Seeking clandestine abortion safely:

Unwanted pregnancy and medical abortion among young women in Dar es Salaam, Tanzania

Conference presentation at FIAPAC Lisbon, October 14th 2016

Ingrid H. Solheim

Medical Research Track Student

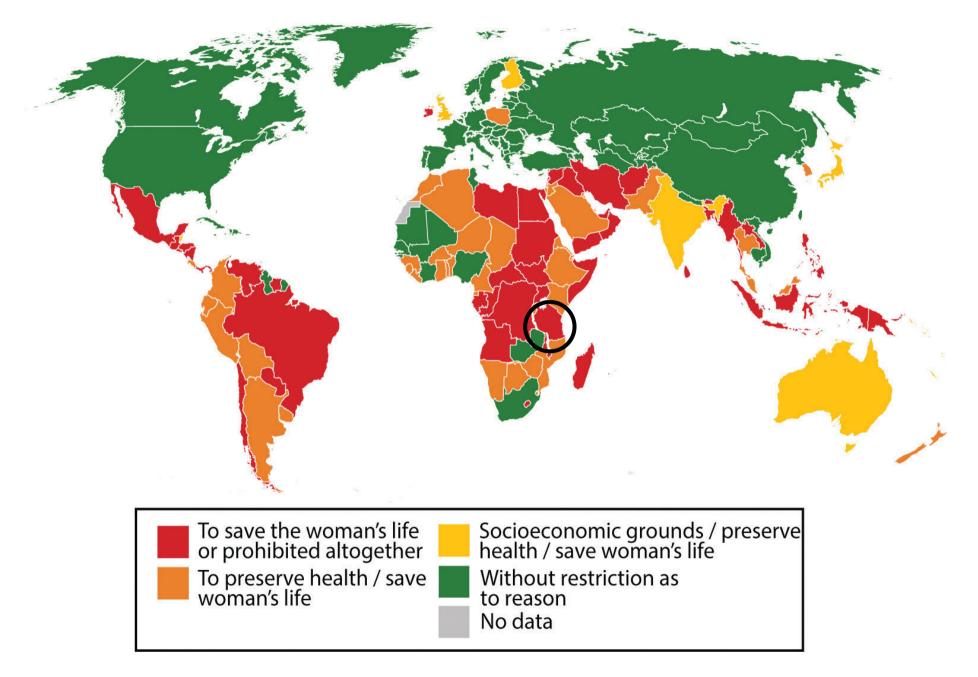
Department of Global Public Health and Primary Care

University of Bergen









Abortion in Tanzania:

- Induced abortion rate of 36 abortions per 1,000 women (3)
- Unsafe abortion:
 - 16-23% of maternal mortality (4) (5)
 - 40% of hospitalizations due to obstetric complications (6)
 - Disproportinately affects young women (7)

Misoprostol in Tanzania:

- Registered in Tanzania in 2007
- Mentioned as an abortion method in recent studies.
- Available off-label (?)

- Under which conditions are women accessing medical abortion?
- How is medical abortion affecting the situation of women with unwanted pregnancies?



Dar es Salaam, Tanzania

Study aim:

Concerning medical abortion, explore:

- Community knowledge
- Accessibility
- Experiences from use

Study methods:

In-depth interviews

- Women (<26 years) after MA (15)
- Health workers (17)
- Drug cellers (10)

Informative interviews

- **NGOs** (15)
- **Authorities** (6)

Client simulation study (63)

Focus group discussion

- Young women in low-income areas (7)
- Students (3)

Field notes

- Small interviews
- Everyday conversations
- Media

Findings:

- «Miso» a common and well-known method
- Wide availability, from drugstores and health workers

"It is easy. She can go to the pharmacy or hospital and talk to the doctor for help." (Schoolgirl, 15 years.)

- Varied and sub-optimal safe-use instructions
- Lack of a protocol
- Profit-seeking providers

"Because they're not qualified (the drug vendors), they sell it like a rice: "Take this and use it!" No more explanations. What I can say is that our government regulations are also hindering the women to be open, and the sellers of drugs to give wide explanation on how to practice safe abortion."

(Drugstore owner)

- High acceptability
 - Safer alternative
 - Accessible
 - Less painful and more 'natural'
 - Private

"I think it's good (misoprostol), because its effects are not as bad as the ones I've heard others can have. Like if you go to the hospital, they might injure your uterus and be at risk of being infertile. But they say this method is better than the rest." (Young woman, 20 years)

Discussion:

- 'Safer' unsafe abortions
- On women's own terms
- More affordable

- How about outside Dar es Salaam?

References (1/3):

(Map) Center for Reproductive Rights. 2014. *The World's Abortion Laws Map*. [ONLINE] Available at: http://www.reproductiverights.org/document/the-worlds-abortion-laws-map. [Accessed 10 October 2016].

(Ref.1) 2nd African Union Assembly. Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, Art. 14(2)(c). Maputo, Mozambique: 2nd African Union Assembly; 2007 Mar 3

(Ref. 2) World Health Organization. Trends in maternal mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, the World Banc and the United Nations Population Division. Geneva, Switzerland: World Health Organization; 2014.

