# PERCEPTIONS OF LIBERALIZING THE ABORTION LAW AND THE ASSOCIATED FACTORS AMONG HEALTH CARE PROVIDERS IN SELECTED HEALTH FACILITIES IN DAR ES SALAAM, TANZANIA

**Jamilla Juma Zaarh, BSc. EHS.**

**Master of Public Health Dissertation**
**Muhimbili University of Health and Allied Sciences**
**October, 2019**

**Muhimbili University of Health and Allied Sciences**

**School of Public Health and Social Sciences**

# PERCEPTIONS OF LIBERALIZING THE ABORTION LAW AND THE ASSOCIATED FACTORS AMONG HEALTH CARE PROVIDERS IN SELECTED HEALTH FACILITIES IN DAR ES SALAAM, TANZANIA.

**By**

**Jamilla Juma Zaarh, BSc. EHS.**

**A Dissertation Submitted in (Partial) Fulfillment of the requirements for the Degree of Master of Public Health of**

**Muhimbili University of Health and Allied Sciences**
**October, 2019**

## CERTIFICATION

The undersigned certifies that, she has read, and hereby recommends for approval by Muhimbili University of Health and Allied Sciences a dissertation titled: **‘‘Perceptions of liberalizing the abortion law and the associated factors among health care providers in selected health facilities in Dar es salaam, Tanzania’’** in (partial) fulfillment of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

_____

**Dr. Anna Tengia Kessy**

(Supervisor)

_____

**Date**

## DECLARATION AND COPYRIGHT

I, **Jamilla Juma Zaarh,** declare that this **dissertation** is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award**.**

**Signature_____ Date _____**

This dissertation is a copyright material protected under the Berne Convention, the Copyright Act 1999 and other international and national enactments, in that behalf, on intellectual property. It may not be reproduced by any means, in full or in part, except for short extracts in fair dealing, for research or private study, critical scholarly review or discourse with an acknowledgement, without the written permission of the Directorate of Postgraduate Studies, on behalf of both the author and the Muhimbili University of Health and Allied Sciences.

## ACKNOWLEDGEMENT

I am indebted to all those whose endeavors have made this work a success. First and foremost, I thank God for keeping me alive, healthy and capable of completing this study. My success in this study is a result of contributions from many people. Although I cannot exhaust the list of all those who put forth their endeavors in accomplishing this study, I would like to extend my sincere gratitude by mentioning a few.

My heartfelt gratitude is due to my supervisor Dr. Anna Tengia-Kessy of Muhimbili University of Allied Sciences for her incessant support which resulted in the completion of this dissertation. Her guidance, devotion and constructive criticism were very inspiring and encouraging.

I am further authentically grateful to my fellow students, Kulwa Shimiyu and Theresia Manasse for their constant motivation, encouragement and constructive ideas throughout my studies.

It is further at this juncture that I candidly thank my dear mother and mentor, Stella Sandi for the financial support, prayers, and motivation throughout my studies. My niece and nephew Jada-Anna and Jordan, thanks for unceasingly praying for me.

## DEDICATION

This work is dedicated to my nieces Jada-Anna, Jamilla and Jasmine and my nephew Jawdan.

## ABSTRACT

**Background**: In order to engage in a balanced discussion regarding the legal status of abortion in Tanzania, and to smoothen the domestication process of the Maputo protocol, it is important to understand the perceptions of liberalizing the abortion law among health care providers, who are important stakeholders and policy gatekeepers in reproductive health.

**Objective**: This study aimed to assess the perceptions of liberalizing the abortion law and the associated factors among health care providers (HCP) in selected health facilities in Dar es Salaam, Tanzania.

**Methods**: A cross-sectional study was done among 406 health care providers in Dar es Salaam. Proportionate stratified sampling and convenient sampling techniques were used to select participants. Self-administered questionnaires were used to collect data. Descriptive statistics, chi-square test, and logistic regression analysis were used to assess perceptions of liberalizing the law and the associated factors. Data are presented in frequency tables and cross-tabulations.

**Results**: About seventy three percent (72.9%) of health care providers (HCP) support the liberalization of the law when the pregnancy poses risk to the woman's life which is concordant to what the current law stipulates. More than two-thirds of the respondents 276 (68%) had poor knowledge of the abortion law and only (6.4%) had high level of knowledge. Knowledge of the abortion law (OR=1.329), sex (OR=1.432), religion (OR=1.465) and duration of employment had an influence on the perceptions of liberalizing abortion.

**Conclusion**: Majority of health care providers in the selected health facilities in Dar es Salaam support the removal of legal restrictions on some cases of abortion especially rape. Moreover, majority of them are not aware of the law governing abortion in Tanzania. It is therefore important to ensure that health care providers are well informed of the legal context of abortion in the country as well as public health and human rights importance of removing legal restrictions on abortion for more circumstances.

