

Key Findings on Gender

Data from the 2010 Tanzania
Demographic and Health
Survey (TDHS)



The 2010 Tanzania Demographic and Health Survey (TDHS) was carried out by the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician, Zanzibar (OCGS) in collaboration with the Ministry of Health and Social Welfare (MoHSW). ICF Macro provided technical assistance for the survey through the USAID-funded MEASURE DHS programme, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. Funding for the survey was provided by the Tanzanian government through the MoHSW, Tanzania Food and Nutrition Centre (TFNC), Department for International Development (DFID), World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), One UN Fund (Joint Programme 2, and Joint Programme 5 – through MoHSW, Zanzibar), and Irish Aid. The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organisations.

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(Front Cover Photo Courtesy of the EngenderHealth CHAMPION project.)



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About the Survey

The 2010 Tanzania Demographic and Health Survey (TDHS) is designed to provide data for monitoring the population and health situation in Tanzania. The 2010 TDHS is the eighth in a series of national surveys conducted in Tanzania. The objective of the survey was to provide up-to-date information on fertility, family planning, childhood mortality, nutrition, maternal and child health, domestic violence, malaria, adult mortality, and HIV/AIDS-related knowledge and behaviour.

Who participated in the survey?

A nationally representative sample of 10,139 women age 15–49 in all selected households and 2,527 men age 15–49 in one-third of selected households were interviewed. The response rate for women was 96% and for men it was 91%. This sample provides estimates for Tanzania as a whole, for urban and rural areas in the Mainland, for Zanzibar, and for each of the seven zones, and, for most indicators, an estimate for each of the 26 regions. This booklet focuses on gender in Tanzania—most data come from questions that were asked of all women and men. The 2010 TDHS also included questions about gender-based violence for women. Only one eligible woman per household was asked about her experiences with violence; data on gender-based violence is based on a sample size of 7,048 women.

Introduction

Gender equality and women's empowerment are essential to the health of nations, as well as social and economic development. The promotion of gender equality and empowerment of women is one of the eight Millennium Development Goals, which underscores the importance of women's empowerment as essential to international development efforts. Lasting progress cannot be made in improving the health and wellbeing of individuals and nations while gender inequality exists in society.

Comparing women and men on several key indicators—like educational attainment, and literacy—allows for assessment of gender equality in Tanzania. Examining women's earnings, fertility, and participation in decisionmaking provides a picture of the extent of women's empowerment. Finally, considering data on domestic violence helps to assess women's status throughout Tanzania.

When possible, this booklet presents data from the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS), the 2004-05 Tanzania Demographic and Health Survey (TDHS), and the 2007-08 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) to show trends and changes over time in women's status.

