_____ X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?	Number of days .....0 ___ 10 days or more but less than a month 10	

If less than 10 days, record the number of days. *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Everyday / Almost every day.....30	

TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes ..... 1 No 2	2⇨WM11
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER ,CIDER , SPIRIT COOLER; ONE GLASS OF WINE; ONE SHOT/TOT OF SPIRITS (INCLUDING BRANDY, VODKA, WHISKEY, CANE SPIRITS, ETC); ONE LITRE OF OPAQUE BEER. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol ..... 00 Age ..... ___ ___	00⇨WM11
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? *If respondent did not drink, circle "00".* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle "10".* *If "everyday" or "almost every day", circle "30"*	Did not have one drink in last one month.. 00 Number of days ..... 0 ___ 10 days or more but less than a month..... 10 Everyday / Almost every day..... 30	00⇨WM11
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ..... ___ ___	

WM11. *Record end time*.	Hour and minutes .....__ __ : __ __	

WM12.*Check List of Household Members, columns HL7B and HL15.*

Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ *Yes ⇨ Proceed to complete the result of woman's interview (WM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.*

☐ *No ⇨ End the interview with this respondent by thanking her for her cooperation and proceed to complete the result of woman's interview (WM7) on the cover page*

Interviewer's Observations

Team Leader's Observations

Supervisor's Observations

MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2014

UNDER 5 QUESTIONNAIRE

ENGLISH

PROVINCE CODE: ☐ **CLUSTER. NO:** ☐☐☐ **HHOLD NO:** ☐☐☐

UNDER-FIVE CHILD INFORMATION PANEL — UF

This questionnaire is to be administered to all mothers or caretakers (see List of Household Members, column HL15) who care for a child that lives with them and is under the age of 5 years (see List of Household Members, column HL7B).
A separate questionnaire should be used for each eligible child.

UF1. Cluster number: ___ ___ ___	**UF2**. Household number: ___ ___
UF3. Child's name: Name_____	**UF4**. Child's line number: ___ ___
UF5. Mother's/Caretaker's name: Name_____	**UF6**. Mother's/Caretaker's line number: ___ ___
UF7. Interviewer's name and number: Name_____ ___	**UF8**. Day/Month/Year of interview: ___ ___ /___ ___ / 2014

Repeat greeting if not already read to this respondent:

GOOD ……..! MY NAME IS …… AND I AM WORKING FOR THE ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT). WE ARE WORKING ON A NATIONWIDE SURVEY CONCERNED WITH THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (CHILD'S NAME FROM UF3)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **30** *MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.*

If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT (*child's name from UF3*)'S HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT ***30*** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

MAY I START NOW?

- ☐ *Yes, permission is given ⇨ Go to UF12 to record the time and then begin the interview.*
- ☐ *No, permission is not given ⇨ Circle '03' in UF9. Discuss this result with your supervisor*

UF9. Result of interview for children under 5 Codes refer to mother/caretaker.	Completed ..... 01 Not at home ..... 02 Refused ..... 03 Partly completed ..... 04 Incapacitated ..... 05 Other (*specify*) _____ 96

UF10A. Team Leader's name and number: Name_____ __ __	**UF11**. Main data entry clerk's name and number: Name_____ __ __

UF12. *Record start time of interview.*	Hour and minutes..... __ __ : __ __	

AGE		**AG**
AG1.NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF (*name*). ON WHAT DAY, MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day Month and year must be recorded.	Date of birth Day .....__ __ DK day.....98 Month.....__ __ Year ..... 20 __ __	
AG2. HOW OLD IS (*name*)? *Probe*: HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? Record age in completed years. Record '0' if less than 1 year. Compare and correct AG1 and/or AG2 if inconsistent.	Age (in completed years) .....__	

BIRTH REGISTRATION		BR
BR1. DOES (*name*) HAVE A BIRTH CERTIFICATE? *If yes, ask:* MAY I SEE IT?	Yes, seen ..... 1 Yes, not seen ..... 2 No ..... 3 DK 8	1⇨Next Module 2⇨Next Module
BR2. HAS (*name*)'S BIRTH BEEN REGISTERED WITH THE REGISTRAR GENERAL'S OFFICE?	Yes ..... 1 No ..... 2 DK 8	1⇨Next Module
BR3. DO YOU KNOW HOW TO REGISTER (*name*)'S BIRTH?	Yes ..... 1 No 2	

