

THE PERCEPTION OF INDUCED ABORTION AND ITS ETHICAL IMPLICATION
AMONG WOMEN OF REPRODUCTIVE AGE IN MTWARA

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Department of Bioethics and Health Professionalism**



**THE PERCEPTION OF INDUCED ABORTION AND ITS ETHICAL
IMPLICATION AMONG WOMEN OF REPRODUCTIVE AGE IN MTHARA**

By

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**A Dissertation Submitted in (partial) Fulfillment of the Requirements for the Degree
of Master of Science in Bioethics of Muhimbili University of Health and
Allied Sciences**

October, 2017

CERTIFICATION

The undersigned certify that she has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: *The perception of induced abortion and its ethical implication among women of reproductive age in Mtwara*, in (partial) fulfillment of the requirements for the degree of Master of Science in Bioethics of Muhimbili University of Health and Allied Sciences.

Dr. Lilian T. Mselle (PhD)

(Supervisor)

Date: _____

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DEDICATION

To my lovely wife Martha and my precious boys Mathias and Ian.

ABSTRACT

Background: Induced abortion in Tanzania is illegal and the culture and beliefs of the society prohibit its practice. However, it is commonly done and almost always in unsafe environment and sometimes by none professionals. Annually about 405,000 induced abortions are conducted in Tanzania that contribute to 17-21% of national Maternal Mortality Ratio (MMR) of 556 deaths per 100,000 live births annually.

Objectives: This study aimed at exploring the perception of induced abortion and its ethical implication in Mtwara Region.

Methodology: The exploratory study design guided the research study that was conducted in Mtwara urban District. Thirteen (13) in-depth interviews with women of reproductive age, who were conveniently recruited were conducted. NVivo 10 computer software guided the analysis of the data.

Findings: The study reports women's perceptions regarding socio-economic benefits, psychological experiences and ethical implications of induced abortion. Women perceived induced abortion to have some social economic benefits. Shame, anxiety, guilt feelings and depression were some of the psychological experiences of women following induced abortion. Further, women thought that abortion violates religious beliefs, customs and taboos and national abortion policy.

Conclusion: Women of reproductive age perceived induced abortion to have socio-economic benefits. They thought that induced abortion would make women free and able to care for their young children, it will enable students to complete studies and achieve their goals, couples will be able to provide support to other children. However, induced abortion made some women to experience psychological effects such as shame, fear, guilt feelings and depression. Moreover, participants knew that induced abortion was against religious teachings, custom and taboos and the national policy of abortion.

LIST OF ABBREVIATIONS

AGOTA	Association of Gynecologist and Obstetrician of Tanzania
ECETOC	European Centre for Ecotoxicology and Toxicology of Chemicals
ID	Identity
Lt	Litter
MB	Mega Bytes
MBE	Master of science in Bioethics
MoHCDGEC	Ministry of Health Community Development Gender Elderly and Children
MoHSW	Ministry of Health and Social Welfare
MUHAS	Muhimbili University of Health and Allied Health Sciences
NBS	National Bureau of Statistics
No	Number
OCGS	Office of the Chief Government Statistician, Zanzibar
RMO	Regional Medical Officer
US	United States of America
VEO	Village Executive Officer
VVF	Vesico Vaginal Fistula
WHO	World Health Organization

DEFINITION OF TERMS

Morals: Means customs, special 'dos' and 'don'ts' that are shared and widely accepted as standard in a society and doesn't have to be rationally questioned (Guadagno et al., 2016).

Ethics: Is a philosophical reflection upon rules and ways of living together (Guadagno et al., 2016).

Induced abortion: Induced abortion is a procedure done or medication taken to end pregnancy before the pregnancy reaches the age of viability (WHO, 2015).

Unsafe abortion: Unsafe induced abortion is defined as a procedure for ending unplanned pregnancy performed, either by unskilled person or in an environment that does not conform to minimal medical standards, or both (WHO 2008).

Illegal abortion: Is unlawful termination of abortion (Wainer & Wainer, 2007).

Maternal mortality: Any death of a woman during pregnancy, delivery, or 42 days after pregnancy termination due to pregnancy complications (WHO, 2015).

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CHAPTER ONE

INTRODUCTION

1.1 Background

Induced abortion has been performed in several society of the world for thousands of years. In the second half of 1800s, various countries started to pass laws that made induced abortion to be illegal. However, in spite of these prohibition women continued to do abortions that made the number of illegal abortions to continue to be high around the world (Yu et al., 2014). Before *Roe v. Wade* case in the U.S. when the supreme court concluded that, “the U.S. constitution protects a woman’s decision to terminate her pregnancy”(Medoff, 2010: p.577), illegal abortions; were generally high and restricted around the world (Thorp, 2012).

Induced abortion is not only a public health problem but also a human rights issue (Fathalla & Cook, 2012). This is because mechanisms to regulate its practice touches ethical, moral, legal and human rights of the woman and unborn child. While ethics is a philosophical reflection upon morals and ways of living together (Guadagno et al., 2016), moral entails customs, special ‘dos’ and ‘don’ts’ that are shared and widely accepted as standard in a society. Therefore, ethics is all about ‘rightness’ or ‘wrongness’ of an act but morality is all about ‘goodness’ or ‘badness’ of an act (Aune, 2007). Although, ethics’ and ‘morals are two different concepts, many times they are used synonymously (Aune, 2007). Induced abortion rises a multidimensional and emotional debate (Davis, 2006) of two main groups; pro-life and pro-choice.

Protection and promotion of women's rights in national and international laws have been a topic of discussion in the past decade (Becker & Olavarrieta, 2013) particularly the right to reproductive health and self-determination, whereby safe and dignified abortion is significant (Becker & Olavarrieta, 2013). Globally, it is estimated 21.6 million induced abortions occur which account for 68,000 maternal death each year (Tong et al., 2012). Out of all induced abortion cases five million women get admitted because of induced abortion complications that results into 13% of maternal deaths annually (Wangwe, 2012).

In African region from 2010 to 2014 about 8.3 million induced abortions occurred (Guttmacher Institute, 2016), among them 97% were unsafe leading into high

maternal mortality of 546 maternal deaths per 100,000 live births (WHO et al., 2015). In Nigeria for example, unsafe induced abortion accounts for at least 13% and possibly 30–40% of maternal deaths (Hussain & Henshaw, 2008). Unsafe abortion is a procedure for terminating an unintended pregnancy done either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both (WHO, 2008). The ratio of induced abortion is higher in East African region of about 36 abortions per 1000 women between 15 – 44 years with 410 maternal deaths per 100 000 live births (WHO, 2008). In a study conducted in Nairobi Kenya it was estimated that the maternal mortality ratio was 706 maternal deaths out of 100 000 live births with 31% of these deaths being associated with induced abortion complications (Mohamed et al., 2015).