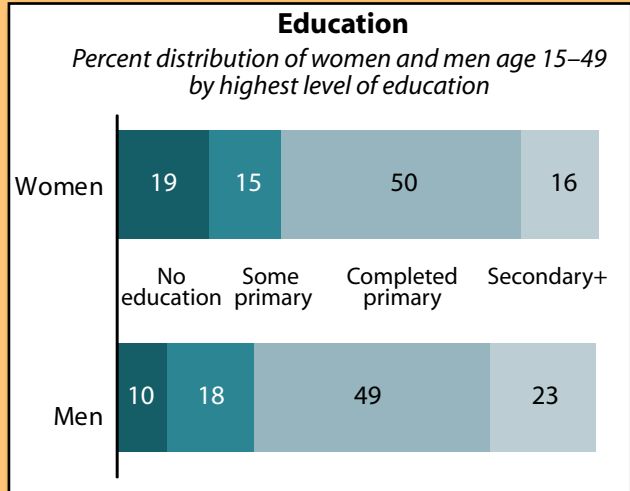
Key Messages

- **In Tanzania, women are disadvantaged compared to men in terms of both education and earnings, factors that greatly influence the health of women and children.** Overall, 19% of women have received no formal education, almost twice the proportion of men (10%). Likewise, women that were employed in the 12 months before the survey were almost twice as likely as men to report not being paid—either in cash or in-kind—for their work.
- **Age at first marriage for women is much lower than for men, which limits women’s educational and earning potential.** Tanzanian women get married at about 19 years of age, more than five years earlier than Tanzanian men. However, age at first marriage is markedly higher among more educated women.
- **Overall, married women have less control over their own lives than married men do.** Two out of five or 40% of married women do not participate in decisionmaking regarding their own healthcare. Almost half of ever-married women report that their husbands or partners insist on knowing where they are at all times.
- **Violence against women is a common practice in Tanzania.** Among Tanzanian women, 39% have ever experienced physical violence since age 15, and one in five women has ever experienced sexual violence. Spousal violence is even higher, with 44% of ever-married women reporting that they have ever experienced physical or sexual violence committed by their husband or partner. Spousal violence is highest among women who report that their husband exhibits controlling behaviours—more than three-quarters of women who report that their husband exhibits five or more controlling behaviours have ever experienced spousal physical or sexual violence. A higher proportion of women (54%) believe that wife-beating is justified for any of the specified reasons, compared to 38% of men.
- **Men’s sexual and reproductive health practices are putting their health and the health of their families at risk.** On average, men have many more sexual partners over their lifetime than women—6.7 compared to 2.3. One in five men reported having two or more sexual partners in the past 12 months, compared to just 4% of women.
- **Men are less likely than women to get tested for HIV.** Women are more likely than men to know about prevention of mother-to-child transmission of HIV. Women are more likely to have ever been tested for HIV; 55% of women have ever been tested for HIV and received their results, compared to 40% of men.

Educational Attainment

More education is associated with better health of women and children.

- 19% of Tanzanian women age 15-49 have received no formal education, almost twice the proportion of Tanzanian men (10%).
- The disparity between women and men's education levels is greatest among older women and men:



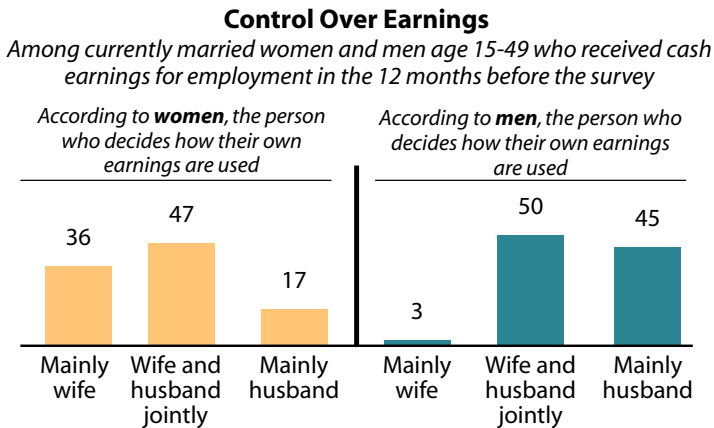
- 36% of women age 45-49 have received no formal education versus just 7% of men age 45-49.
- Younger women and men are more likely than their older counterparts to have secondary or higher education. Moreover, the difference between younger men and women's educational attainment is small:
 - 35% of women age 15-19 have secondary or higher education versus 39% of men age 15-19.
- Smaller differences in education levels between younger women and men indicate that gender equality in education is improving in Tanzania.
- Fewer women (72%) than men are literate (82%) in Tanzania.
- Similar to educational attainment, the disparity in literacy rates between younger women and men is smaller than the disparity between their older counterparts:
 - At age 15-19, 84% of women and 85% of men are literate versus 60% of women and 85% of men age 45-49.

Earnings

The 2010 TDHS found that 9 in 10 currently married women age 15-49 are employed, compared to almost all men. These women and men were asked about the earnings they receive from their employment.

- Employed women were almost twice as likely as employed men to report not being paid (either in cash or in-kind) for their work (53% and 28%, respectively). Men were more likely to report being paid entirely in cash.
- Among women who received cash earnings, nearly three-quarters (73%) report earning less than their husband or partner.
- Just 13% of women said that they earn the same amount as their husband or partner.

