

# Tanzania - Tanzania Demographic and Health Survey 2015-2016

**National Bureau of Statistics, Office of Chief Government Statistician- Zanzibar**

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## Identification

### SURVEY ID NUMBER

TZA-NBS-2015-2016v01

### TITLE

Tanzania Demographic and Health Survey 2015-2016

### COUNTRY

Name	Country code
Tanzania	TZA

### STUDY TYPE

Demographic and Health Survey [hh/dhs]

### SERIES INFORMATION

Tanzania Demographic and Health Survey 2015-2016 is the ninth round survey to be conducted in Tanzania, it is the latest Health survey to be conducted in Tanzania, The first one was the 1991-92 TDHS, which was followed by the Tanzania Knowledge, Attitudes, and Practices Survey (TKAPS) in 1994, the 1996 TDHS, the 1999 Tanzania Reproductive and Child Health Survey (TRCHS), the 2003-04 Tanzania HIV/AIDS Indicator Survey (THIS) , the Tanzania Demographic and Health Survey 2004-2005, the 2007-08 Tanzania HIV/AIDS and Malaria (THMIS) Indicator Survey (THIS) and Tanzania Demographic and Health Survey 2010.

### ABSTRACT

2015-16 TDHS-MIS provides up-to-date information on fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, malaria, and other health-related issues.

It is designed to provide estimates at the national level, for urban and rural areas for the country as a whole and the mainland, at the zonal level, and for some, but not all indicators, estimates at the regional level

Sampling Frame: 2012 Tanzania Population and Housing Census

First Stage: 608 clusters selected, Second Stage: 22 households selected from each cluster. In total, 13,376 households selected.

Selected households were visited and interviewed; all women age 15-49 in all of the selected households. Men age 15-49 in one-third of the selected households were interviewed

Four Questionnaires were used: Household Questionnaire, Woman's Questionnaire, Man's Questionnaire, Biomarker Questionnaire

### Findings :

61% of households have access to an improved source of drinking water.

19% of households have an improved sanitation facility; 10% of households have no sanitation facility.

23% of households have electricity.

15% of women and 8% of men have never attended school.

72% of women and 88% of men worked in the past 7 days.

Childhood mortality has decreased over the past two decades. Current infant mortality rate is 43 deaths per 1,000 live births and under-5 mortality rate is 67 deaths per 1,000 live births.

Childhood mortality is generally higher among children of less educated mothers and those in urban Mainland areas.

Childhood mortality is much higher among children born less than 2 years after a previous birth.

Maternal mortality ratio is 556 deaths per 100,000 live births.

Children are breastfed for a median of 20.0 months.

Children under 6 months are exclusively breastfed for 3.0 months.

59% of children under 6 months are exclusively breastfed.

21% of pregnant women took iron supplements for 90+ days as recommended.

34% of children under 5 are stunted (too short for their age).

58% of children under 5 and 45% of women age 15-49 are anaemic.

28% of women are overweight or obese.

66% of households own at least one ITN.

56% of the household population has access to an ITN.

49% of household members, and 54% of children under 5 and pregnant women slept under an ITN the night before the survey.

85% of children under 5 with fever in the 2 weeks before the survey who took an antimalarial took ACT.

5% of children age 6-59 months have low haemoglobin.

14% of children age 6-59 months tested positive for malaria by RDT.

84% of married woman and more than 99% of married men were employed in the year before the survey.

58% of women and 40% of men believe a husband is justified in beating his wife for at least one reason.

10% of women age 15-49 are circumcised.

42% of ever-married women have suffered from spousal violence, whether physical or sexual, and 30% did so within the past year.

#### KIND OF DATA

Sample survey data [ssd]

#### UNIT OF ANALYSIS

Household and Individual( Woman and Men)

## Version

#### VERSION DESCRIPTION

Version 1.0 (Public use file for web dissemination)

#### VERSION DATE

2016-12

## Scope

#### NOTES

- Household Questionnaire: Lists usual members and visitors , Basic characteristics(age, sex, education, etc), Education, parents' survival status of children, Housing characteristics and Identify women and men eligible for individual interview

-Woman's Questionnaire; Background characteristics (age, education, media exposure, etc.)