Estimates show that over 405,000 induced abortions were conducted in Tanzania in 2013 which was equal to 36 abortions per 1000 women of reproductive age (Keogh et al., 2015). Again health statistics from a hospital based study reports that induced abortion was responsible for 15% of all maternal deaths in one district in Dar-es-Salaam (Wangwe, 2017). Moreover, 60% of women admitted in hospitals because of miscarriage countrywide, performed induced abortion leading to more than one-third admissions due to obstetric complications of which majority end up in maternal death (AGOTA, 2013).

Induced abortion itself is not a problem because sometimes is carried out for medical reasons but without these reasons it becomes illegal in most societies (Warriner & Shah, 2006). Women who procure unsafe induced abortion experiences physical complications such as high fever, severe vaginal bleeding and cervical or uterine trauma (Norris et al., 2016). Survivors of unsafe induced abortion end up with long-term complications such as pelvic infection, ectopic pregnancy, Vesico Vaginal Fistulae (VVF), urinary incontinence, utero-vaginal prolapse, infertility, and psychological problems (Babigumira et al., 2011; Broen, 2005). Most of these complications require specialized management that are expensive and associated with increased health resource utilization (Babigumira et al., 2011). In 2009 in Uganda, induced abortion was associated with \$177 societal costs which is four times high than per capita health expenditure (Gribble, 2012).

1.2 Problem statement

Induced abortion in Tanzania is illegal. Under the revised Penal Code (Chapter 16, sections 150-152) of 1981, the government of Tanzania restrict all forms of abortion except for saving life of a pregnant woman (The Penal Code of Tanzania, 1981). Further, the culture and beliefs within the society prohibit induced abortion (Manninen, 2012; Shaw, 2012; Shanzer, 2009).

Induced abortion is commonly practiced in Mtwara and almost always in unsafe environment and sometimes by none medical professionals (Keogh et al., 2015). Mtwara urban district has high abortion ratio of 336 which is 30% of all abortions (spontaneous and induced abortions) reported in 2015 in Mtwara region that contribute to the high proportional of MMR (RMO, Report 2015). High induced abortion ratio violate ethical standards and the right to life of unborn children (Manninen, 2012).

The perception of induced abortion and its ethical implication in Tanzania is understudied. What is known is the incidence, reasons and consequences of induced abortion (Norris et al., 2016; Keogh et al., 2015; Wangwe, 2012). This study therefore seeks to explore the perceptions of women on induced abortion and what are the ethical implications associated with it.

1.3 Rationale and justification of the study

The practice of induced abortion in Tanzania continues to cause life threatening complications and or deaths among women of reproductive age (Norris et al., 2016). It is observed that women have a range of ethical considerations prior to unsafe induced abortion based on their personal values (Crespigny et al., 2010). Thus, this study is significant since knowledge gained will contribute to the understanding how women's perception influence the decision to procure unsafe induced abortion and its ethical implications. Also the study findings will provide a platform for extensive research studies with different approaches that may enhance generalization of the findings.

1.4 Research questions and objectives

1.4.1 Research questions

The study aim to answer the following questions: -

1. What are the perceived social economic benefits of induced abortion to women of reproductive age?
2. What are the psychological effects of induced abortion as perceived by women?
3. What is the ethical implication of induced abortion?

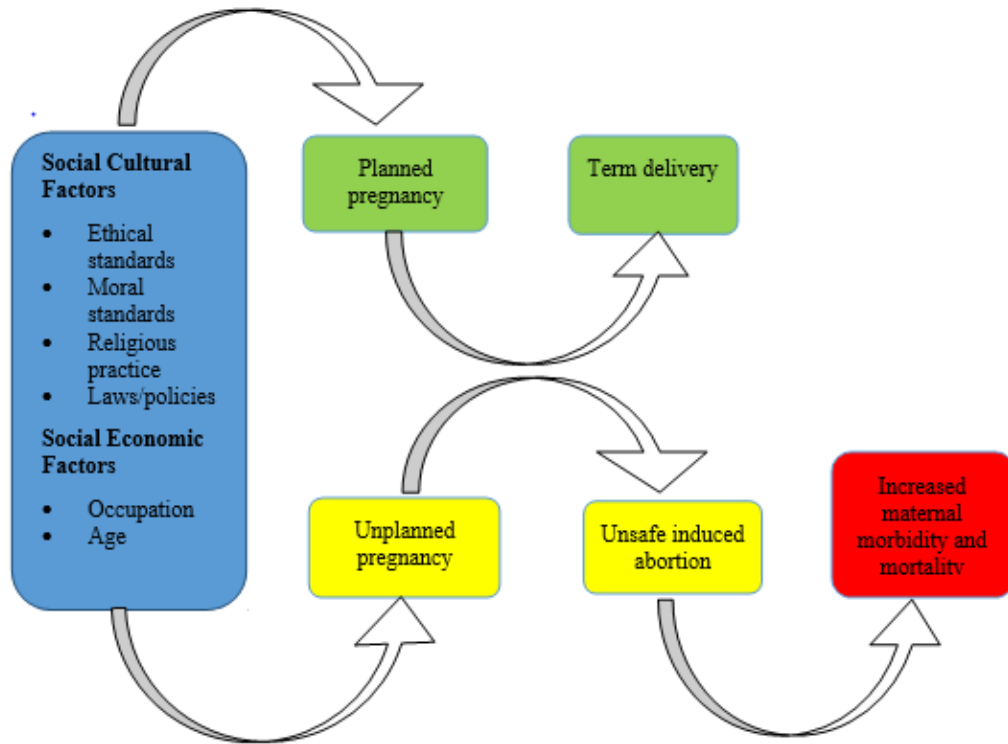
1.4.2 Main objective

To explore women's perception on induced abortion and its ethical implications in Mtwara Region

1.4.3 Specific objectives

1. To describe perceived socioeconomic benefits of induced abortion among women of reproductive age in Mtwara.
2. To describe the psychological effects of induced abortion among women of reproductive age in Mtwara.
3. To describe the ethical implication of induced abortion among women of reproductive age in Mtwara.

1.5 Conceptual framework



Source: Modified conceptual framework; unwanted pregnancy and induced abortion among female youths (Mamboleo, 2012).

Description of the theoretical framework

This conceptual framework is a modified conceptual framework that was used in a study looked on factors associated with the prevalence of unwanted pregnancies and induced abortion (Mamboleo, 2012).

The Mamboleo framework argues that social cultural and economic factors may influence women to get either wanted or unwanted pregnancies. . For example, the current regulation in Tanzania that do not support pregnant girls to continue with studies even after they give birth, this regulation may influence girls to avoid unplanned pregnancies. Further, a woman who plan to become pregnant would keep it until at term and have her baby. On the other hand, those who have unwanted pregnancy, commonly procure unsafe induced abortion which is associated with increased maternal morbidity and mortality.

CHAPTER TWO

LITERATURE REVIEW

2.1 Socioeconomic benefits of induced abortion

Socio-economic benefit of induced abortion is any positive change in social and economic status of an individual following induced abortion (ECETOC, 2011). Induced abortion has been associated with several socioeconomic benefits to the woman, family and society at large. However, worldwide induced abortion remains an important cause of maternal morbidity and mortality (Norris et al., 2016).

