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Ministry of Finance and Economic Affairs

# Tanzania Gender Indicators Booklet 2010

**Poverty Eradication and Economic  
Empowerment Division**

**June 2010**

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And from

**Research on Poverty Alleviation (REPOA)**

Plot 157 Migombani Street, Regent Estate  
PO Box 33223, Dar es Salaam, Tanzania  
Tel: + 255 22 2700083 / (0) 784 555 655  
E-mail: [repa@repa.or.tz](mailto:repa@repa.or.tz)

Website: [www.repa.or.tz](http://www.repa.or.tz)

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ART	-	Anti-retroviral therapy	MMR	-	Maternal Mortality Rate
AU	-	African Union	MCDGC	-	Ministry of Community Development, Gender and Children
BEST	-	Basic Education Statistics in Tanzania	MDAs	-	Ministries, departments and agencies
BoT	-	Bank of Tanzania	MDGs	-	Millennium Development Goals
BPA	-	Beijing Platform for Action	MKUKUTA	-	Mkakati Kukuza Uchumi na Kupunguza Umaskini Tanzania (Swahili for National Strategy for Growth and Reduction of Poverty (NSGRP))
CCM	-	Chama Cha Mapinduzi	MMS	-	MKUKUTA Monitoring System
CEDAW	-	Convention on the Elimination of All Forms of Discrimination Against Women	MoEVT	-	Ministry of Education and Vocational Training
CRC	-	Convention on the Rights of the Child	MoFEA	-	Ministry of Finance and Economic Affairs
DHS	-	Demographic Health Survey	MoHSW	-	Ministry of Health and Social Welfare
DPG	-	Development Partners' Group	MoLEYD	-	Ministry of Labour, Employment and Youth Development
GER	-	Gross Enrolment Rate	MTEF	-	Medium-term Expenditure Framework
DPs	-	Development partners	NACP	-	National AIDS Control Programme
GBS	-	General Budget Survey	NSGRP	-	National Strategy for Growth and Reduction of Poverty
GMWG-MP	-	Gender Mainstreaming Working Group for Macro Policies	NBS	-	National Bureau of Statistics
HBS	-	Household Budget Survey			
IMR	-	Infant Mortality Rate			
ICTs	-	Information communication technologies			
ILFS	-	Integrated Labour Force Survey			



NER	-	Net Enrolment Rate	SADC	-	Southern Africa Development Community
NSGD	-	National Strategy for Gender Development	TACAIDS	-	Tanzania Commission for AIDS
PEED	-	Poverty Eradication and Empowerment Department	TDHS	-	Tanzania Demographic and Health Survey
PER	-	Public Expenditure Review	TGNP	-	Tanzania Gender Networking Programme
PMTCT	-	Prevention of Mother-to-Child Transmission (of HIV/AIDS)	THIS	-	Tanzania HIV/AIDS Indicator Survey
PRS	-	Poverty Reduction Strategy	THMIS	-	Tanzania HIV/AIDS and Malaria Indicator Survey
PRSP	-	Poverty Reduction Strategy Paper	TMTP	-	The Mini Tiger Plan
PHDR	-	Poverty and Human Development Report	URT	-	United Republic of Tanzania
RAWG	-	Research and Analysis Working Group (of the MKUKUTA Monitoring System)	WB	-	World Bank

It gives me great pleasure to release the Gender Indicators Booklet 2010 which comprehensively reviews progress towards targets for gender-based indicators set by the National Strategy for Growth and Reduction of Poverty 2005-2010 (MKUKUTA). The Booklet contains up to date statistics and information from national surveys, including Tanzania Demographic and Health Surveys, Household Budget Surveys and Integrated Labour Force Surveys, as well as routine administrative data from Government ministries, departments and agencies (MDAs), such as the Basic Education Statistics in Tanzania collected by the Ministry of Education and Vocational Training. The gender-disaggregated statistics presented highlight the achievements made in promoting gender equality in Tanzania, but also highlight major gaps which the Government, private sector, civil society organisations (CSOs),

development partners (DPs) and other stakeholders need to address.

The availability of gender-disaggregated data will promote understanding of the economic and social roles of women and men in society, which is essential in designing policies and programmes at national and sub-national levels to achieve gender equality. Recognising, too, the importance of monitoring and reporting on the status and trends towards MKUKUTA's goals, this Booklet is intended to inform both domestic and international stakeholders on progress towards promoting gender equality in the development process. The Booklet will also be used to promote dialogue on critical interventions, advocacy and resource mobilization at local, national and international levels.



It is my hope that this Booklet, which is published bilingually in English and Kiswahili, will be used by Government policy makers and planners, CSOs, development workers, DPs in their work of improving the lives of all Tanzanian citizens.

**Mr. Laston T. Msongole**

Deputy Permanent Secretary

Ministry of Finance and Economic Affairs

Dar es Salaam

Tanzania

The production of the Gender Indicators Booklet was jointly carried out by the Ministry of Finance and Economic Affairs (MoFEA) and the Gender Mainstreaming Working Group-Macro Policies (GMWG) under the auspices of Research on Poverty Alleviation (REPOA), which acts as the Secretariat to the Group. The Ministry of Community Development, Gender and Children (MCDGC) is the Chair of the GMWG. The overall goal of the Group is to monitor progress on gender indicators under the National Strategy for Growth and Reduction of Poverty, commonly known as MKUKUTA.<sup>1</sup>

Special acknowledgements go to Mr. Ramadhani Khijjah, Permanent Secretary (MoFEA) for funding the production of the Booklet, Mr. Laston T. Msongole, Deputy Permanent Secretary (MoFEA) and Ms. Anna Mwashwa, Director, Poverty Eradication and Empowerment Department (MoFEA), for

conceiving the idea and for providing continuous guidance to the team that worked so hard to produce this Booklet.

Compliments go to the team of researchers, statisticians and economists who analysed and compiled the data and drafted the Booklet. Each team member was assigned a set of indicators: Senge Ushiwa (MCDGC) collected information from Government MDAs; Dennis Rweyemamu (REPOA) drafted the background section; Ahmed Makbel of the National Bureau of Statistics (NBS) prepared the sections on population and demography, and employment and labour; Rehema Tukai (REPOA) wrote on water and sanitation, based heavily on material for the water and sanitation section of PHDR 2009 which was provided by Ben Taylor of Daraja Development Limited; Servus Sagday (MoFEA) wrote the section on leadership and

<sup>1</sup> MKUKUTA is the acronym for Mkakati Kukuza Uchumi na Kupunguza Umaskini Tanzania (Swahili for National Strategy for Growth and Reduction of Poverty (NSGRP))



decision making; and Zuki Mihyo (REPOA) prepared the introduction, acknowledgements and conclusion, as well as the sections on the Booklet's preparation, the national gender policy and strategy, education and training, and health and nutrition.

The team is very appreciative to Professor Joseph Semboja, Executive Director of REPOA, for leading the process of drafting and production of the Booklet.

It is also grateful to Ms. Valerie Leach (REPOA) for doing the painstaking work of reading and editing the

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Last but not least, the team pays tribute to all those individuals, from Government offices, non-government organizations and other stakeholders for providing the most recent information and statistics included in the Booklet.



## 1.1 Introduction

The Gender Indicators Booklet 2010 assesses trends in selected gender indicators in Tanzania from 2000/01 to 2010. It highlights progress towards achieving gender equality and identifies areas which need to be addressed by policy makers, planners, communities and other stakeholders.

Gender-sensitive indicators are indicators of gender-related differences and/or changes within society over time, reflecting the experiences of both women and men. Ideally, gender-sensitive indicators should be based on data where differences between women and men are taken into account at all stages of data definition, collection, tabulation, analysis and dissemination. Normally, gender-sensitive indicators are derived from gender-disaggregated data.

Gender-disaggregated data provide an impression of the situation, roles and levels of participation of men and women in society. Such data are essential for mainstreaming gender issues in development policy, strategies, programmes and budgets so that gender disparities may be addressed, and gender equality and women's empowerment promoted. Gender equity implies fairness for both men and women by giving them equal opportunities to access and own resources (productive/economic, social, etc.), to participate in decision making, and to have access to basic services. Gender equality means that one's rights and opportunities derive from being a human being, not from being male or female. Gender equality also means addressing issues of class or socio-economic status, age, racial and ethnic differences, which may also reinforce unequal gender relations.



The production of this Booklet is derived from the commitment of Tanzania, along with other United Nations member states, pursuant to signing the Beijing Platform for Action (UN, 1995), which requires all UN member states to:

***“...generate (through census, research, surveys, etc.), disseminate and use gender-disaggregated data in policy, planning and programming so that gender needs and interests of both men and women are taken into account, to ensure equal opportunities and access to decision-making, to economic resources (land, credit, etc.) and social services (e.g., education, health, etc.).<sup>2</sup>***

## 1.2 Goal and Objectives

The Booklet's goal is to highlight progress towards gender equality in Tanzania and remaining disparities. Specific objectives of the Booklet are:

- a. To increase understanding of the importance of sex-disaggregated data in policy, planning, programming, monitoring and evaluation;
- b. To document and analyse achievements and disparities in the operationalisation of gender-based indicators within the framework of the National Strategy for Growth and Reduction of Poverty 2005-2010 (MKUKUTA); and
- c. To recommend ways to address the identified gender disparities in promoting economic growth and poverty reduction.

<sup>2</sup> UN General Assembly Fifty-fourth session Item 100 (c) of the provisional agenda - Sustainable development and international economic cooperation: Women in Development, World Survey on the Role of Women in Development: Globalization, Gender and Work- Report of the UN Secretary-General, p12, 1999.



### 1.3 Sources of Data

In compiling the Booklet, key policy documents were reviewed and data were sourced from national surveys – including the 2002 Census, Tanzania Demographic and Health Survey (TDHS) 2004/05, Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) 2007/08, Household Budget Surveys (HBS) 2000/01 and 2007, Integrated Labour Force Surveys (ILFS) 2000/01 and 2006 – as well as publications and reports from Government MDAs, such as Basic Education Statistics in Tanzania (BEST).

### 1.4 Users of the Booklet

It is expected that this Booklet will be used by Government policy makers and planners, development workers, development partners and the public at large, nationally and internationally.



The United Republic of Tanzania (URT) is a unitary republic consisting of the Union Government and the Zanzibar Revolutionary Government. Tanzania lies on the east coast of Africa between 1° and 11°S latitude and between 29° and 40°E longitude. It is bordered by Kenya to the north, Uganda to the northwest, Rwanda and Burundi to the west, the Democratic Republic of Congo to the southwest, and Zambia, Malawi and Mozambique to the south. It has 26 regions and 133 administrative districts. Tanzania is an emerging multiparty democracy with presidential and parliamentary elections held every five years. Executive power rests with the President, who also chairs the ruling party, Chama Cha Mapinduzi (CCM).

Tanzania's GDP growth per annum has almost doubled over the last decade from 4.1 per cent in 1998 to 7.4 per cent in 2008 (URT, 2009a), with per capita GDP increasing from US \$323 in 2001 to US

\$440 in 2008 (at current exchange rates). In purchasing power parity, per capita gross national income in 2008 was estimated to be \$1,230, which ranks Tanzania at 188 out of 210 countries.<sup>3</sup>

About 75 per cent of the population resides in rural areas, earning a living from small-scale, rain-fed farming and informal business. Among rural adults (aged 15 years and above), 70 per cent of men and 75 per cent of women reported agriculture / livestock /forestry to be their main activity (NBS, 2009). Despite strong aggregate GDP growth, poverty is pervasive. One-third of Tanzanians live below the basic needs poverty line, which is well under \$1 a day. Poverty rates are higher among rural households (37.6 per cent) compared with households in Dar es Salaam (16.4 per cent) and in other urban areas (24.1 per cent) (NBS, 2009).

<sup>3</sup> World Development Indicators database, World Bank, 7 October 2009.

Promoting equal opportunities and equal access and control over productive/economic assets, social resources and essential services for all Tanzanians are critical to poverty reduction. Generally, Tanzanian women have less access to and control over assets and resources (including land, capital, credit and formal employment), information and decision making than men. To improve the status of

women, the Government has taken various measures to address gender inequality by incorporating gender perspectives in policies, strategies and programmes, and amending laws that discriminate against women. Section 3 describes important Government actions and initiatives to promote gender equality.



## 3.1 International and Regional Instruments

Tanzania's commitment to gender equality is clearly indicated in its Constitution and in the signing and/or ratification of major international instruments that promote gender equality and human rights, including the:

- Human Rights Declaration (1948);
- United Nations Convention on the Elimination of all Forms of Discrimination Against Women (1979);
- Convention on the Rights of the Child (CRC) (1989), which has a special focus on the girl child;
- Beijing Platform for Action (1995) on women's economic and political empowerment, education and training;
- Vienna Human Rights Declaration (1994);
- Cairo Population Declaration (1994);
- Millennium Declaration and Development Goals (MDGs), with MDG-3 on gender equality and women's empowerment; and
- United Nations Security Council (UN-SC) Resolution 1325 (2000) and Resolution 1820 (2006) on gender equality, protection and participation of women in conflict resolutions, peacemaking and state-building.



At regional level, Tanzania has signed and/or ratified the following instruments:

- African Union Charter and its Protocol on Human and Peoples' Rights;
- Charter on the Rights of Women in Africa (2003);
- Southern African Development Community (SADC) Gender Declaration (1997) and its Addendum on the Prevention of Violence against Women and Children of Southern Africa (1998); and
- SADC Protocol on Gender and Development (2008).

### 3.2 Government Initiatives to promote gender equality

National legal, policy and institutional frameworks are conducive to the promotion of gender equality and women's empowerment. The Constitution of the United Republic of Tanzania guarantees equality between men and women, and supports their full participation in social, economic and political life (1999). Key components of the policy framework include:

- The Tanzanian Development Vision 2025;
- National Strategy for Growth and Reduction of Poverty 2005-2010 (MKUKUTA);
- National Women and Gender Development Policy 2000, and the associated National Strategy for Gender Development (NSGD) 2005.