Currently married women and men who received cash earnings for employment in the 12 months before the survey were asked who decides how their earnings are used:

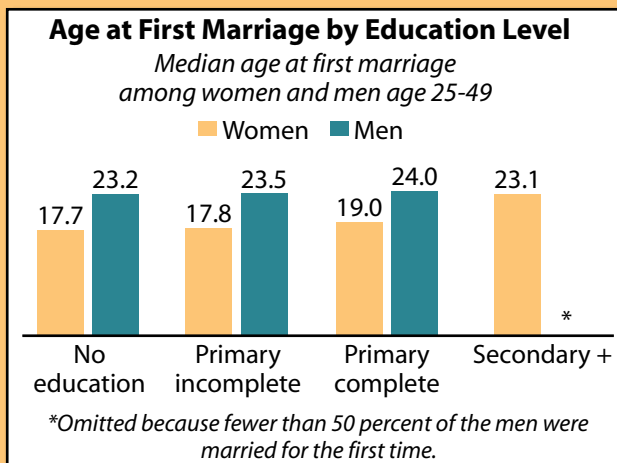


- 47% of women and half of men report that they decide jointly with their spouses/partners how their own earnings will be used.
- 36% of women report that they decide alone how their earnings will be used versus 45% of men.
- 17% of women report that the decision on how to use their earnings is made by their husbands/partners, while 3% of men report that their wives alone decide how their earnings will be used.

Age at First Marriage

- Tanzanian women get married at about 19 years of age, more than five years earlier than Tanzanian men.
- Age at first marriage has been increasing over time among women, while it has decreased among men:
 - The median age at first marriage among women age 20-24 is 19.2 years versus 18.5 years among women age 45-49.
 - In contrast, the median age at first marriage among men age 25-29 is 23.8 years versus 24.9 years among men age 45-49.
- Among women, age at first marriage increases markedly with education level:

Women with no education get married, on average, at age 17.7 years versus 23.1 years for women with secondary or higher education.

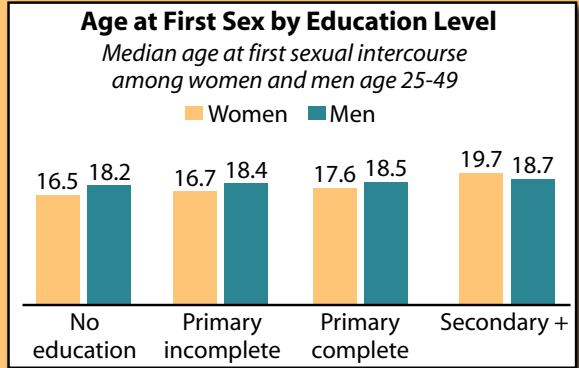


- In contrast to women, fewer than half of men age 25-49 with secondary or higher education were married, which indicates a relationship between age at first marriage and level of education similar to what is seen among women.

Sexual Activity

- On average, women begin having sex between the ages of 17 and 18, while men begin having sex between the ages of 18 and 19.

- The median age at first sexual intercourse among both men and women is lower than the median age at first marriage, which suggests that the majority of Tanzanians begin having sexual intercourse before marriage.



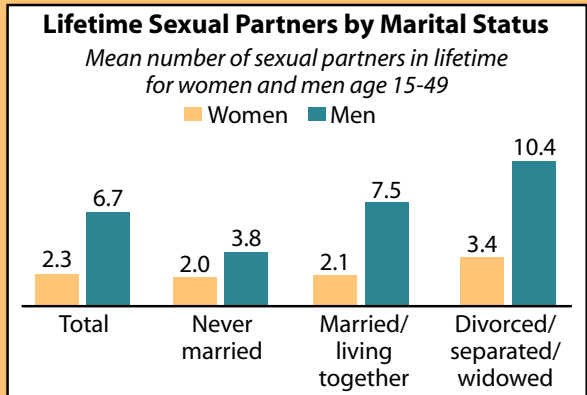
- The difference between median age at first sexual intercourse and median age at first marriage is more pronounced for men (difference of 5.8 years) than for women (difference of 1.4 years).

- Women with secondary or higher education begin having sexual intercourse, on average, three years later than women with no education.

- Tanzanian women have an average of 2.3 sexual partners versus an average of 6.7 partners for Tanzanian men.

- Women and men living in Zanzibar have fewer sexual partners than women and men living in Mainland Tanzania.