EARLY CHILDHOOD DEVELOPMENT		EC
EC1. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (*name*)?	None .....00 Number of children's books..... …0 __ Ten or more books 10	
EC2. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (*name*) PLAYS WITH WHEN HE/SHE IS AT HOME. DOES HE/SHE PLAY WITH: [A] HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)? [B] TOYS FROM A SHOP OR MANUFACTURED TOYS? [C] HOUSEHOLD OBJECTS (SUCH AS BOWLS OR POTS) OR OBJECTS FOUND OUTSIDE (SUCH AS STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)? If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response	Y N DK [A] Homemade toys ……..1 2 8 [B] Toys from a shop 1 2 8 [C] Household objects or outside objects 1 2 8	
EC3. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN. ON HOW MANY DAYS IN THE PAST WEEK WAS (*name*): [A] LEFT ALONE FOR MORE THAN AN HOUR?	[A] Number of days left alone for more than an hour .....__ [B] Number of days left with other	

[B] LEFT IN THE CARE OF ANOTHER CHILD, THAT IS, SOMEONE LESS THAN 10 YEARS OLD, FOR MORE THAN AN HOUR? If 'none' enter'0'. If 'don't know' enter '8'	child for more than an hour .....__	
EC4. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Go to Next Module* ☐ *Child age 3 or 4 ⇨ Continue with EC5*		
EC5. DOES (*name*) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes .....1 No .....2 DK.....8	

EC7. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER AGE 15 OR OVER ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH (*name*): *If yes, ask:* WHO ENGAGED IN THIS ACTIVITY WITH (*name*)? *Circle all that apply.*		Mother	Father	Other	No one	
[A] READ BOOKS TO OR LOOKED AT PICTURE BOOKS WITH (*name*)?	[A] Read books	A	B	X	Y	
[B] TOLD STORIES/ FOLKTALES TO (*name*)?	[B] Told stories	A	B	X	Y	
[C] SANG SONGS TO (*name*) OR WITH (*name*), INCLUDING LULLABIES?	[C] Sang songs	A	B	X	Y	

[D] TOOK (*name*) OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	[D] Took outside	A	B	X	Y	
[E] PLAYED WITH (*name*)?	[E] Played with	A	B	X	Y	
[F] NAMED, COUNTED, OR DREW THINGS TO OR WITH (*name*)?	[F] Named/counted	A	B	X	Y	

EC8. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF (*name*). CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF (*name*)'S DEVELOPMENT. CAN (*name*) IDENTIFY OR NAME AT LEAST TEN LETTERS OF THE ALPHABET?	Yes ..... 1 No ..... 2 DK..... 8	
EC9. CAN (*name*) READ AT LEAST FOUR SIMPLE, POPULAR WORDS?	Yes ..... 1 No ..... 2 DK..... 8	
EC10. DOES (*name*) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10?	Yes ..... 1 No ..... 2 DK..... 8	
EC11. CAN (*name*) PICK UP A SMALL OBJECT WITH TWO FINGERS, LIKE A STICK OR A STONE FROM THE GROUND?	Yes ..... 1 No ..... 2 DK..... 8	
EC12. IS (*name*) SOMETIMES TOO SICK TO PLAY?	Yes ..... 1 No ..... 2 DK..... 8	
EC13. DOES (*name*) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?	Yes ..... 1 No ..... 2 DK..... 8	
EC14. WHEN GIVEN SOMETHING TO DO, IS (*name*) ABLE TO DO IT INDEPENDENTLY?	Yes ..... 1 No ..... 2 DK..... 8	

EC15. DOES *(name)* GET ALONG WELL WITH OTHER CHILDREN?	Yes ..... 1 No ..... 2 DK..... 8	
EC16. DOES (*name*) KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?	Yes ..... 1 No ..... 2 DK..... 8	
EC17. DOES (*name*) GET DISTRACTED EASILY?	Yes ..... 1 No ..... 2 DK..... 8	