Vision 2025 for Tanzania Mainland envisions equality between men and women as stipulated in the Constitution. One of the strategies of Vision 2025 is “gender equality and the empowerment of women in all socio-economic and political relations and cultures”. MKUKUTA succeeded Tanzania’s first generation of Poverty Reduction Strategy Papers 2000/01-2002/03, and builds on Vision 2025. The strategy has three clusters of desired outcomes: (I) economic growth and reduction of income poverty; (II) improved quality of life and social well-being; and (III) good governance and accountability. The NSGD provides guidelines to government and

non-government actors so that they may effectively incorporate gender concerns into their plans, strategies and programmes.

Institutional arrangements for promoting gender equality are also in place, including the Ministry of Community Development, Gender and Children (MCDGC), sectoral gender desks/focal points and committees within central government MDAs, regional administrations and district authorities, and civil society organisations (CSOs) which focus on women’s rights.



The MKUKUTA monitoring system provides for regular systematic reporting against a nationally agreed set of indicators, which include specific gender indicators. Because this Booklet focuses on MKUKUTA indicators, it reports data for Mainland Tanzania.<sup>4</sup>

#### 4.1 Population and Demography

Population and demographic variables are a fundamental part of a statistical analysis of gender outcomes. The distributions of these variables are influenced by biological, socio-economic and cultural factors.

The population of Mainland Tanzania was estimated to be 39.5 million in 2008 (URT, 2009a). Females represent over 50 per cent of the total population (Table 1). An increasing share of the population is urban – up from 13 per cent in 1978 to 26 per cent in 2008. The country's population is

young; 44 per cent are under 15 years of age and half are under 18 years of age. Data from demographic and health surveys show that the total fertility rate (TFR)<sup>5</sup> has fallen from 6.3 in 1991/92 to 5.8 in 1996 and has not changed significantly since then. The estimate from the TDHS 2004/05 was 5.7 (NBS & ORC Macro, 2005). The TFR is much higher among rural women (6.5 in 2004/05) compared with urban residents (3.6). Life expectancy at birth was estimated to be 51 years in the 2002 census, compared with 50 years in the 1988 census (NBS, 2006). The small increase, in spite of falling under-five mortality, is attributed largely to the impact of adult mortality from HIV/AIDS.

Table 1 shows the distribution of the population by age and gender within urban and rural areas. Figure 1 is a population pyramid which shows clearly the relatively young population resulting from the high fertility rates.

<sup>4</sup> Zanzibar has its own growth and poverty reduction strategy, MKUZA, closely linked with MKUKUTA, with its own monitoring and reporting process.

<sup>5</sup> The total fertility rate (TFR) is defined as the total number of births a woman would have by the end of her childbearing period if she were to pass through those years bearing children at the currently observed age-specific fertility rates.

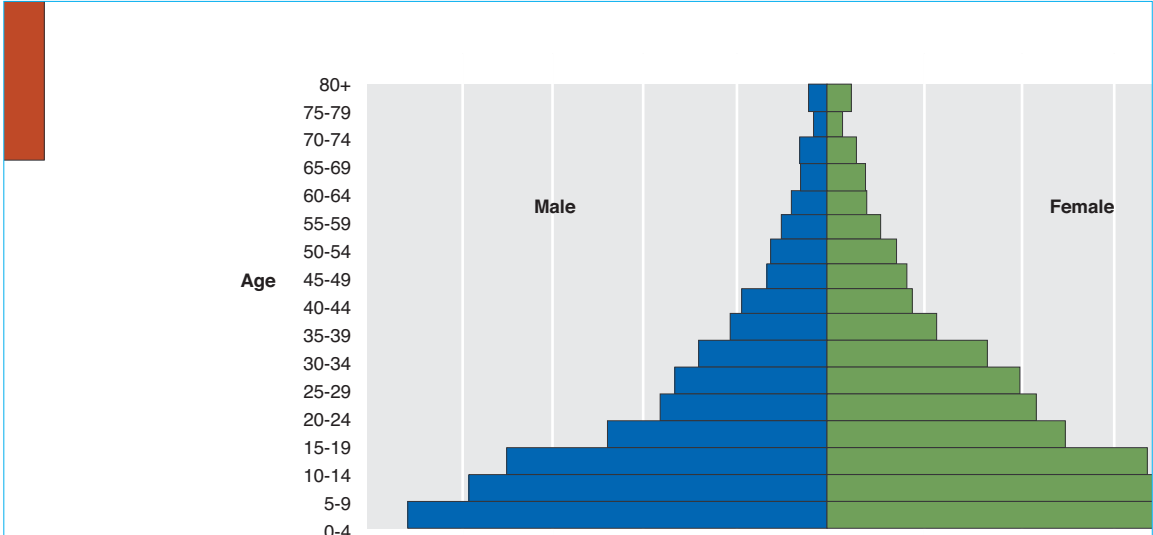
Table 1: Household Population by Age Group, Gender and Residence, 2004/05

	Urban			Rural			Total		
	Percentage distribution			Percentage distribution			Percentage distribution		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Under 5 years	15.1	16.0	14.2	19.2	19.7	18.7	18.2	18.8	17.5
5-9 years	12.6	13.3	12.0	15.7	16.7	14.7	15.0	15.9	14.0
10-14 years	12.5	12.5	12.5	14.1	14.9	13.3	13.7	14.4	13.1
15-19 years	11.6	10.9	12.2	9.2	9.4	9.0	9.8	9.8	9.8
20-24 years	10.4	9.7	11.1	7.4	6.7	7.9	8.1	7.4	8.7
25-29 years	9.8	8.9	10.6	6.7	6.2	7.2	7.4	6.8	8.0
30-34 years	7.6	7.0	8.1	5.8	5.3	6.2	6.2	5.7	6.7
35-39 years	4.9	5.3	4.5	4.2	4.0	4.4	4.4	4.3	4.4
40-44 years	3.6	4.0	3.2	3.7	3.9	3.6	3.7	4.0	3.5
45-49 years	3.0	2.8	3.1	2.9	2.5	3.3	2.9	2.6	3.2
50-54 years	2.8	2.9	2.7	2.6	2.3	3.0	2.7	2.4	2.9
55-59 years	2.0	2.3	1.7	2.2	2.0	2.4	2.1	2.1	2.2
60-64 years	1.3	1.6	1.0	1.7	1.7	1.7	1.6	1.7	1.6
65-69 years	1.2	1.3	1.2	1.4	1.3	1.6	1.4	1.3	1.5
70-74 years	0.7	0.7	0.6	1.5	1.5	1.4	1.3	1.3	1.2
75-79 years	0.4	0.3	0.4	0.7	0.7	0.8	0.6	0.6	0.7
80+ years	0.6	0.5	0.7	1.0	0.9	1.1	0.9	0.8	1.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
	<b>100.0</b>	<b>48.0</b>	<b>52.0</b>	<b>100.0</b>	<b>48.4</b>	<b>51.6</b>	<b>100.0</b>	<b>48.3</b>	<b>51.7</b>

Source: TDHS 2004/05



Figure 1: Population Pyramid



Source: TDHS 2004/05



#### 4.1.1 Marriage

The institution of marriage greatly influences gender relations, even after a marriage ends through divorce or death. Conflict over joint matrimonial properties and inheritance frequently occur due to differences in statutory and traditional laws related to succession. Age at first marriage is also an important determinant of gender relations. For girls/young women, early marriage is negatively associated with educational attainment, reproductive health, property ownership and decision making.

Early marriage for girls/women is common in Tanzania and men are usually older than women at first marriage. The Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) 2007/08 found that four in ten women aged 20-49 years were married before their 18<sup>th</sup> birthday, and 62 per cent married before they reached 20 years of age (Tanzania Commission for AIDS, et al., 2008). In contrast, only one in 20 men (5 per cent) married before their 18<sup>th</sup>

birthday, and 14 per cent married before age 20. The median age at first marriage for women and men is 18.8 and 24.3 years, respectively, a difference of 5.5 years. The median age at first marriage has risen over time from 17.6 years among women aged 45-49 years to 18.7 years among women aged 20-24 years. The proportion of women married by age 15 declined from 16 per cent among women aged 45-49 years to 5 per cent among women aged 15-19 years. Urban and more educated women marry at a later age.

#### 4.1.2 Childbearing

Childbearing also has a profound impact on women's opportunities to seize social and economic opportunities. In addition to social and economic constraints, early childbearing can be extremely detrimental to the health, education and overall well-being of adolescent girls and young women, particularly if a girl falls pregnant out of wedlock or when in school. Moreover, frequent childbearing may limit a woman's chance for social and economic

advancement. As indicated above, recent demographic and health surveys suggest only modest declines in fertility rates.

Both women and men have preferences on the number of children they wish to have. Data from the demographic and health surveys suggest that men prefer a higher number of children than women (Table 2). However, over time, both men and women express a preference for smaller family sizes.

**Table 2: Trends in Mean Ideal Family Size, by Gender, 1991-2005**

Survey Year	Mean Ideal Family Size (Number of Children)	
	Male	Female
1991/92	6.5	6.1
1996	5.9	5.5
1999	5.6	5.3
2004/05	5.3	5.0

Source: TDHS 2004/05

## 4.2 Education and Training

MKUKUTA's Cluster II includes gender-specific education and training goals: equitable access to quality primary and secondary education for boys and girls, universal literacy among men and women, and expansion of higher, technical and vocational education. Indicators have been defined accordingly, with gender-disaggregated reporting.

Key educational indicators include:

- literacy rate of population aged 15+ years;
- net enrolment at pre-primary level;
- net primary school enrolment rate;
- percentage of cohort completing Standard VII;
- percentage of students passing the primary school leavers' exam (PSLE);
- the transition rate from Standard VII to Form 1;
- net secondary enrolment;
- percentage of students passing the Form 4 examination; and
- enrolments in higher education institutions.

#### 4.2.1 Literacy

The Household Budget Survey 2007 captured data for literacy. For the population over 15 years, the overall literacy rate was 72.5 per cent. There has been a slight improvement in the literacy rate for women since HBS 2000/01, from 64 to 66.1 per cent. For men, the literacy rate remained almost the same over this period – 79.6 per cent in 2000/01 and 79.5 per cent in 2007 (Table 3).

**Table 3: Percentage of Population 15+ years Who Are Literate, by Residence and Gender**

	Total	2000/01			2007			
		Dar es Salaam	Other Urban	Rural	Total	Dar es Salaam	Other Urban	Rural
<b>Male</b>	<b>79.6</b>	94.3	91.5	76.1	79.5	94.6	<b>91.5</b>	74.7
<b>Female</b>	<b>64.0</b>	88.3	81.0	58.8	66.1	87.7	<b>80.9</b>	59.5
<b>Total</b>	<b>71.4</b>	91.3	85.8	66.9	72.5	91.0	<b>85.8</b>	66.8

Source: Household Budget Survey 2007 (NBS, 2009)

Literacy rates are much lower among the rural population than among urban residents, and the gender gap is also greater in rural than in urban areas. Literacy is especially low among rural women, 40 per cent of this population are illiterate. Achieving the MKUKUTA literacy target of 80 per cent by 2010 and meeting the MDG goal of eliminating illiteracy by 2015 will be big challenges.

Increases in literacy are likely to be driven by increases in children's access to schooling, with this expansion in education gradually feeding into improvements in adult literacy rates. Total enrolment

across all ICBAE (Integrated Community-based Adult Education) programmes – functional literacy, post-literacy, new curriculum and centres for special needs – totals only 1.28 million. In a community survey associated with the HBS 2007, less than 40 per cent of communities had adult education plans in place. A serious social problem may arise as a result; the still young generation who preceded the rapid expansion in primary and secondary schooling risks being left behind with lower basic skills and less employability as the economy grows.



More significant than stand-alone figures for literacy is how the ability to read and write connects with social and economic developments which assume literacy – including, for example, access to governance information posted on village, ward and council notice-boards, to agricultural extension resources, and to modern technologies such as mobile telephones and the internet. A lack of basic skills and literacy, and the confidence that goes with them, inhibits participation in potentially rewarding endeavours that contribute to household incomes and national growth.

#### 4.2.2 Pre-primary Education

Continuing the rising trend since 2004, well over one-third (37 per cent) of children are now enrolled in pre-primary education, and the proportion of children starting pre-primary at the requisite age has

also improved slightly.<sup>6</sup> Government promotion of pre-primary is almost certainly a factor behind this rise.<sup>7</sup> The trend is towards gender parity in enrolment, with the net enrolment rate (NER) for boys now almost the same as that for girls.

#### 4.2.3 Primary Education

##### *Enrolment*

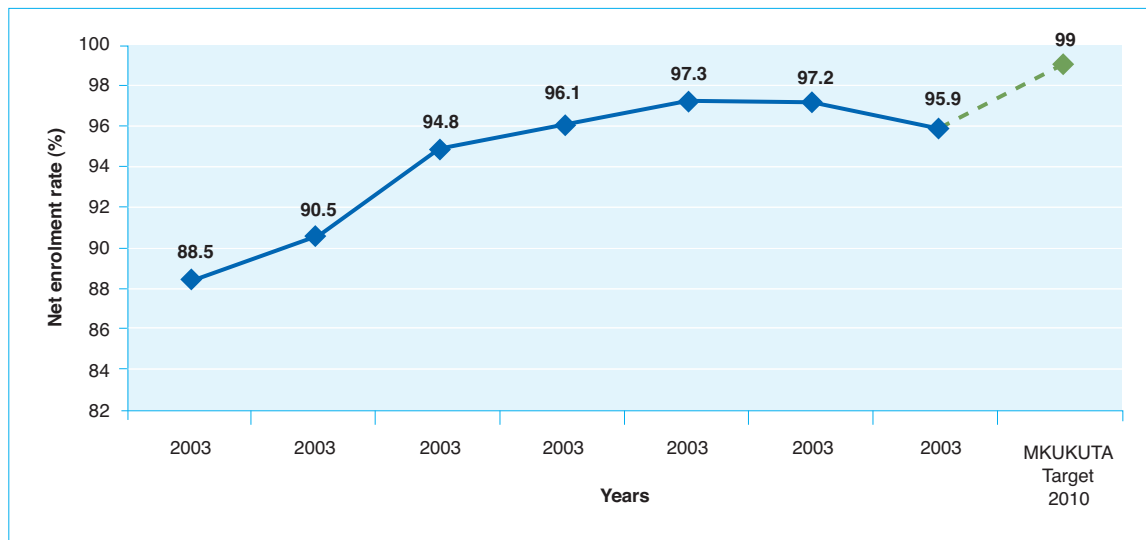
The introduction of the Primary Education Development Programme (PEDP) in 2001/02 has had a positive impact on primary school enrolment. Net primary enrolment<sup>8</sup> rose from 88.5 per cent in 2003 to 97.3 per cent in 2007. Since then, net enrolment has fallen slightly to 95.9 per cent in 2009 (MoEVT, 2009).