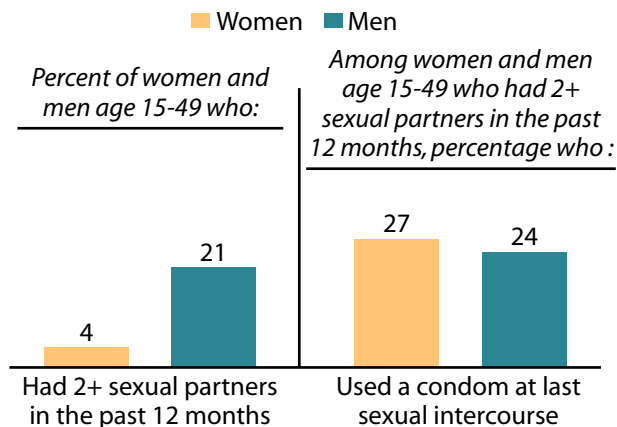
- Divorced, separated, or widowed women and men report the highest number of lifetime sexual partners.



Sexual Activity

Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted diseases. Four percent of women and 21% of men reported having two or more sexual partners in the past 12 months. Women age 20-24 and men age 25-29 were most likely to report having multiple sexual partners in the past 12 months. Zanzibar had the smallest proportion of women and men reporting multiple sexual partnerships; less than 1% of women living in Zanzibar had two or more sexual partnerships in the past 12 months, compared to 4% of women in Mainland Tanzania. Multiple sexual partnerships among men living in Mainland Tanzania are over twice as common as among men living in Zanzibar (21% and 10%, respectively).

Multiple Sexual Partners and Condom Use



Women and men who reported having two or more sexual partners in the past 12 months were asked about condom use during their last sexual intercourse; 27% of women and 24% of men reported using a condom at last sexual intercourse. For women, condom use was highest among divorced, separated, or widowed women (49%) who had multiple sexual partners in the past 12 months. In contrast for men, condom use was highest among never-married men (53%) who had multiple sexual partners in the past 12 months. Condom use was lowest among women and men with no education.

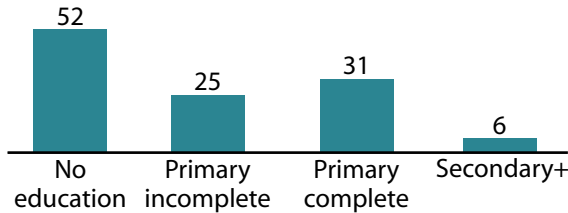
Fertility

Adolescent childbearing has many negative health, social, and demographic consequences. Women who start having children young often do not complete secondary school, limiting their future employment possibilities and other life choices. Additionally, early childbearing often results in larger families and reduced economic circumstances.

- Nationwide, 23% of girls age 15-19 have either already had a live birth or are pregnant with their first child.
- Women in this age group with secondary or higher education are least likely to have begun childbearing.

Teenage Motherhood by Education Level

Percent of young women age 15-19 who are pregnant or already mothers



Currently married Tanzanian women and men have the same ideal family size—about five children. However, more women than men want to limit childbearing.

- Three in 10 currently married women say they want no more children versus 23% of currently married men.
- For both men and women, the desire to limit childbearing is higher in Mainland Tanzania than in Zanzibar. The difference is particularly dramatic among men:
 - Just 6% of currently married men living in Zanzibar want no more children versus 23% of men living in Mainland Tanzania.

HIV and AIDS

Women and men in Tanzania have similar levels of knowledge about the prevention of HIV:

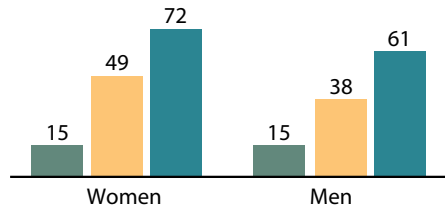
- 71% of women and 70% of men know that using condoms and limiting sexual intercourse to one uninfected partner can reduce the risk of contracting HIV.
- 48% of women and 46% of men have comprehensive knowledge of HIV, which means knowing both HIV prevention methods mentioned above, knowing that a healthy looking person can have HIV, and rejecting the two most common local misconceptions about HIV and AIDS.

Women are more likely than men to know about prevention of mother-to-child transmission (MTCT) of HIV; 72% of women know that HIV can be transmitted by breastfeeding and the risk of MTCT can be reduced by the mother taking special drugs during pregnancy, compared to 61% of men. Both women and men's knowledge of prevention of mother-to-child transmission has increased dramatically over the past seven years.