# TABLE OF CONTENTS

CERTIFICATION ..... i
DECLARATION AND COPYRIGHT ..... ii
ACKNOWLEDGEMENT ..... iii
DEDICATION ..... iv
ABSTRACT ..... v
LIST OF TABLES ..... viii
LIST OF FIGURES ..... x
LIST OF ABBREVIATIONS ..... xi
DEFINITIONS OF KEY TERMS ..... xii
CHAPTER ONE ..... 1
1.0 INTRODUCTION ..... 1
1.1 Background Information ..... 1
1.2 Statement of the problem ..... 6
1.3 Rationale of the Study ..... 7
1.4 Conceptual Framework ..... 7
1.5 Research Questions. ..... 8
1.5.1 Main research question. ..... 8
1.5.2 Specific research questions. ..... 8
1.6 Objectives ..... 8
1.6.1 Broad objective: ..... 8
1.6.2 Specific objectives ..... 8
CHAPTER TWO ..... 9
2.0 LITERATURE REVIEW ..... 9
2.1 Perceptions of liberalizing the abortion law among health care providers. ..... 9
2.2 Knowledge of the abortion law among health care providers. ..... 10
2.3 Relationship between perceptions of liberalizing the abortion law and associated factors among health care providers. ..... 11
CHAPTER THREE ..... 14
3.0 METHODOLOGY ..... 14
3.1 Study Setting ..... 14
3.2 Study Design ..... 14

3.3 Study Population ..... 14
3.4 Sample Size Estimation ..... 15
3.5 Sampling procedures and techniques ..... 15
3.6 Data collection tools ..... 16
3.7 Recruitment and training of research assistants ..... 16
3.8 Pretesting of data collection tools ..... 16
3.9 Data collection procedure ..... 16
3.10 Validity and reliability of the research questionnaire ..... 17
3.11 Variables and measurements of variables ..... 17
3.11.1 Dependent variable ..... 17
3.11.2 Independent Variables ..... 17
3.12 Data processing and analysis ..... 17
3.13 Limitations of the study ..... 18
3.14 Ethical consideration ..... 18
4.0 RESULTS ..... 20
4.1 Socio-demographic characteristics of the study population. ..... 20
4.2 Perceptions of liberalizing the abortion law ..... 22
4.3 Knowledge of the abortion law among health care providers ..... 23
4.4 Perceptions of liberalizing the abortion law and associated factors. ..... 24
4.4.1 Perceptions of liberalizing the abortion law in Tanzania by knowledge of the abortion law. 24
4.4.2 Perceptions of liberalizing the abortion law in Tanzania by sex of the health care workers ..25
4.4.3 Perceptions on liberalizing the abortion law in Tanzania by age of the health care workers .26
4.4.4 Perceptions of liberalizing the abortion law in Tanzania by profession ..... 27
4.4.5 Logistic regression of perceptions of liberalizing the abortion law and associated factors among health care providers in selected health facilities in Dar es Salaam ..... 29
CHAPTER FIVE ..... 30
5.0 DISCUSSION ..... 30
5.1 Perceptions of liberalizing the abortion law among health care providers in selected health facilities in Dar es Salaam. ..... 30
5.2 Knowledge of the abortion law among HCP in selected health facilities in Dar es Salaam ..... 31
5.3 Factors influencing perceptions of liberalizing the abortion law. ..... 32
6.0 CONCLUSION AND RECOMMENDATION ..... 34

6.1 Conclusion....34
6.2 Recommendations....35
REFERENCES....36
Appendix I: Questionnaire – English Version....42
Appendix II: Questionnaire – Swahili Version....46
Appendix III: Consent Form – English Version....51
Appendix V: Approval for ethical clearance....56
Appendix VII: Permission to conduct heath research....59
Appendix VIII: Research Permit....61

## LIST OF TABLES

Table 1:Socio-demographic characteristics of the study population....21
Table 2: Level of agreement on circumstances under which abortion may be liberal. ....22
Table 3: Frequency distribution of correct responses on knowledge of the abortion law....23
Table 4: Knowledge on the abortion law by level of agreement to circumstances under which the law may be liberal....25

Table 5: Perceptions of liberalizing the abortion law in Tanzania by sex of HCPs .....26
Table 6: Perceptions of liberalizing the abortion law in Tanzania by age of the HCPs .....27
Table 7: Perceptions of liberalizing the abortion law in Tanzania by profession of the health care workers.....28
Table 8: Logistic regression of perceptions of liberalizing the abortion law and associated factors among health care providers in selected health facilities in Dar es Salaam ...29

## LIST OF FIGURES

Figure 1: Map showing countries and status of the abortion laws and policies. ..... 3

Figure 2: Conceptual framework on perceptions of liberalization of the abortion law among health care providers. ..... 7

