

## Open Secret

### The Toll of Unsafe Abortion in Tanzania

June, 2020.

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## INTRODUCTION

In Tanzania every day, unsafe abortion takes the lives of many women and girls and exposes them to long- and short-term injuries. According to the most recent data, every year 1 million Tanzanian women and girls are faced with unintended pregnancies, 39% of which result in abortions.<sup>1</sup>

The data further show that “unsafe abortions account for more than one-third of hospitalizations for complications related to pregnancy and roughly one-quarter of maternal deaths,”<sup>2</sup> indicating that one out of four maternal deaths is due to unsafe abortion. Of the 405,000 abortions that were performed in the country in one year, for instance, the vast majority were unsafe procedures.<sup>3</sup> In addition, access to post-abortion care, a health service that is critical to treat complications from unsafe abortions and prevent resulting mortality and morbidity, is limited — in one year alone, almost 100,000 women and girls who suffered complications due to unsafe abortions did not receive medical care.<sup>4</sup>

Despite the gravity of the situation, however, the government of Tanzania has failed to respect, protect, and fulfill the sexual and reproductive rights of women and girls, and implement effective policy and programmatic measures to address the issue. This research seeks to mainly document the experiences of Tanzanian women and girls with unsafe abortions, including the role of the restrictive legal and policy framework in driving the high levels of unsafe abortion and limiting access to post-abortion care. It further aims to highlight the government’s failure to ensure access to the necessary reproductive health information and services that are crucial in preventing unplanned and unwanted pregnancies, including among vulnerable groups such as adolescents and victims of sexual violence.

## METHODOLOGY

The information in this research is based on the interviews conducted by the Center for Reproductive Rights from September to December 2017 in Dar es Salaam, Mwanza, and Arusha.<sup>5</sup> More than 60 women and girls were engaged through in-depth interviews and focus group discussions. The interviewees come from different backgrounds: married and unmarried; homemakers and gainfully employed; living in urban and rural areas; with one, multiple, or no children; and with different levels of education. Most have direct experience with safe or unsafe abortions, while others have families or friends who have procured abortions. In addition, interviews were conducted with a wide range of stakeholders, including government

Many health care professionals employ a restrictive approach and provide abortion only to save the life of the pregnant woman. They do not consider threat to physical and mental health and social well-being, nor do they terminate a pregnancy that resulted from rape or incest.

officials, health care providers, law enforcement bodies, and nongovernmental organizations. The research further relies on a publication of the Center, *A Technical Guide to Understanding the Legal and Policy Framework on Termination of Pregnancy in Mainland Tanzania*,<sup>6</sup> the findings of which are based on an assessment of the relevant policies, guidelines, training manuals, curricula, and professional codes of conduct and ethics; an analysis of key laws, court cases, and legal texts; and interviews with key stakeholders. The main findings of this assessment remain relevant since the country has not undertaken a law reform process to change the legal framework that regulates safe abortion services.

#### KEY ISSUES

- > **Varying reasons for seeking abortions:** Women and girls have varied reasons for seeking abortion services, including lack of contraceptives, to terminate a pregnancy that resulted from rape or incest, lack of financial means to raise a child, the desire to continue with their education (for adolescent girls), childbearing within a short period of having another child, and to avoid the stigma associated with pregnancy outside of wedlock.
- > **The law on abortion in Tanzania is unclear and inconsistent:** The penal code allows abortion when the pregnancy threatens the life of the pregnant woman, and pre-independence jurisprudence has affirmed that this also includes when the pregnancy affects the physical or mental health of the pregnant woman, or when the pregnancy resulted from rape. This jurisprudence, however, is not reflected in any law or policy.
- > **Lack of availability of medication abortion:** While scientific evidence shows that the combination of mifepristone and misoprostol is an effective and safe method for termination of pregnancies, the medicines are not registered for such use in Tanzania and are not included in the essential medicine list, leaving women and girls with limited information and avenues for accessing and using the methods safely.
- > **Stigma:** Stigma surrounding abortion forces women to delay seeking post-abortion care from trained health care providers and, in some cases, exposes them to corruption from health care professionals.
- > **Failure to domesticate the Maputo Protocol:** Tanzania, without any reservation, has ratified the Maputo Protocol—which, in addition to outlining other women’s rights, obligates states to authorize abortions in cases of assault, rape, and incest, and when continuing with the pregnancy endangers the mental and physical health of the pregnant woman and life of the pregnant woman or fetus. But the government has failed to undertake a law reform process to domesticate the same in national laws and policies. The government of Tanzania has further failed to comply with its human rights obligation to ensure that safe abortion and post-abortion services are available, accessible, acceptable, and of quality.
- > **Failure to prevent unplanned pregnancies:** The high rate of unsafe abortion in Tanzania is indicative of the government’s failure to ensure that women and girls have access to the necessary information and services to prevent unplanned and unwanted pregnancies. This includes the failure to address the myriad of challenges that impede women and girls’ access to con-

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traceptives, including the limited access to preferred method of contraceptive; widespread myths and misconceptions against contraceptives; and imbalanced gender roles that give the power to make decisions regarding the use of contraceptives to men.