Trends in Knowledge of Mother-to-Child Transmission

Percent who know that HIV can be transmitted by breastfeeding and that the risk can be reduced by mother taking special drugs during pregnancy

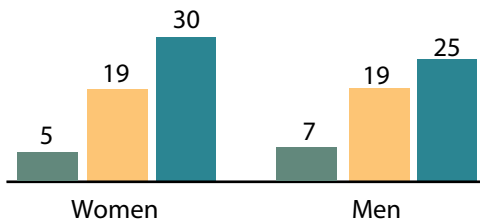
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Trends in HIV Testing

Percent of women and men age 15-49 who were tested and received results in the 12 months before the survey

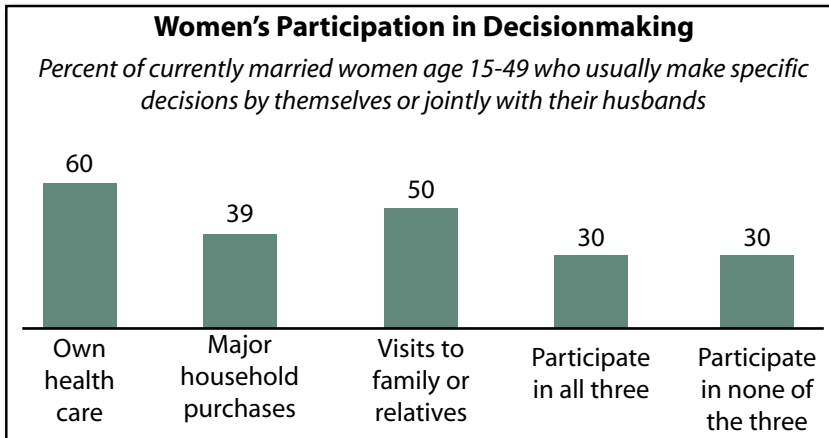
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HIV testing is more common among women than men; 55% of women have ever been tested for HIV and received their results, compared to 40% of men. Women are also more likely than men to have had an HIV test and received the results in the 12 months before the survey (30% and 25%, respectively).

Women's Participation in Decisionmaking

The 2010 TDHS asked currently married women about their participation in three types of household decisions: her own health care, making large household purchases and visits to family or relatives:



- 60% of women report making decisions regarding their own health care alone or jointly with their husbands.
- 39% of women participate in decisions regarding major household purchases.
- Just 30% of women report participating in all three household decisions, while an equal percentage say they do not participate in any of the three.
- Participation in decisionmaking varies dramatically by region; just 8% of women in Mara say they participate in all three household decisions, compared to 64% of women in Kilimanjaro.
- Older women are more likely than younger women to report participating in all three household decisions.
- Women with secondary or higher education are most likely to report participating in all three household decisions.

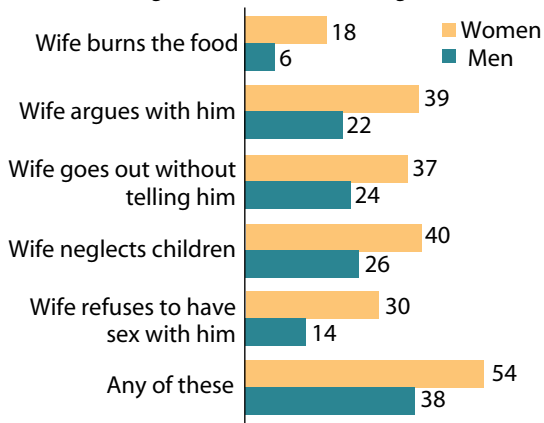
Attitude Towards Wife Beating

Violence against women has serious consequences for their mental and physical well-being, including their reproductive and sexual health. Widespread acceptance of violence by a husband against his wife signifies a lower status of women.

The 2010 TDHS asked female and male respondents if they think a husband is justified in beating his wife under a series of circumstances: wife burns the food, wife argues with him, wife goes out without telling him, wife neglects the children, and wife refuses to have sex with him.

Attitude Towards Wife Beating

Percent of all women and men age 15-49 who believe that a husband is justified in beating his wife for the following reasons:



- Over half (54%) of women and 38% of men nationwide think that a husband is justified in beating his wife for at least one of the specified reasons.
- Attitudes towards wife beating vary substantially by region and among women and men:
 - 9% of women in Pemba North believe that a husband is justified in beating his wife for at least one of the specified reasons versus 80% of women in Kagera.
 - 4% of men in Unguja South report that a husband is justified in beating his wife for at least one of the specified reasons versus 63% of men in Mara and Kigoma regions.

