Country
Factsheet

Tanzania

Unsafe Abortion

HEARD

Globally

The annual number of abortions worldwide is estimated at 56.3 million, with 25% of pregnancies ending in abortion (2010-2014).[1] 6.9 million women in the developing world were treated for complications from unsafe abortion in 2012,[2] and as many as 40% of women who need care do not obtain it.[3] Globally, unsafe abortion procedures account for an estimated 13% of maternal deaths, or 47,000 women.[4] The Sustainable Development Goals aim to reduce the global maternal mortality ratio from 216 (2015) to 70 (2030) maternal deaths per 100 000 live births.[5] The World Health Organization (WHO) defines unsafe abortion as a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both.[6]

Key Issues

- Tanzania has one of the highest maternal mortality ratios in the world. **Abortion related complications contribute to an estimated 16% of maternal deaths** (2004-5).[7]
- The estimated **national rate of induced abortions is 36 abortions per 1,000 women** aged 15–49, but wide geographical differences have been reported.
- **Abortion is legal to preserve the pregnant woman's life**, though confusion and ignorance of abortion laws and fear of punishment means that women and service providers are reluctant to undertake an abortion, even where the pregnancy threatens the woman's life.
- The **lack of access to safe abortion does not prevent women from aborting**. Instead, women seek abortions from illegal providers, or self-abort, often using unsafe abortion methods.
- **Civil Society Organisations are the main advocates** for aligning national law and policy with the provisions on abortion of the African Charter's protocol, but so far without success.
- **Girls are expelled from school** if they are found to have had an abortion. Pregnancy is the main cause of school drop-out amongst school girls.
- Just under **8 facilities per 100,000 women in Tanzania provide post abortion care** and most of these services are only available at consultant or regional level hospitals.
- While the Government commits to the provision of universal access **in reproductive health and post abortion care, there are many service gaps due to lack of equipment, trained staff and clear guidelines**.

Tanzania

Unsafe abortion

Tanzania has one of the highest maternal mortality ratios in the world. While this ratio has been declining from 578 per 100,000 live births in 2004/2005 to 410 in 2013,[8,9] the country did not reach its 2015 MDG target of 170.[10] Abortion-related complications contribute to an estimated 16% of maternal deaths, according to country data from 2004-5.[11] The extent of unsafe abortion in Tanzania is not well characterized or documented. In 2013, it was estimated that 15% of all pregnancies ended in induced abortion.[12] This figure includes both the safe and unsafe pregnancy terminations. However, a global study suggests that the majority of induced abortions taking place in the Eastern African region are unsafe.[13] The estimated national rate of induced abortions is 36 abortions per 1,000 women, aged 15–49, and a ratio of 21 abortions per 100 live births.[14] The highest induced abortion rate is found in the Lake Zone, with 51 abortions per 1,000 women.[15] Geographical variations are also found in the number of women treated for abortion-related complications. These range from 2.9 induced abortion cases treated per 1,000 women in the Eastern zone to 7.9 in the Southern Highlands of Tanzania.[16]

Law & policy

An abortion is permitted to preserve the life or health (physical or mental) of a pregnant woman.[17] However, the law is unclear on the extent to which a termination on these grounds would be considered legal. Furthermore, provision for rape, incest and foetal disability as additional grounds for abortion, through the country's ratification of the African Charter's protocol on the rights of women in 2007, have not been included in the law.[18] Civil society have proposed a bill to modify the current provision of the Penal Code but no changes have (yet) been made. Limited reference to the country's abortion law can be found in the Ministry of Health and Social Welfare guidelines, such as the 2002 "Post-abortion Care clinical skills curriculum, Vol 2 Trainee's handbook", regarding the profile of health care professional who can be involved in making a decision to authorise an abortion. Also, in the 2007 "Standard treatment guidelines and national essential medicines list for Mainland Tanzania", the physiological conditions under which termination of pregnancy may be indicated to preserve the pregnant woman's health are noted. On the whole, the provision of safe abortion services in Tanzania is hampered by a lack of clear policies and guidelines.[19] As a result, the criteria for legal abortions can either be interpreted conservatively or liberally which contributes to uncertainty among providers as to whether they act in compliance with the law.[20] Tanzania is in the process of enacting a new Constitution. While, it recognizes "the right of women to get quality medical services including safe reproductive health" (Art 54.f.),

the attempts to incorporate the right to safe abortion as described in the African Charter (Art 14.2.c.) were unsuccessful.[21]

