

Population Trends Tanzania



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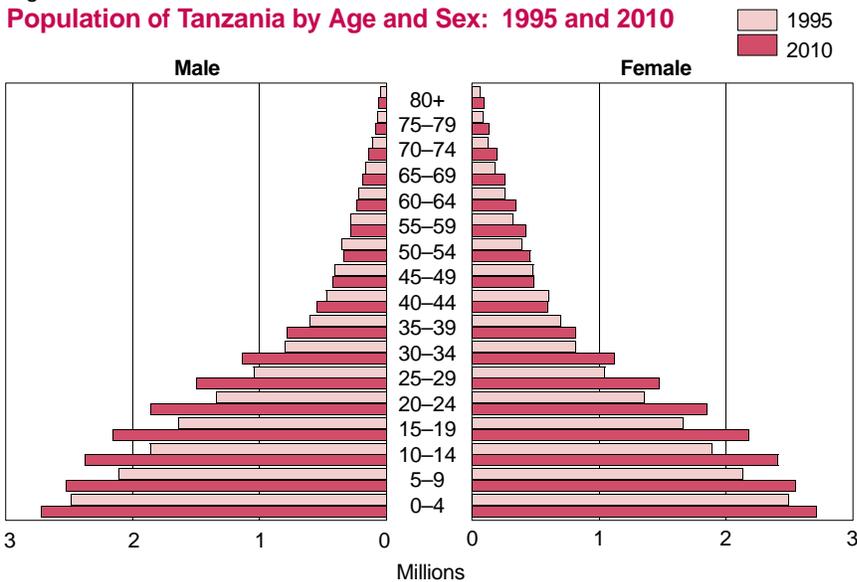
- Contraceptive prevalence doubled in Tanzania in a little over 2 years, a sign that the Tanzania family planning program is making progress.
- High levels of HIV/AIDS infection are projected to have a significant demographic impact. As a result of AIDS mortality, the projected population in 2010 is 8 million fewer than it would have been otherwise.
- Fertility is declining but is still so high that Tanzania's population, which is very young (figure 1), will grow from 28.6 million today to 35.4 million in 2010 despite the effects of AIDS.

Mortality and HIV/AIDS

As in a number of other Sub-Saharan African countries, HIV/AIDS infection levels in Tanzania are very high. Although the information is incomplete and of varying reliability, data collected in various parts of the country among different population groups indicate the severity of the problem. Infection rates among high-risk groups such as commercial sex workers have been reported at levels of 42 to 50 percent in the capital city of Dar es Salaam. Even among low-risk groups, such as women tested in antenatal clinics, infection rates of 14 to 16 percent are reported in Dar es Salaam. Other studies indicate that 10 to 15 percent of women attending antenatal clinics in several other cities and towns are infected, and 3 to 6 percent of rural adults may be infected (Bureau of the Census, 1994). By the turn of the century, the

Figure 1.

Population of Tanzania by Age and Sex: 1995 and 2010



Tanzania National AIDS Control Program (NACP) expects nearly 2.4 million people to be HIV infected and 800,000 people to have AIDS. (TMOH,1994).

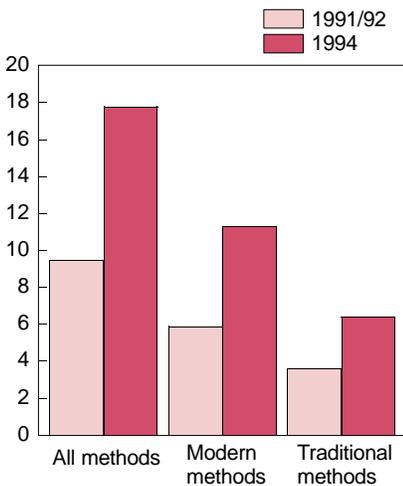
As shown below, the projected demographic impacts of the HIV/AIDS epidemic are already evident in 1995 and will become more pronounced by 2010.