Indices of Women's Empowerment

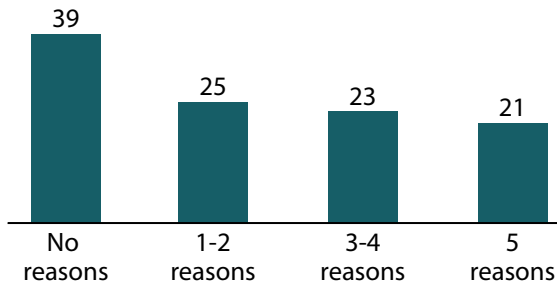
Two women's empowerment indices were created based on data from the 2010 TDHS: women's participation in decisionmaking and women's attitude towards wife beating. The women's participation in decisionmaking index ranges from 0 to 3 and corresponds with the number of decisions which women make alone or jointly with their husband/partner.

This index reflects the degree of decisionmaking control that women are able to exercise in areas that affect their own lives and environments. A high score on this index indicates a high level of women's empowerment. The women's attitude towards wife beating index ranges from 0 to 5 and corresponds with the number of reasons for which the respondent feels that a husband is justified in beating his wife. A low score on this index is interpreted as reflecting a greater sense of self and a higher status of women.

The graph below shows the relationship between these two indices. As expected, currently married women who do not agree with any reasons for wife beating are more likely to participate in all three household decisions (39%) than women who agree with multiple reasons for wife beating (21% for those who agree with all five reasons).

Attitudes Towards Wife Beating among Women Who Participate in All Decisions

Percent of currently married women age 15-49 who report participating in all three decisions by the number of reasons for which they believe wife beating is justified*



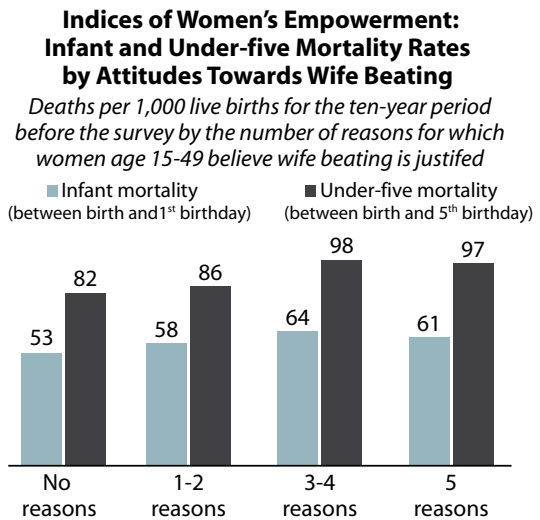
**Three household decisions are: her own health care, major household purchases, and visits to family or relatives.*

Indices of Women's Empowerment and Health

Different health behaviours and outcomes vary by indices of women's empowerment. There is a positive association between women's participation in decisionmaking and use of contraception; currently married women who participate in all three household decisions are more likely to use a modern method of contraception than women who do not participate in any household decisions (33% and 21%, respectively). Similarly, women who participate in more household decisions desire fewer children and are less likely to report an unmet need for family planning than women who do not participate in household decisions.

Attitudes towards wife beating are related not only to a woman's reproductive health, but also to the health of her children:

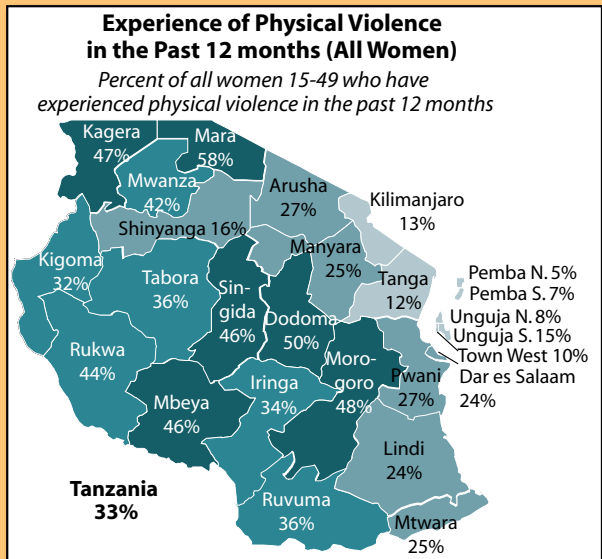
- Women who do not agree with wife beating are more likely to receive delivery assistance from a health professional (61%) than women who agree with multiple reasons for wife beating (47% for those who agree with five reasons). Delivery assistance from a health professional reduces the risk of death or serious illness of the mother and/or the newborn baby.
- Women who do not agree with wife beating are most likely to receive postnatal care from a health professional within two days of delivery, the period when the majority of maternal and neonatal deaths occur.
- Children born to mothers who disagree with wife beating are more likely to survive childhood; under-five mortality among children born to women who do not agree with wife beating is 82 deaths per 1,000 live births, compared to 97-98 deaths per 1,000 live births for children born to women who agree with 3-5 reasons for wife beating.