<sup>6</sup> Basic Education Statistics in Tanzania (BEST) 2005-2009 (MoEVT, 2009, p. 4)

<sup>7</sup> Most children access government pre-primary schools where enrolment rose from 805,000 in 2008 to 851,000 in 2009. Non-government provision had been growing very fast from a low base, but fell back from over 68,000 to 45,000 in 2009. (MoEVT, 2009, p. 2)

<sup>8</sup> The net enrolment rate is the percentage of children of the right age who are enrolled in school.

Figure 2: Net Enrolment Rate in Primary Education, 2003-2009



Sources: Poverty and Human Development Report (PHDR) 2007 (URT, 2007) and BEST 2005-09

The MKUKUTA target to enrol 99 per cent of primary school age children by 2010 will be difficult. Indeed, reaching the children not yet enrolled may represent a tougher challenge than achieving the initial surge at the start of PEDP, since it implies enrolling, at the requisite age, the children who are hardest to reach, including the disabled.

There is close to gender parity in enrolment in primary education. The total number of girls enrolled in primary school in 2009 was nearly the same as the number of boys, and the net enrolment rates of girls and boys were the same (Tables 4 and 5).

**Table 4: Total Enrolment in Primary Schools by Gender, 2000-09**

Year	Male		Female		Total	
	Number	%	Number	%	Number	%
2000	2,212,473	50.5	2,169,937	49.5	4,382,410	100.0
2001	2,474,344	50.7	2,407,244	49.3	4,881,588	100.0
2002	3,052,018	51.0	2,929,320	49.0	5,981,338	100.0
2003	3,385,420	51.4	3,197,352	48.6	6,582,772	100.0
2004	3,626,241	51.2	3,456,822	48.8	7,083,063	100.0
2005	3,855,712	51.1	3,685,496	48.9	7,541,208	100.0
2006	4,051,676	50.9	3,908,208	49.1	7,959,884	100.0
2007	4,215,171	50.7	4,101,754	49.3	8,316,925	100.0
2008	4,261,831	50.7	4,148,263	49.3	8,410,094	100.0
2009	4,248,764	50.3	4,192,789	49.7	8,441,553	100.0

Source: BEST 2005-09



**Table 5: Net Primary Enrolment Ratio, by Gender with Gender Parity Index (GPI) 2000-2009**

Year	Male	Female	Total	GPI
2000	58.6	59.1	58.8	1.01
2001	65.8	65.2	65.5	0.99
2002	82.1	79.3	80.7	0.97
2003	90.4	86.7	88.5	0.96
2004	91.4	89.7	90.5	0.98
2005	95.6	93.9	94.8	0.98
2006	96.8	95.4	96.1	0.99
2007	97.6	97.0	97.3	0.99
2008	97.5	97.0	97.2	0.99
2009	95.8	96.0	96.0	1.00

Source: BEST 2005-09

NB: A GPI of 1.00 indicates that net enrolment rates of girls and boys are the same. Less than 1.00 indicates that the net enrolment rate of girls is less than that of boys.

The HBS 2007 reports data about school attendance, rather than just enrolment. Results show a dramatic improvement in attendance rates compared with HBS 2000/01, with net attendance at 84 per cent up from 59 per cent. Nonetheless, this implies that almost one in five school-age children are still not attending school at any one time<sup>9</sup> – though they may be attending at a later age.<sup>10</sup> Attendance rates of girls are slightly better than boys, and attendance is higher among urban children than among children in rural areas.

<sup>9</sup> Concerns exist about the question asked in the HBS which could have multiple interpretations: 'Is (name of child) currently in school?' Responses could have encompassed children who were formally enrolled but never attended school, to children who were absent for a single day due to illness when the survey was carried out.

<sup>10</sup> Children older, or younger, than the official school age who are in school are counted in the gross enrolment/attendance rates which are calculated as the number of all children in school as a percentage of the number of children in the population who are of school age.

**Table 6: Primary School Attendance Rates, by Residence and Gender, 2000/01 and 2007**

	<b>Net Attendance Rate 2000/01</b>	<b>Net Attendance Rate 2007</b>	<b>Gross Attendance Rate 2000/01</b>	<b>Gross Attendance Rate 2007</b>
Dar es Salaam	0.71	0.91	0.99	1.19
Other Urban	0.71	0.91	0.97	1.22
Rural Areas	0.56	0.82	0.82	1.16
Male	0.57	0.82	0.85	1.17
Female	0.61	0.86	0.86	1.18
<b>Total</b>	<b>0.59</b>	<b>0.84</b>	<b>0.85</b>	<b>1.17</b>

Source: Calculations of Hoogeveen and Ruhinduka (2009) based on HBS 2007

Note: The authors above interpret reports of attendance in the HBS as equivalent to enrolment, and report "enrolment rates"

### Reasons for Dropping Out of Primary School

The percentage of pupils who complete all seven years of primary schooling has fallen from 78 per cent in 2006 to 62.5 per cent in 2008, and a significant turnaround is needed if the MKUKUTA target of 90 per cent is to be reached. BEST captures only limited data on reasons for dropping out of school. In 2008, 69.5 per cent of children who dropped out of school were recorded as doing so because of truancy (Table 7)<sup>11</sup>, but BEST provides no further information about what caused truancy. Nor does BEST report gender-disaggregated data for dropouts. Pregnancy is reported to be the reason behind about 5 per cent of all dropouts.

<sup>11</sup> Absolute numbers of truants has declined but the percentage of pupils dropping out for reason of truancy has increased.

**Table 7: Dropouts by Reason in Primary Schools, 2007 and 2008**

Reason	2007		2008	
	No.	%	No.	%
Truancy	53,032	66.6	50,401	69.5
Pregnancy	4,362	5.5	3,370	4.6
Death	4,492	5.6	3,898	5.4
Illness	1,561	2.0	1,432	2.0
Illness of Parent or Guardian	731	0.9	630	0.9
Lack of School Needs	3,018	3.8	3,163	4.4
Others	12,374	15.6	9,585	13.2

Source: BEST 2005-09

HBS 2007 records reasons for non-attendance amongst 7-13 year-olds. Positively, the percentage of respondents who reported non-attendance because 'school is too expensive' declined to 5 per cent in 2007 from 11.7 per cent in HBS 2000/01. In addition, non-attendance by children 'who are too old or who have already completed' jumped from 4.2 per cent to

48.9 per cent, because more children are starting school at the requisite age or earlier (DPG, 2008). The biggest change is among rural children. Both of these improvements are attributable to the Primary Education Development Programme. However, an increase in children reporting that 'school is useless/uninteresting' is a worrying development – this proportion increased by almost 5 percentage points nationally while in Dar es Salaam it increased from 2.3 per cent to 24.3 per cent. In-depth research to explore these widespread perceptions of school would be valuable to ascertain if school is viewed this way due to a lack of connection between what is taught and the skills development needed for youth to secure livelihoods.



### ***Performance in the Primary School Leavers' Exam***

The percentage of students passing the primary school leavers' examination dropped from 70.5 per cent in 2006 to 54.2 per cent in 2007 and 52.7 per cent in 2008, reportedly due to syllabus changes and tighter invigilation. The MKUKUTA target of 60 per cent, though difficult to achieve, may still be reachable.

There are significant gender differences in exam performance; the percentage of girls who passed the PSLE was 46 per cent in 2008 compared with 60 per cent of boys. Moreover, disaggregated statistics by region and by gender show wide disparities. In the 2008 examinations, Dar es Salaam recorded the best results with a pass rate just below 74 per cent (boys 82 per cent, girls 66 per cent) while Shinyanga reported the lowest pass rate at 34 per cent (boys 46 per cent, girls 22 per cent).

Geographic disparities in examination results are associated with budget allocations and pupil:teacher ratios. In the 20 per cent of districts with the highest budgets the PSLE pass rate was 57.6 per cent whereas in the bottom 20 per cent of districts it was 43.6 per cent. In the 20 per cent of districts with the highest budgets, the average pupil:teacher ratio was 43.5:1; in the 20 per cent with the smallest budgets, it was 69.8:1.<sup>12</sup> Efforts to improve equity in education provision through the application of formula-based grants are not being implemented, which means that the MKUKUTA target of 45:1 for the pupil:teacher ratio in primary schools may not be reached, especially given competing demand for teachers as a result of the rapid expansion of secondary schools.

<sup>12</sup> Background Analytical Note for the Annual Review of General Budget Support 2008: Equity and Efficiency in Service Delivery: Human Resources, p. 5

### **Transition Rate from Standard VII to Form 1**

The transition rate from Standard VII to Form 1 is down from 67.5 per cent in 2006 to 56.7 per cent in 2007, in line with the reduced examination pass rates, but it still exceeds the MKUKUTA target of 50 per cent.

### **4.2.4 Secondary Education**

Gender equity in enrolment begins to suffer at secondary level. Nationally, in 2009, the percentage of all Form 1 students who were female was 44.6 per

cent; in government secondary schools girls accounted for 43.9 per cent of the intake, in private secondary schools 52.6 per cent of the intake. An even bigger drop in the percentage of female pupils comes by the end of Form 6; at that point girls account for only about one-third of the total enrolment (35 per cent in government schools, 45 per cent in private schools).

**Table 8: Total Enrolment in Secondary School, by Gender**

Year	Male		Female		Total	
	Number	%	Number	%	Number	%
2000	141,648	54.1	120,248	45.9	261,896	100.0
2001	155,787	53.8	133,912	46.2	289,699	100.0
2002	176,055	54.5	147,263	45.5	323,318	100.0
2003	187,578	54.3	157,863	45.7	345,441	100.0
2004	232,636	53.8	199,963	46.2	432,599	100.0
2005	279,754	53.4	244,571	46.6	524,325	100.0
2006	358,128	53.0	317,544	47.0	675,672	100.0
2007	543,196	53.2	477,314	46.8	1,020,510	100.0
2008	679,124	55.6	543,279	44.4	1,222,403	100.0
2009	812,945	55.4	653,457	44.6	1,466,402	100.0

Sources: BEST 2004, 2007 and 2005-2009



Positively, though, the numbers and percentages of girls and boys who are enrolled in secondary school is rising fast; by 2009, the number of pupils in Forms 1 to 4 as a percentage of the estimated school age population (aged 14-17 years) was 39 per cent of girls and 48 per cent of boys. This is the gross enrolment ratio, which is higher than the net enrolment ratio – the percentage of 14-17 year-olds who are

enrolled in school. The difference in net enrolment rates for girls and boys, 28.5 per cent for girls and 29.7 per cent for boys, is much lower than the difference in gross enrolment rates, an indication perhaps that girls are more likely to be enrolled at the right age. Parents perhaps are keen to ensure that their daughters complete their education before they are “too old”.

**Table 9: Net and Gross Enrolment Rates in Secondary School, by Gender**

Grade		Forms 1-4			Forms 5-6			Forms 1-6		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
2006	NER*	12.4	14.3	13.4	1.1	0.9	1.0	13.6	12.6	13.1
	GER**	21.0	19.3	20.2	4.1	2.4	3.2	16.0	13.7	14.8
2007	NER	20.0	21.5	20.7	1.3	0.6	1.6	21.7	19.6	20.6
	GER	32.0	29.0	30.5	4.7	2.8	3.7	23.9	20.3	22.1
2008	NER	24.5	24.3	24.4	1.6	1.3	1.4	25.8	21.2	23.5
	GER	39.7	32.6	36.2	5.1	2.9	4.0	29.5	22.8	26.1
2009	NER	29.7	28.5	29.1	1.4	1.5	1.5	30.6	25.1	27.8
	GER	47.8	39.3	43.6	5.2	3.6	4.4	35.3	27.4	31.3

Source: BEST 2005-09

Notes: \*NER= Net Enrolment Rate; \*\*GER= Gross Enrolment Rate

The HBS 2007 shows little difference between the attendance rates of boys and girls in lower secondary schools, and also shows the increase in attendance from 2000/01 to 2007. Attendance rates are much higher in Dar es Salaam than elsewhere, and much lower among rural children, among whom the net attendance rate is still only 10 per cent.

**Table 10: Secondary School Attendance Rates, by Residence and Gender, 2000/01 and 2007<sup>13</sup>**

	<b>Net Attendance Rate 2000/01</b>	<b>Net Attendance Rate 2007</b>	<b>Gross Attendance Rate 2000/01</b>	<b>Gross Attendance Rate 2007</b>
Dar es Salaam	0.19	0.32	0.31	0.55
Other Urban	0.15	0.28	0.28	0.52
Rural areas	0.02	0.10	0.05	0.20
Males	0.05	0.09	0.09	0.29
Female	0.04	0.09	0.11	0.27
<b>Total</b>	<b>0.05</b>	<b>0.15</b>	<b>0.10</b>	<b>0.28</b>

Source: Calculations of Hooegeveen and Ruhinduka (2009) based on HBS 2007

<sup>13</sup> The authors above interpret reports of attendance in the HBS as equivalent to enrolment, and report "enrolment rates"



### ***Percentage of Students Passing the Form 4 Examination***

The percentage of students passing the Form 4 examination (divisions 1-3) has declined sharply from 35 per cent in 2006 and 2007 to under 27 per cent in 2008, underlining long-held concerns about deteriorating standards of tuition and the stark reality that education expansion cannot be done cheaply. Over 80 per cent of students sitting the exam passed Kiswahili, but only a quarter of candidates passed basic mathematics.