BREASTFEEDING AND DIETARY INTAKE		BD
BD1. *Check AG2: Age of child* ☐ *Child age 0, 1 or 2 ⇨ Continue with BD2* ☐ *Child age 3 or 4 ⇨ Go to IMMUNIZATION MODULE*		
BD2. HAS (*name*) EVER BEEN BREASTFED?	Yes ..... 1 No ..... 2 DK 8	 2⇨BD4 8⇨BD4
BD3. IS (*name*) STILL BEING BREASTFED?	Yes ..... 1 No ..... 2 DK 8	
BD4. YESTERDAY, DURING THE DAY OR NIGHT, DID (*name*) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE?	Yes ..... 1 No ..... 2 DK 8	
BD5. DID (*name*) DRINK ORS (ORAL REHYDRATION SOLUTION) YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	
BD6. DID (*name*) DRINK OR EAT VITAMIN OR MINERAL SUPPLEMENTS OR ANY MEDICINES YESTERDAY, DURING THE DAY OR NIGHT?	Yes ..... 1 No ..... 2 DK 8	

BD7. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) LIQUIDS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS. PLEASE INCLUDE LIQUIDS CONSUMED OUTSIDE OF YOUR HOME. DID (*name*) DRINK (*Name of item*) YESTERDAY DURING THE DAY OR THE NIGHT:		Yes	No	DK	
[A] PLAIN WATER?	[A] Plain water	1	2	8	
[B] JUICE OR JUICE DRINKS?	[B] Juice or juice drinks	1	2	8	
[C] CLEAR BROTH/ CLEAR SOUP?	[C] Clear broth/clear soup	1	2	8	
[D] MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	[D] Milk	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK MILK? *If 7 or more times, record '7'. If unknown, record '8'.*	IF YES: Number of times drank milk ..... __				
[E] INFANT FORMULA?	[E] Infant formula	1	2	8	
If yes: HOW MANY TIMES DID (*name)* DRINK INFANT FORMULA? *If 7 or more times, record '7'. If unknown, record '8'.*	IF YES: Number of times drank infant formula .. __				
[F] ANY OTHER LIQUIDS?	[F] Other liquids (SPECIFY)_____	1	2	8	

BD8. NOW I WOULD LIKE TO ASK YOU ABOUT (OTHER) FOODS THAT (*name*) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. AGAIN, I AM INTERESTED TO KNOW WHETHER (*name*) HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.

PLEASE INCLUDE FOODS CONSUMED OUTSIDE OF YOUR HOME.

DID (*name*) EAT (*Name of food*) YESTERDAY DURING THE DAY OR THE NIGHT:

		Yes	No	DK
[A] YOGHURT?	[A] Yoghurt	1	2	8
If yes: HOW MANY TIMES DID (*name)* DRINK OR EAT YOGHURT?*If 7 or more times, record '7'. If unknown, record '8'.*	*IF YES:* Number of times drank/ate yoghurt ..... __			
[B] ANY CERELAC, PRONUTRO, CEREVITA OR ANY COMMERCIALLY FORTIFIED BABY FOOD?	[B] Commercially fortified foods	1	2	8
[C] SADZA, BREAD, RICE, NOODLES, PORRIDGE, OR OTHER FOODS MADE FROM GRAINS?	[C] Foods made from grains	1	2	8
[D] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	[D] Pumpkin, carrots, squash, etc.	1	2	8
[E] WHITE POTATOES, WHITE YAMS, MANIOC, CASSAVA, OR ANY OTHER FOODS MADE FROM ROOTS?	[E] White potatoes, white yams, manioc, cassava, etc.	1	2	8
[F] ANY DARK GREEN, LEAFY VEGETABLES SUCH AS SPINACH, PUMPKIN OR OKRA LEAVES?	[F] Dark green, leafy vegetables	1	2	8
[G] RIPE MANGOES, PAW PAWS, PAPAYAS?	[G] Ripe mangoes	1	2	8
[H] ANY OTHER FRUITS OR VEGETABLES?	Other fruits or vegetables	1	2	8
[I] LIVER, KIDNEY, HEART OR OTHER ORGAN MEATS?	[I] Liver, kidney, heart or other organ meats	1	2	8
[J] ANY MEAT, SUCH AS BEEF, PORK, LAMB, GOAT, CHICKEN, OR DUCK?	[J] Meat, such as beef, pork, lamb, goat, etc.	1	2	8
[K] EGGS?	[K] Eggs	1	2	8
[L] FRESH OR DRIED FISH OR SHELLFISH?	[L] Fresh or dried fish	1	2	8