**LIST OF ABBREVIATIONS**

| | |
|---|---|
| ACHPR | African Commission on Human and Peoples' Rights |
| ASPIRE | Advocates for Safe Parenthood; Improving Reproductive Equity |
| CEDAW | Centre for Elimination of Discrimination Against Women. |
| CEHURD | Centre for Human Rights and Development |
| CI | Confidence interval. |
| HCP | Health Care Providers. |
| MoHCDGEC | Ministry of Health, Community Development, Gender, Elderly and Children |
| MUHAS | Muhimbili University of Health and Allied Sciences |
| OR | Odds ratio |
| PI | Principal Investigator |
| RCH | Reproductive and Child Health |
| RHR | Reproductive Health and Rights |
| SDG | Sustainable Development Goals |
| SPSS | Statistical Package for Social Sciences |
| TDHS | Tanzania Demographic and Health Survey |
| WHO | World Health Organization |

**DEFINITIONS OF KEY TERMS**

| | |
|---|---|
| Abortion | In this study, abortion only refers to the deliberate termination of a human pregnancy, most often performed during the first 28 weeks. |
| Abortion law | Refers to the legal status of abortion in a country |
| Legal restriction | In this study, it refers to any limitation on abortion by statute or regulation. |
| Liberalizing abortion | In this study, refers to the removal of legal restrictions on some circumstances under which a woman can legally terminate a pregnancy. |
| Minor | In this study, connotes a person under the age of 18 years. |
| Perceptions of liberalizing abortion law. | In this study, it refers to the level of agreement to circumstances by which abortion should be made liberal. |
| Unsafe abortion | Is a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills, or in an environment lacking the minimum medical standards |
| Legalizing abortion | In this study, refers to removing all legal restrictions on circumstances under which a woman can legally terminate a pregnancy. |
| Knowledge of abortion law | In this study, refers to the facts and information regarding the legal context of abortion in the country. |
| Domestication of the law | Refers to the act of making a legal instrument recognized and enforceable in a local jurisdiction foreign to the one in which the instrument was originally issued or created. |
| Health care providers | In this study, they include doctors, nurses, and pharmacists working in every department in the selected health facilities. |
| Social desirability | This is a type of response bias in which there a tendency of survey respondents to answer questions in a manner that will be viewed favorably by others. |

# CHAPTER ONE

## 1.0 INTRODUCTION

### 1.1 Background Information

Abortion laws serve a specific purpose to permit, prohibit, restrict or regulate the availability of abortion in a country. Some countries have incorporated abortion in the penal codes, which have characterized abortion as a crime. Although abortion is illegal in some counties, the scope of the laws differs widely. At least 30 percent of countries have decriminalized abortion, that is, there are no legal implications for providing, procuring or obtaining an abortion. These are mostly developed countries in Europe and North America. On the other hand, some countries have liberal abortion laws, whereby, abortion is considered a crime unless it is performed on the grounds of rape, incest, fetal abnormalities, the risk to health and life, on economic grounds or upon request (1).

There is a direct link between abortion laws and rates of death and morbidity from unsafe abortion. A legal restriction on abortion is one of the factors for unsafe abortion in the world (3). Studies show that, in countries where abortion is completely restricted or allowed only to save a woman's life or her physical health, only 1 in 4 abortions were safe; whereas in countries where abortion is legal on broader grounds, nearly 9 in 10 abortions were safe (4). Besides, studies show that restricting legal access to abortion does not decrease the need for abortion but it is likely to increase the number of women seeking an illegal and unsafe abortion, nor does it lower the rates of abortion (1, 5).

Like most African countries, Tanzania has a restrictive legal framework concerning termination of pregnancy. The Penal code, under sections 150-152, sets out criminal sanctions for the provider of abortion services, the procurer of supplies to solicit an abortion and even the woman attempting an abortion (2). It states that:

"[150]*Any person who with intent to procure miscarriage of a woman, whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious*

*thing, or uses any force of any kind, or uses any other means whatever, is guilty of a felony, and is liable to imprisonment for fourteen years.* [151] *Every woman being with child, who with intent to procure her own miscarriage unlawfully administers to herself, any poison or other noxious thing, or uses any force of any kind, or uses any other means whatsoever, or permits any such thing or means to be administered or used to her, is guilty of a felony, and is liable to imprisonment for seven years.*[152] *Any person who unlawfully supplies to or procures for any person anything whatsoever, knowing that it is intended to, be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, is guilty of a felony, and is liable to imprisonment for three years".*

However, section 219 of the Penal code stipulates the gestational limit for unlawful destruction of a child. It states that:

"219.-(1) *Subject to subsection (2) any person who, with intent to destroy the life of a child capable of being born alive, by any willful act causes the child to die before it has an existence independent of its mother, commits an offence of child destruction and shall be liable on conviction to imprisonment for life. (2) A person commits an offence under this section unless it is proved that the act which caused the death of the child was not done in good faith for the purpose only of preserving the life of the mother. (3) For the purpose of this section, evidence that a woman had at any material time been pregnant for a period of twenty-eight weeks or more shall be prima facie proof that she was at the time pregnant of a child capable of being born alive."*