Knowledge & attitudes

Abortion is a highly emotive issue in Tanzania and is considered immoral, dangerous and unacceptable, and most especially unacceptable in the absence of a male partner's consent.[22] The major religions in the country, Christianity and Islam, view abortion as a grave sin and do not endorse any form of law reform. Girls and women with an unwanted pregnancy are encouraged to carry the pregnancy to term. Stigma and taboo surround the issue of induced abortions but also of spontaneous abortions. There are differences in levels of stigma amongst unmarried women and married women. Married women, especially if accompanied by her male partner, appear to face less stigma.[23] In contrast, unmarried women face strong social censure and stigma over premarital sex as well as unintended pregnancy resulting in abortion.

Young girls found to have had an abortion are expelled from school. These girls face twin burdens of shame and stigma; they are shunned for engaging in premarital sex and stigmatised for undergoing an abortion. The media coverage on abortion typically concentrates on cases of abandoned foetuses are found in public spaces and the search for the (culprit) mothers. Education campaigns on reproductive health were part of the constitutional review and the last elections campaign (2015).

Abortion & postabortion care services

There is limited information regarding the cost of abortion services. A 2008 study estimated that the cost of an abortion at a health facility was around 10-15,000 Tanzanian shillings.[24] In contrast the cost of purchasing abortificants outside of the health sector was relatively low (eg 10-50 Tanzanian shillings per pill or tablet).[25] The majority of women who desire an induced abortion cannot formally access the service through the professional health sector. These women seek information on how to do this informally, through trusted friends and acquaintances. Those who have financial means or a supportive family, will covertly procure an abortion at medical establishments where costs vary widely depending on the person that carries out the procedure. Women who self-induce an abortion commonly insert herbs, laundry detergent or sharp objects into the vagina/cervix. They may also use different kinds of drugs, such as misoprostol, a drug known to induce an abortion, malaria tablets such as chloroquine, quinine, the painkiller oxytocin or oral contraceptive pills.[26,27,28] Informal pathways for obtaining an induced abortion are often unsafe resulting in post abortion complications. A cross-sectional study conducted in 2008 among women hospitalised with a miscarriage found that 62% of rural and 63% of urban Tanzanian women had had undergone an induced abortion had done so in an unsafe manner.[29] In 46% of the cases in rural women and 60% in urban women, the abortions had been performed by unskilled providers. In a confidential enquiry of maternal deaths at one regional hospital (2006-2008), 25% of mortalities were due to abortion-related complications.[30] In 2000, the Ministry of Health and Social Welfare introduced a post abortion care (PAC) training programme. This programme has since been devolved to lower level health facilities.[31] However, the provision of PAC is hampered by a lack of equipment, sufficient and trained staff at many of Tanzania's lower level health facilities. A study on the provision of post abortion care in Tanzania revealed that just under eight facilities were providing PAC per 100,000 women. The accessibility of post abortion care varies greatly between locations, with Zanzibar having the highest service coverage and the Eastern Zone the lowest.[32] The same study also revealed that only 1 in 6 women who have had an induced abortion receive PAC - either because they don't experience any complications or because they did not receive the required treatment for complications.[33] For example, the drug misoprostol – approved in 2011 by the Tanzanian Food and Drugs Authority for use in incomplete abortions,[34] is frequently out of stock at health facility' pharmacies. In addition to the services provided at public health facilities, women can also obtain PAC at 18 different centres run by civil society organisations, which offer PAC at a reduced price or for free.

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