Birth history and childhood mortality, Knowledge and use of family planning methods, Fertility preferences, Antenatal, delivery and postnatal care, Breastfeeding and infant feeding practices, Vaccinations and childhood illnesses, Marriage and sexual activity, Women's work and husband's background characteristics, Adult mortality, including maternal mortality, Malaria, Female Genital Cutting and Domestic violence.

-Man's Questionnaire: Background characteristics (age, religion, education, literacy, etc.), Marriage and sexual activity, Fertility preferences, Husband's characteristics and women's employment activity, Other adult health issues.

- Biomarkers: Height and weight measurements(Children under 5, Women age 15-49), Anaemia testing (Children age 6-59 months, Women age 15-49), Malaria testing (Children age 6-59 months), Urine sample(Women age 15-49)

#### TOPICS

Topic	Vocabulary
HEALTH [8]	cessda
DEMOGRAPHY AND POPULATION [14]	cessda

#### KEYWORDS

Keyword
HEALTH
Demographic and Health Survey
DHS

AFYA
Malaria Indicator Survey
TDHS
MIS
2015

## Coverage

### GEOGRAPHIC COVERAGE

Tanzania Mainland and Zanzibar

### UNIVERSE

The survey covered the national population aged 15-49 years

## Producers and sponsors

### PRIMARY INVESTIGATORS

Name	Affiliation
National Bureau of Statistics	NBS
Office of Chief Government Statistician- Zanzibar	OCGS

### PRODUCERS

Name	Role
Ministry of Health, Community Development, Gender, Elderly and Children, Tanzania Mainland	Technical assistance
Ministry of Health, Zanzibar	Technical assistance
ICF Macro	Technical assistance
Tanzania Food and nutrition Centre	Technical assistance
National Malaria Control Program	Technical assistance
National Institute for Medical Research	Technical assistance
Zanzibar Malaria Elimination Programme	Technical assistance
Ifakara Health Institute	Technical assistance

### FUNDING AGENCY/SPONSOR

Name	Abbreviation	Role
The Government of the United Republic of Tanzania	TZA	Financial support
Global Affairs Canada		Financial support
United States Agency for International Development	USAID	Financial support
Irish Aid		Financial support
United Nations Population Fund	UNFPA	Financial support
United Nations Children's Fund	UNICEF	Financial support

### OTHER IDENTIFICATIONS/ACKNOWLEDGMENTS

Name	Affiliation	Role
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The nurses	the Ministry responsible for Health Tanzania	Interviewers
NBS and OCGS staff	NBS and OCGS	Field Supervisors, Field and Office editors
Drivers	NBS and OCGS	teams drivers

## Sampling

### SAMPLING PROCEDURE

Sampling Frame: 2012 Tanzania Population and Housing Census

First Stage: 608 clusters selected

Second Stage: 22 households selected from each cluster. In total, 13,376 households selected.

Selected households were visited and interviewed; all women age 15-49 in all of the selected households. Men age 15-49 in one-third of the selected households were interviewed.

### RESPONSE RATE

Household Interviews: 98%

Interviews with Women age 15-49: 97%

Interviews with Men age 15-49: 92%

## Data Collection

### DATES OF DATA COLLECTION

Start	End
2015-09-22	2016-02-14

### DATA COLLECTION MODE

Face-to-face [f2f]

### SUPERVISION

Total of 16 teams: each with 1 team supervisor, 4 female interviewers, 1 male interviewer, and 1 field editor

134 people were involved and serve as supervisors, field editors, male and female interviewers, quality control personnel, and reserves. As in the previous surveys, the Ministry of Health was requested to secure the service of trained nurses to work as field staff. They all participated in the main interviewer training, which began on July 20, 2015 to August 21, 2015 in Moshi. Staff from the NBS and invited experts led the training, which was conducted mainly in Kiswahili and included lectures, presentations, practical demonstrations, and practice interviewing in small groups. The training included field work practices. The participants also received training on height and weight measurements, Anaemia testing, Malaria testing, Urine sample and Salt testing. Experts from the Tanzanian Food and Nutrition Centre and the Ifakara Health Institute led those training sessions. A series of lectures was also held specifically for the group comprising supervisors, field editors, quality control personnel, and field coordinators.

### DATA COLLECTION NOTES

Pretest: Training from May 20 to June 18, 2015, with 16 individuals in 2 rural and 2 urban enumeration areas

Main Survey Training: Training from July 20 to August 21, 2015, with 134 fieldworkers

There were 16 teams: 1 team supervisor, 4 female interviewers, 1 male interviewer, and 1 field editor

Paper questionnaires were used in the field where by Field editors checked questionnaire and entered data into tablet.