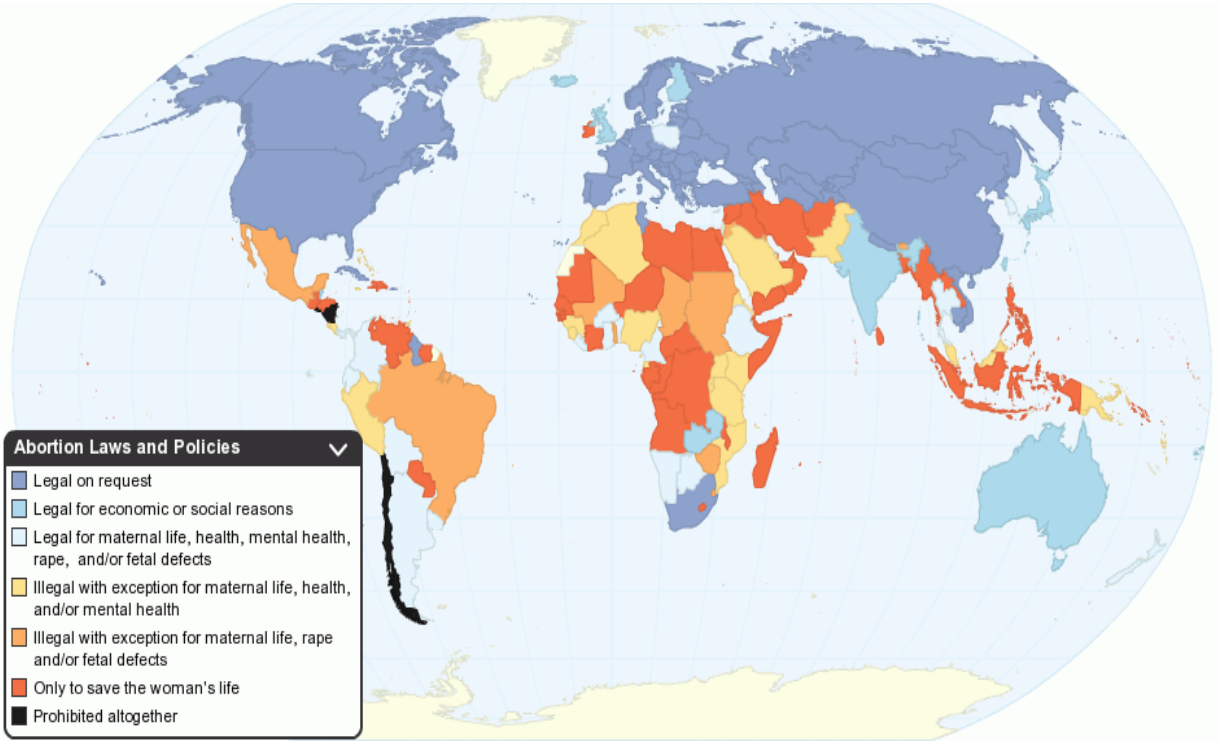



**Figure 1: Map showing countries and status of the abortion laws and policies.**

Legal restrictions on abortion create barriers on access to safe abortion services (6, 7, 8, 9, 10). These barriers are lack of access to information on the legal status of abortion and safe abortion, third-party authorization from one or more medical professionals which fails to guarantee confidentiality and privacy, excluding coverage for abortion services under health insurance and restricting the range of health-care providers and facilities that can safely provide services (11). These barriers lead to increased rates of unsafe abortion as they prevent women from seeking care and providers from delivering services within the formal health system. Also, legal restrictions cause the price of abortion services and supplies to rise. This affects significantly the poor and uneducated women (3). Also, studies show that the provision of safe, abortion is considerably less costly than treating the complications of unsafe abortion (3, 12).

The World Health Organization (WHO) safe abortion guidelines also recognize the importance of correct knowledge on abortion law among health care providers, in protecting the health and rights of women. The guidelines also point out that the first step in assessing a situation related to unsafe abortion at the national level is the collection and analysis of existing information on laws surrounding sexuality, contraception, and abortion (3). Moreover, research into healthcare systems and policies has shown that, in order to build on existing efforts towards interventions that aim at changing the status quo of abortion law in developing countries, it is important to understand the main actor's knowledge and perception on the local context (including legal) of the issue (21).

Furthermore, HCPs are important stakeholders in reproductive and child health. They are also policy gatekeepers who can facilitate or hinder the efforts towards addressing the legal issues of abortion in the country. The history of liberalization of abortion law in countries like Ethiopia, South Africa, and Uganda shows that the professional community has always played a key role as an interest group (14, 22, 23). Also, HCPs have professional capital, which offers them with legitimacy and an authoritative voice within the health care field for the good of the society. Besides, the involvement of actors in the process of change improves the opportunities for effective and sustainable policy implementation (21).