[M] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	[M] Foods made from beans, peas, etc.	1	2	8	
[N] CHEESE OR OTHER FOOD MADE FROM MILK?	[N] Cheese or other food made from milk	1	2	8	
[O] ANY OTHER SOLID, SEMI-SOLID, OR SOFT FOOD THAT I HAVE NOT MENTIONED?	[O] Other solid, semi-solid, or soft food (*SPECIFY*)_____	1	2	8	

BD9. *Check BD8 (Categories "A" through "O")*

☐*At least one "Yes" or all "DK"⇨Go to BD11*

☐*Else ⇨ Continue with BD10*

BD10. *Probe to determine whether the child ate any solid, semi-solid or soft foods yesterday during the day or night*

☐*The child did not eat or the respondent does not know⇨Go to Next Module*

☐*The child ate at least one solid, semi-solid or soft food item mentioned by the respondent⇨Go back to BD8 and record food eaten yesterday [A to O].When finished, continue withBD11*

BD11. HOW MANY TIMES DID (*name*) EAT ANY SOLID, SEMI-SOLID OR SOFT FOODS YESTERDAY DURING THE DAY OR NIGHT? *If 7 or more times, record '7'.*	Number of times .....__ DK.....8	

IMMUNIZATION		IM
If an immunization (child health) card is available, copy the dates in IM3 for each type of immunization and Vitamin A recorded on the card. IM6-IM16 will only be asked if a card is not available.		
IM1. DO YOU HAVE A CARD WHERE (*name*)'S VACCINATIONS ARE WRITTEN DOWN? *If yes:* MAY I SEE IT PLEASE?	Yes, seen......1 Yes, not seen......2 No card......3	1⇨IM3 2⇨IM6
IM2. DID YOU EVER HAVE A CHILD HEALTH CARD FOR (*name*)?	Yes......1 No......2	1⇨IM6 2⇨IM6

IM3.

(a) Copy dates for each vaccination from the card.
(b) Write '44' in day column if card shows that vaccination was given but no date recorded.

		Date of Immunization							
		Day		Month		Year			
BCG	**BCG**								
POLIO 1	**OPV1**								
POLIO 2	**OPV2**								
POLIO 3	**OPV3**								
PENTAVALENT 1(DPT-HEP B-HIB 1)	**PENTA 1**								
PENTAVALENT 2 (DPT-HEP B-HIB2)	**PENTA 2**								
PENTAVALENT 3 (DPT-HEP B-HIB3)	**PENTA 3**								
PNEUMOCOCCAL 1									
PNEUMOCOCCAL 2									
PNEUMOCOCCAL 3									
DPT BOOSTER									
DT									

MEASLES (OR MMR)	**MEASLES**									
VITAMIN A (MOST RECENT DOSE)	**VITA1**									
VITAMIN A (SECOND MOST RECENT DOSE)	**VITA2**									

IM4. *Check IM3. Are all vaccines (**BCG to Measles)** recorded?*

☐*Yes ⇨Go to Next Module*

☐*No⇨Continue with IM5*

IM5. IN ADDITION TO WHAT IS RECORDED ON THIS CARD, DID (*name*) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS OR CHILD HEALTH DAYS?