Studies in other countries have reported of benefits of induced abortion (Deepanjali, 2015; Biggs et al., 2013; Mote et al., 2011; Fergusson et al., 2007; Grimes et al., 2006). According to these studies induced abortion; stop the interference with education or employment, helps women who lack socioeconomic support from partners, reduces a burden of socioeconomic demands of new and existing children, helps those with unstable relationship and helps young women who are not able to nurture the children. Moreover, in one study which was conducted in five countries namely, Mexico, Nigeria, Pakistan, Peru and the United States revealed that women opt induced abortion to be free from economic stress and to continue with their education although, in so doing may conflict with their beliefs (Adler et al., 2012; Mote et al. 2010; Arthur, 1999). In East Africa, unsafe induced abortions are done due to similar perceive socioeconomic benefits as in other countries. These include postpone birth to young women, to give chance a woman to continue with her studies, to meet employment requirements and helping those with unstable relationships (Wangwe, 2012).

Induced abortion benefit adolescents who get unplanned pregnancy before finishing school or getting a stable spouse. Due to high risk of forced sexual intercourse to adolescents that may lead into unintended pregnancy. And the fact that adolescents are young and likely to have limited socioeconomic resources coupled with a punitive health care system; induced abortion helps to end unwanted pregnancy (Warriner & Shah, 2006).

Other studies consider abortion to be an important option, particularly for poor women because a single abortion is less expensive than ongoing use of the family

planning pills. Moreover, women give similar benefits of having an abortion to those they give for using contraception. For instance 3/4 of women who had abortion reported that having a baby would interfere with work, school or the ability to care for dependents. Although contraceptive remain as the primary method of preventing unwanted pregnancy, induced abortion is a significant secondary method of helping women and couples to achieve that goal and should be treated as an integral part of comprehensive women's health care (Sonfield et al., 2013).

2.2 Psychological effects due to induced abortion

Induced abortion is a difficult life event that may cause anxiety and depression to a woman (Broen et al., 2005). Women generally adapt well to grief following induced abortion. However, in a study to investigate long-term psychological consequences of pregnancy termination about 17.3% showed pathological scores for posttraumatic stress (Bilardo et al., 2005).

Controversy over psychological effects associated with induced abortion has long been a subject of concern among researchers. Some women have reported to experience psychological effects following induced abortion while others do not experience this (Broen, 2005). A study revealed 301 (72%) of 418 women were satisfied with their decision to terminate pregnancy, 306 (69%) of 441 women said they would have the abortion again in case they get unwanted pregnancy, 315 (72%) of 440 reported to experience more benefit than harm from their induced abortion, and 308 (80%) of 386 were not depressed, 6 (1%) of 442 experienced posttraumatic stress disorder (Major et al., 2000). Studies conducted in various parts of the world suggest that there is no association between induced abortion and subsequent psychological problem. Instead, the strongest determinant of a woman's psychological status post induced abortion is her mental health before induced abortion (Lundell et al., 2013; Cameron 2010; Taft & Watson, 2008; Broen et al., 2005). Furthermore, studies have shown that only a few women experience any lifelong sorrow or guilt due to uncertainty of the decision, level of social support and whether or not the pregnancy was initially planned (Cameron, 2010).

However, there are several published articles that have reported induced abortion to be associated with strong psychological stress response such as depression, worrying

about infertility following abortion, abnormal eating behaviors, decreased self-esteem, nightmare, guilt and regret (Shirin, 2012; Pourreza & Batebi, 2011; Kersting et al., 2004; Speckhard, 2003).

Induced abortion is associated with psychological effects that are prevalent and persistent. Second-trimester induced abortion may be more stressful compared with first-trimester induced abortion (Davies et al., 2005). Further, women who had experienced a miscarriage had significantly more grief and feelings of loss than women who had induced abortion (Bradshaw & Slade 2013; Broen, Moum, Bødtker & Ekeberg, 2005).

2.3 Induced abortion and moral ethics

Ethics is a philosophical reflection upon morals and ways of living together (Guadagno et al., 2016). Morals means customs, special 'dos' and 'don'ts' that are shared and widely accepted as standard in a society and doesn't have to be rationally questioned. Ethics is all about 'rightness' or 'wrongness' of an act but morality is all about 'goodness' or 'badness' of an act. However, these two concepts are closely related, with morality being the foundation of ethics (Aune, 2007). Therefore, these concepts in most cases are discussed together as in this review.

Although induced abortion has been practiced by women since the beginning of human history, as a mean to stop unwanted pregnancy, it is still stigmatized because of a complex social, cultural, religious, legal and political perspective (Beauchamp & Childress, 2001). Feminist put emphasis on the principles of autonomy and justice. The concept of autonomy emphasizes the importance of a 'relational approach' which considers all individuals as part of a society (Donchin, 2010). Justice is hypothesized as 'social justice' or redistributive justice and assumes a fair relationship among social groups. This overemphasis justice only in the public realm and ignores the private sphere (Bandewar, 2005).

In biological sense embryos and fetuses are alive and are members of the species *Homo sapiens*. In this sense, termination of pregnancy destroys a biologically living being or "a person". Although there are still no biological evidences to justify whether embryos and fetuses are human persons (holds moral status, moral rights,

and, legal rights), without a metaphysical, philosophical and theological perspectives (Manninen, 2012).

According to Catholic Church, a human person is regarded from conception until death and therefore termination of pregnancy is not permissible. The Papal encyclical (a Papal letter sent to all Bishops of the Roman Catholic Church) “*Humane Vitae*” insisted to ban all interference with procreation and induced abortion, even for medical indications (Manninen, 2012). The Church of England does not refuse abortion in all circumstances as the Methodist church (Clements, 2014). Judaism although is generally prohibiting abortion but does not prevent it under solid medical and social reasons (Shanzer, 2009). In Islam there are some grounds for accepting termination of pregnancy, including prior to 120 days (4 months) for certain specific reasons including severe fetal abnormality (Shaw, 2012). This reflects that the moral status of the fetus is not certain because the beginning of life is loosely defined in the Holy Quran and Hadith. In Holy Quran the developmental status of a fetus is at 40 days intervals. In Hadith on ensoulment which occurs at 120 days significantly converts the fetus into a human being or a ‘person’ so termination of pregnancy at this stage is not permissible (Shaw, 2012).

Some pro-life advocates argue that induced abortion is permissible in cases of rape, incest, or severe fetal abnormalities (Keogh et al., 2015). They forget that fetuses are ‘persons’ possessing the same right to life as others. A child does not lose basic right to life just because of parent’s interest. Moreover, a civilized society will not allow the parent to kill her child simply because is her choice (Mikołajczak & Bilewicz, 2015).

In 1964 a feminist and children’s rights advocate Katti Anker Møller introduced the first public debate in Norway on the legalization of termination of pregnancy. Her main argument was based on social and health complications that many women experience due to unsafe induced abortion though the public was very concerned with the moral ethics of this proposal (Smyth & Lane, 2016). When people talk about the ethics of induced abortion, frequently reflect the moral status of the fetus, potential harm to the fetus, autonomy of the woman, and possible undesirable consequences of induced abortion. In a study conducted in Denmark to investigate

the ethical implication of induced abortion it was revealed that 56% of respondents were strongly supporting induced abortion, 23% had mixed opinions and 2% were strongly against (Uldall, 2015).