In Tanzania, where abortion law is restricted only to save the life of the woman, as stipulated in section 230 of the Penal code, the struggle to reduce maternal morbidities and mortality, especially those due to complications from unsafe abortion, have yielded insufficient results over the past years. The Tanzania demographic health survey reports an increase in maternal mortality rates from 432 to 556 per 100,000 live births whereby, 16% of all maternal deaths are due to unsafe abortion (13). In the bid to protect the health and rights of women, the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in collaboration with other stakeholders ensures the provision of post-abortion services to women with abortion complications to reduce their impact on maternal deaths.

Likewise, Tanzania has ratified several international conventions such as Maputo Declaration in 2003, The African Commission on Human and People's Rights in 2016, and Committee on the Elimination of Discrimination Against Women (CEDAW) in 1985, where Tanzania agreed to amend all abortion laws and remove all legal barriers to safe abortion services. To date, little efforts have homed to legal reforms or formulating policies and guidelines for safe abortion methods (14).

Little efforts on the liberalization of abortion laws in Tanzania are probably due to the controversial nature of abortion, which has limited the number and extent of discussions on the issue (7, 15, 16, 17). In addition, health care providers have a great contribution towards imparting change to policies and laws that directly affect the health of women; however, they are probably not aware of the abortion law and the extent to which the liberalization of this law contributes to a reduction in rates of unsafe abortion (3, 4, 12, 18, 19, 20). Thus, they have not been able to raise awareness of the need for interventions that can address the legal context of abortion in the country.

This study, therefore, aimed at assessing the perceptions of liberalizing the abortion law and the associated factors among health care providers in Tanzania.

## 1.2 Statement of the problem

Legal restriction on abortion is one of the factors for unsafe abortion in the world (4, 24). In Tanzania, abortion is illegal and carries a jail sentence of up to 14 years, unless done to save the life of the pregnant woman. Nevertheless, a large number of clandestine abortions continue to be carried out regularly, often with dire consequences for the lives and health of the women involved. In a bid to mitigate the impacts of the abortion law on unsafe abortion practices, Tanzania has ratified the Maputo Declaration (2003), CEDAW (1985), and the 2007 African Commission on Human and People's Rights (ACPHR), where they agreed, among other things; to amend laws that restrict access to safe abortion services when needed.

To date, little or no efforts have homed in towards the amendment of the restrictive abortion law in Tanzania (14, 25). This is partly because health care providers who have a great contribution towards imparting change to policies and laws that directly affect the health of women, do lack a comprehensive understanding of the content and scope of the law on abortion; and they do not recognize the extent to which the liberalization of this law contributes to a reduction in rates of unsafe abortion (25, 26). Thus, they have not been able to fully raise awareness of the need for interventions that can address the legal and policy context of abortion in the country.

The perceptions as well as factors associated with these perceptions among health care providers on liberalizing the abortion law have not yet been documented in Tanzania. However, findings from related studies in other countries show the importance of health care providers understanding the law and its impact on abortion practices in fighting against abortion-related maternal deaths (27). These results from cannot be generalized to Tanzania due to the differences in the social, cultural and political contexts. Thus, it was important to assess the perceptions of liberalizing the abortion law and the associated factors among health care providers in Tanzania.

### 1.3 Rationale of the Study

Findings from this study will inform policymakers on the perceptions of the liberalization of abortion law among health care providers who are key actors of reproductive and child health. Furthermore, findings from this study will help to enlighten the future interventions on campaigning for health care providers and the public on the legal context of abortion, its legal interpretation for clarity, and promote awareness on how it limits access to safe abortion services. This provides a basis for future debates on the liberalization of the abortion law in Tanzania intending to inform strategies to reduce the country's high maternal mortality rate. In the long run, results from this study contribute directly to the attainment of Sustainable Development Goal (SDG) 3, which is to ensure healthy lives and promote wellbeing for all at all ages, through target 3.1. In addition, results from this study will contribute indirectly to the attainment of SDG5 which is to achieve gender equality and empower all women and girls.

### 1.4 Conceptual Framework

This framework is derived from the conceptual framework for trajectories to abortion and abortion-related care (53). The framework is based on the assumption that perceptions of liberalization of the abortion law is influenced by knowledge of the abortion law, age, sex, religious belief, years of practice and professional field.

