Unsafe abortion is the second leading (single) cause of maternal deaths in Tanzania. 19% of maternal deaths in Tanzania are due to complications from unsafe abortions. Each year, 405,000 Tanzanian women have abortions, almost all clandestine. 40% result in complications that require medical treatment. Unsafe abortions account for more than one-third of hospitalizations for complications related to pregnancy. Tanzania has one of the highest maternal mortality ratios in the world (556 per 100,000 live births), and unsafe abortion is one of its leading causes. This number translates to a rate of 36 abortions per 1,000 women aged 15–49 and a ratio of 21 abortions per 100 live births.

For each woman treated in a facility for induced abortion complications, 6 times as many women had an abortion but did not receive care.

Although the data shows a high magnitude of maternal deaths and morbidity due to unsafe abortion, because of stigmatization and criminalization, many complications and deaths caused by unsafe abortions are not recorded. Maternal death and morbidity due to unsafe abortion are preventable.

**Causes of Unsafe Abortion**

There are many reasons that make women choose abortion. However, women often abort when the pregnancy is the result of sexual assault, rape, incest or the pregnancy endangers the woman's health or life. Women with unplanned pregnancies especially those who fall pregnant due to incidences of rape and/or incest often resort to unsafe abortion from unskilled providers or attempt to perform the abortion on their own and expose themselves to great health risks.

**Consequences of Unsafe Abortion**

- Immediate effects include excessive bleeding, shock, bacterial infections of variable degrees, and trauma to internal organs (i.e. urinary bladder, uterus and intestines).
- Long term effects include chronic pelvic pain, pelvic inflammatory disease, secondary infertility, increased risk of ectopic pregnancy, social stigma and psychological stress.

**Cost of Unsafe Abortion**

- The cost of a one-day hospital stay for the treatment of abortion complications is more than seven times the Ministry of Health's budget per person per year.
- The costs associated with maternal morbidity and death caused by unsafe abortion are both direct and indirect. Apart from the immediate economic and health costs associated with unsafe abortion, there are also several indirect costs, such as loss of income and productivity in the short term and long-term.

**What Is Safe Abortion?**

Safe abortion is the purposeful and deliberate termination of a pregnancy up to 28 weeks, either by induced or surgical abortion, a procedure carried out by qualified medical personnel in health facilities on pregnant women; and/or safely administered early medical abortion.

**When Is Abortion Legal?**

Section 230 of the Tanzanian Penal Code allows a pregnant woman to obtain an abortion for the benefit or preservation of the woman's life and in consideration of her state. It means that medical professionals are allowed to perform abortion if they are convinced that the life of the woman is in danger.
Existing Laws and Policies on Abortion

The Constitution

- The Constitution contains key provisions that support access to safe and legal abortion services and comprehensive post-abortion care (cPAC). Specifically, the Constitution affirms the importance of respecting the rights to life, human dignity, equality and non-discrimination, privacy, and freedom from inhuman and degrading treatment.
- Article 12 of the Tanzanian Constitution guarantees the right to equality and to “recognition and respect for [one's] dignity.” Article 13 guarantees equality before the law and non-discrimination. It states, “No law enacted by any authority in the United Republic shall make any provision that is discriminatory either of itself or in its effect”.

Penal Code

Tanzania has no specific legislation, which governs abortion issues. The Tanzanian Penal Code prohibits abortions unless done to save the life of a woman. But the Penal code remains unclear on legality of abortion to preserve the woman's physical and/or mental health.

Ministry of Health Policies

Comprehensive Post Abortion Care (cPAC) guidelines allow safe abortion to be performed to save the physical and mental health of the pregnant woman in cases like rape, incest, risk to the health of the mother and severe fetal impairment.

Consequences of Contradictory Laws and Policies

- A major outcome is that service providers, clients and policy-makers and enforcers lack accurate information on abortion, the consequences of which are far-reaching.
- Tanzania's high rate of unsafe abortion is partly due to laws on abortion which are widely misunderstood by women and health care providers, forcing women to resort to clandestine abortion which are almost always unsafe.
- Many women and health care providers are not aware that the current law allows for safe abortion when it is to preserve the life of the pregnant woman.
- In addition, the 2002 and 2016 Post-Abortion Care Clinical Skills Curriculum, the primary government document focusing on post-abortion care (cPAC) explicitly states that Tanzanian law allows therapeutic abortion (to save the mental and physical health of the pregnant women) but few people and health care providers are aware of the guideline.
- There are no specific guidelines on performing safe abortion, apart from the post-abortion care guideline by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC).
- There is no clarity about who is supposed to perform safe abortion. The law only says a “skilled person”, without specifying whether it is a nurse or medical doctor.

Regional and International Commitments

- In 2007, Tanzania ratified the Maputo Protocol on the Rights of Women in Africa, allowing abortion in cases of rape, incest or if the pregnancy endangers the woman’s mental or physical health or the life of the fetus, but the government has not domesticated (incorporated) these provisions into its national law.
- Tanzanian government statement to the CEDAW Committee in February 2016, “In Tanzania Mainland abortion is only permitted to save the life of the woman, to preserve physical health, and/or to preserve mental health in cases like rape, incest, risk to the health of the mother and severe fetal impairment”.
- There is no interpretation by Tanzanian courts as to the domestication of regional and international agreements ratified and comprehensive policy guidance on termination of pregnancy from the government. As a result, women, health care providers, and regulators often lack information about the content of the law and what it permits.

Call to Action

- A comprehensive formative research to understand the magnitude of unsafe abortion and its consequences in Tanzania, followed by periodic surveys to monitor emerging trends and practices. Inclusion of abortion indicators in the Tanzania Demographic Health Surveys (DHS) would help to generate the much needed data for evidence-based programming.
- A need to align laws and policies to provide legal clarity and security to women and health care providers and law enforcers.
- An urgent need to domesticate the Maputo Protocol to bolster the national efforts to control unsafe abortion and contribute to reduction of maternal morbidity and mortality due to unsafe abortion and its complications.
- Sensitization and education of key stakeholders (policy-maker, enforcers, service providers) to ensure the broadest possible interpretation of the existing laws and policies regarding abortion, to improve service delivery.
- Increasing access to information on safe/legal abortion services including c-PAC and contraceptive counseling for women is an important strategy for preventing future unintended pregnancy and mitigating the effects of unsafe abortion.
- Breaking the silence about unsafe abortion and promoting public dialogue to influence clarification of and change in policy and legislation to enable effective implementation of the existing law without restrictions to cPAC and criteria permitting safe abortion.