Pro-choice individuals regard induced abortion as morally permissible action although; their arguments seem not to be convincing much. According to them, we need two essential conditions for successful opposition of induced abortion. First, we must show that the fetus has right to life, or welfare that overrides the interest of the woman to terminate pregnancy. Second, we must show that a pregnant woman is indebted to keep pregnancy up to delivery. Killing is not always morally wrong; one need to establish that a fetus has a right to life and should be kept by the pregnant woman until when it is viable (Kaposy, 2012).

Furthermore, women have a range of ethical considerations prior to unsafe induced abortion based on their personal values. Before pregnancy, some women feel that they would do abortion without difficulty. However, even when having an abortion would be the best option, still some women feel that this decision would not be right for them because of strong belief that induced abortion is unethical (Shari et al., 2015; Crespigny et al., 2010).

Tanzania has a general rule that pregnancy should be terminated by a registered medical practitioner if is performed in a good faith that the continuance of pregnancy would endanger the life of a woman. Therefore, when termination is done with regard to the above criteria it is permissible (African Journal of Reproductive Health, 2009).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Study design

Exploratory descriptive study design (Kothari, 2004) was used to explore The perception of induced abortion and its ethical implication among women of reproductive age in Mtwara. This exploratory study aimed at discovering ideas and insights from the participants (Kothari, 2004). This design was selected because of its ability to explore, gain insights and understanding of the problem in question.

3.2 Study setting

The study was conducted at Mtwara urban district in two wards; Chuno and Shangani West wards. Mtwara urban district was selected because of its high abortion ratio of 336 which is 30% of all abortions (spontaneous and induced abortions) reported in 2015 in the region (RMO, Report 2015). Furthermore, the diversity of its society gave a researcher opportunity to experience different ethical and cultural standards which yield perceptions from different ethnic groups.

Mtwara urban district is one among eight districts of Mtwara region namely Masasi district council, Masasi rural, Mtwara rural, Nanyumbu, Newala, Tandahimba and Nanyamba. It is the smallest of all districts in the region occupying 163 square Kilometers. To the North the district is bordered by Lindi region, to the East by the Indian Ocean and to the south and west by the Mtwara rural district. It is located at an elevation of 153 Meters above sea level. Administratively, it is divided into 2 divisions, 18 wards, and 111 streets. The district is well paved with non-tarmac roads. As per 2012 National Census, the population of Mtwara urban district was 108,299 (National Bureau of Statistics Tanzania, 2012). The majority of the indigenous people of the district are Makonde, Makua and Yao. The main income generating activities in this district are fishing, small and middle scale business, live stocks and farming mostly coconuts and cashew nuts (Mwakalinga, 2014).

3.3 Study population

Study population is the group of people from which the sample for the study is selected (Kumar, 2011). Participants for this study were women of reproductive age, between 15-49 years. This group was chosen because it is the most affected group of women. In Tanzania between 17-21% of maternal mortality is due to induced abortion done by women of reproductive age (Norris et al., 2016). However, due to research ethical requirements and sensitivity of this study, minors (below 18 years) were not enrolled to participate in the study.

3.4 Sampling and recruitment

In qualitative studies number of participants for the study is not significant, what is important is “information power” (Kirsti et al., 2015). The large information power the sample holds, the lower sample is needed and vice versa. For qualitative studies, a sample size of about 12-30 participants is recommended but, when studying hidden or key population 6-12 interviews may offer some insights (Baker et al., 2012). Therefore convenient sampling strategy was used to recruit 15 women for the study (Etikan et al., 2016). Convenient sampling strategy is used when participants that meet certain practical criteria such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included in the study (Etikan et al., 2016). The sample of women was obtained from two wards; Chuno and Shangani West wards. From each ward three streets were purposeful selected for diversity representation; this included Chuno Kati, Coco beach, Half London, India coaters, Majengo and Nantibwili.

Following the permission from DED and VEO, the researcher held a meeting with the street leaders to brief them about the aim and the targeted participants (inclusion and exclusion criteria). With the help of street leaders, participants who met the inclusion criteria were identified a day before interview sessions were held and later recruited by the researcher. Date and time for interview was set with each participant based on her preferred time and place. Moreover, before the participants were recruited, they were explained about the aim and nature of the study and issues of confidentiality and those who agreed to take part in the study were enrolled. All participants who met inclusion criteria and agreed to take part in the study were recruited.

3.4.1 Inclusion criteria

Inclusion criteria are attributes of participants that are essential for their selection to participate (Robergs, 2010). Inclusion criterion was any women of reproductive age with 18 years and above; irrespective of their experience on induced abortion.

3.4.2 Exclusion criteria

These are responses of participants that require their removal as participants (Robergs, 2010). Participants who fulfilled the above inclusion criterion but serious sick to participate and those who were mentally impaired were not enrolled in the study.

3.5 Data collection

Thirteen (13) in-depth interview (Boyce & Associate, 2006) with women of reproductive age were conducted by the researcher. In-depth interview procedure involves conducting intensive individual interviews with a small number of participants to explore their perspectives on a particular idea, program, or situation (Boyce & Associate, 2006). This method ensures exploration of detailed information and thoughts about induced abortion from each woman without being influenced by the opinions of others. Although the plan was to conduct 15 interviews, saturation was achieved after 13 interviews. Saturation occurs when adding further participants to the study does not add any more information (Fusch & Ness, 2015). The choice of a place for the interview was entirely upon participant's choice to promote neutral environment (Knox et al., 2009). Therefore, eight (8) participants were interviewed at their homes whereas five (5) participants were interviewed at the street council office. All interview were done at a quiet room away from hearing reach of other people to enhance privacy and confidentiality and quality recording. All interviews were conducted in Kiswahili by the researcher using an in-depth interview guide, which was prepared in English and translated in Kiswahili language. Kiswahili is a National language and spoken by most of people in the area. All interviews were audio-recorded with permission from the participants.

Immediately after the interview the researcher expanded field notes and listened to the audio recorded interview before the next interview is due. 2 to 3 in-depth interviews were conducted per day this gave the researcher an ample time review recorded files and field not and make sense of the data.

3.5.1 Data management

Field notes, transcripts and digital audio recorder were kept confidential as nobody who was not directly involved in the study had access to them. All data were collected and locked by the researcher every day after data collection activity and throughout the research study. Transcription was done by the researcher and kept in the computer with a password.

3.6 Data analysis

Content analysis guided by Adu was used to analyze data (Adu 2013). The whole interview was considered as a unit of analysis. Unit of analysis is the major entity that is analyzing in the study (Trochim, 2006). Data obtained from in-depth interviews were read (field notes) and listened (audio records) on the same day to gain the sense of the data. Interviews were transcribed verbatim using F4 Transcript computer software whereby audio recorded interviews were imported into F4 Transcript software and played in a slow pace. While listening to the recorded interviews the researcher typed the information to create transcripts. However, there were some back and forth play of the recorded interviews to make sure that nothing is missed. After the transcription the transcripts were then translated in English for analysis process. The translated transcripts were shared to peer and supervisor for counter checking to minimize some semantic loss whereby few corrections were made and transcripts were kept for data analysis.