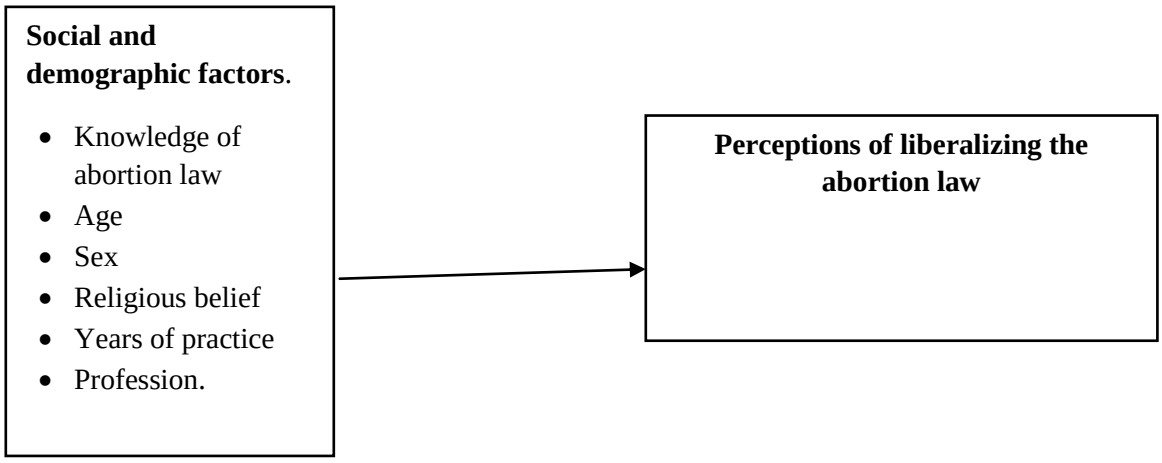



**Figure 2: Conceptual framework on perceptions of liberalization of the abortion law among health care providers.**

## 1.5 Research Questions.

### 1.5.1 Main research question.

What are the factors associated with perceptions on liberalizing the abortion law among health care providers in selected health facilities in Dar es Salaam?

### 1.5.2 Specific research questions.

1. What are the perceptions of liberalizing the abortion law among health care providers in selected health facilities in Dar es Salaam?
2. What is the knowledge of the abortion law among health care providers in selected health facilities in Dar es Salaam?
3. What are the health care providers' factors influencing their perceptions on liberalizing the abortion law?

## 1.6 Objectives

### 1.6.1 Broad objective:

To assess the perceptions of liberalizing the abortion law and the associated factors among health care providers in selected health facilities in Dar es Salaam.

### 1.6.2 Specific objectives

1. To determine perceptions of liberalizing the abortion law among health care providers in selected health facilities in Dar es Salaam.
2. To determine the knowledge of the abortion law among health care providers in selected health facilities in Dar es Salaam.
3. To determine the duration of practice among health care providers in selected health facilities in Dar es Salaam
4. To determine factors associated with the perceptions of liberalizing the abortion law among health care providers in selected health care facilities in Dar es Salaam

# CHAPTER TWO

## 2.0 LITERATURE REVIEW

Abortion is highly debated around the world, and it often faces opposition, even in countries where the service is readily available on request. Moreover, studies show that, decisions on abortion issues are not based on scientific evidence rather on religious, moral and political factors (28). Evidence from other countries, as Ethiopia and Uganda have highlighted the contribution of the professional society in liberalization of the abortion law (22, 23, 29). Studies also underscore the need for the professionals to understand the law and its legal interpretation in order for them to be able to work with the current boundaries of the law without fear of prosecution and to understand how the law affects provision of abortion services as well as post abortion care. Evidence show that lack of clarity of what the law provides also limits the engagement of professionals in the conquest to liberalize abortion law (3, 30).

### 2.1 Perceptions of liberalizing the abortion law among health care providers.

In most parts of the world, many health care providers favor more liberal abortion laws, with less bureaucratic processes to enable women in need of abortion services to get it timely and appropriately (44). A study by Faundes found that, 89% of health care providers had favorable opinions on the current abortion law (37). Sheehan also reported that 79% of health care providers wanted liberalization of the law (45). Moreover, in Ireland a study on family planning undertaken among doctors, junior obstetrics and gynecology doctors, and consultant obstetrics and gynecology 50%, 29% and 16% respectively agreed that the law is restrictive and should be changed (47). In countries where the abortion is less restrictive health care providers thought that further liberalization of the abortion law to permit abortion on request, would result in misuse of the service and people would use abortion as a method of contraception (21).

In African countries with highly restrictive abortion laws example Nigeria a study by Adebusoye shows that HCP are of the opinion that their current abortion law which is highly restrictive, should not be enforced and should be changed (46). In Zimbabwe, where the law is

restrictive, 61.2% of doctors are supportive of the current abortion law, and 55.6% of doctors thought that the law should still be changed to allow abortion in more socio-economic circumstances, such as if the family cannot afford to take care of the baby, or if the women is still of tender age(39). Likewise, in Ghana the law allows abortion only under a few conditions such as incest pregnancy, impregnation of a 'female idiot' (mad female), impregnated rape victim, or when health care workers determine that the baby, if born, will not be able to have a meaningful life, or if the pregnancy threatens the health or life of the mother. A study on midwives showed that they all supported their abortion law and they were willing to provide abortion services (38).

