Contraception and the consequences of unwanted pregnancy
Zanzibar, Tanzania

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Contraception-abortion connection

lack of contraception

unwanted pregnancies

unsafe abortions
High unmet contraceptive need in Tanzania

On mainland Tanzania:
- 24% using modern method
- 22% have unmet need

On Zanzibar:
- 9% using a modern method
- 30% have unmet need

DHS 2004
Groups with most unmet need for contraception

- Adolescents
- Women fearing health consequences of contraception (especially infertility)
- Women encountering supply shortages and insufficient contraceptive counseling

Marchant 2004
Abortion in Tanzania and Zanzibar

Some women with unwanted pregnancies will seek to terminate them.

Many methods are unsafe.
Abortion methods, mainland

Provider
- Unskilled for 46% rural, 60% urban

Method
- MVA/D&C for 40% rural, 28% urban
- Herbs (vaginal or oral) for 34% rural, 51% urban
- Catheter/roots in cervix for 21% rural, 12% urban

Most complications seen with catheter/roots

Rasch 2009
Goals of the research, 1

to understand community norms around contraception, unwanted pregnancy, and abortion
Goals of the research, 2

to evaluate women’s experiences with abortion and their unmet need for contraception
Goals of the research, 3

to collaborate on pregnancy prevention and abortion safety programs
Multi-method study

- Community discussions (n=120)
- Community opinion leaders (n=24)
- Providers (n=20)
- Women who have had abortions (n=50)
- Post-abortion care patients (n=300)
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Preliminary situation analysis

Why is contraceptive prevalence so low?

What happens to unwanted pregnancies?
Social change for FP

- religious leader field trips
- community outreach
- provision of commodities

- Supply and privacy are paramount for patients
Abortion contributes to morbidity and mortality

Admissions to hospital gynecologic surgical ward (2007-2009):

- 42% of 10,000 total admissions were “abortion admissions” (>100/month)
Abortion contributes to morbidity and mortality

Maternal mortality on Zanzibar:
- 407 deaths per 100,000 live births
- abortion is the cause for 3%
Some availability of safer abortion

- in private clinics
- relatively expensive at US$40
- common (50-60/month)
- both MVA and misoprostol are used
Post abortion care as harm reduction

- Can PAC be a stepping stone for safe abortion?
- MVA and D&C possible in 20 facilities (though procedures are actually happening in only a few)
- Misoprostol for incomplete abortion
Challenges and opportunities

- create participant belief about confidentiality to allow honesty
  - research team
  - physical space to interview women who have had abortions
- local champions for the data
Challenges and opportunities

- identify areas for improved programming for family planning
  - individual (counseling)
  - community (social norms)
  - structural (laws and commodities)
- develop opportunities for safer abortion