(Ref. 3) Keogh SC, Kimaro G, Muganyizi P, Philbin, J, Kahwa A, Ngadaya E, et al. (2015) Incidence of Induced Abortion and Post-Abortion Care in Tanzania. PLoS ONE 10(9): e0133933. doi:10.1371/journal.pone.0133933

(Ref. 4) Msiwa R et. Al. Community-based monitorin of safe mortherhood in the United Republic of Tanzania. New York, USA: Center for Reproductive Rights; 2012.

(Ref. 5) Sorensen B.L. et al. Substandard emergency obstetric care – a confidential enquiry into maternal deaths at a regional hospital in Tanzania. Trop Med Int Health 2010 Aug: 15(8):894-900. doi: 10.1111/j.1365-3156.2010.0255.x PMID: 20545917

References (2/3):

- (Ref. 6) Rasch C. et al. A longitudinal study on different models of postabortion care in Tanzania. Acta Ocstet Gynecol Scan 2004 Jun; 83(6):570-5. PMID: 15144340
- (Ref. 7) Rasch V, Kipingili R. Unsafe abortion in urban and rural Tanzania: method, provider and consequences. Tropical medicine & international health: TM & IH. 2009;14(9):1128-33. (Ref. 8) Marie Stopes Tanzania. Unintended Pregnancy among Teenagers in Arusha and Zanzibar, Tanzania: A Situation Analysis. 2013.
- (Ref. 8) Plummer M.L. et al. Abortiong and Suspending Pregnancy in Rural Tanzania: An Ethnography of Young People's Beliefs and Practices. Stud in Fam Plann, 2008 Dec; 39(4):281-92.
- (Ref. 9) Sherris J, Bingham A, Burns MA, Girvin S, Westley E, Gomez PI. Misoprostol use in developing countries: results from a multicountry study. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. 2005;88(1):76-81.
- (Ref. 10) Maternowska MC et al., Teenage pregnancy, unsafe abortion and post-abortion care in Arusha and Zanzibar, unpublished report, San Fransisco, CA, USA: Bixby Center for Global Reproductive Health, 2012.
- (Ref. 11) Norris A. et al. Abortion experiences among Zanzibari women: a chain-referral sampling study. *Reproductive Health*. 2016 Mar 11;13:23.

References (3/3):

(Ref. 12) JamiiForums. 2006. *Tanzania: Abortion pills now sold over the counter!*. [ONLINE] Available at: http://www.jamiiforums.com/threads/tanzania-abortion-pills-now-sold-over-the-counter.101251/. [Accessed 10 October 2016].

(Ref. 13) Ipas. 2014. Out of the fire of anger: A women's center in Tanzania opens a pharmacy to bring misoprostol to rural communities. [ONLINE] Available

at: http://www.ipas.org/en/News/2014/March/Out-of-the-fire-of-anger--A-women-s-center-in-Tanzania-opens-a-pharmacy-to-bring-misoprost.aspx. [Accessed 8 October 2016].

(Ref. 14) News article in *Mtanzania*: «Misoprostol: Dawa ya vidonda vya tumbo inayotoa mimba.» in section *Jamii Yetu*, published 2013, september 5; page 17.

(Ref. 15) Miller S. et al. Misoprostol and declining abortion-related morvidity in Snto Domingo Domnincan Republic: a temporal association. BJOG 2005, 112:1291-1296.

(Ref. 16) Faundes A. et. al. Post-abortion complications after interruption of pregnancy with misoprostol. Adv Contracept 1996, 2:1-9.

(Ref. 17) Sherris J. et al. Misoprostol use in developing countries: results from a multicountry study. *Int J Gynecol Obstet* 2005, 88:76-82.

(Ref. 18) Harper C.C. et al. Reducing maternal mortality due to elective abortion: Potential impact of misoprostol in low-resourse settings. *Int J Gynecol Ocstet* 200. 98:66-69.

(Ref. 19) Gynuity Health Projects. Providing medical abortion in low-resourse settings: An introductore guidebook. 2nd edition. New York Gynuity Health Projects; 2009.

Acknowledgements:

Thank you to all supervisors:

University of Bergen, Norway:

Prof. Astrid Blystad, Department of Global Health and Primary Care
Prof. Karen Marie Moland, Centre for International Health

MUHAS, Tanzania:

Dr. Andrea Barnabas Pembe, Department of Obstetrics/Gynaecology

CSK Research Solutions, Tanzania:

Dr. Catherine Kahabuka

Thank you to all **research assistants** in Dar es Salaam: Deborah Lusenga, Deborah Maufi, Sonia Kimora, Alex Moshi, David Nyongani and Lucy Hiza.

Questions?

This research is part of a study between academics in Ethiopia, Tanzania, Zambia and Norway, called:

Competing discourses impacting girls' and women's rights: Fertility control and safe abortion

Do you wanna know more?

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- albomi omi, hezesiten t

ad evill@adlas hiroadi

Do you want to know more about this particular project? ingrid.solheim@live.no