☐*Yes ⇨Go back to IM3 and probe for these vaccinations and write '66' in the corresponding day column for each vaccine mentioned. When finished, Go to Next Module*

☐*No/DK ⇨ Go to Next Module*

IM6. HAS (*name*) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY OR CHILD HEALTH DAY?	Yes.....1 No .....2 DK.....8	2⇨NEXT MODULE 8⇨NEXT MODULE
IM7. HAS (*name*) EVER RECEIVED A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE RIGHT ARM OR SHOULDER THAT USUALLY CAUSES A SCAR?	Yes.....1 No .....2 DK.....8	
IM8. HAS (*name*) EVER RECEIVED ANY VACCINATION DROPS IN THE MOUTH TO PROTECT HIM/HER FROM POLIO?	Yes.....1 No .....2 DK.....8	2⇨IM11A

		8⇨IM11A
IM10. HOW MANY TIMES WAS THE POLIO VACCINE RECEIVED? *If unknown, record '8'.*	Number of times .....__	
IM11A. HAS (*name*) EVER RECEIVED A PENTAVALENT (DTP- HEP B- HIB) VACCINATION – THAT IS, AN INJECTION IN THE RIGHT THIGH TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA, HEPATITIS B OR HAEMOPHILUS INFLUENZAE TYPE B? *Probe by indicating that Pentavalent vaccination is sometimes given at the same time as Polio*	Yes.....1 No .....2 DK.....8	2⇨IM11C 8⇨IM11C
IM11B. HOW MANY TIMES WAS THE PENTAVALENT VACCINE RECEIVED? *If unknown, record '8'.*	Number of times .....__	
IM11C. HAS (*name*) EVER RECEIVED A PNEUMOCOCAL INJECTION THAT IS, A SHOT IN THE LEFT THIGH TO PREVENT HIM/HER FROM GETTING MENINGITIS AND PNEUMONIA?	Yes……... 1 No……... 2 DK…….. 8	2⇨IM11E 8⇨IM11E
IM11D. HOW MANY TIMES WAS THE PNEUMOCOCCAL VACCINE RECEIVED? *If unknown, record '8'.*	Number of times .....__	
IM11E. HAS (*name*) EVER RECEIVED A DPT BOOSTER AT 18 MONTHS?	Yes……... 1 No……... 2 DK…….. 8	

IM11F. HAS (*name*) EVER RECEIVED A DT VACCINE?	Yes……... 1 No……... 2 DK…….	
IM16. HAS (*name*) EVER RECEIVED A MEASLES INJECTION (OR AN MMR) – THAT IS, A SHOT IN THE LEFT ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes.....1 No .....2 DK.....8	
IM16A. *Check AG1if (name) is 6 months and older* ☐*Yes ⇨ Continue with IM16B* ☐*No⇨ Go to Next Module*		
IM16B. HAS (*name*) EVER RECEIVED VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE AT THE AGE OF 6 MONTHS OR OLDER? *Show vitamin A capsule*	Yes.....1 No .....2 DK.....8	2⇨NEXT MODULE 8⇨NEXT MODULE
IM16C. HOW MANY MONTHS AGO DID (*name*) TAKE THE LAST DOSE? *If less than one month record "00"*	Months ago……..__ __ DK..... 8	

CARE OF ILLNESS		CA
CA1. IN THE LAST TWO WEEKS, HAS (*name*) HAD DIARRHOEA?	Yes.....1 No .....2 DK.....8	 2⇨CA6A 8⇨CA6A
CA2. I WOULD LIKE TO KNOW HOW MUCH (*name*) WAS GIVEN TO DRINK DURING THE DIARRHOEA (INCLUDING BREASTMILK). DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO DRINK, ABOUT THE SAME AMOUNT, OR MORE THAN USUAL? *If 'less', probe*: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO DRINK, OR SOMEWHAT LESS?	Much less.....1 Somewhat less .....2 About the same.....3 More.....4 Nothing to drink.....5 DK.....8	
CA3.DURING THE TIME (*name*) HAD DIARRHOEA, WAS HE/SHE GIVEN LESS THAN USUAL TO EAT, ABOUT THE SAME AMOUNT, MORE THAN USUAL, OR NOTHING TO EAT? If 'less', probe: WAS HE/SHE GIVEN MUCH LESS THAN USUAL TO EAT OR SOMEWHAT LESS?	Much less.....1 Somewhat less .....2 About the same.....3 More.....4 Stopped food .....5 Never gave food .....6 DK.....8	
CA3A.DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE DIARRHOEA FROM ANY SOURCE?	Yes.....1 No .....2 DK.....8	 2⇨CA4 8⇨CA4