Analysis of 2008 exam results by gender and by type of school is not yet available. However, in 2007, less than one-third of students (30.5 per cent) at community secondary schools passed with a division 1-3, compared with over half (56.8 per cent) of students in seminaries, and just under half (47.9 per cent) in other government schools. The high rates of division 4 passes and failing grades strongly indicate poor quality tuition and a missed opportunity to provide young Tanzanians with

essential technical and vocational skills to succeed in the labour force. The fall in the percentage of qualified secondary teachers is likely to be a major contributing factor (URT, 2009b).

#### **4.2.5 Education Access for Children with Disabilities**

The Ministry of Education and Vocational Training now maintains data about enrolment of children with disabilities. However, the Ministry's statistics are incomplete. According to BEST 2008, a little under 35,000 children in primary schools had some kind of disability or about 0.4 per cent of the school population (MoEVT, 2008). This figure has now dropped to 27,500 in 2009, 41 per cent of whom are female (MoEVT, 2009). The 2008 Disability Survey by the NBS found 4 out of 10 children of official primary school age who had a disability were attending school – an attendance rate less than half that of children overall. Fewer than 2 per cent of



children with disabilities reported attending a special school. Furthermore, 16 per cent of disabled children reported that they were refused entry into educational systems (Ministry of Health and Social Welfare (MoHSW), 2009).

#### 4.2.6 Tertiary Education

The representation of females in enrolment at tertiary levels of education continues to decline; 34 per cent of those enrolled in higher education institutions in 2008/09 were female (31,820 female students out of a total of 95,525) (MoEVT, 2009). The introduction of a pre-entry programme for women with lower qualifications has been designed to help raise this figure. Affirmative action has led to increased enrolment of female students at the University of Dar es Salaam (UDSM) from 27 per cent in 2001/02 to 38 per cent in 2005/06 (UDSM, 2006). Women's

enrolment in the Science Faculty increased from 28 per cent to 40 per cent over the same period. Gender equity among the academic staff is still low; overall 17 per cent of UDSM staff are female, of Associate Professors 10 per cent, and of Professors 13.2 per cent.

Courses provided through the Vocational and Technical Training Authority (VETA) enrolled 114,399 students in 2008, down from 145,423 in 2007. In both years, female students accounted for 47 per cent of total enrolment, with wide variation by course, for example, 17.6 per cent of students in engineering and other science were women compared with 64.6 per cent in health and allied science (MoEVT, 2008).



A number of issues arise from the education data presented in this section, primarily the poorer performance in examinations by girls compared with boys, and girls' lower rates of transition to higher levels of education. Reasons could include the fact that many girls help with household chores and caring for siblings and sick family members. Pregnancy and early marriage could also be contributing causes. In order to address these issues there is need to complement affirmative action with measures to reduce income poverty at household level, to strengthen public education around discriminatory gender divisions of work, and to delay early marriage and childbearing.

### **4.3 Health and Nutrition**

This section presents the latest information on indicators for health and nutrition. It draws upon new data from the THMIS 2007/08, HBS 2007 and routine administrative data from MDAs where available. As for education, indicators of health and

nutrition fall under Cluster II of MKUKUTA, the second goal of which is "improved survival, health and well-being of all children and women and especially vulnerable groups".

#### **4.3.1 Life Expectancy**

Life expectancy at birth was estimated to be 51 years in the 2002 population census, compared with 49 years in the 1988 census (NBS, 2006). This slight improvement, in spite of falling under-five mortality, is attributed largely to the impact of adult mortality from HIV/AIDS. No difference in life expectancy was found between men and women. According to official projections by the National Bureau of Statistics, life expectancy was expected to reach 53 years for men and 56 years for women by 2008. However, these projections may be well below actual gains, mainly because HIV prevalence and under-five mortality are lower than assumptions used in the NBS projection model. It is perfectly plausible that revised projections using updated assumptions about mortality and HIV

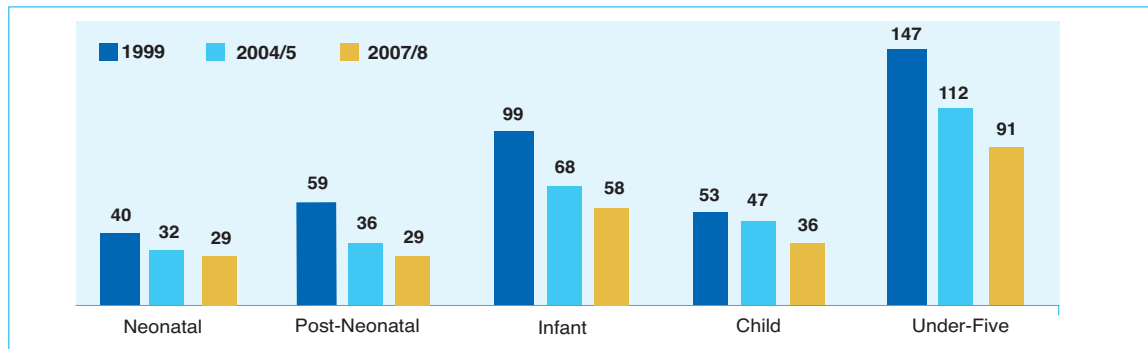
would put life expectancy for men in the late fifties and about 60 years for women (URT, 2009b).

### 4.3.2 Infant and Under-Five Mortality

New data from THMIS 2007/08 confirm continued improvement in infant and under-five mortality. The reductions in under-five mortality from 1999 to 2004/05 and from 2004/05 to 2007/08 were both

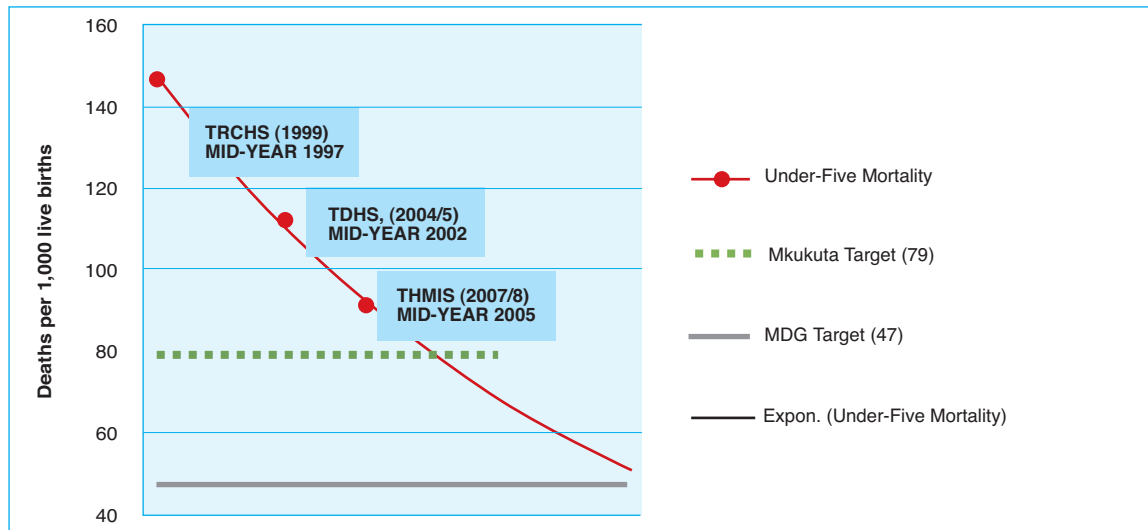
statistically significant. This is extremely good news and confirms analysis reported in the PHDR 2007 that indicated that a steep decline in mortality had occurred between 2000 and 2004 (Masanja et al., 2008). The mortality trajectory indicates that Tanzania is on track to meet the MKUKUTA target for 2010, and that the MDG for 2015 is within reach (Figures 3 and 4).

Figure 3: Infant and Under-Five Mortality, 1999, 2004/05, 2007/08



Sources: Tanzania Reproductive and Child Health Survey (TRCHS) 1999 (NBS & Macro International, 2000); TDHS 2004/05; THMIS 2007/08

Figure 4: Estimated and Projected Under-Five Mortality, 1997-2015



Sources: TRCHS 1999; TDHS 2004/05; THMIS 2007/08.

Note: Survey estimates are assigned to nearest "middle year"<sup>14</sup> with an exponential trend line.

<sup>14</sup> Data measure mortality for the five years preceding the survey. For the purpose of trend estimation, the estimates are assigned to the middle year of each period.

During very early childhood, male mortality is usually higher than female mortality. From the THMIS 2007/08, infant mortality for boys was estimated to be 74 deaths per 1,000 live births compared with 70 deaths per 1,000 live births for girls, and boys were estimated to be more likely than girls to die during the neonatal period. On the other hand, girls were more likely to die during the postnatal period than boys. Overall, there were no significant gender differences in under-five mortality rates.

Examination of age-disaggregated data on child mortality (Figure 3) reveals that the greatest change has occurred in post-neonatal and infant mortality. The neonatal mortality rate has improved to a much smaller extent. Neonatal deaths account for a growing share of under-five deaths. Neonatal deaths are inextricably linked to maternal health and associated health services, where relatively little progress has been made in recent years.

By residence, the THMIS 2007/08 found surprisingly little disparity in under-five mortality rates between urban (110/1,000 live births) and rural (112) areas. However, significant differences in mortality risk persist across wealth quintiles, with children in the least poor quintile of households experiencing a mortality rate 22 per cent lower than the poorest quintile (101 and 129 per 1,000 live births respectively). An even larger gap in mortality rates is observed with respect to educational attainment of the mother; the rate for mothers with secondary education or higher was 78/1,000 compared with women with no education of 129/1,000. Nonetheless, the latest data indicate that socio-economic inequalities in under-five mortality have narrowed. It seems unlikely that the reasons for this are related to health service provision or access, which have not changed much in this period. Rather the declines in infant and child deaths are most likely associated with the recent reduction in malaria burden, which, in turn, are due to



gains in malaria control over the past five years. This may also explain the relatively greater improvement in mortality rates in rural areas where malaria prevalence was higher. (Smithson, 2009).

THMIS 2007/08 was the first nationally representative household survey to investigate the prevalence of malaria, and so provides valuable information to assess the impact of control measures in tackling the disease. Malaria still accounts for the largest burden of morbidity and mortality among Tanzanians, especially affecting young children, and prevalence is highly unevenly distributed across the country. In 2007/08, malaria prevalence in children 6-59 months of age in five mainland regions was less than 5 per cent, while in another five the prevalence was 30 per cent or more. The most affected regions are Kagera, Mara and Mwanza bordering Lake Victoria, and Lindi and Mtwara on the southeast coast. However, no gender differences were recorded in malaria prevalence.

#### 4.3.3 Maternal Health

Estimating maternal mortality from survey data requires very large surveys, and the NBS survey plan calls for these surveys every ten years. The TDHS 2004/05 estimated the maternal mortality ratio (MMR)<sup>15</sup> at 578 per 100,000 live births – equivalent to more than one maternal death every hour. This estimate is a little higher than the figure from the 1996 survey (MMR=529), although the difference is not statistically significant. The five major causes of maternal deaths are haemorrhage, sepsis, unsafe abortion, pregnancy-induced hypertension and obstructed labour.

In the absence of frequent estimates of maternal mortality, rates of skilled birth attendance provide a proxy measure of maternal health. The TDHS 2004/05 estimated that 46 per cent of all births were attended by skilled personnel, which corresponds almost exactly to the proportion of births that took place in a health facility. The 2004/05 data were not

<sup>15</sup> The TDHS 2004/05 measured maternal deaths occurring over the ten-year period prior to the survey.

significantly different from the 1999 estimate (43.7 per cent in Mainland Tanzania).

Routine data from health facilities indicate a slightly higher percentage of births occurring in health facilities; in 2007, institutional births totalled 853,000 or 53 per cent of the 1,600,000 births expected that year. However, given the known weaknesses in routine data systems it would be premature to draw a conclusion on recent trends without further national survey evidence.

Access to institutional delivery/skilled birth attendance varies greatly among population sub-groups. Rural women are much less likely than their urban counterparts to deliver at a health facility, while the disparities according to wealth or education are even greater (Table 11).

**Table 11: Percentage of Births Taking Place in Health Facilities, by Mother's Characteristics**

<b>Mainland Tanzania</b>	<b>49%</b>
Residence	
Urban	81%
Rural	39%
<b>Education</b>	
None	32%
Primary incomplete	42%
Primary complete	53%
Secondary +	85%
<b>Poverty/Wealth Quintile</b>	
Poorest	32%
2nd	37%
3rd	39%
4th	54%
Least Poor	86%

Source: TDHS 2004/05, based on births in the five years preceding the survey

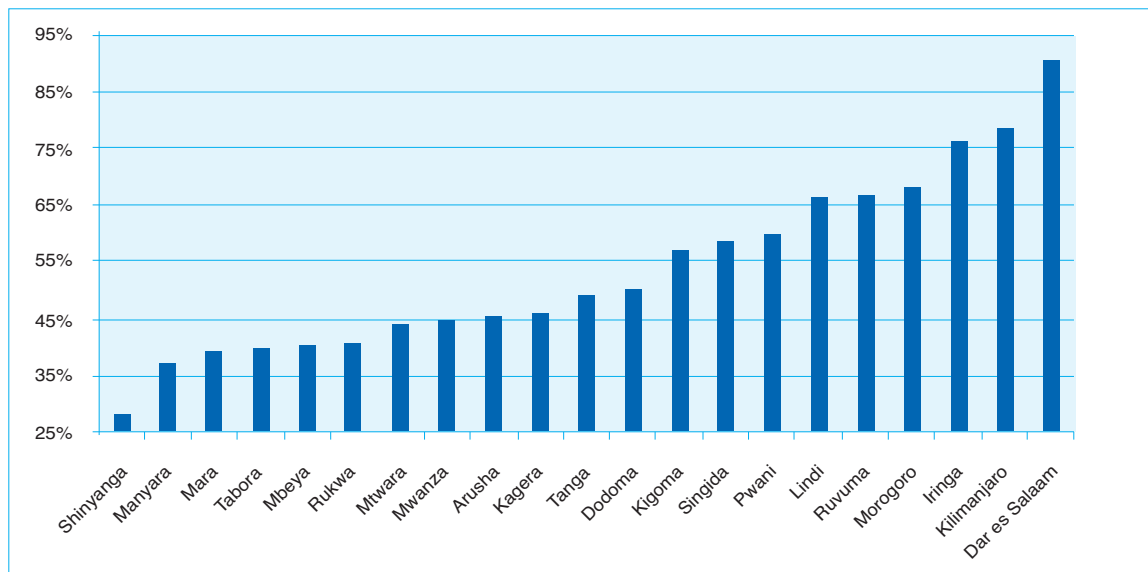
Just over 80 per cent of urban women deliver in a health facility, while 39 per cent of rural women do so. Across regions, the institutional delivery rate ranged from 28 per cent in Shinyanga to 91 per cent in Dar es Salaam (Figure 5). A recent study confirmed that women would prefer to deliver at a health facility, but

are dissuaded from doing so due to distance/transport difficulties, cost (including purchase of medical materials and unofficial payments) and inadequate quality of service (CARE Tanzania & Women's Dignity, 2008)





Figure 5: Percentage of Births Taking Place in a Health Facility, by Region, 2007



Source: Zonal RCH reports of institutional deliveries by region as a percentage of expected births by region, 2007

Moreover, the presence of a nearby health facility is not enough. The Tanzania Service Provision Assessment (TSPA) 2006 provides evidence of the very poor availability of basic and/or comprehensive obstetric emergency care, even in hospitals and health centres (NBS & ORC Macro, 2007). There is a clear and urgent requirement to ensure that all health facilities have the personnel and materials to manage normal deliveries, that dispensaries have the capability to undertake basic emergency obstetric procedures, and that hospitals and health centres (in areas without close access to a hospital) are equipped to provide comprehensive emergency obstetric care.