**2.2 Knowledge of the abortion law among health care providers.**

Knowledge of abortion law has been widely documented in various countries but the focus was directed mostly to women and not health care providers or other key actors in reproductive health. Studies on prospective HCP revel that they have poor knowledge of the abortion law, for instance, a study on medical students, Wheeler revealed that 95% knew that Termination of pregnancy was legal in South Africa, nevertheless a fewer (27%) understood the specific provisions of the legislation beyond 13 weeks' gestation (31). A study by Høvik and Hestvikon medical students also reveal that medical students have inadequate knowledge of the abortion law (32). Studies on health care providers done in developed countries found that most health care providers had high knowledge of the abortion law than in developing counties. In New South Wales and Queensland, a study on doctors showed that the majority of them had high knowledge of the state abortion laws and policies (33, 34, 35). A study in South Africa also reported the same (36). A study by Faundes found that 70% of them had high knowledge of the law (37).

On the contrary, in developing countries most health care providers have poor knowledge of the law, even when the abortion law is liberal, for instance in India a study on health care workers revealed that most of them did not have precise information on circumstances under which abortion is legally permitted. A study in Ghana showed that health care providers had generally poor knowledge of the law on abortion (38). This also explains why most high

income and low-income countries have failed to liberalize their laws on abortion. In most cases, knowledge of the abortion law seems to be influenced by age, level of education, whether a person is from rural or urban areas, religion, and duration of practice. Sex did not show any significant impact on knowledge of the law (37).

A study by Kasule in Zimbabwe reported that doctors had a better knowledge of the law compared to nurses, although the level of knowledge among them was generally poor (39). In Tanzania, there is limited data on abortion, including the legal context of abortion. Mamboleo reported that many health care providers thought that lack of clarity on the abortion law among health care providers is one of the factors limiting access to post-abortion care (40). Also, Guttmacher's study and a report on reproductive health and rights showed that the law on abortion is unclear among implementers (25).

Similar studies on women report that most of them were aware of the existence of the law but they had a low level of knowledge of the contents of the law (41, 42). Policymakers were studied in some African countries, whereby, in Nigeria and Uganda, studies report that even policymakers do not fully understand the content and legal interpretation of the abortion laws in their countries (28, 43, 44). As much as these studies are important, the prominence of studies on other stakeholders of reproductive health has been overlooked. So far, no study has investigated the clarity and knowledge of abortion law among health care providers in Tanzania.

### 2.3 Relationship between perceptions of liberalizing the abortion law and associated factors among health care providers.

In some studies, religion, sex, number of children and years of practice influences the likelihood of respondents to have liberal opinion on the abortion law while there was no any significant difference on their opinions with age (37). However, other studies found out that the perception on abortion law of health care providers is not influenced by their religion but are influenced by fear of stigmatization and lack of training on safe abortion procedures (38, 48). In addition, Sheehan showed even the level of education, type of profession and their primary work place have an effect on the perception of abortion law: General practitioners

were more in favor of liberalizing the law on abortion than specialists were and Self-employed doctors were more in favor of liberalizing the law on abortion than doctors in hospital and institutions were. Of those specialists in favor of changing abortion law, 42% were psychiatrists, 17% were pediatricians and 19%were obstetrics and gynecology doctors (45).

Another study by Kasule in Zimbabwe found that knowledge of complications of safe abortion determined one's attitudes towards the abortion law (39). On the other hand, in Ethiopia for instance, 96.4% of health providers recognized unsafe abortion as a serious health threat and providers with safe abortion practice were 2.57 times more likely to have favorable attitudes towards safe abortion than those without safe abortion practice. Providers who knew the law were 1.77 times more likely to have favorable attitudes towards abortion law (22).

A study by Kinemo in 1985 on nurses' and doctors' perceptions towards liberalization of abortion revealed that most of them favored abortion when the life or health of the mother was at risk (52). It is therefore, important to conduct another study to understand what health care providers perceive about the liberalization of abortion law.To my knowledge, no study has been done among HCPs to ascertain the relationship between knowledge of the legal status of abortion and their perceptions towards liberalizing it. However, a few studies have explored the relationship between knowledge of abortion law and perceptions of liberalizing the law among other populations. A study was done in Ethiopia among men and women aged between 15-49 years and it revealed that people with a high level of knowledge of the law had more favorable perceptions of liberalization of abortion (49). This is in respect to the fact that knowledge of abortion law is influenced by other factors such as the level of education.

A similar study in Ethiopia also revealed that women who had high knowledge about the abortion law are more likely to favor liberalization of abortion law especially when the pregnancy is a result of rape, or if it has a potential risk to life or health. On the contrary, these women did not favor abortion when the pregnant woman is a minor, below 18 years of age. This shows that if the community is given decision-making powers on abortion, teen girls in such settings will be affected (50). A study in Zambia done among women alone showed no

significant relationship between, their knowledge of the law, and how they perceive the law (42). It is therefore important to determine the relationship between health care provider's knowledge of abortion law and their perceptions on liberalizing it.