Data analysis is the process of organizing and interrogating data in ways that allow researchers to see patterns, identify themes, discover relationships, develop explanations, make interpretations, mount critiques, or generate theories (Center for Teaching Research & Learning, 2009).

The transcripts were read several times in order to familiarize and make sense of the data and compared with the audio recorded data. In addition, non-verbal utterances noted during the interview were considered to gain rich understanding of the meaning of data. Through reading transcribed data and field notes relevant information in relation to research questions were identified. Translated transcripts were imported into NVivo software version 10 and then cleaned (arranged in a paragraph format). Interview questions were coded as “heading 1”, sub questions as “heading 2” and participants’ responses as “normal”. After cleaning, data were coded

using in text (in vivo) codes. Coding is a process of breaking data up through analytical ways and in order to produce answers about relationships within and among the data (Philipp, 2014). It was an open coding in which a code word or phrase that accurately described the meaning of the text segment was identified.

The coding process was going back and forth until the researcher generated 12 codes which were further grouped into 4 sub categories through examination and interpretation of codes. It involved noticing similarities, differences, and patterns among codes. Sub categories were further condensed to form 3 main categories basing on study objectives (see table 2). A broader meaning of the data was obtained by examining relationships among the identified categories. But, some identified categories were collapsed into each other while other categories were condensed into smaller units.

Table 1: Coding of text data and development of categories

Text	Code	Sub-category	Main category
<i>"She becomes free and she may continue to breastfeed peaceful because when she is pregnant she may not continue to breastfeed. Eeh! She continues to breastfeed for a long period of time may be two years, one and half years but when she is pregnant then continues to breastfeed again no!"</i>	Becoming fee	Improved socio-economic life of individual	Socio-economic benefits of induced abortion
<i>"if a student conceive and perform abortion it is possible for her to consider as benefit because she abort and continues with studies"</i>	Completing studies		
<i>"I may say that there is an advantage if couples agree that ooh! It is too much lets rest for a while by terminating this pregnancy..."</i>	Need for child spacing	Improved socio-economic life of the family	
<i>"Let's say she have a child of just one year, even myself I would advise her to terminate because she will not manage having pregnancy and caring a child of one year"</i>	Caring other children		
<i>"May be you have a young child you may abort due to fear of your fellow that will laugh at you because your child is still very young ..."</i>	Shame	Emotional symptoms	Psychological effects of induced abortion
<i>"... They will ask, fine I am married but will I get children? Will our marriage last or I will be divorced? Or my husband will have extra marital relationship to have a child? So you will have fear of having conflict with your husband and divorce"</i>	Fear		
<i>"... later when she becomes old she regret that I did so many abortions, even if she gets children she may regret because she knows that abortion is sin so she will have guilt thinking"</i>	Guilt feelings		
<i>"The most difficult moments is when they don't get a child, think about the possibility of getting a child, will I deliver? You see! Therefore, during this time she will not have peace of mind because she used to do abortion. With this royal marriage would I have babies"?</i>	Depression		
<i>"Abortion is not accepted, you are not allowed to do abortion, according to religious belief. It is sin because you are killing a person..."</i>	Sin conduct	Deviating from cultural norms	Ethical consequence of induced abortion
<i>"... according to religious teachings, abortion is prohibited and therefore you are not allowed to terminate pregnancy. Termination of pregnancy is sin because you are killing an innocent human being. When you decide to terminate pregnancy to fulfill some socio-economic needs you may feel that this is a right decision and action however, before God the almighty father this is a big sin ..."</i>	Contrary to religious teachings		
<i>"Example during "kuchezwa" we are taught how to respect elder, husbands, body hygiene as an adult. We are not taught to do induced abortion"</i>	Deviating from custom and taboos		
<i>"first according to policy you are not allowed to do abortion so a person who abort may be prosecuted"</i>	Against abortion policy		

3.7 Ethical considerations

Ethical approval to conduct this study was obtained from Muhimbili University of Health and Allied Health Sciences (MUHAS) research and publication committee (Ref: No. MU/PGS.SAEC/Vol. IX/18). Moreover, a letter of request to conduct the study was submitted to the district executive director (DED). Through the district medical officer (DMO) permission was granted and permission letters were written and submitted to village executive officers (VEOs) of Shangani West and Chuno wards whereby one street leader from each ward was appointed and introduced to the researcher.

Also a written informed consent was obtained from all study participants before the interviews were undertaken. Special permission to audio record interviews was obtained from the participants. Participants were informed that participation was voluntary, and they can withdraw from the study at any time. Anonymity was considered and numbers were used to identify transcripts during data analysis instead of names. Furthermore, participants were asked to select place for an interview session that they felt more comfortable and free to share information. Lastly all data were accessible by the researcher only through using a pass word.

CHAPTER FOUR

STUDY FINDINGS

4.1 Socio-demographic characteristics

Study participants had the following socio-demographic characteristics as summarized in the table below.

Table 2: Summary of socio-demographic characteristics of study participants

Characteristics	Number of participants
Street	
Chuno Kati	2
Coco beach	2
Half London	2
India coaters	3
Majengo	2
Nantibwili	2
Total	13
Age (years)	
18 – 25	4
26 – 33	3
34 – 41	4
42 – 49	2
Total	13
Marital status	
Single	5
Married	7
Separated	1
Total	13
Religion	
Christian	6
Muslim	7
Total	13
Education	
Primary	9
Secondary	3
College	1
Total	13
Occupation	
House wife	3
Small scale business	9
Teacher	1
Total	13
Tribe	
Hehe	1
Makonde	6
Makua	3
Matengo	1
Ngoni	1
Yao	1
Total	13

4.2 Main study findings

Four sub-categories emerged from the perceptions of women of reproductive age regarding induced abortion. These were further condensed to form three main categories. These were socio-economic benefits, psychological effects and ethical consequences of induced abortion.

4.3 Socio-economic benefits of induced abortion

Participants of this research study had different perceptions regarding socio-economic benefits of induced abortion. There are participants who did not perceive any benefit of induced abortion to the woman, family and community apart from its complications. On the other hand participants perceived induced abortion to have some benefits such as; a woman who terminate pregnancy becomes free, in case is a student she can complete her studies, facilitates child spacing and a woman will afford to take care of other children.

4.3.1 Becoming free

Participants perceived that pregnancy denies woman's freedom therefore; when a woman terminates pregnancy she becomes free. They may have ample time to take care of children, continues freely with their day to day activities. This was narrated by one of the participants:

“honestly she becomes free of doing anything, she may even continue to breastfeed her baby peacefully for a long period of time even 1 ½ years or 2 years because when you are pregnant you can't continue breastfeeding you baby” (Participant from India coaters, 27 years old).