Experience of Physical Violence

- 39% of women have ever experienced violence since age 15. Women’s experience of violence varies by region:
 - 6% of women living in Pemba North report ever experiencing physical violence since age 15 versus 71% of women living in Dodoma.

- One-third of women report experiencing physical violence in the past 12 months.
 - The proportion of women who experienced violence in the past 12 months is lowest in Pemba North (5%) and highest in Mara (58%).



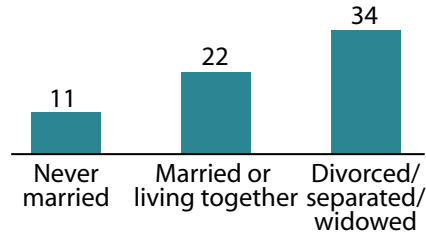
- 9% of all women who have ever been pregnant report ever experiencing violence during pregnancy.
- Women employed in the 12 months before the survey were more likely than unemployed women to have experienced physical violence in the 12 months before the survey.
- Divorced, separated, or widowed women are most likely to have ever experienced physical violence since age 15 and to have experienced physical violence in the 12 months before the survey.
- Women with secondary or higher education are less likely than those with less education to have experienced physical violence.

Experience of Sexual Violence

Two in 10 Tanzanian women have ever experienced sexual violence. This figure includes women whose sexual initiation was forced against their will, which 1 in 10 women report. Women who are divorced, separated, or widowed are more likely to have ever experienced sexual violence (34%) than women who are currently married (22%) or have never been married (11%). Experience of sexual violence varies by region, from 4% of women in Pemba North to 33% of women in Mara.

Sexual Violence by Marital Status

Percent of all women age 15-49 who have ever experienced sexual violence (includes those whose sexual initiation was forced against their will)



Women employed in the 12 months before the survey were more likely than unemployed women to have ever experienced sexual violence. There is almost no difference in the experience of sexual violence by residence in urban or rural areas. There is no clear pattern between experience of sexual violence and women's level of education or household wealth.

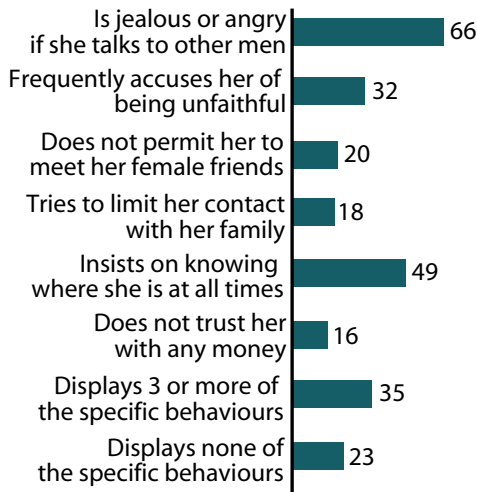
In the majority of cases, sexual violence is perpetrated by individuals with close personal relations to the woman, either their current husband or partner, former husband or partner, or current or former boyfriend. Women who have never been married report that the main perpetrators of sexual violence are their friends/acquaintances or current or former boyfriends.

Degree of Marital Control

The 2010 TDHS asked ever-married women if their husband or partner ever demonstrates specific types of controlling behaviours.

