

Editorial

How and who can address sexual reproductive health rights in Tanzania

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Tanzania is allocated in the Eastern part of Africa and it is one among the seven countries that form East African Community (EAC). According to the recent 2022 National Census, Tanzania has a population of 61,741,120 of which 30,053,130 are men and 31,687,990 are women. Currently, the country is implementing Development Vision 2025 which identifies enabling environment essential for the nation to flourish economically, politically and socially.

Development Vision 2025 acknowledges and compliments the international key human rights mechanisms and treaties which Tanzania has ratified. They include, among others, the African Charter on Human and Peoples' Rights (also known as the Banjul Charter), the United Nations Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Protocol to the African Charter on Human, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children and the Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol).

Moreover, Tanzania's constitution respect and is obligated to human rights practices, particularly, social welfare and community well-being. Sexual reproductive health rights are among the crucial issues discussed and indeed included in the Tanzania constitution through the following articles 9, article 12, article 13 and article 29. Moreover, the country has signed and developed different instruments to protect its people's health and support them to improve their well-being. To improve Sexual Reproductive Health Rights (SRHR), Tanzania Vision 2025 has addressed the issue of maternal and child health and the Primary Health Services Development Programme (PHSDP MMAM). The same is included in the National Multi-Sectoral Strategic Framework on HIV and AIDS, the National Strategic Framework on HIV and AIDS and the Sexual Offences Special Provisions Act (SOSPA) and Penal Code, specifically, that addresses gender-based violence.

The government works in collaboration with other private stakeholders to address and identify challenges to SRHR. The main popular government partners, such as Civil Society

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Organizations (CSOs), have been close to improving the situation to rescue vulnerable groups of women, children and youth. One of the CSOs' discussions on Transforming Women's and Child lives, 'My Choice, Our Choice', a debate conducted by Crisis Resolving Center (CRC) a local NGO, lead me to write this article. We asked ourselves who and how we can address the issue of SRHR since it shows to have an enormous challenge. It seemed necessary to focus our attention on SRHR if we are to leave an impact on its implementation and ultimately address the situation around it. The presentation that yielded our discussion included field research, work experiences and desk review studies.

Through the presentation we learned that:

Tanzania's infant mortality rate for 2022 is approximated to be 35.576 deaths per 1000 live births. It should be understood that Tanzania is among the 10 leading countries in early pregnancy and marriage. The group of youth aged 14 – 26 is at risk of HIV/AIDS spread. This is similar to Sexual Transmission Infections (STI). Surprisingly, among them, girls are the most affected in number with more than 50% of the victims. Additionally, HIV prevalence is also high among injecting drug users (IDUs) (16%), female sex workers (FSWs) (10.8%) and men who have sex with men (MSM) (12.4%). At the same time, a high percentage of FSWs reported clients as perpetrators of both physical violence and forced sex.

Among youth, two in five girls are married by the age of 18 and more than 50% of 18-year-old girls are pregnant



or already mothers. Contributory factors to early sexual debut and high numbers of unplanned pregnancies may include a contraception prevalence of just 12% for sexually active adolescents and young women (15 - 24 years old), a legislative environment permitting girls to be married as young as 15 years (18 years for boys), as well as limited provision of comprehensive sex education in schools resulting in little awareness around HIV, AIDS and SRH. Gender-based violence survey by 'National Violence Against Children Surveys indicates that 27% of female respondents aged 18 to 24 experienced sexual violence before they were 18 years old. Another customary practice is female genital mutilation, which is practiced amongst some ethnic groups, a practice that persists despite criminalization.

Moreover, abortion is another problem that falls under SRHR issues. The data shows that in 2013 a total of 450,000 women underwent an abortion and 1,000,000 women had unintended pregnancies. Even though abortion is legal in mainland Tanzania when done to preserve the life or mental or physical health of pregnant women, as well as in cases of sexual violence, it is unclear and often confusing leaving abortion laws and policies strange to many people who are not aware that abortion can be legally obtained in these circumstances. Notwithstanding that thirty percent of maternal deaths in Tanzania are attributed to unsafe abortion.

Sexual and reproductive rights challenges

Numerous healthcare challenges persist in Tanzania, especially in relation to the reproductive and sexual rights. Although many important conventions have been ratified and laws, policies, strategies and programs are in place, there are plenty of issues to be dealt with and resolved. Some of the problems are:

- Women's ignorance of their rights
- Women lack adequate access to information and services necessary to enjoy reproductive and sexual health

- Common cultural practices in the country
- Legislation
- Child marriage
- Sexual and gender-based violence

The government and other stakeholders continue with different efforts to reduce some risks that might be caused by these problems. For instance, the government funds three methadone treatment centers and lets NGO-driven service provision for IDUs in an attempt to address the issue of drug users, drug use remains illegal which creates barriers to accessing SRH, hence, increasing risk for this group.

The nation's policies and strategies implemented a large body of progressive legislation to address the national health challenges, such as the Health Sector Strategic Plan 2021 - 2016 including strong policy supporting SRHR and HIV and AIDS but implementation is variable. The National Multi-Sectoral Strategic Framework on HIV and AIDS specifically seeks to address health challenges amongst key populations. National Adolescent Health Strategy (2018 - 2022) aims to improve adolescent health services and strengthen the policy and legal framework for SRH-related information and services. National Strategic Framework on HIV and AIDS and the Sexual Offences Special Provisions Act (SOSPA) and Penal Code specifically address gender-based violence as an offensive.

The ongoing discussion about how and who will address the issue of Sexual Reproductive Health Rights admits that the issue is still a challenge. We still continue to ask ourselves the same questions every day. What is known is that there are barriers when attempting to address such issues. The first and predominant barrier we face is the cultural beliefs from the society that we inherited many years back. Some other information is not well disclosed to youth. This limits them from fully accessing SRHR understanding.