Government policy stipulates that all pregnant mothers are to have free access to clinic services but this happens in very few places. Many expectant women are still required to purchase and bring their

own delivery kits when they attend a facility for delivery. Improving maternal care entails routine provision of essential supplies and equipment as well as quality medical care at delivery. Research carried out showed that one delivery kit costs only about 6,000 Tanzanian shillings (TZS). Better skilled and accountable doctors and nurses, and accessible transport and referral systems for pregnant women are also vital to reduce maternal mortality.<sup>16</sup>

To reduce the high maternal mortality, the Government developed the “*National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania*” (also known as ‘One Plan’), which was launched by President Kikwete in April 2008. The Plan includes all essential measures to address the current shortfalls in health services described above. Among a set of comprehensive operational targets, it aims to cut

<sup>16</sup> Ifakara Health Institute calculations from TDHS 2004/05

maternal mortality by three-quarters by 2015 from 578 to 193 deaths/100,000 live births, and increase coverage of births by skilled attendants from 46% to 80%. However, the allocation of physical, financial and human resources under 'One Plan' has only begun. Investment and implementation will need to be accelerated rapidly to achieve the targets by 2015. 'One Plan' was launched alongside the 'Deliver Now for Women and Children' advocacy campaign, which is part of a global effort to accelerate the achievement of the MDGs by promoting high-level political commitment, performance-based financing and improved donor coordination.

#### 4.3.4 HIV/AIDS

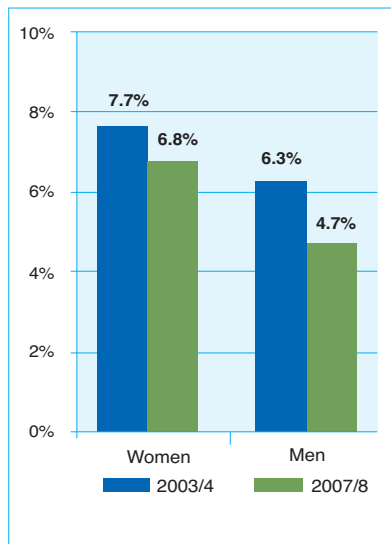
The THMIS 2007/08 estimated national HIV prevalence among adults (aged 15-49 years) to be 5.7 per cent, down from 7 per cent in 2004 (Figure 6). Prevalence among women is higher than among men (6.8 per cent and 4.7 per cent respectively).

The main drivers of the epidemic are transactional sex, low condom use, trans-generational sex and gender inequalities. Based on age- and sex-specific HIV prevalence rates from the THMIS 2007/08 and national population projections for 2008,<sup>17</sup> the total number of Tanzanians aged 15-49 years living with HIV is estimated to be slightly over one million.<sup>18</sup> Women predominate in the younger age groups and comprise an estimated 61 per cent of all adults living with HIV (Figure 7), a reflection of the higher vulnerability of women to HIV infection and generally lower status of women in social and sexual contexts.

<sup>17</sup> National population projections can be found at [http://www.nbs.go.tz/National\\_Projections/Tbl11\\_2003-2025.pdf](http://www.nbs.go.tz/National_Projections/Tbl11_2003-2025.pdf)

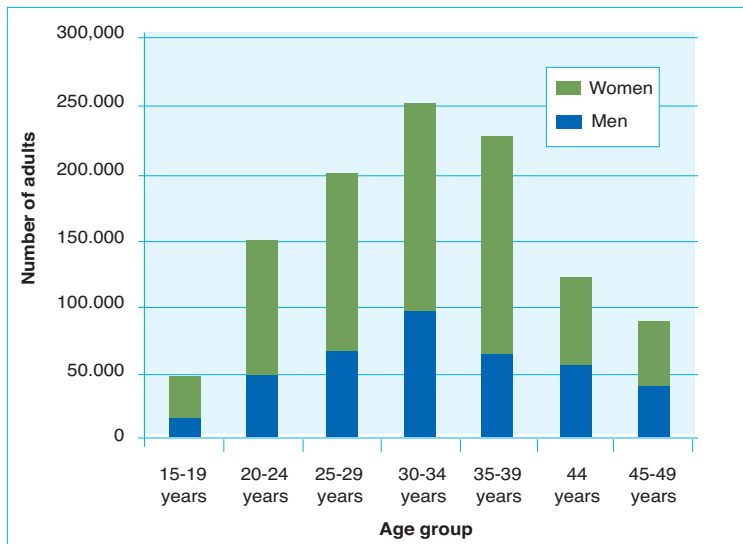
<sup>18</sup> Note this estimate does not include the number of adults aged 50 years and older and children aged 0-14 years who are HIV-positive. The THMIS 2007/08 does not provide estimates of HIV prevalence for these population groups.

**Figure 6: HIV Prevalence Among Adults (Aged 15-49 Years), by Gender, 2007/08**



Source: THMIS 2007/08

**Figure 7: Projected Number of Adults (15-49 Years) Living with HIV, 2008, by Age Group and Gender**



Source: THMIS 2007/08

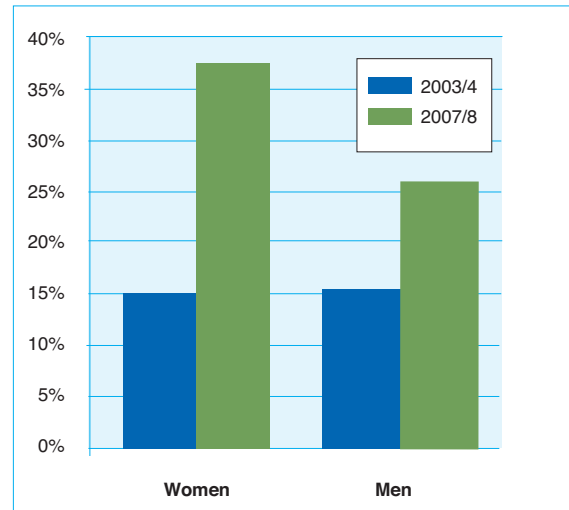
There is wide regional variation in HIV prevalence from less than 3 per cent in five regions, to 9 per cent in Dar es Salaam and 15 per cent in Iringa. Moreover, some previously high-prevalence regions (e.g., Mbeya) have seen a reduction in prevalence, while others (e.g., Iringa) have shown an increase. The reasons underlying these changes and the likely trajectory of the epidemic in different regions are largely unknown. This is a priority question for further research. One paper points to the fact that the rural epidemic has lagged behind the urban epidemic and suggests that the changes in HIV prevalence by region are associated with changes in urban/rural population proportions in those regions.<sup>19</sup>

#### 4.3.5 Care and Treatment

The national campaign for voluntary counseling and testing (VCT) has resulted in a steep increase in the

proportion of people who have taken HIV tests compared with 2003/04 (Figure 8).

**Figure 8: Percentage of Population 15-49 Years Ever Tested for HIV, 2003/04 and 2007/08**



Sources: Tanzania HIV/AIDS Indicator Survey (THIS) 2003/04 (TACAIDS, NBS & ORC Macro, 2005); THMIS 2007/08

<sup>19</sup> World Bank/ASAP & UNAIDS. The HIV epidemic in Tanzania Mainland. Where have we come from, where is it going and how are we responding? Unpublished draft

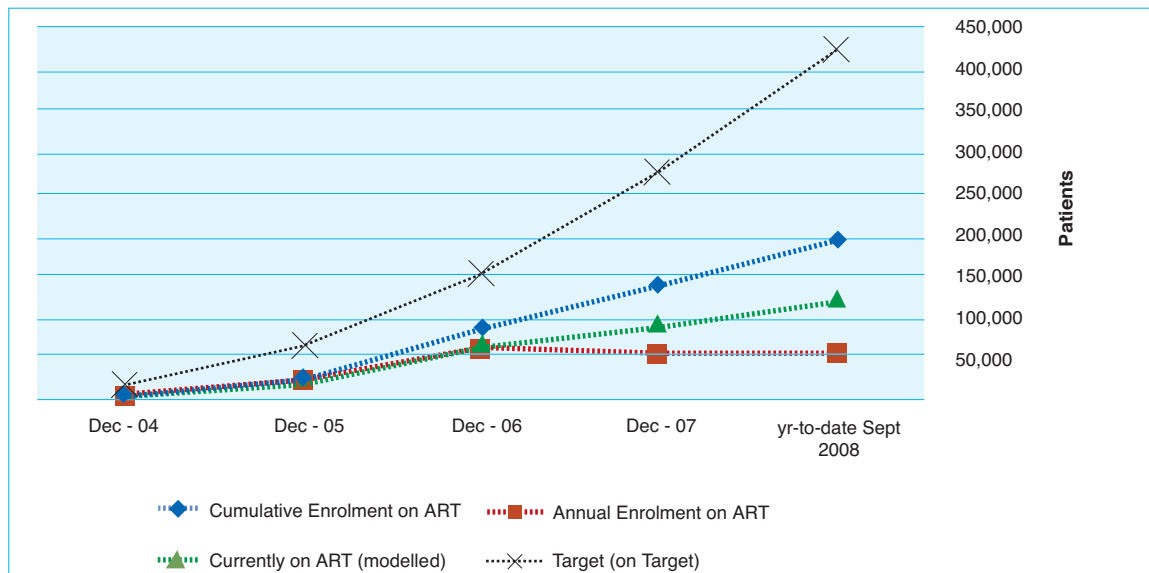
Since 2005, there has been a three-fold increase in the number of sites offering VCT, a four-fold increase in the number of clinics offering anti-retroviral treatment, and a five-fold increase in sites with services to prevent mother-to-child transmission (PMTCT) (NACP, 2008). However, the number of people enrolled on care and treatment each year has increased much less quickly – staying more or less level at +/- 50,000 new patients in 2006 and 2007 before picking up in 2008 to an estimated 70,000.

Access to care and treatment appears to be gender-equitable; 61 per cent of adult patients in 2006 were female, which corresponds with the percentage of adult women estimated to be HIV-positive (URT, 2007).

A critical concern with respect to HIV/AIDS care and treatment is the reliance on 'home-based care' which is typically provided by women and girls, adds to their workloads, and may undermine the opportunity for girls to complete their education.

About 250,000 people are estimated to be on anti-retroviral therapy (ART). This falls a very long way short of the target set in the Care and Treatment Plan – where the number of patients currently on ART was expected to have reached 423,000 by the end of 2008. It should be noted that this target was set when HIV prevalence was thought to be far higher and when it was assumed that all patients enrolled on ART would continue on treatment. The projection in Figure 9 shows that Tanzania would not reach 400,000 patients currently on ART even after a decade of enrolling new patients at the rate of 60,000 per year.

Figure 9: Annual and Cumulative Enrolment and Projected Numbers Currently on ART, 2004-2008



Sources: Cumulative enrolment data from NACP; annual enrolment data calculated from cumulative figures; current enrolment modelled based on historic enrolment and assumptions on patient retention; targets from National HIV/AIDS Care & Treatment Plan V4.0, September 2003.

#### 4.3.6 Mother-to-Child Transmission of HIV

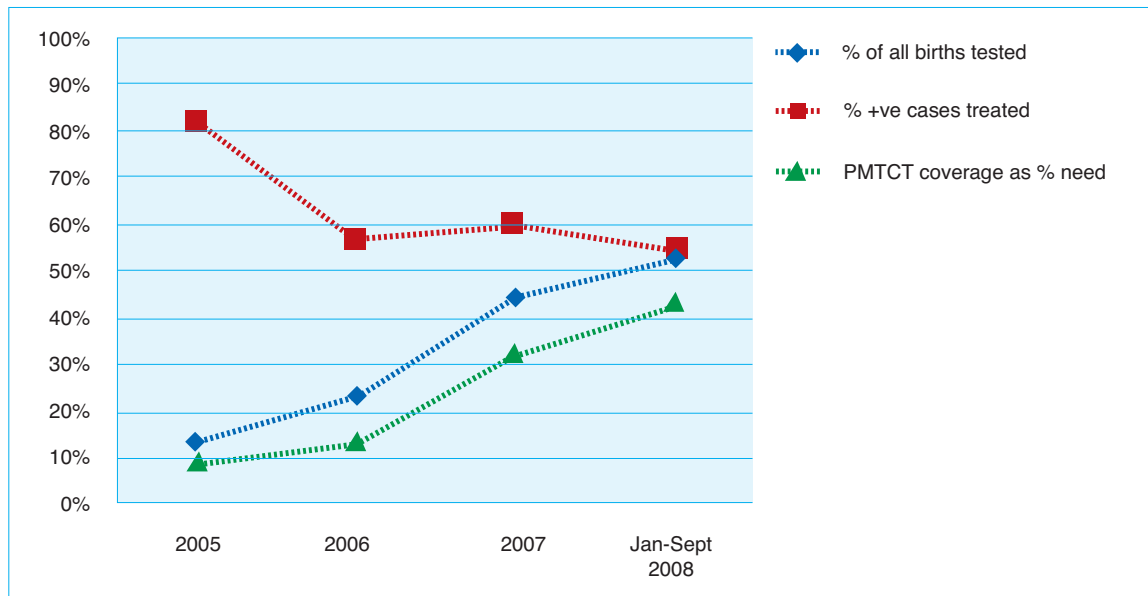
The coverage of the programme to prevent mother-to-child transmission (PMTCT) of HIV has increased since 2005, but remains fairly low, in spite of the rapid increase in the number of programme sites. The effective coverage – i.e., the estimated percentage of HIV-positive pregnant women who receive nevirapine prophylaxis or start on

anti-retrovirals (ARVs) – is estimated to have risen from about 10 per cent in 2005 to around 40 per cent in 2008. There has been a major improvement in the proportion of pregnant women tested for HIV, largely due to the expansion of PMTCT-capable antenatal care clinics. However, this has been offset by a decline in the proportion of HIV-positive women who actually receive prophylaxis (Figure 10).