Another participant added:

“Personally I feel that it is right to terminate pregnancy if she has a reason. On my perspective it is okay because she will be free of stress” (Participant from India coaters, 38 years old).

4.3.2 Completing studies

Participants of this study reported that it is a normal practice that when a student conceive to be terminated from her studies. And when they are terminated it is difficult for them to resume studies due to a complicated bureaucracy. Therefore, when a student terminates pregnancy she becomes free to continue with her studies than waiting to give birth and undergo the horrible bureaucratic system of resuming studies. As it was reported by participants:

“For a student I may say that induced abortion has benefits because she will continue with her studies” (Participant from Nantibwili, 29 years old).

“...a student who has conceived may not have any option than terminating pregnancy to continue with her studies...” (Participant from Coco Beach, 23 years old).

4.3.3 Need for child spacing

Another benefit of induced abortion which was identifies by participants was that induced abortion may be used as a family planning method. When couples agree to terminated pregnancy this make them rest for a while until they are ready to have another child. A participant from India coaters quoted saying:

“Teh teh! It is a dilemma. No benefits but eeh! It is a big dilemma because you are married accidentally you become pregnant and you have a little child sometimes you may abort to allow the child to grow ...” (Participant from Majengo, 36 years old).

Another participant also shared:

“Let’s say it is only one year since the last delivery even me I would advise her to terminate if she does not want to give birth. If she have a baby of one year, breastfeeding and then she have conceives again! Honestly, I would advise her to terminate that pregnancy because she will not manage having pregnancy and caring a child of one year and the baby will have time to grow” (Participant from India Coaters, 27 years old).

4.3.4 Affords to take care of other children

It was reported that when a woman performs abortion may have more time to care for other young children. This also minimizes the burden of caring pregnancy and together with other young children in the family. As it was quoted from a participant;

“Some may procure abortion because they feel that they are not ready to be parents and still they want to enjoy life because when they deliver they will be busy with parenting. Some abort due the poor socio-economic status and they cannot afford to care for the child” (Participant from Half London, 45 years old).

4.4. Psychological effects of induced abortion

The participants of this study reported various psychological effects of induced abortion. The reported psychological effects were shame, anxiety, guilt feelings and depression.

4.4.1 Shame

Participant thought that when a woman is known to have terminated pregnancy she will be ashamed especially when it is publicly known. She may not even continue with her normal activities for some times to let the public forget. Her family also experiences the same particularly when a woman is still staying with her family.

“May be you have a young child you may abort due to fear of your fellow that will laugh at you because your child is still very young ...” (Participant from Coco Beach, 49 years old).

4.4.2 Fear

Participants of this study reported that since induced abortion may cause infertility woman after abortion have fear of whether she will conceive again. This was reported by a one of the participants:

“... They will ask, fine I am married but will I get children? Will our marriage last or I will be divorced? Or my husband will have extra marital relationship to have a child? So you will have fear of having conflict with your husband and divorce” (Participant from Majengo, 36 years old).

Another participant had this to share:

“Because when a girl terminates pregnancy her family will react and say; when you get married you will not give birth, how comes you terminate pregnancy while you are still young, you will not have children again, you will not get married. That is what we usually tell them, so when a girl hears that she will get confused and ask herself, is it possible I will not give birth again? Does it mean the man I will marry I will not have children from him as they are saying? Will he live with me?”(Participant from Chuno Kati, 40 years old).

4.4.3 Guilt feelings

Study participants also reported that most of women who performs induced abortion experience guilt feelings later in life. This may be associated with failure to conceive or give birth to a child with congenital malformations, becomes drug addict or prostitute and many other misconducts. This was reported by one of the participants:

“It may affect her because she may be recalling that I did sin, I did this ooh! Or she may have feeling of regret, but I aborted that baby may be that baby could be of a different caliber, this could be a second born you see! She remembers and feels guilt “(Participant from Nantibwili, 23 years old).

Moreover, guilt feelings may also be felt by the family when the family knows that their daughter terminated pregnancy in the past and she is now not able to have children. As one of the participants quoted saying:

“If the family is aware of what their daughter did, even the family may be psychologically affected because they will be sympathizing with her ooh! If it was not that she could not experience this” (Participant from Chuno Kati, 32 years old).

Another participant said;

“As a parent with time you may feel that ooh! If she did not abort that pregnancy may be she could be good child you see! Even you as a parent you are affected psychologically” (Participant from Coco Beach, 49 years old).

4.4.4 Depression

The study participants narrated that a woman who performs induced abortion besides experiencing emotional feelings such anxiety, shame and guilt feelings may also be depressed especially when the outcome is not as she intended. When the negative outcome of abortion are severe the emotional feelings becomes constant therefore, a woman may have depression. As was reported by a participant;

“The most difficult moments is when they don’t get a child, they would be in deep sorrow thinking about the possibility of getting a child, you see! Therefore, during this time she will not have peace of mind....” (Participant from Half London, 23 years old).

Another participant was quoted:

“...therefore, she may be affected because she will be thinking so much of the act especially when she wants to give birth” (Participant from Half London, 45 years old).

4.5 Ethical consequences of induced abortion

Participant reported several ethical consequences of induced abortion basing on the religious beliefs, customs and taboos and national abortion policy.

4.5.1 Contrary to religious teachings

According to religious doctrine induced abortion is prohibited except when the life of the woman is in danger. Based on religious beliefs and teachings human beings should bear children because children are gift from God. Termination of pregnancy is not only sin but also is regarded as killing of a human being. This was clearly reported during interviews;

“According to religious belief it is not god because abortion is prohibited” (Participant from Majengo, 36 years old).

Another participant quoted saying;

“...I personally believe that all denominations although I am a Christian, I don’t think whether there is a Muslim or a Seventh Day Adventist who is happy with induced abortion. But what I know is that religions have been

number one to stop denounce induced abortion ...” (Participant from Coco Beach, 23 years old).

Another participant added:

“My faith does not allow abortion at all, abortion is sin, because you don’t know the person you are aborting will become a President, a Shekhe or a Priest. Because of your feeling may be you want to enjoy your life while you don’t know why God gave you that pregnancy” (Participant from Coco Beach, 49 years old).

4.5.2 Deviating from customs and taboos

Several communities have their customs and taboos that guides their behavior and conducts. Study participants reported that most of the customs and taboos around the community prohibit induced abortion by teaching girls to deter from sexual intercourse until marriage. Example when girls achieve menarche in Makonde tribe they are kept in doors for a specific period of time. During this period girls are taught how they can maintain their virginity by deterring from sexual intercourse until marriage, general body hygiene as adult women, importance of respecting their husbands and elders and to be a responsible woman to their families. As it is expressed by participants:

“Example during “kuchezwa” (is a special traditional training provided to girls when they approach puberty to prepare them to be adults) we are taught about respecting elders, husbands but we are not taught about induced abortion” (Participant from Nantibwili, 29 year old).

“There are no more teachings than being prohibited to do sexual intercourse until you get married or finish your studies” (Participant from Chuno Kati, 32 years old).

