

Country Factsheet

Tanzania

Sexual and Reproductive
Health and Rights



Country context

Situation and trends

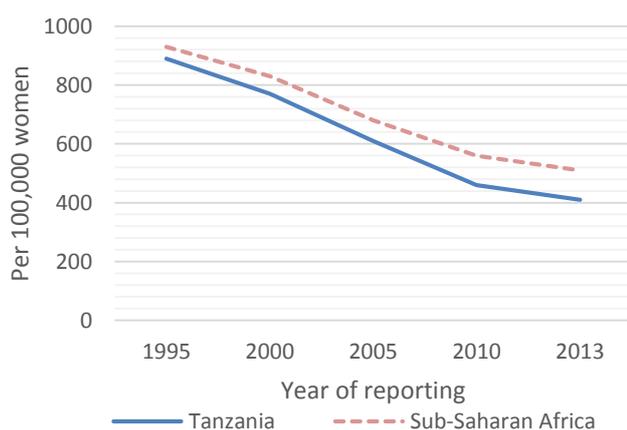
HIV prevalence in Tanzania has declined by 3% between 2003/4 and 2013 among adults aged 15-49, but the prevalence and extent of the decrease varies geographically and between different demographics. Conversely, Tanzania suffers high adverse sexual and reproductive health (SRH) indicators including high levels of: maternal mortality, adolescent births, mother to child transmission of HIV, intimate partner violence, persistence of child and teenage marriages, girls forced to drop out of school due to pregnancy, and low contraceptive prevalence. SRH programmes have limited orientation to key populations and there is little evidence of integration of SRH and HIV/AIDS interventions. Although Tanzania has met its country target for reducing the under-five mortality rate, newborn deaths are responsible for 40% of all under-five deaths and is an area for concern¹.

Healthcare infrastructure and access

There exists extensive health infrastructure affording 80% of the population access to a health facility within five kilometres of their home. That notwithstanding, health facilities lack basic resources and are understaffed, the impacts of which mirror large inequities in health care access with the rural population being the worst affected.

Government expenditure on health has steadily declined with out-of-pocket expenditure increasing. Government expenditure on health stood at 10% of all government expenditure in 2012 (most recent data available). Government health expenditure is not transparent and over 90% of SRH and HIV interventions are development agency driven and financed.

Maternal mortality trends



Health Statistics

Demographic statistics

Total population	49,253,126 (2013) ²
Urban population % of total	30.2 (2013) ³
Net official development assistance received (current US\$)	2,831,890,000 (2012) ⁴
Public health expenditure as total of health expenditure	39.34% (2012) ⁵
Income share held by the lowest 10%	3.23% (2012) ⁶
HDI score female	0.467 (2013) ⁷
HDI score male	0.498 (2013) ⁸

SRHR statistics

Maternal mortality ratio (out of 100,000)	410 (2013) (adjusted) ⁹
Infant mortality rate (per 1000 live births) (deaths in the first year of life)	36 (2013) ¹⁰
Child mortality rate (per 1000 live births, in the first five years)	52 (2013) ¹¹
Proportion of Births Attended by Skilled Birth Attendants	49% (2009-2013) ¹²
Antenatal care coverage (at least one visit)	88% (2009-2013) ¹³
Total fertility rate	5.29 (2012) ¹⁴
Adolescent birth rate (births per 1000 girls aged 15-19)	128 (2008-2012) ¹⁵
Contraceptive prevalence rate (% of women aged 15 to 49 years reporting that they use any method of contraception)	39% (2014) ¹⁶
Unmet need for family planning (% of women of reproductive age (aged 15-49))	25% (2010) ¹⁷

HIV and AIDS

Number of people living with HIV	1,400,000 (2013) ¹⁸
Adults aged 15 to 49 prevalence rate	5% (2013) ¹⁹
Women Living with HIV as proportion of total prevalence	61% (2014) ²⁰
Young women (15-24) prevalence	2.2% (2013) ²¹
HIV positive pregnant women receiving antiretroviral drugs to reduce the risk of mother-to-child transmission	77% (2014) ²²