Completed Questionnaires returned to NBS headquarters.

### DATA COLLECTORS

Name	Abbreviation	Affiliation
National Bureau of Statistics	NBS	Ministry of Finance and Planning

## Questionnaires

### QUESTIONNAIRES

- Household Questionnaire: Lists usual members and visitors, Basic characteristics (age, sex, education, etc), Education, parents' survival status of children, Housing characteristics and Identify women and men eligible for individual interview

- Woman's Questionnaire; Background characteristics (age, education, media exposure, etc.)  
Birth history and childhood mortality, Knowledge and use of family planning methods, Fertility preferences, Antenatal, delivery and postnatal care, Breastfeeding and infant feeding practices, Vaccinations and childhood illnesses, Marriage and sexual activity, Women's work and husband's background characteristics, Adult mortality, including maternal mortality, Malaria, Female Genital Cutting and Domestic violence.

- Man's Questionnaire: Background characteristics (age, religion, education, literacy, etc.), Marriage and sexual activity, Fertility preferences, Husband's characteristics and women's employment activity, Other adult health issues.

- Biomarkers: Height and weight measurements (Children under 5, Women age 15-49), Anaemia testing (Children age 6-59 months, Women age 15-49), Malaria testing (Children age 6-59 months), Urine sample (Women age 15-49)

## Data Processing

### DATA EDITING

Paper questionnaires were used in the field. Field editors checked questionnaires and entered data into tablet. electronic data version was sent through the internet to the NBS head quaters. Completed Questionnaires were sent back to NBS headquarters for second keying.

## Data Appraisal

### ESTIMATES OF SAMPLING ERROR

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the 2015-16 Tanzania Demographic and Health Survey (TDHS) to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically. Sampling errors, on the other hand, can be evaluated statistically.

The sample of respondents selected in the 2015-16 TDHS is only one of many samples that could have been selected from the same population, using the same design and expected 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 all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results. A sampling error is usually measured in terms of the standard error for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design. If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the 2015-16 TDHS sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the 2015-16 TDHS is the SAS program. This program used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method was used for variance estimation of more complex statistics such as fertility and mortality rates. Formulas and other detail of sampling errors are found from page 413-414 of the Main report report.

## Access policy

### CONTACTS

Name	Affiliation	Email	URL
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Director General	National Bureau of Statistics	dg@nbs.go.tz	<a href="#">Link</a>
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**CONFIDENTIALITY**

The Data confidentiality is protected by the Statistics Act 2015, Before being granted access to the dataset, all users have formally agree: 1.all identifying information such as the name and address of respondent has been removed; and 2.the information is disclosed in a manner that is not likely to enable the identification of the particular person or undertaking or business to which it relates. 3.not attempt to identify any particular person or undertaking or business; 4.use of information for research or statistically purpose only; 5.not to disclose the information to any other person, organization 6.when required by the Director General, return all documents made available to him to the Director General; 7.comply with the directions given by the Director General relating to the records. 8.every person involved in the research or statistical project for which information is disclosed pursuant to this section shall make the declaration of secrecy set out in the first schedule.

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**CITATION REQUIREMENTS**

"National Bureau of Statistics, Demographic and Health Survey and Malaria Indicator Survey 2015-2016, version 1.0 of the public use datasets (December 2016), provided by the National Bureau of Statistics, [www.nbs.go.tz](http://www.nbs.go.tz)"

**ACCESS AUTHORITY**

Name	Affiliation	Email	URL
National Bureau of Statistics	Ministry of finance and Planning	dg@nbs.go.tz	<a href="#">Link</a>

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## Metadata production

**DDI DOCUMENT ID**

TZA-NBS-DHS-2015-2016-v01.

**PRODUCERS**

Name	Abbreviation	Affiliation	Role
National Bureau of Statistics	NBS	Ministry of Finance and Planning	Data producer

**DATE OF METADATA PRODUCTION**

2016-12-24

DDI DOCUMENT VERSION  
Version 01.0(December 2016)



**Data Description**

<b>Data file</b>	<b>Cases</b>	<b>Variables</b>
<b>TZBR7HFL</b> This data file contains information related to Births Recode	37169	1253
<b>More Datasets under GET MICRODATA menu</b>	0	0