“... I know very well the customs condemn induced abortion and educate girls about the complications of induced abortion ...” (Participant from Majengo, 23 years).

4.5.3 Abortion is against the policy

Participants reported that according to the national abortion policy induced abortion is restricted and therefore termination of pregnancy is against abortion policy. Furthermore, participants reported that this policy does not deny women's freedom. The policy is good because it insures that the right to life to unborn children and women. As the following participants were quoted:

“Wow! On my side I congratulate the country for having such a policy, again I love it because it save life of women and unborn children, may be if this policy was not there women could do abortion but due to fear of the policy she will not do that and the mother and baby are all safe” (Participant from Nantibwili, 23 years old).

Participants reported to be free but a freedom of doing abortion cannot be respected. This was reported by participants as follows:

“It does not deny women's freedom because when I do abortion it may cost myself and my family and not the entire community therefore, it is for my own good” (Participant from Chuno Kati, 32 years old).

Another participant added that;

“I don't see whether this policy denies women's freedom, for a person who does not understand may claim that but those who understand complications of abortion may not say so” (Participant from Coco Beach, 23 years old).

CHAPTER FIVE

DISCUSSION

5.1 Socio-economic benefits of induced abortion

The findings indicate that women have different perception about socio-economic benefits of induced abortion. Study participants reported that induced abortion does not have any socio-economic benefit while others perceived to have more disadvantages than benefits. However, those who condemned induced abortion focused on the complications such as severe hemorrhage, infertility, severe abdominal pain, severe infection, expensive post abortal care, stigma and discrimination and death and its violation to ethical principle such as religious values, custom and taboos and abortion policy that all restrict abortion practice. This suggests that induced abortion is not accepted to other women in the community.

Furthermore, women who stated some socio-economic benefits still condemned induced abortion that it is not good before God and community but because of unwanted or unplanned pregnancies that may be difficult to raise women opt abortion. To address the issue of unwanted pregnancies the government of Tanzania scaled up family planning services. Tanzania however, is among the countries in sub-Saharan region with high unmet need of family planning of 22% among married women aged 15-49 years and 23.5% among young women aged 20-24 years (Mungure & Owaga, 2014). This may be contributed by some restrictive cultural beliefs that are in place. This further suggests that other women do not use family planning methods to prevent unwanted or unplanned pregnancy. Similar findings have been reported by Hussain & Henshaw (2008) that an unmet need for effective methods of contraception risk women to have unwanted pregnancy and unsafe abortion.

On the other hand induced abortion is accepted by other women as it was expressed by them that they may experience some socio-economic benefits such as completion of studies in case is a student, make a woman more free, couple rest and couple afford to care of other children. In this state of affair women who perceive some socio-economic benefits continues to practice induced abortion and experience short and long term complications associated with induced abortion. This further suggests

why induced abortion is persistent in the community because other women perceive it to have some socio-economic benefits. The findings are similar to those identified by (Deepanjali, 2015; Biggs et al., 2013; Adler et al., 2012; Wangwe, 2012; Arthur, 1999; Mote et al., 2011; Fergusson et al., 2007; and Grimes et al., 2006).

5.2 Psychological effects of induced abortion

The findings of this study have revealed that women experience psychological effects in a form of shame, anxiety, guilt felling and depression following abortion. Women experience psychological effects when they are faced with associated complications but it is more severe when the women experience post abort infertility or when it is publicly known that they have done abortion. Sometimes women may not experience complications but will still remember the act of doing abortion as something which is not good even to mention. This suggest that beside the complications of induced abortion women experience psychological effects. Furthermore, the finding may also suggest that the practice is not good that is why many women experience psychological problems after induced abortion. This findings are similar with those of (Shirin, 2012; Pourreza & Batebi, 2011; Kersting et al., 2004; and Speckhard, 2003).

5.3 Ethical consequences of induced abortion

The findings have revealed pronounced ethical consequences in religious beliefs, customs and taboos and abortion policy. The practice of abortion is contrary to the society's religions that denounce it and continue to teach the followers to stop the practice because it is considered as killing a human being which is wrong before God. Also society customs and taboos predominantly teach the community members to stop induced abortion due to its associated complications. Therefore, the community has tried to stop the practice by enacting some principles that prohibit induced abortion. This is reflected in the national abortion policy which restricts the practice except when the life of a pregnant woman is in danger (The Penal Code of Tanzania, 1981). This kind of findings suggest that induced abortion is against the society standards and is severely condemned however, women continue to practice because the standards are not seriously reinforced by those on authority. This finding is in agreement with the findings of other researchers who reported that women have

a range of ethical considerations prior to unsafe induced abortion based on their personal values (Shari et al., 2015; Crespigny et al., 2010).

5.4 Study limitation and mitigation

The researcher was male interviewing female participants on induced abortion, therefore some women especially young ones may not have comfortably provide their opinion about induced abortion. However, participants were encouraged several times to be free and share information. Furthermore participants were explained that they will not be linked to the information shared and the leaders were only involved in the recruitment process for the reason of introducing the researcher to the participants.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

Women of reproductive age perceived induced abortion to have socio-economic benefits. They thought that induced abortion would make women free and able to care for their young children, it will enable students to complete studies and achieve their goals, couples will be able to provide support to other children. However, induced abortion made some women to experience psychological effects such as shame, fear, guilt feelings and depression. Moreover, participants knew that induced abortion was against religious teachings, custom and taboos and the national policy of abortion

6.2 Recommendations

Based on the study findings the following are recommended:

1. Women should stop induced abortion because the perceived benefits does not outweigh the consequences of induced abortion therefore women should find other means to avoid unwanted pregnancy.
2. The community through proper channels should insist and reinforce religious beliefs, customs and taboos and policies to change their positive the perception toward unsafe induced abortion.

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8 APPENDICES

8.1 Interview guide – English version

The perception of Induced Abortion and its Ethical Implication among Women of Reproductive Age in Mtwara

Introduction

Interviewer introduction

The purpose of the study

Why the participant is chosen

The expected duration of the interview

Interview questions

1. Please tell me your opinions about induced abortion?
2. What are socioeconomic benefits of induced abortion?

To individual

To family

To society

3. What are psychological effects of induced abortion?

To individual

To family

4. Please describe what are the ethical implications of induced abortion?

Religion

Custom and taboos

Law

5. What is your advice to women who perform induced abortion?

8.2 Dodoso la Kiswahili

Mtazamo wa Wanawake Kuhusiana na Utoaji wa Mimba na Maadili Yake

Utangulizi

1. Utangulizi wa muhojaji
2. Malengo ya utafiti
3. Kwa nini mshiriki kateuliwa
4. Muda wa mahojiano

Mahojiano

1. Tafadhali niambie nini maoni yako kuhusu utoaji wa mimba?
2. Utoaji wa mimba unafaida gani za kijamii na kiuchumi?

Kwa mtu binafsi

Kwa familia

Kwa jamii

3. Unadhani ni madhara gani ya kisaikolojia yanaweza kutokea baada ya kutoa mimba?

Kwa mtu binafsi

Kwa familia

4. Tafadhali eleza madhara ya kimaadili yatokanayo na utoaji wa mimba?

Kidini

kimila na desturi

Kisheria

5. Una mawazo gani kwa wanawake wanaotoa mimba?

8.3 Informed consent – English version

Muhimbili University of Health and Allied Sciences (MUHAS)

Directorate of Research and Publications

ID. No:

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Introduction

I am **Mathew David Ndomondo** a postgraduate student from Muhimbili University of Health and Allied Sciences. I am conducting a study entitled: The perception of induced abortion and its ethical implication. I am inviting you to participate in this important research but before you decide, you can seek advice from anyone. However, the consent form may contain words that you do not understand so please don't hesitate to ask and I will take time to explain.