Challenges in SRHR

Maternal health

There has been a spike in maternal mortality in Zanzibar between 2012 and 2013.²³ Contributing factors include: high fertility rates (6.1 in rural areas with lower access to health care), high birth rates among adolescent girls, low socio-economic status of women, low prevalence of contraception (27.4% of married women used modern methods in 2010), highly restrictive options for safe and legal abortion, high levels of sexual violence, persisting practices of female genital mutilation, and reports that user fees for maternal, newborn, and child health (MNCH) care constitutes the greatest proportion of household expenditure on health^{24,25, 26}

Key populations

HIV prevalence is high among injecting drug users (IDUs) (16%), female sex workers (FSWs) (10.8%) and men who have sex with men (MSM) (12.4%).²⁷ Although the government funds three methadone treatment centres and there is NGO-driven service provision for IDUs, drug use remains illegal which creates barriers to accessing SRH, increasing risk for this group. A high percentage of FSWs reported clients as perpetrators of both physical violence, and of forced sex. This could reduce FSWs ability to negotiate condom use (just 50% consistent condom usage with paying clients) and proportionately higher rates of HIV and Sexually Transmitted Infections (STIs) than the general population.²⁸

Young people

Two in five girls are married by the age of 18 and more than 50% of 18 year old girls are pregnant or already mothers. Contributory factors to early sexual debut and high numbers of unplanned pregnancies may include a contraception prevalence of just 12% for sexually active adolescents and young women (15-24 years old)^{29,30}, a legislative environment permitting girls to be married as young as 15 years (18 years for boys)³¹, as well as limited provision of comprehensive sex education in schools resulting in little awareness around HIV, AIDS, and SRH.

Gender-based violence

Several 'National Violence Against Children Surveys' indicate that 27% of female respondents aged 18 to 24 experienced sexual violence before they were 18 years old³²). Legally, marital rape is only an offence in limited circumstances and gender based violence cases can remain 'pending' for years, undermining efforts for recourse and accountability. Customary practices of female genital mutilation amongst some ethnic groups persist despite criminalization.³³

Instruments of response

Key laws, policies and strategies

Tanzania implemented a large body of progressive legislation to address the national health challenges, including strong policy supporting SRHR and HIV and AIDS, but implementation is variable. There is evidence of ongoing planning and revision of interventions but, seemingly, a lack of prioritization and review of performance and outcomes. There is an apparent disconnect between the government's commitment to improving MNCH and family planning services, government financing for this, and the fragmented nature of the government's SRH interventions.

'Tanzania Vision 2025' has informed efforts to address maternal and child health challenges via the National Strategy for Growth and Reduction of Poverty (NSGRP-MKUKUTA) and the Primary Health Services Development Programme (PHSDP-MMAM).

The National Multi-Sectoral Strategic Framework on HIV and AIDS specifically seeks to address health challenges amongst key populations.

National Road Map Strategic Plan to Accelerate Reduction of Maternal, Newborn and Child Deaths in Tanzania, 2008–2015 (One Plan) has three key priorities: family planning, care at birth and child health. These priorities will be carried over to the One Plan II (2016-2020) which will be aligned to the HSSP IV.

Gender Operational Plan for HIV and AIDS Response' (2010-2012) proposes activities that are to be undertaken by HIV & AIDS stakeholders in Tanzania Mainland while bearing in mind gender barriers, issues, gaps and challenges that increase the vulnerability of women, men, girls and boys to being infected with or affected by HIV & AIDS.

National Adolescent Health Strategy (2010-2015) aims to improve adolescent health services and to strengthen the policy and legal framework for SRH-related information and services.

National Strategic Framework on HIV and AIDS and the Sexual Offences Special Provisions Act (SOSPA) and Penal Code specifically addresses gender based violence.

The HIV and AIDS Prevention and Management Bill (2011) in Zanzibar supports the rights of people living with HIV but this is not yet law.

Key international treaties

<i>African Charter on Human and Peoples' Rights (also known as the Banjul Charter)</i>	Ratified 1984/02/18
<i>United Nations Convention on the Rights of the Child (UNCRC)</i>	Ratified 1991/07/10
<i>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</i>	Ratified 1985/09/19
<i>Protocol To The African Charter On Human and Peoples' Rights On The Rights Of Women in Africa</i>	Ratified 2007/03/03
<i>African Charter on Democracy, Elections and Governance</i>	Not signed

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For questions about this publication please contact
HEARD@ukzn.ac.za

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