Figure 10: PMTCT Programme Performance, 2005-2008



Source: Calculated from data provided by PMTCT Programme, NACP

Programme managers attribute these shortcomings to “frequent shortage of supplies, ART and [HIV] test kits” as well as “low uptake of NVP [nevirapine prophylaxis] by HIV-positive pregnant mothers”.

The situation with prophylaxis for neonates is even worse. Among infants born to HIV-positive mothers, only about 30 per cent received postnatal prophylaxis – mainly because over half of all deliveries occur at home and many neonates are not brought to a health facility for a postnatal check-up.

#### **4.3.7 Nutrition**

Nutrition and health are inexorably intertwined. In infants in particular, recurrent illness leads to malnutrition, while poor nutrition elevates the risk of disease and death. The latest national estimates of malnutrition in children are those from the TDHS 2004/05. A new DHS in 2010 will provide updated information.

The percentage of children under five years of age who are malnourished has fallen over time: the prevalence of stunting has declined from 44 per cent in 1999 to 38 per cent in 2004/05, and the proportion of children underweight came down from 29 per cent to 22 per cent.

Data indicate that boys are marginally more likely to be malnourished than girls on all three anthropometric measures – height-for-age (stunting), weight-for-age (underweight) and weight-for-height (wasting). Rural children are more likely to be stunted (41 per cent) than urban children (26 per cent) and more likely to be underweight (rural 23 per cent, urban 17 per cent). Nonetheless, the gap between rural and urban children, which had widened from 1996 to 1999 narrowed between 1999 and 2004/05. There was a bigger drop in the proportion of rural children who were malnourished compared with their urban peers. In the five worst affected regions – Mtwara, Lindi,

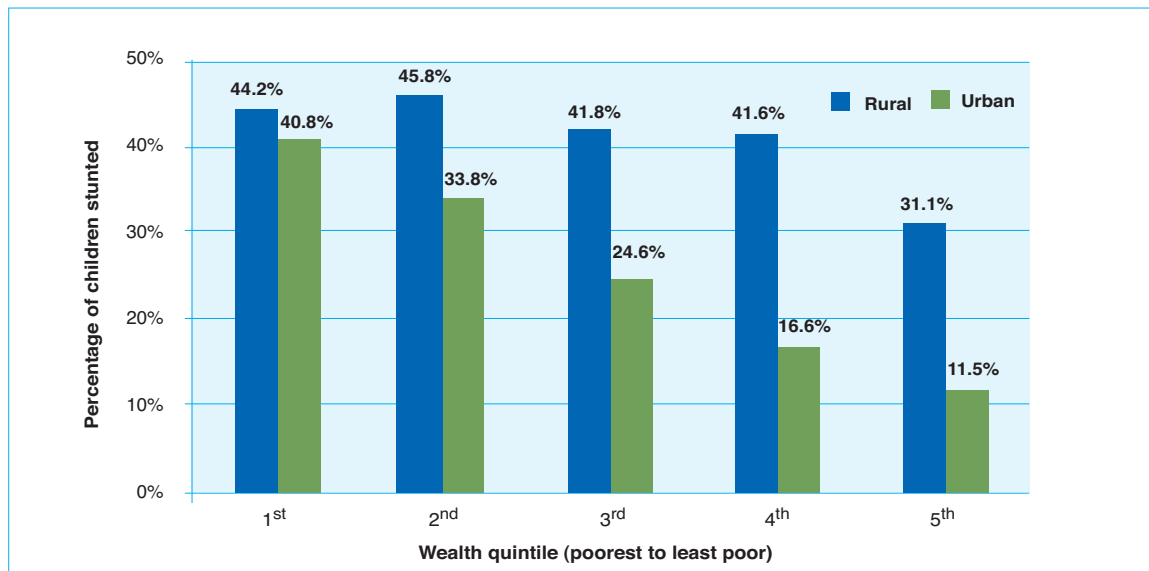
Ruvuma, Iringa and Kigoma – more than 50 per cent of under-fives were stunted in 2004/05.

Among rural children, there is little association between risk of malnutrition and household wealth status. Over 40 per cent of rural children in all but the least poor quintile of households are short for their

age, in other words, chronically undernourished. Only children in the least poor quintile of rural households have a significantly lower risk of malnutrition. Among urban children, there is a much stronger relationship between malnutrition and household wealth (Figure 11).



Figure 11: Percentage of Rural and Urban Children with Low Height for Age, by Wealth Quintile, 2004/05



## 4.4 Employment and labour

### 4.4.1 Economically Active Population

A person is defined as “currently economically active” if he/she is either employed for at least one hour during the previous calendar week, or is temporarily absent from work but had a job attachment, or is available for work if it could be found. In Tanzania, the labour force participation rate<sup>20</sup> is high – about 90 per cent for both males and females – indicating that few people over 15 years of age are out of the labour force, either studying full time or engaged solely in unpaid domestic work, or those who are sick, retired or do not want to work. Table 12 shows that, across all areas, the participation rate is higher for males than females. This is likely to be because more females than males are engaged in unpaid domestic work.

**Table 12: Labour Force Participation Rate (15+ Years), by Residence and Gender, 2006**

Area of Residence	Male (%)	Female (%)	Total (%)
Dar es Salaam	87.3	84.2	85.8
Other Urban	88.4	86.1	87.2
Rural	91.6	90.1	90.8
<b>Total</b>	<b>90.5</b>	<b>88.8</b>	<b>89.6</b>

Source: Analytical Report for Integrated Labour Force Survey (ILFS) 2006, (NBS, MPEE, TGNP & MoLEYD, 2007).

Table 13 reveals that participation rates for females are consistently lower than for males regardless of education level. The greatest gender disparity is found among individuals with secondary education and above.

<sup>20</sup> The “labour force participation rate” is the ratio of the economically active to the total population of working age.

**Table 13: Labour Force Participation Rate (15+ Years), by Education and Gender, 2006**

Education	Male (%)	Female (%)	Total (%)
Never Attended	90.1	87.1	88.1
Incomplete Primary Education	79.1	77.1	78.2
Completed Primary Education	97.6	96.1	96.8
Secondary Education and Above	82.2	74.2	78.8
<b>Total</b>	<b>90.5</b>	<b>88.8</b>	<b>89.6</b>

Source: ILFS 2006

#### 4.4.2 Employment and Unemployment

Among Tanzanians in the labour force, almost 90 per cent are employed, 7 per cent are underemployed – they do not work as many hours as they would like – and 11.7 per cent are unemployed (Table 14). Females are a little more likely to be unemployed than males.

**Table 14: Economically Active Population (15+ Years), by Employment Status and Gender, 2006**

Status	Male (%)	Female (%)	Total (%)
Employed	89.3	87.4	88.3
Fully employed	82.0	81.0	81.5
Underemployed	7.3	6.5	6.9
Unemployed	10.7	12.6	11.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ILFS 2006

#### Employment by Industry, Occupation, Job Status and Sector

Table 15 shows that agricultural activities employ the largest share of the population, and that a larger proportion of females (79.7 per cent) are engaged in agriculture than males (70.6 per cent). Just over 6 per cent of females are employed in private households and in wholesale and retail trade. For males, the second most common industry is wholesale and retail trade, where 9.3 per cent of them are employed.

Wholesale and retail trade is a large employer of both men and women in urban areas, especially of men.

Table 16 shows the occupations of employed men and women. In Dar es Salaam, almost a third (31.4 per cent) of employed females are working in

elementary occupations compared to only 12.3 per cent of males and the proportions of females in professional and technical occupations is smaller than that of males regardless of the area of residence.



Table 15: Employment by Main Industry, Gender and Residence, 2006

Industry	Male (%)				Female (%)				Total (%)			
	Dar es Salaam	Other Urban	Rural	Total	Dar es Salaam	Other Urban	Rural	Total	Dar es Salaam	Other Urban	Rural	Total
Agriculture/ hunting/ forestry	11.1	38.5	85.3	<b>70.6</b>	16.8	48.5	91.7	<b>79.7</b>	13.6	43.6	88.7	<b>75.3</b>
Fishing	1.3	2.0	2.2	<b>2.1</b>	0.2	0.2	0.3	<b>0.3</b>	0.8	1.0	0.3	<b>1.2</b>
Mining & quarrying	0.5	1.5	0.8	<b>0.9</b>	0.1	0.4	0.1	<b>0.1</b>	0.3	0.9	0.4	<b>0.5</b>
Manufacturing	9.8	6.9	1.8	<b>3.4</b>	4.9	5.8	0.8	<b>1.9</b>	7.7	6.3	1.3	<b>2.6</b>
Electricity, gas & water	0.7	0.5	0.0	<b>0.2</b>	0.4	0.1	0.0	<b>0.0</b>	0.6	0.3	0.0	<b>0.1</b>
Construction	6.8	4.7	1.0	<b>2.1</b>	0.2	0.3	0.0	<b>0.1</b>	0.4	2.5	0.5	<b>1.1</b>
Wholesale & retail trade	31.2	21.4	3.8	<b>9.3</b>	26.0	17.9	1.9	<b>6.1</b>	29.0	19.6	2.8	<b>7.6</b>
Hotels & restaurants	3.4	2.9	0.4	<b>1.1</b>	10.2	7.4	1.2	<b>2.8</b>	6.3	5.2	0.8	<b>2.0</b>
Transport/storage & communication	12.3	5.8	1.0	<b>2.9</b>	1.3	0.2	0.0	<b>0.2</b>	7.6	2.9	0.5	<b>1.5</b>
Financial intermediation	0.8	0.2	0.0	<b>0.1</b>	0.6	0.1	0.0	<b>0.1</b>	0.7	0.2	0.0	<b>0.1</b>
Real estate/renting & business activities	3.6	1.6	0.3	<b>0.8</b>	1.2	0.3	0.0	<b>0.1</b>	2.5	0.9	0.1	<b>0.5</b>



Industry	Male (%)				Female (%)				Total (%)			
	Dar es Salaam	Other Urban	Rural	Total	Dar es Salaam	Other Urban	Rural	Total	Dar es Salaam	Other Urban	Rural	Total
Public administration & defence	7.3	5.2	0.6	<b>1.9</b>	2.2	0.8	0.1	<b>0.3</b>	5.1	2.9	0.3	<b>1.1</b>
Education	2.5	2.4	1.3	<b>1.6</b>	3.7	2.9	0.6	<b>1.2</b>	3.0	2.7	0.9	<b>1.4</b>
Health & social service	1.3	1.1	0.3	<b>0.5</b>	2.4	2.1	0.2	<b>0.7</b>	1.8	1.6	0.3	<b>0.6</b>
Other community /social & personal service activities	2.6	2.7	0.4	<b>1.0</b>	2.2	1.2	0.1	<b>0.4</b>	2.4	1.9	0.2	<b>0.7</b>
Private households with employed persons	4.8	2.6	0.8	<b>1.5</b>	27.6	11.8	2.9	<b>6.1</b>	14.6	7.3	1.9	<b>3.8</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ILFS 2006

Table 16: Employed Persons by Occupation, Gender and Residence, 2006

Occupation	Male (%)				Female (%)				Total (%)			
	Dar es Salaam	Other Urban	Rural	Total	Dar es Salaam	Other Urban	Rural	Total	Dar es Salaam	Other Urban	Rural	Total
Legislators and administrators	1.2	0.5	0.2	<b>0.3</b>	0.4	0.2	0.0	<b>0.1</b>	0.8	0.3	0.1	<b>0.2</b>
Professionals	3.8	2.1	0.2	<b>0.9</b>	2.7	1.3	0.1	<b>0.5</b>	3.4	1.7	0.2	<b>0.7</b>
Technicians & associate professionals	5.4	4.3	1.4	<b>2.2</b>	4.8	3.6	0.7	<b>1.4</b>	5.1	3.9	1.0	<b>1.8</b>
Office clerks	2.0	1.2	0.1	<b>0.4</b>	3.2	0.8	0.1	<b>0.4</b>	2.5	1.0	0.1	<b>0.4</b>
Service and shop sales workers	33.0	23.4	4.1	<b>10.0</b>	36.2	24.2	2.4	<b>8.2</b>	34.4	23.8	3.2	<b>9.1</b>
Agricultural and fishery workers	11.2	38.8	84.7	<b>70.2</b>	15.8	47.8	90.9	<b>78.9</b>	13.2	43.4	88.0	<b>74.7</b>
Craft and related workers	20.7	14.3	3.4	<b>6.8</b>	4.6	5.1	0.6	<b>1.6</b>	13.8	9.6	2.0	<b>4.1</b>
Plant & machine operators and assemblers	10.6	5.8	0.7	<b>2.5</b>	0.9	0.9	0.1	<b>0.3</b>	6.4	3.3	0.4	<b>1.3</b>
Elementary occupations	12.3	9.7	5.1	<b>6.6</b>	31.4	16.2	5.0	<b>8.6</b>	20.5	13.0	5.1	<b>7.6</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ILFS 2006

Employment status refers to four categories of workers: agricultural workers, paid employees, self-employed persons and unpaid family helpers. Table 17 reveals that seven out of ten employed females work on their own farm compared to six males out of ten. A higher percentage (5.3 per cent) of employed females work as unpaid family helpers in non-agricultural activities compared to only 1.5 per cent of employed males. In contrast, higher proportions of employed males work as paid employees and in self-employment.