Purpose of the study

The purpose of this study is to explore the perception of induced abortion and its ethical implications among women of reproductive age in Mtwara Urban district.

Type of participation involved

If you agree to participate in this research, you will be required to participate in an interview that will take about 40 minutes to 1 hour.

Participant selection

You are invited to participate in the study because we feel that as a woman in reproductive age you can have a valued contribution on the issue of induced abortion.

Right to withdraw participation

Your participation in this research is entirely voluntary. So, you are free to choice whether to participate or not. You may change your mind later and stop participating even if you agreed earlier.

Risks

There is a risk that you may disclose some personal information that makes you uncomfortable. Although, I don't expect this to occur. In case it happens, don't answer any question if you feel so.

Benefits

The information you share will help in making recommendations and come up with fair deliberations on the issue of induced abortion among women of reproductive age.

Reimbursement

You will not be provided any compensation to take part in the research.

Confidentiality

The information that you will share will be kept strictly confidential. Only the researcher will have access to the information. Any information about you will bear a number instead of your name.

Audio recording

To ensure that the information that you share is correctly recorded the interview session will be audio recorded.

Who to contact

In case of any question later about this study, contact the Principal Investigator **Mr. Mathew D. Ndomondo**, Muhimbili University of Health and Allied Sciences (MUHAS), P.O.Box 65001, Dar es Salaam, Tel. No. 0752046333. Supervisors: **Dr. Lilian T. Mselle**, MUHAS, P.O.Box 65001, Dar es Salaam, Tel. No. 0717565610.

In case of any problem, please contact **Dr. Joyce Masalu**, the Director of Research and Publications of MUHAS, P.O Box 65001, Dar es Salaam, Tel. No. 2152489, Email: drp *at* muhas.ac.tz

This is to confirm that, I have read and understood the contents in this form and I agree to participate in this study.

Signature of Participant _____

Date _____

8.4 Fomu ya Ridhaa ya Kiswahili

Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili

Kurugenziya Utafiti na Machapisho

Na.

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Utangulizi

Naitwa **Mathew David Ndomondoni** mwanafunzi wa Shahada ya Uzamili ya Sayansi ya maadili ya kibailogia katika Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili. Nafanya utafiti kuhusiana na **mtazamo wa wanawake kuhusiana na utoaji wa mimba na maadili yake**. Nakukaribisha kushiriki katika utafiti huu muhimu lakini kabla ya kuamua, unaweza kupata ushauri toka kwa mtu yeyote yule. Pia, fomu hii inaweza kuwa na maneno ambayo hutayelewa, tafadhari usisite kuniuliza nitakueleweshwa.

Malengo ya utafiti

Madhumuni ya utafiti huu ni kupata mtazamo wa wanawake kuhusiana na utoaji wa mimba na maadili yake miongoni mwa wanawake walio kwenye umri wa kuzaa katika wilaya ya Mtwara Mjini.

Aina ya ushiriki

Ukikubali kushiriki katika utafiti huu, utatakiwa kushiriki katika mahojiano yatakayo chukua muda wa dakika 40 mpaka saa 1.

Ushiriki wa hiari

Ushiriki wako katika utafiti huu ni wa hiari. Kwa hiyo, uko huru kuamua kushiriki au kutoshiriki. Unaweza kubadili mawazo na kujitoea kushiriki hata kama ulikubali.

Kuchaguliwa kushiriki

Umechaguliwa kushiriki katika utafiti kwa sababu tunahisia kwamba kama mwanamke uliye na umri wa kuzaa unaweza kuwa na mchango muhimu kuhusu utoaji wa mimba.

Haki ya kujitoea

Ushiriki wake katika utafiti huu ni wa hiari. Kwa hiyo uko huru kuamua kushiriki au kutoshiriki. Unaweza ukabadilisha uamuzi wako wa kushiriki badae hata kama mwanzo ulikubali.

Madhara

Kuna madhara kwamba unaweza kutoa taarifa zako za ndani ambazo usingejisikia vizuri kuzitoa. Japo sitegemei hili kutokea na kama likitokea usijibu swali lolote litakalokufanya usijisikie vizuri.

Faida

Taarifa utakayotupatia zitasaidia kutoa mapendekezo na kufikia maaamuzi yanayostahili katika suala zima la utoaji wa mimba.

Fidia

Hutafidiwa chochote kwa kushiriki kwako katika utafiti huu.

Usiri

Nakuhakikishia kwamba taarifa utakazo tupatia zitatunzwa kwa usiri mkubwa. Ni watafiti tu ndiyo wataweza kupata taarifa zoko na sio mtu mwingine. Taarifa yoyote kuhusu wewe itawekewa namba na sio jina lako.

Kurekodiwa

Ili kuhakikisha kwamba taarifa unazotoa zimenakiliwa kwa usahihi mahojiano haya yatarekodiwa.

Watu wa kuwasiliana nao

Kama utakuwa na swali lolote kuhusiana na utafiti huu, unaweza kuwasiliana na Mtafiti Mkuu **Bw. Mathew D. Ndomondo**, Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili, S. L. P 65001, Dar es Salaam, Simu. Na. 0752046333. Msimamizi: **Dkt. Lilian T. Mselle**, MUHAS, S.L.P 65001, Dar es Salaam, Simu. Na. 0717565610.

Kama unatatizo lolote kuhusiana na utafiti, tafadhali wasiliana na **Dkt. Joyce Masalu** Mkurugenzi wa Utafiti na Machapisho wa Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili, S.L.P 65001, Dar es Salaam, Simu. Na. 2152489, Barua pepe: drp at muhas.ac.tz

Nathibitisha kwamba nimesoma na kuelewa kilichoandikwa katika fomu hii na nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki

Tarehe

8.5 Ethical clearance

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

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22nd May, 2017

Mr. Mathew D. Ndomondo
MSc. Bioethics
MUHAS.

**RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED:
"PERCEPTION OF INDUCED ABORTION PRACTICE AND ITS ETHICAL
IMPLICATION AMONG WOMEN OF REPRODUCTIVE AGE IN MTWARA"**

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from 18th May, 2017 to 17th May, 2018. In case you do not complete data analysis and dissertation report writing by 17th May 2018, you will have to apply for renewal of ethical clearance prior to the expiry date.


Prof. Andrea B. Pembe

DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health and Social Sciences