	1985	1995	2010
Population (in millions)			
With AIDS mortality	21.6	28.6	35.4
No AIDS mortality	21.6	29.5	43.9
Expectation of life at birth (in years)			
With AIDS mortality	49.2	42.5	35.3
No AIDS mortality	49.2	53.8	60.7
Infant mortality rate (per 1,000 births)			
With AIDS mortality	118	109	90
No AIDS mortality	118	96	65
Crude death rate (per 1,000 persons)			
With AIDS mortality	17.0	19.5	25.2
No AIDS mortality	17.0	13.1	8.9

Source: U.S. Bureau of the Census, International Programs Center, unpublished tables, 1995.

Because of HIV/AIDS, Tanzania's previously improving trend in mortality is now projected to have reversed its course. In 1995, the estimated life expectancy at birth is already 11 years lower than it would be without the AIDS impact, and by 2010 the difference will be 25 years. Infant mortality, although still high, would be falling more rapidly if not for the impact of AIDS. By the year 2010, the infant mortality rate will be nearly 38 percent higher than the expected rate if there were no AIDS mortality. Overall, by 2010, AIDS will more than double the crude death rate; and of the population that would have been expected in 2010, over 8 million people will be missing.

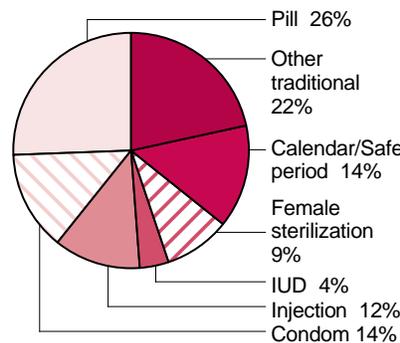
Figure 2.
Percent of All Women Ages 15 to 49 Using Contraception, by Method



Fertility and Contraceptive Prevalence

In 1992, Tanzania formulated a population policy that emphasized regulated population growth, and efforts appear to be succeeding. The total fertility rate (TFR), which was estimated at nearly 7 children per woman in the 1970's and early 1980's, is now estimated at 5.8 children per woman. Rising age at marriage and, recently, more use of family planning are the

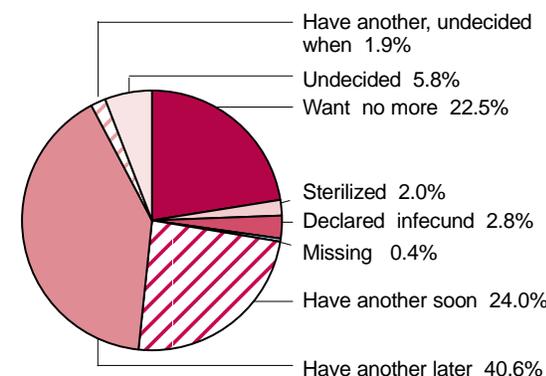
Figure 3.
Percent Distribution of Contraceptive Users by Method: 1994



major factors responsible for this fertility decline.

Between early 1992 and mid-1994, the contraceptive prevalence rate (CPR) almost doubled, and the estimated number of women using contraception increased from 562,000 to 1,142,000. According to the 1994 Tanzania Knowledge, Attitude, and Practices Survey (TKAPS), 17.8 percent of all Tanzanian women ages 15 to 49 were using a contraceptive method in 1994 (figure 2). This compares with only 9.5 percent of all women using contraception in 1992 (TBOS and MII, 1995). Modern methods accounted for nearly two-thirds of the increase in contraceptive prevalence. Increased use of the pill, injections, and condoms

Figure 4.
Fertility Preference of Currently Married Women Ages 15 to 49: 1994



explained most of the rise in the use of modern methods.

In 1994, the pill was the most common method, chosen by 26 percent of users (figure 3), or 297,000 women. Twelve percent of users relied upon injections in 1994, up from only 3 percent in 1992. The calendar rhythm (safe period) method was the most common traditional method, chosen by 14 percent of all users.

Education and place of residence are two factors closely correlated with contraceptive use. Urban women, with 28 percent users, are twice as likely to use contraception as rural women. Educational level is an even stronger predictor of family planning: 40 percent of women with secondary or more education used contraception compared with 11 percent of women with no formal education. While these factors are not likely to have significantly affected trends in contraceptive use over the comparatively short period of 1992 through 1994, they are important in predicting longer term trends (see below for discussion of literacy and urbanization).