**Table 17: Employment Status, by Gender, 2006**

Employment Status	Male (%)	Female (%)	Total (%)
Paid employee	15.3	6.1	<b>10.5</b>
Self-employed (non-agricultural) with employees	2.6	1.0	<b>1.8</b>
Self-employed (non-agricultural) without employees	10.0	8.2	<b>9.1</b>
Unpaid family helpers (non-agricultural)	1.5	5.3	<b>3.5</b>
Unpaid family helpers (agricultural)	8.1	7.7	<b>7.9</b>
Work on own farm	62.4	71.7	<b>67.2</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ILFS 2006

The ILFS 2006 also reports on six sectors of employment. Table 18 shows some gender disparities in employment sectors: higher proportions of females than males are engaged in the agricultural sector and in household economic activities.

**Table 18: Principal Employment, by Sector and Gender, 2006**

Sector of Main Employment	Male (%)	Female (%)	Total (%)
Central / local government	3.6	1.7	2.6
Parastatal enterprise	0.6	0.2	0.4
Agriculture (crop, hunting, forestry, livestock or fishing)	70.5	79.4	75.1
Informal sector	11.5	8.8	10.1
Other private	12.6	4.8	8.6
Household economic activities	1.1	5.1	3.1
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ILFS 2006

***Smallholders Accessing Formal Credit***

Financial services/credit are important instruments for improving livelihoods as loans can be used as capital for income-generating activities, or used to purchase agricultural inputs (fertilisers, improved seeds, machinery) to improve productivity. The Agricultural Sample Census 2002/03 reported that only 3 per cent of smallholder households had access to agricultural credit. Of those accessed credit, 35 per cent did so

through cooperatives (NBS, 2005). Other sources of credit were family, friends and relatives (32 per cent) and traders/trade stores (9 per cent). Credit was used largely to buy fertilisers (29 per cent), agro-chemicals (21 per cent), seeds (16 per cent) and hiring labour (16 per cent).

Women have even more limited access to credit because they commonly lack ownership rights in land or property to serve as collateral. Female-headed households represented almost 20 per cent of all households at the time of the survey, but only 13 per cent of households who accessed credit were female-headed. Moreover, female-headed households were much less likely to access credit through the formal channel of cooperatives – only 15 per cent obtained their credit from this source, compared with 38 per cent of male-headed households.

The Government, private sector and NGOs are making efforts to address the gender imbalance in access to credit by establishing microfinance banks, cooperatives, and savings and credit societies (SACCOS), which have less stringent loan conditions and do not require collateral (land or house). In July 2009, the Tanzania Women's Bank (TWB) was opened by the Government – the first initiative of its kind in Africa – with the aim of empowering women through the provision of banking and credit facilities at very low interest rates.

**Table 19: Smallholder Households Receiving Credit, by Source of Credit and Gender of Household Head**

Source of Credit	Male-headed Households (%)	Female-headed Households (%)	Total (%)
Family, friend, relative	30	42	32
Commercial bank	2	1	2
Cooperative	38	15	35
Savings and credit society	8	11	8
Trade/trader store	9	8	9
Private individual	3	10	4
FBOs/NGOs/project	7	10	8
Other	2	3	2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>
Percentage of households receiving credit	86.7	13.2	100
Percentage of all households	80.3	19.7	100

Source: Agricultural Sample Census 2002/03

### ***Employment in the Informal Sector***

The informal sector includes household enterprises or unincorporated enterprises owned by households. These enterprises have no separate legal entity independent of the households or household members who own them. Overall, in 2006, about 10 per cent of employed persons reported that their main activity was work in the informal sector. However, employment in the informal sector can also be a secondary activity; 40 per cent of all households reported some engagement in the informal sector. By residence, one-third of rural households and 54 per cent of urban households reported involvement in the informal sector.

Of those who were engaged in the informal sector, more than half of the men and women worked in wholesale or retail trade and just over 14 per cent work in manufacturing. The proportion of females working in hotels and restaurants was noticeably higher than that of males. On the other hand, the

proportions of males in construction and in mining/quarrying were over four times greater than the proportions of females in those industries (Table 20).

**Table 20: Engagement in the Informal Sector as Main Activity, by Industry and Gender, 2006**

Industry	Male (%)	Female (%)	Total (%)
Agriculture/hunting/forestry	1.4	0.8	1.2
Mining & quarrying	4.3	1.0	2.8
Manufacturing	14.4	14.5	14.4
Construction	5.5	0.1	3.0
Wholesale & retail trade	58.1	56.8	57.5
Hotels & restaurants	5.0	22.6	12.9
Other community/social & personal service activities	2.8	2.3	2.6
Others	8.5	2.0	5.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ILFS 2006

Among reasons given for being engaged in the informal sector, over one-third of respondents reported that they could not find other work, while nearly 40 per cent of women and one-quarter of men

reported that their families needed additional income. The need for additional income was the overriding reason for secondary activities in the informal sector (Table 21).

**Table 21: Reason for Engagement in Informal Sector, by Gender, 2006**

Reason	Main Activity			Secondary Activity		
	Male (%)	Female (%)	Total (%)	Male (%)	Female (%)	Total (%)
Can't find other work	37.1	33.8	35.6	17.5	18.1	17.8
Family need additional income	24.7	38.6	31.0	53.4	57.8	55.5
Business provides good income opportunity	18.1	9.2	14.1	11.0	7.2	9.2
Business does not require much capital	6.3	7.6	6.9	6.5	7.7	7.1
Can combine business and household responsibilities	2.5	4.5	3.4	3.0	3.1	3.0
Wants to be independent	2.0	1.6	1.8	1.4	1.2	1.3
Released from other employment/ working time reduced	1.8	1.3	1.6	1.2	1.0	1.1
Can choose own hours and place of work	2.2	0.9	1.6	2.0	1.0	1.6
Traditional lines of business	2.2	0.8	1.6	1.9	1.5	1.7
Others	3.0	1.7	2.4	2.1	1.4	1.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: ILFS 2006

### 4.4.3 Unemployment

The standard international definition of unemployment includes members of the labour force who are not working but are looking for work. A broader definition also includes individuals who are available for work but are no longer looking for work, perhaps because they have given up hope of finding a job. In Tanzania, individuals who have a marginal attachment to employment are also included. The rates of unemployment according to these different definitions are shown in Table 22. The data indicate that unemployment is low in rural areas, especially by the international definition. In contrast, unemployment in Dar es Salaam is much higher – by the Tanzanian definition, 31.5 per cent of the labour force (aged 15 years and older) in Dar were unemployed in 2006.

**Table 22: Unemployment Rate of Population 15+ Years (based on different Definitions), by Residence, 2006**

Category	Dar es Salaam (%)	Other Urban Areas (%)	Rural (%)	Total (%)
A Looking for work	16.6	3.6	0.8	3.0
B Available but not looking for work	4.4	2.9	0.9	1.7
A+B Broader international definition	21.2	6.5	1.7	4.7
C With marginal attachment to employment	10.3	10.0	5.8	7.0
A+B+C Tanzanian definition	31.5	16.5	7.5	11.7

Source: ILS 2006



The unemployment rate for females was higher than for males, and especially in Dar es Salaam, where 40 per cent of females were unemployed, compared with 23 per cent of males. Unemployment rates in rural areas were much lower – 8.1 per cent for males and 7.0 per cent for females – and the gender difference were small.

**Table 23: Unemployment Rate for Population 15+ Years, by Gender and Residence, 2006**

	Dar es Salaam (%)	Other Urban Areas (%)	Rural (%)	Total (%)
Male	23.0	13.6	8.1	<b>10.7</b>
Female	40.3	19.2	7.0	<b>12.6</b>
<b>Total</b>	<b>31.5</b>	<b>16.5</b>	<b>7.5</b>	<b>11.7</b>

Source: ILFS 2006

#### 4.4.4 Use of Time

The ILFS 2006 also collected information on the time spent on various activities. Table 24 presents data on the average time spent by Tanzanians per day on different activities. The data reveal that personal care and self-maintenance consume nearly 60 per cent of the day for both males and females, a result partly due to the inclusion of a large number of children in the survey.

Table 24: Mean Time Spent per Day by Population 5 years and older, by Activity and Gender, 2006

Activities	Male		Female		Total	
	Minutes	% of Total	Minutes	% of Total	Minutes	% of Total
Formal Employment	90	6.2	35	2.4	61	4.2
Primary production	180	12.5	163	11.3	171	11.9
Services for income	6	0.4	7	0.5	6	0.4
Household maintenance	52	3.6	170	11.8	113	7.8
Care of children, sick	11	0.8	35	2.5	24	1.7
Community services	9	0.6	7	0.6	8	0.5
Learning	87	6.1	75	5.1	81	5.7
Social and cultural	130	9.0	95	6.6	111	7.8
Mass media use	18	1.3	8	0.5	13	0.9
Personal care / maintenance	858	59.5	846	58.7	852	59.1
<b>Total</b>	<b>1,441</b>	<b>100.0</b>	<b>1,441</b>	<b>100.0</b>	<b>1,441</b>	<b>100.0</b>

Source: ILFS 2006

Among adults of prime working age (25 to 64 years), women and men worked a similar number of hours in primary production. However, women worked fewer hours in employment, but spend many more hours than men in household maintenance and caring for children, the sick and elderly. The time spent by females in these activities was almost four times that spent by males. In contrast, males spend more time than females in social and cultural activities.

#### **4.4.5 Child Labour**

Children included in the ILFS were also asked about their employment status. In the age group of 10-14 years, when most children are expected to be in school, 35 per cent also reported that they were employed. The percentage of boys who were employed was higher (38.5 per cent) than girls (31.7 per cent). This may partly be because more girls than boys are engaged in housekeeping activities or household chores which are not categorised as

economic activities. The main reasons offered by households for letting children work included “getting a proper upbringing” (37.9 per cent), “assisting in household enterprise” (31.4 per cent) and “supplementing household income” (22.1 per cent). The distribution of reasons was similar in respect of boys and girls.

The ILFS also investigated the involvement of children in work which is considered hazardous because of the specific type of work (occupation-related child labour) or potentially harmful because of excessive hours which can jeopardise children’s attendance or performance in school (time-related child labour). Time-related child labour was by far the most common, involving 19 per cent of children aged 5 to 17 years. Boys were more likely to be involved than girls; 21 per cent of boys reported time-related work and 17 per cent of girls.



**Table 25: Percentage of Children in Child Labour, by Type of Labour, Gender and Age Group, 2006**

Type of child labour	Sex								All
	Boys				Girls				
	5-6	7-13	14-17	Total	5-6	7-13	14-17	Total	
	Years	Years	years		Years	Years	years		
<b>Time-related</b>	6.5	20.2	29.8	20.6	5.1	16.9	25.1	17.0	18.8
<b>Occupation-related</b>	1.7	3.3	1.8	2.7	0.6	2.2	2.0	1.9	2.3
<b>Total</b>	<b>8.2</b>	<b>23.5</b>	<b>31.6</b>	<b>23.2</b>	<b>5.7</b>	<b>19.1</b>	<b>27.0</b>	<b>18.9</b>	<b>21.1</b>

Source: ILFS 2006

Rural children were much more likely to be involved in child labour – 25.2 per cent compared with 7.7 per cent of urban children (Table 26).

**Table 26: Percentage of Children in Child Labour, by Residence and Gender**

Location	Gender		All
	Boys	Girls	
Rural	27.7	22.5	25.2
Urban	7.9	7.5	7.7
<b>Total</b>	<b>23.2</b>	<b>18.9</b>	<b>21.1</b>

Source: ILFS 2006

## 4.5 Water and Sanitation

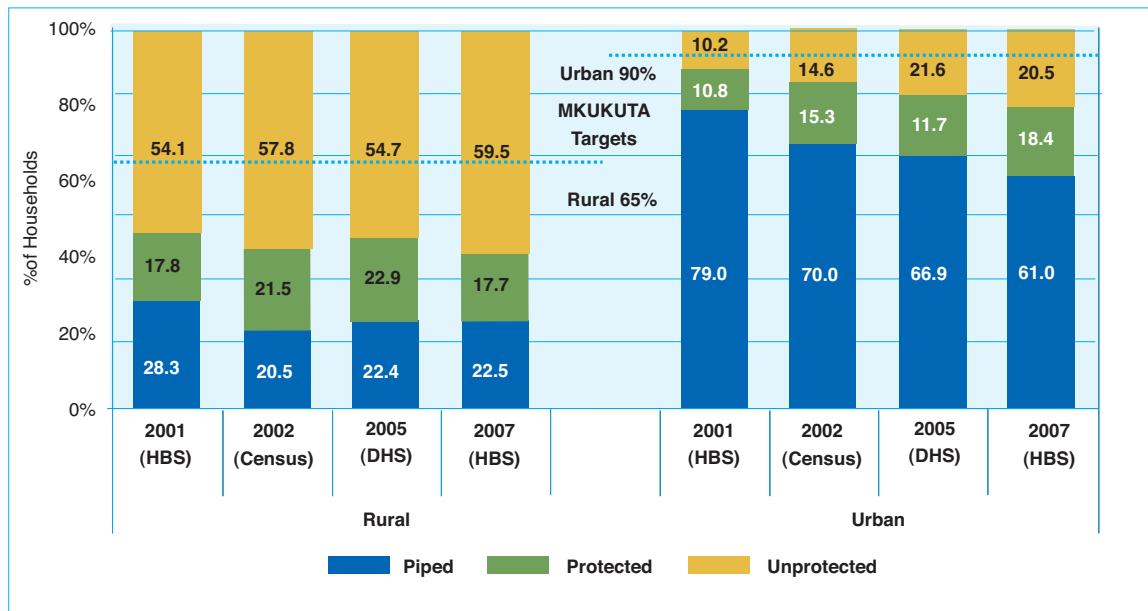
The third goal under MKUKUTA's Cluster II includes targets for increased access to clean, affordable and safe water and improved sanitation. Progress towards better water and sanitation has a significant gender aspect since women and girls are more likely to be engaged in collecting water for households. Adequate, private sanitation facilities at schools are also critical in ensuring the attendance of adolescent girls.