CA3B.FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (*Name of place*)	Public sector Government Hospital .....A Health centre/clinic .....B Village Health Worker/ City health promoters ..... C Mobile / Outreach clinic..... D Council facility …… _E Other public (*specify*)_____H Private medical sector Private hospital / clinic.....I Private physician ..... J Private pharmacy .....K Other private medical (*specify*) _____ O Other source Relative / Friend .....P Shop ..... Q Traditional practitioner ..... R Religious Leader/faith healer/prophet/priest .....S Mission facility .....T Other (*specify*) _____X	
CA4. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (NAME) GIVEN A FLUID MADE FROM ORS SATCHETS TO DRINK?	Yes ..... 1 No..... 2 DK 8	

CA4A. *Check CA4: ORS*

☐ *Child was given ORS ('Yes' circled in 'A' or 'C' in CA4) ⇨ Continue with CA4B*

☐ *Child was not given ORS ⇨ Go to CA4C*

CA4B. WHERE DID YOU GET THE ORS? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government Hospital ..... 11 Health centre/clinic ..... 12 Village Health Worker/ City health promoters ..... 13 Mobile / Outreach clinic..... 14 Council facility ……..15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic..... 21 Private physician ..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Religious Leader/faith healer/prophet/priest ..... 34 Already had at home ..... 40 Mission facility ..... 41 Other (*specify*) _____ 96	
CA4C. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN [A] ZINC TABLETS?	Y N DK [A] Zinc tablets 1 2 8	

[B] ZINC SYRUP?	[B] Zinc syrup 1 2 8	

CA4D. *Check CA4C: Any zinc?*

☐ *Child given any zinc ('Yes' circled in 'A' or 'B' in CA4C) ⇨ Continue with CA4E*

☐ *Child not given any zinc ⇨ Go to CA4F*

CA4E. WHERE DID YOU GET THE ZINC? *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government Hospital .....11 Health centre/clinic .....12 Village Health Worker/ City health promoters.....13 Mobile / Outreach clinic .....14 Council facility …… 15 Other public (*specify*) _____ 16 Private medical sector Private hospital / clinic .....21 Private physician.....22 Private pharmacy .....23 Mobile clinic .....24 Other private medical (*specify*)_____ 26 Other source Relative / Friend.....31 Shop .....32 Traditional practitioner .....33 Religious Leader/faith healer/prophet/priest .....34 Already had at home 40	

	Mission facility .....41 Other (*specify*) _____ 96	
CA4F. DURING THE TIME (*name*) HAD DIARRHOEA, WAS (*name*) GIVEN SUGAR AND SALT SOLUTION TO DRINK?	Yes.....1 No .....2 DK.....8	
CA5. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?	Yes.....1 No .....2 DK.....8	 2⇨CA6A 8⇨CA6A
CA6.WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE *Record all treatments given. Write brand name(s) of all medicines mentioned.* _____ (Name)	Pill or Syrup Antibiotic ..... A Antimotility/Imodium ..... B Other pill or syrup (Not antibiotic, antimotility or zinc).....G Unknown pill or syrup ..... H Injection Antibiotic .....L Non-antibiotic.....M Unknown injection ..... N Intravenous/drip.....O Home remedy/Herbal medicine.....Q Other (*specify*) _____ X	
CA6A. IN THE LAST TWO WEEKS, HAS (*name*) BEEN ILL WITH A FEVER AT ANY TIME?	Yes.....1 No .....2 DK.....8	 2⇨CA7 8⇨CA7