- > **Adolescents lack access to sexual and reproductive health information and services:** While adolescents are particularly vulnerable to negative reproductive health outcomes, the government has failed to provide comprehensive sexuality education in order to facilitate informed decision and access to youth-centered reproductive health services. Due to the government's failure to develop a retention policy, girls are expelled from schools when found to be pregnant and are denied reentry after delivery, resulting in the denial of access to education and future opportunities.
- > **Lack of services to victims of sexual violence:** The limited avenues for access to justice for women and girls who become pregnant as a result of sexual violence, the stigma of being a victim of sexual violence, and the restrictive abortion law force woman and girls to resort to unsafe methods to terminate resulting pregnancies.

#### RECOMMENDATIONS TO THE GOVERNMENT OF TANZANIA

- > Amend the relevant laws and policies to remove criminal sanctions for abortion services, and in line with the Maputo Protocol, explicitly allow abortions, at a minimum, when continuing the pregnancy puts the life and health of the pregnant

person or fetus at risk or when the pregnancy results from rape or incest.

- > Develop and disseminate a comprehensive guideline to health care providers and other stakeholders on the provision of safe abortion and post-abortion care.
- > Register misoprostol and mifepristone to be used for termination of pregnancies and include the medicines in the essential medicines list. The government should further ensure that women and girls have information on the use of medications for abortions and that the medicines are available and accessible.
- > Undertake measures to disseminate scientifically accurate and comprehensive information on safe abortion services, including by collaborating with the media and other stakeholders, to ensure women and girls are aware of where and how to access the health service and dispel any misconceptions regarding the legality of safe abortion services and address the stigma perpetrated against those who procure safe abortion services.
- > Ensure that health care providers, including doctors, nurses, midwives and clinical officers, receive adequate training, while in school and in service, on the legal framework of abortion services and on the provision of the health service.
- > Implement measures, including budgetary action, to ensure that health care facilities, particularly dispensaries and health centers, have a sufficient number of trained health care professionals and equipment to provide abortion care.
- > Set up accountability measures to

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<sup>1</sup> Guttmacher Institute, Infographics: *Each year one million Tanzanian women have an unintended pregnancy; 39% result in abortion (2016)* available at <https://www.guttmacher.org/infographic/2016/each-year-one-million-tanzanian-women-have-unintended-pregnancy>.

<sup>2</sup> Guttmacher Institute, *Fact Sheet: Induced Abortion and Postabortion Care in Tanzania (2016)* available at <https://www.guttmacher.org/factsheet/induced-abortion-and-postabortion-care-tanzania#>.

<sup>3</sup> Guttmacher Institute, Press Release: *Unsafe Abortion is Common in Tanzania and is a Major Cause of Maternal Death (2016)* available at <https://www.guttmacher.org/news-release/2016/unsafe-abortion-common-tanzania-and-major-cause-maternal-death>.

<sup>4</sup> Guttmacher Institute, *Fact Sheet: Induced Abortion and Postabortion Care in Tanzania (2016)* available at <https://www.guttmacher.org/factsheet/induced-abortion-and-postabortion-care-tanzania#>.

<sup>5</sup> Due to the sensitivity and stigma surrounding abortion in Tanzania, identifying information of the people interviewed for this research is not included in this report.

<sup>6</sup> CENTER FOR REPRODUCTIVE RIGHTS, A TECHNICAL GUIDE TO UNDERSTANDING THE LEGAL AND POLICY FRAMEWORK ON TERMINATION OF PREGNANCY IN MAINLAND TANZANIA (2012).

guarantee that the cost of abortion care services is not a barrier to access, including by putting monitoring mechanisms to prevent women and girls from being asked to pay for services that are meant to be provided free of charge.

- > Expand the use of contraceptives and reduce the high rate of unmet need by ensuring that both short- and long-term methods are available in all levels of facilities; that health care providers — including midlevel providers — are adequately trained to administer different methods; and that women and girls have access to information to facilitate their decision on the use of contraceptives.
- > Develop and implement comprehensive sexuality education policy to reach in- and out-of-school ado-

lescents and ensure the availability and accessibility of youth-friendly reproductive health services, including by training health care providers to respect the privacy of adolescents seeking services and not to impose age and parental consent requirements.

- > Immediately cease forced pregnancy testing and the expulsion of pregnant girls from schools, and develop a retention policy to facilitate pregnant girls' continuation of formal education after childbirth.
- > Undertake measures to guarantee access to justice for victims of sexual violence and necessary health services, including emergency contraceptives and safe abortions.

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