Despite recent increases in contraceptive prevalence, the 1994 TKAPS information on future fertility preferences, asked of married women only, indicates a large pool of potential users whose family planning needs are not met. Sixty-three percent of married women indicated a desire to either terminate childbearing or space their next birth (figure 4). After excluding those who were infecund or already users, 27 percent of currently married women, or 1.1 million, had unmet need for family planning. Like most other African countries, unmet need

for spacing (18 percent) exceeds that for limiting fertility (9 percent) although these proportions vary considerably according to age (figure 5). Studies suggest that satisfying this 27 percent unmet need could reduce the TFR in Tanzania by as much as 1.8 children (see relationship between TFR and CPR in Sinding, 1994). But satisfying this large unmet need would require a substantial expansion of resources for the family planning program. Also, during the time it would take to satisfy the need, the number of women in childbearing ages will continue to grow, climbing from 6.7 million in 1995 to 8.5 million in 2010.

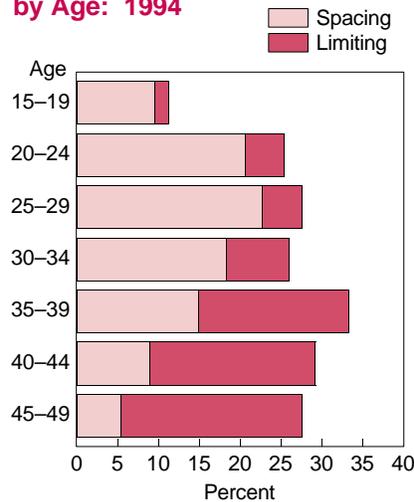
Age Groups

Despite the projected decline in fertility and increase in mortality due to AIDS, Tanzania's population in all age groups will continue to grow (figure 1). Of the 7 million additional persons anticipated by 2010, the group increasing fastest over the next 15 years is the working ages, where a 30-percent increase (4 million people) will challenge the economy to provide jobs. The next largest increase occurs in the school age population which will increase 25 percent (2.5 million children), putting a greater burden on educational budgets.

Urbanization

Tanzania, like other East African countries, has a relatively low level of urbanization with 24 percent of its population living in urban areas (United Nations, 1995). However, growing at a rate of over 6 percent per year during 1990-95, the urban population of Tanzania has one of the highest rates of growth in the world. Between 1995 and 2010, 86 percent of the total population growth is projected to occur in urban areas, causing the urban population to nearly double its size.

Figure 5.
Unmet Need for Family Planning Among Currently Married Women by Age: 1994



Literacy and Education

Thanks to an adult literacy campaign, the estimated adult literacy rate rose from 28 percent in 1967 to 59 percent in 1988 (TBOS). While the literacy rate for females improved at a somewhat faster pace than that for males, the gap between women (48 percent) and men (71 percent) remains substantial, 23 percentage points compared with 30 points in 1967.

The 1980's, however, was a decade of reversal in primary and secondary education as Tanzania reduced the proportion of total public expenditures devoted to education. As a result, progress made in educating an increasing number of children was reversed. The net combined primary and secondary grade enrollment ratio, which rose from 22 percent in 1970 to 58 percent in 1981, began to decline, dropping to 40 percent in 1989 (UNESCO, 1992, and Europa Publication Limited, 1993).

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The International Programs Center (IPC) collects, assesses, and analyzes population and related statistics from all countries. Based on these data, IPC produces the demographic estimates and projections used in this series of reports. This report, written by Arjun Adlakha, was prepared with the support of the U.S. Agency for International Development. More detailed information is available from the International Programs Center, Population Division, U.S. Bureau of the Census, Washington, DC, 20233-8860.