CA6B. AT ANY TIME DURING THE ILLNESS, DID (*name*) HAVE BLOOD TAKEN FROM HIS/HER FINGER OR HEEL FOR TESTING?	Yes.....1 No .....2 DK.....8	 2⇨CA7 8⇨CA7
CA6C. WERE YOU TOLD THE RESULTS FOR THE FINGER OR HEEL PRICK?	Yes.....1 No .....2 DK.....8	 2⇨CA7 8⇨CA7
CA6D. WHAT WERE THE RESULTS FOR THE FINGER OR HEEL PRICK MALARIA TEST?	Positive (Malarial) .....1 Negative (No Malaria).....2 DK.....8	
CA7. AT ANY TIME IN THE LAST TWO WEEKS, HAS (*name*) HAD AN ILLNESS WITH A COUGH?	Yes.....1 No .....2 DK.....8	 2⇨CA9A 8⇨CA9A
CA8. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, RAPID BREATHS OR HAVE DIFFICULTY BREATHING?	Yes.....1 No .....2 DK.....8	 2⇨CA10 8⇨CA10
CA9. WAS THE FAST OR DIFFICULT BREATHING DUE TO A PROBLEM IN THE CHEST OR A BLOCKED OR RUNNY NOSE?	Problem in chest only .....1 Blocked or runny nose only .....2 Both .....3 Other (*specify*) _____ 6 DK.....8	1⇨ CA10 2⇨ CA10 3⇨ CA10 6⇨ CA10 8⇨ CA10

CA9A. *Check CA6A: Had fever?*

☐ *Child had fever ⇨ Continue with CA10*

☐ *Child did not have fever ⇨ Go to CA14*		
CA10. DID YOU SEEK ANY ADVICE OR TREATMENT FOR THE ILLNESS FROM ANY SOURCE?	Yes.....1 No .....2 DK.....8	 2⇨CA12 8⇨CA12

CA11. FROM WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe:* ANYWHERE ELSE? Circle all providers mentioned, but do NOT prompt with any suggestions. Probe to identify each type of source. If unable to determine if public or private sector, write the name of the place. _____ (Name of place)	Public sector Government Hospital..... A Health centre/clinic ..... B Village Health Worker/ City health promoters ..... C Mobile / Outreach clinic ..... D Council facility …… E Other public (*specify*) _____ H Private medical sector Private hospital / clinic.....I Private physician .....J Private pharmacy ..... K Other private medical (*specify*) _____ O Other source Relative / Friend ..... P Shop .....Q Traditional practitioner ..... R Religious Leader/faith healer/prophet/priest ..... S Mission facility .....T Other (*specify*) _____ X	

CA12.AT ANY TIME DURING THE ILLNESS, WAS (*name*) GIVEN ANY MEDICINE FOR THE ILLNESS?	Yes .....1 No .....2 DK.....8	 2⇨CA14 8⇨CA14
CA13. WHAT MEDICINE WAS (*name*) GIVEN? *Probe:* ANY OTHER MEDICINE ? Circle all medicines given. Write brand name(s) of all medicines mentioned. _____ (Names of medicines)	Anti-malarials: SP / Fansidar..... A Chloroquine ..... B Quinine ..... D Coartemether/ACT ..... E Other anti-malarial (*specify*) _____ H Antibiotics: Pill / Syrup .....I Injection .....J Other medications: Paracetamol/ Panadol /Acetaminophen . P Aspirin.....Q Ibuprofen ..... R Other (*specify*) _____ X DK.....Z	

CA13A. *Check CA13: Antibiotic mentioned (codes I or J)?*

☐*Yes ⇨Continue with CA13B*

☐*No⇨ Go to CA13C*

CA13B. WHERE DID YOU GET THE (*name of medicine from CA13*)? *Probe to identify the type of source.*	Public sector Government Hospital ..... 11 Health centre/clinic ..... 12 Village Health Worker/ City health promoters..... 13	

If unable to determine whether public or private, write the name of the place. _____ *(Name of place)*	Council facility ..... 14 Mobile/ Outreach clinic..... 15 Other public (*specify*)_____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician..... 22 Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend..... 31 Shop ..... 32 Traditional practitioner ..... 33 Religious Leader/faith healer/prophet/priest ..... 34 Already had at home ..... 40 Mission facility ..... 41 Other (*specify*)_____ 96	
CA13C. *Check CA13: Anti-malarial mentioned (codes A - H)?* ☐*Yes ⇨Continue with CA13D* ☐ *No ⇨ Go to CA14*		
CA13D. WHERE DID YOU GET THE *(name of medicine from CA13)?* *Probe to identify the type of source.* *If unable to determine whether public or private, write the name of the place.* _____ *(Name of place)*	Public sector Government Hospital ..... 11 Health centre/clinic ..... 12 Village Health Worker/ City health promoters..... 13 Council facility ..... 14 Mobile / Outreach clinic.....15 Other public (*specify*)_____ 16 Private medical sector Private hospital / clinic ..... 21 Private physician..... 22	