### 4.5.1 Access to Water

National survey data suggest little or no increase in coverage over the past seven years. In rural areas, 60 per cent of households still rely on unprotected, unsafe sources of water. In urban areas, data show a declining trend in coverage from 2001 to 2005, particularly in piped water supply (Figure 12). This likely reflects the failure of network expansion and service delivery to keep pace with urban population growth. Based on these estimates, neither rural nor urban coverage targets under MKUKUTA will be met. However, the gaps between current coverage and the MKUKUTA targets, especially for rural areas, are exaggerated as targets were set based on routine data estimates which give consistently higher estimates of access than survey data.



Figure 12: Survey Data on Water Supply, 2000/01 to 2007



Sources: HBS 2000/01 and 2007, Census 2002; TDHS 2004/05

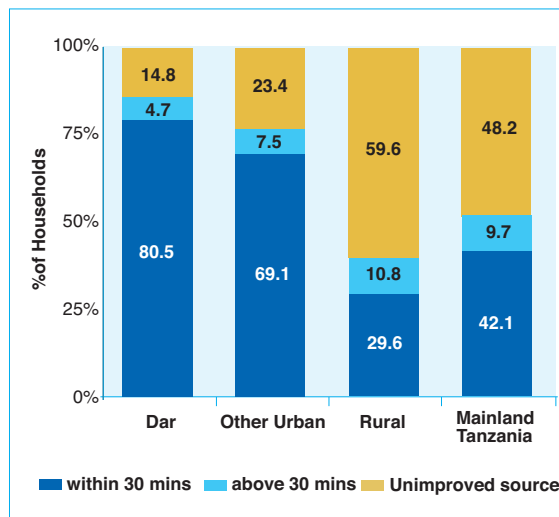
#### 4.5.2 Time Taken to Collect Water

The MKUKUTA indicator for water supply specifically refers to a 30-minute limit on collecting time, reflecting the priority given to time spent by citizens in accessing water. Under this indicator, if it takes a household more than 30 minutes to go to their water source, collect water and return, then that household does not have “adequate access”.

The 2007 Household Budget Survey examined how many households reported that access to water from a piped or protected source also fit within the 30-minute criteria (Figure 13). Encouragingly, a large majority of households that have access to an improved source reported collection times within the limit prescribed by MKUKUTA. Only 27 per cent of rural households who used improved sources took more than 30 minutes to collect water. Corresponding figures for urban areas are even lower (5.5 per cent in Dar es Salaam, 9.8 per cent in other urban areas). Thus it seems that access to an improved source of

water is closely associated with access within the specified time limit.

Figure 13: Water Collection Time



Source: HBS 2007

#### 4.5.3 Access to Basic Sanitation Facilities

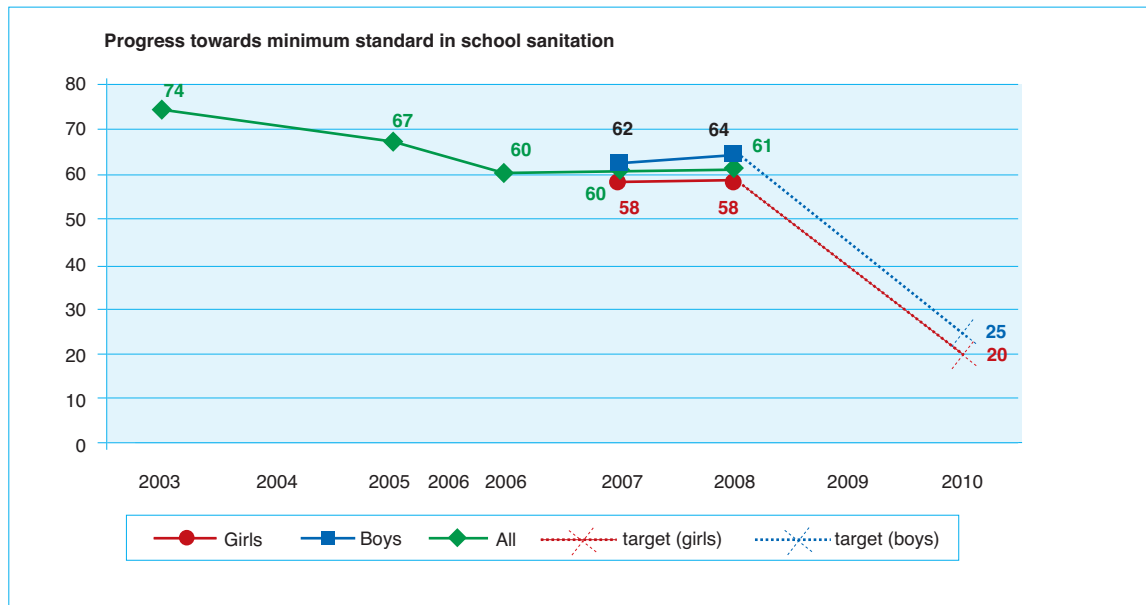
A lack of adequate and private hygiene facilities for girls can reduce school attendance and cause some girls drop out of school altogether (Sommer, 2009). The MKUKUTA target requires that all schools must meet the minimum standard of one latrine for every 20 female students and one latrine for every 25 male students. However, the manner in which data is collated at district level prevents analysis of the number of schools meeting these standards.

Arguably, though, the overall pupil-latrine ratio for schools provides a more sensitive indicator than the proportion of schools meeting a given standard. Therefore, Figure 14 presents aggregated data on the number of pupils per latrine nationwide, rather than the number of schools that meet the minimum standard. The data have been disaggregated by sex only since 2007. Data by gender is critical as lack of access to suitable sanitation facilities is a particular problem for girls, especially during menstruation.





Figure 14: School Sanitation (Number of Pupils per Latrine)



Source: MoEVT, Basic Education Statistics Tanzania (BEST) 2003, 2005, 2007 and 2008

The data show a generally positive trend until 2006 with the number of pupils per latrine, declining from 74 in 2003 to 60 in 2006. However, no change was recorded between 2006 and 2007, and a slight deterioration in the number of pupils per latrine in 2008. Without a significant increase in investment, the MKUKUTA target will not be met by 2010.

Data on sanitation in government primary schools for 2007 also reveal significant regional disparities. At national level, the number of latrines was only 37 per cent of the total required. At regional level, Dar es Salaam (22 per cent), Shinyanga (24 per cent) and Manyara (27 per cent) were well below the national average, while the number of latrines in Iringa and Kilimanjaro were almost 60 per cent of the requirement.

#### **4.6 Leadership and decision making**

Inclusive governance – one of MKUKUTA 's Cluster III goals – implies gender equity in decision making. The proportion of women representatives in Parliament has reached the MKUKUTA target of 30 per cent following national elections in 2005, largely as a result of special seats which are reserved for women. Of the 323 members of the National Assembly, 98 seats are held by women, of which 75 are special seats and only 17 were elected. In contrast, the representation of women in local government remains low. Only 5 per cent of elected district councillors are female. The Constitution of the United Republic of Tanzania provides for 30% special seats for women in Parliament and 33.3% special seats in the Local Councils.



Furthermore, the percentage of women in leadership positions in the public service has increased from 20 per cent in 2004/05 to 22 per cent in 2008/09<sup>21</sup>. Between 2004 and 2009 the number of women judges also increased in the High Court of Appeal from 33 per cent to 76 per cent in 2009, and in the High Court from 16 per cent to 62 per cent. Constitution of the United Republic of Tanzania that provides for 30% special seats for women in Parliament and 33.3% special seats in the Local Councils

#### 4.7 Gender-based violence

The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, and includes threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Violence against

women is an obstacle to the achievement of the objectives of equality, development and peace; it both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms

The Government of Tanzania is committed to establishing and enforcing legislative and administrative measures to protect its citizens against violence and to apprehend and prosecute offenders. One of the governance goals of MKUKUTA's Cluster III is to improve personal and material security, reduce crime, and eliminate sexual abuse and domestic violence. The last two components of this goal are of great relevance to gender analysis. Women and children are at a disproportionately high risk of physical, sexual and psychological violence, especially from an intimate person or a person they know and trust. There is evidence that exposure to

21 Speech of the Minister of State-Public Service Management (PSM) presenting budget estimates for the financial year 2009/10. For the purposes of this indicator, leadership positions in the public service include Permanent Secretary, Deputy Permanent Secretary, Assistant Directors, Ambassadors, District Commissioners, Regional Administrative Secretaries, District Administrative Secretaries, District/Municipal Executive Director and Judges in the Court of Appeal and the High Court.

recurring traumatic experiences in early childhood places a child at much greater risk of long-term psychological, emotional and behavioral problems. Sexual violence is also a critical concern in this era of HIV/AIDS.

Acts of domestic violence and sexual abuse are many. They include rape, sodomy, spouse beating, female genital mutilation and psychological torture. Indicators for monitoring progress towards the reduction of gender-based violence are quite challenging to devise and measure. What is defined and identified as "domestic violence" by victims is strongly mediated by cultural beliefs and values and may not coincide with standard definitions. MKUKUTA has adopted two proxy indicators to attempt to capture the extent of sexual and domestic violence in Tanzania.

The first indicator is "the number of cases of sexual offenses filed at district and high court or courts of appeal as a percentage of all cases". However, this indicator does not include offences reported to the police but not subsequently filed as court cases. It is likely therefore that the data collected will under-report the extent of abuse given that many incidences of sexual abuse go unreported and many more are settled outside the court system. Moreover, national data are not readily available from the courts on cases of sexual abuse and domestic violence. Nonetheless, the aim of this indicator is to capture the extent to which people seek redress for offences using legal/formal systems.

Table 27 presents data on the number and percentage of sexual offences reported, based on statistical records from the Ministry of Home Affairs. The percentage of cases has increased since 2003 and rose sharply in 2007. It is unlikely that the sharp increase in 2007 can be explained only by an

increase in the incidence of offences, rather it may reflect that citizens, women in particular, are increasingly aware of their rights and, as a result, seek formal/official channels of redress and justice.

Campaigns by FemAct Coalition, Tanzania Media Women's Association (TAMWA) and other like-minded organisations may have influenced this trend.

**Table 27: Reported Cases of Sexual Offences, 2002 to 2007**

Year	Rape	Sodomy	Total Cases of Sexual Abuse (Rape + Sodomy)	Cases of Sexual Abuse as % of All Cases	Total (All Reported Crimes)
2002	3721	490	4,211	5.09	82,702
2003	3089	488	3,577	4.58	78,142
2004	4621	488	5,109	6.56	77,938
2005	3997	420	4,417	6.40	69,073
2006	4278	512	4,790	6.96	68,781
2007	8874	567	9,441	10.66	88,527

Source: Ministry of Home Affairs, Dar es Salaam, 2008

MKUKUTA's current indicators are not comprehensive in capturing sexual and domestic violence but they are a start in monitoring trends and deriving lessons to inform better data collection and reporting. There is an urgent need to advocate for and provide resources to strengthen the capacity of the

police and courts to adequately report criminal cases. Similarly, institutions such as the Ministry of Home Affairs and the Ministry of Community Development, Gender and Children, should also be supported to strengthening their capacity to handle such cases.



The Tanzania Gender Indicators Booklet 2010 has shown that important steps have been taken in the past few years towards gender equality. Nonetheless, much remains to be done. The Booklet has pointed out where important gaps in information and analysis persist so that gender-based monitoring and reporting can be strengthened in the national indicator set for the next phase of MKUKUTA.

In education, gender disparities are being reduced. Gender parity in primary school enrolments has been achieved and near parity in lower secondary enrolments. However, the performance of girls in the primary school leaving examination results remains lower than boys, and gender differentials in enrolment widen in higher secondary and in tertiary levels of education.

In health, infant and under-five mortality rates have declined significantly in recent years, and there are no marked gender differentials in survival rates among young children. Maternal mortality, however, remains unacceptably high, and indicators of maternal health services, including the percentage of deliveries in health facilities and the percentage of births attended by skilled personnel, are not improving.

Labour force statistics show that almost all adult women are active in the labour force, most of them working in agriculture. Proportionately more women than men are categorised as not being in the labour force, but this is because of definitions of economic activities which classify domestic work without pay as not productive. Women are also less likely than men to be formally employed, and they are more likely than men to be unemployed. In addition, very few smallholder households have access to credit to improve the productivity of their enterprises, and even



fewer female-headed households. Lack of ownership of or title to productive assets to provide as collateral is a major constraint in accessing loans from cooperatives or financial institutions, particularly for women.

In sum, the indicators reported in this Booklet suggest some progress, but also reflect continued gender disparities which are the outcomes of discriminatory practices embedded in tradition and regulation.

With respect to collection and reporting of gender-sensitive data, most of the current set of indicators under MKUKUTA's Cluster I are either macro in nature or based on household-level survey data. Gender disaggregation, therefore, is not possible for these important indicators. This underlines the importance of more frequent, systematic analysis of national survey data to assess the contributions of men and women to the

economy and the benefits they receive. In addition, to better capture gender perspectives, national surveys should adopt methodologies to interview all adults within sampled households, female and male, rather than only the "head of the household." Repeated time-use surveys, following the example of the ILFS in 2006, will also be helpful. Positively, the labour force, employment and unemployment data collected are gender-disaggregated, as well as age-disaggregated. However, gender-disaggregated data are not currently included in the MKUKUTA monitoring system. More detailed information needs to be provided so that women's disproportionate contribution to the domestic economy, including for the care of the sick, disabled and elderly, can be properly valued. With the second phase of MKUKUTA in development, a timely opportunity exists to refine the goals, indicators and targets of the national monitoring system to strengthen the reporting of gender-sensitive data.





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