Table 1.
**Population Indicators for Tanzania:
1990 to 2010**
[Population in thousands]

Indicator	1990	1995	2000	2010
POPULATION				
Total country.....	24,834	28,581	30,953	35,417
Urban.....	5,165	6,974	8,729	12,856
Rural.....	19,669	21,607	22,224	22,561
Male, total country				
All ages.....	12,184	14,026	15,200	17,362
0 to 14.....	5,748	6,467	6,880	7,637
6 to 12.....	2,503	2,814	3,028	3,468
13 to 18.....	1,739	2,056	2,224	2,675
15 to 44.....	4,921	5,909	6,633	7,979
15 to 49.....	5,305	6,315	7,029	8,399
15 to 64.....	6,073	7,167	7,904	9,251
65+.....	363	391	416	474
Female, total country				
All ages.....	12,650	14,555	15,753	18,055
0 to 14.....	5,786	6,513	6,930	7,669
6 to 12.....	2,530	2,846	3,064	3,499
13 to 18.....	1,761	2,083	2,256	2,705
15 to 44.....	5,248	6,172	6,756	8,023
15 to 49.....	5,659	6,652	7,281	8,506
15 to 64.....	6,485	7,608	8,325	9,721
65+.....	380	434	498	664
Married females				
15 to 49.....	3,685	4,299	4,697	5,446
15 to 19.....	353	424	461	555
20 to 24.....	741	923	1,059	1,260
25 to 29.....	687	831	968	1,171
30 to 34.....	602	651	721	900
35 to 39.....	546	586	576	680
40 to 44.....	434	508	500	501
45 to 49.....	322	376	411	379
DEPENDENCY RATIO				
Both sexes.....	97.8	93.4	90.7	86.7
LIFE EXPECTANCY AT BIRTH (years)				
Both sexes.....	46.5	42.5	38.4	35.3
Male.....	44.4	40.9	37.1	33.5
Female.....	48.6	44.2	39.8	37.2
INFANT MORTALITY RATE (per 1,000 births)				
Both sexes.....	112.5	109.0	104.3	90.1
Male.....	124.4	120.4	115.2	100.1
Female.....	100.3	97.3	93.1	79.7
TOTAL FERTILITY RATE (per woman)				
.....	6.2	5.8	5.3	4.4

Note: Dependency ratio is the number of persons under age 15 and age 65 and over per 100 of those ages 15 to 64 years.

Source: U.S. Bureau of the Census, International Programs Center, International Data Base.

Table 2.
**Contraceptive Prevalence Among All Women
Ages 15 to 49 Years, by Method: 1991/1992
and 1994**

Method	Percent current users		Percent distribution of users	
	1991/92	1994	1991/92	1994
All.....	9.5	17.8	100	100
Pill.....	3.0	4.5	32	26
Condom.....	.7	2.4	8	14
IUD.....	.3	.7	3	4
Injection.....	.3	2.1	3	12
Female sterilization.....	1.5	1.6	16	9
Calendar period.....	1.6	2.5	17	14
Withdrawal.....	1.3	2.2	14	12
Other traditional.....	.6	1.6	6	9
CHILDLESS WOMEN: 1991/1992				
Percent of all women aged 45-49.....				
	4.1			
AVERAGE DURATION OF POSTPARTUM INFECUNDABILITY: 1991/1992				
Number of months.....				
	16.8			

Note: Figures may not add to totals because of rounding.
Source: TBOS, MII, 1993, tables 3.5, 4.4 and 5.9; and 1995, table 5.

Table 3.
**Average Age of Users of
Selected Methods: 1994**

Method	Average age	
	All women	Married women
Pill.....	28.2	28.5
Condom.....	23.8	25.9
IUD.....	31.7	31.3
Injection.....	34.5	34.6
Female sterilization.....	40.3	40.5
Traditional.....	30.0	30.8

Note: Calculated at the U.S. Bureau of the Census using the 1994 TKAPS data on contraceptive prevalence by age.
Source: TBOS, MII, 1995, tables 6 and table A.

Table 4.
Fertility Rates
[Per 1,000 women]

Age	1991	1994
15 to 19.....	140	133
20 to 24.....	276	266
25 to 29.....	266	259
30 to 34.....	225	216
35 to 39.....	171	163
40 to 44.....	104	98
45 to 49.....	36	33
Total fertility rate (per woman).....		
	6.1	5.8

Source: U.S. Bureau of the Census, International Programs Center, International Data Base.