	Private pharmacy ..... 23 Mobile clinic ..... 24 Other private medical (*specify*) _____ 26 Other source Relative / Friend ..... 31 Shop ..... 32 Traditional practitioner ..... 33 Religious Leader/faith healer/prophet/priest ..... 34 Already had at home ..... 40 Mission facility ..... 41 Other (*specify*)_____ 96	
CA13E. HOW LONG AFTER THE FEVER STARTED DID (*name*) FIRST TAKE (*name of anti-malarial from CA13)*? *If multiple anti-malarials mentioned in CA13, name all anti-malarial medicines mentioned.*	Same day ..... 0 Next day ..... 1 2 days after the fever ..... 2 3 days after the fever ..... 3 4 or more days after the fever ..... 4 DK 8	
CA14. Check AG2: Age of child ☐ Child age 0, 1 or 2 ⇨ Continue with CA15 ☐*Child age 3 or 4 ⇨ Go to UF13*		
CA15. THE LAST TIME *(name)* PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine ..... 01 Put / Rinsed into toilet or latrine ..... 02 Put / Rinsed into drain or ditch ..... 03 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06 Other (*specify*)_____ 96 DK 98	

UF13. *Record end time.*	Hour and minutes ..... __ __ __ __	

UF14.*Check List of Household Members, columns HL7B and HL15.*
Is the respondent the mother or caretaker of another child age 0-4 living in this household?

☐ *Yes ⇨Indicate to the respondent that you will need to measure the weight and height of the child later. Go to the next QUESTIONNAIRE FOR CHILDREN UNDER FIVE to be administered to the same respondent*

☐*No ⇨ End the interview with this respondent by thanking her/him for her/his cooperation and tell her/him that you will need to measure the weight and height of the child before you leave the household*

Check to see if there are other woman's, man's or under-5 questionnaires to be administered in this household.

ANTHROPOMETRY		**AN**
After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number in the List of Household Members before recording measurements.		
AN1. *Measurer's name and number:*	Name_____ ___ ___	
AN2. *Result of height/length and weight measurement*	Either or both measured ..... 1 Child not present..... 2 Child or mother/caretaker refused ..... 3 Other (*specify*) _____ 6	 2⇨AN6 3⇨AN6 6⇨AN6
AN3.*Child's weight*	Kilograms (kg)..... __ __ . __ Weight not measured..... 99.9	
AN3A. *Was the child undressed to the minimum?* ☐Yes ☐No, the child could not be undressed to the minimum		
AN3B. *Check age of child in AG2:* ☐Child under 2 years old. ⇨ Measure length (lying down). ☐Child age 2 or more years. ⇨ Measure height (standing up).		
AN4.*Child's length or height*	Length / Height (cm) ..... __ __ __ . __ Length/ Height not measured 999.9	 ⇨AN6
AN4A.*How was the child actually measured? Lying down or standing up?*	Lying down..... 1 Standing up..... 2	
AN5. *Check age of child in AG2:* ☐Child under 6 months old. ⇨ Go to AN6 ☐Child age 6 to 59 months. ⇨Continue with AN5A.		
AN5A.*Check child for bilateral pitting oedema*	Yes..... 1	

Does the child have bilateral pitting oedema?	No 2	⇨AN6
AN5B. *What is the grade of the oedema?*	Mild-both feet (below the ankles) (+) ..... 1 Moderate-both feet and legs(below the knees) (++) ..... 2 Generalised, including the face(+++) 3	

AN6. Is there another child in the household who is eligible for measurement?

☐ Yes⇨ Record measurements for next child.
☐ No ⇨Check if there are any other individual questionnaires to be completed in the household.

Interviewer's Observations

Team Leader's Observations

Supervisor's Observations

Measurer's Observations