Degree of Marital Control Exercised by Husands

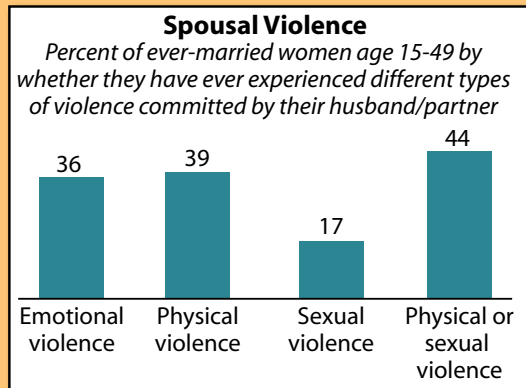
Percent of ever-married women age 15-49 whose husband/partner demonstrates specific types of controlling behaviours:



- Two-thirds of ever-married women report that their husband/partner is jealous or angry if she talks to other men.
- Nearly half (49%) of women report that their husband/partner insists on knowing where she is at all times.
- 35% of ever-married women say that their husband/partner displays three or more of the specific behaviours.
- Degree of marital control varies by region; 7% of women in Pemba North report that their husband/partner displays three or more of the specific behaviours, compared to 53% of women in Morogoro.
- There is no clear pattern between degree of marital control exercised by husbands and women's level of education or household wealth.

Spousal Violence

- 44% of ever-married women report that they have ever experienced physical or sexual violence committed by their husband/partner.
- 36% of ever-married women report having experienced emotional violence committed by their husband/partner.
- Women living in Mainland Tanzania are five times more likely to have experienced spousal physical or sexual violence (45%) than women living in Zanzibar (9%).
- Spousal violence varies by region in Mainland Tanzania:
 - 16% of ever-married women in Tanga who have ever experienced physical or sexual violence committed by their husband/partner versus 72% of ever-married women in Mara.
- There is no clear pattern between spousal violence and women's education level or household wealth.
- Women who report that their father beat their mother are almost twice as likely to have experienced physical or sexual violence committed by their husband/partner (58%) than women who report that their father did not beat their mother (32%).
- Although women whose husbands/partners get drunk very often have the highest level of spousal physical or sexual violence (77%), the level of violence among women whose husbands/partners do not consume alcohol is also high (33%).



Spousal Violence

Among ever-married women who report ever experiencing spousal physical or sexual violence, 85% experienced violence in the past 12 months. Three in 10 women report that they often experienced spousal physical or sexual violence in the past 12 months.

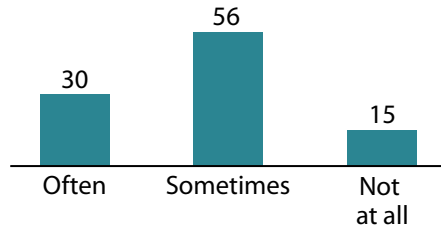
Women living in rural areas are slightly more likely than women living in urban areas to report experiencing spousal physical or sexual violence in the past 12 months. Experience of spousal physical or sexual violence in the past 12 months increases with education level; 83% of women with no education report experiencing spousal physical or sexual violence in the past 12 months, compared to 93% of women with secondary or higher educations. There is no clear pattern between experience of spousal physical or sexual violence in the past 12 months and household wealth.

Ever-married women who report ever experiencing spousal physical or sexual violence were asked about injuries resulting from the violence they experienced.

- 58% of women had cuts, bruises, or aches.
- 10% of women had eye injuries, sprains, dislocations, or burns.
- 11% of women had deep wounds, broken bones, broken teeth, or any other serious injury.
- Overall, 60% of women who have ever experienced physical or sexual spousal violence reported at least one type of injury.

Frequency of Spousal Violence

Among ever-married women age 15-49 (excluding widows) who have ever experienced spousal violence, frequency of physical or sexual violence by their husband/partner in the past 12 months



Female Genital Cutting

- Most women (82%) in Tanzania have heard of female genital cutting, also known as female genital cutting.

- Overall, 15% of women are cut.

- Female genital cutting is most common in Dodoma and Manyara regions, where more than 60% of women are cut.

- Among women who are cut, the majority were cut either before their first birthday or after age 13.

- Female genital cutting is most commonly performed by a traditional circumciser.

- The prevalence of female genital cutting has not changed since the 2004-05 TDHS. However, older women are more likely to be cut than are younger women, which is an indication that the practice of female genital cutting is declining.

- More than 9 in 10 women in Tanzania believe that the practice should be stopped.