# CHAPTER THREE

## 3.0 METHODOLOGY

### 3.1 Study Setting

This study was conducted in selected regional and referral hospitals in Dar es Salaam region. Dar es Salaam is one of the 31 regions of Tanzania. According to the human resource for health country profile 2012/2013, Dar es Salaam has the highest number of health care providers compared to any other region in Tanzania (51). Dar es Salaam is also the biggest business city in Tanzania, located along the coast of Indian Ocean, in the East of the country. The population of Dar es Salaam is estimated to be 4.3 million according to 2012 national population census. The annual population growth rate is 5.6%, forming the highest rate in the country. The city comprises of five administrative municipals, namely Kigamboni, Ilala, Ubungo, Kinondoni and Temeke. Dar es Salaam has three regional referral hospitals and five district hospitals.

### 3.2 Study Design

This study deployed a quantitative cross-sectional design. The advantage of this design is that data is collected only once, maximum confidentiality is assured and multiple outcomes can be yielded. Also, a quantitative approach is useful for mitigating social desirability bias, which is common in studies exploring sensitive issues such as abortion.

### 3.3 Study Population

The study population was health care providers (HCPs) namely, medical doctors, nursing officers, and pharmacists in the selected district and regional referral health facilities in Dar es Salaam.

**Inclusion criteria**: all nurses, doctors, and pharmacists employed in the selected health facilities

**Exclusion criteria**: all nurses, doctors, and pharmacists employed in the selected health facilities and were not on duty on the day of data collection.

### 3.4 Sample Size Estimation

The sample size for this study was obtained by the following formula by Crochan.

$N = \{Z^2 P (1-P)\}/d^2$

Whereby;

N=desired sample size

Z= standard normal deviate set at 1.96 which corresponds to 95% confidence interval

P=expected proportion in population based on previous study; 61.2 % prevalence of health care providers with favorable perception for safe abortion liberalization (39).

d = 5% margin of error

Therefore, substituting the above formula,

$N = \{1.96^2 * 0.61(1-0.61)\}/0.05^2 = 365$, n = 365.

After adjusting for 10% non-response rate, the final minimum sample size was 406 health care providers.

### 3.5 Sampling procedures and techniques

Proportionate stratified sampling and convenient sampling techniques were used to select participants. The study included three regional referral hospitals and five district hospitals from Dar es Salaam region. Sixty-six participants were selected from each regional referral hospital and twenty-four (24) from each district hospital. Preliminary data of the number of HCP was obtained from two health facilities sampled and there were 77 and 82 doctors, 77 and 90 nurses; and 12 and 11 pharmacists respectively in each facility. The proportional allocation of health care providers for each cadre selected was done based on the preliminary data obtained. Therefore, the study respondents included 265 (65.3%) nurses, 116 (28.6%) doctors, and 25 (6.2%) pharmacists. This allocation was backed up by the data shown in the human resource for health country profile where, the number of nurses in most health facilities is greater than that of doctors, which is greater than that of pharmacists (51). Respondents were invited to participate conveniently, that is all who were present on the day and time of data collection were invited to participate. Data were collected only once in each health facility.

### 3.6 Data collection tools

The study employed a self-administered questionnaire with close and open-ended questions. The questions were adapted from similar studies conducted in Tanzania and Brazil and customized to fit the study context (52, 37). The questionnaire comprised of three domains: socio-demographic characteristics of the respondents, knowledge of abortion law, and perceptions of liberalization of the law. The final version of the questionnaire used was in Kiswahili language.

### 3.7 Recruitment and training of research assistants

Two research assistants were recruited for the study and trained. The training involved familiarizing the assistants on the subject matter of the study, the research tool, research ethics and administrative issues such as work schedule and other logistics.

### 3.8 Pretesting of data collection tools

Pre-testing of the study instrument was done a week before execution of the study. It was conducted at a health facility in Temeke district, which was not sampled. The questionnaire was slightly modified without altering the study objectives.

### 3.9 Data collection procedure

The principle investigator with the help of the research assistants collected the data. The research team arrived at the selected study facility during morning clinical meetings and expressed their need to collect information as stated in their introductory letter from MUHAS and the district authorities. Health care providers willing to participate in the study were asked to sign a written consent. After signing, they were handed with one copy of the questionnaire each. Research assistants checked the completeness of each questionnaire, whether each question was completely answered. The principal investigator rechecked the completeness of the questionnaire immediately after submission.

### 3.10 Validity and reliability of the research questionnaire

Most of the items in the questionnaire had been used in previous studies and also formulation of the items was guided by circumstances for abortion as per WHO policies and guidelines for safe abortion. Furthermore, a Cronbach alpha test was done with a result of 0.734.

### 3.11 Variables and measurements of variables

#### 3.11.1 Dependent variable

The study had one outcome variable which is the perceptions of liberalizing abortion law. The perceptions of liberalizing the abortion law were measured by a Likert scale. A list of statements concerning various legal grounds for abortion was provided. The participants were to indicate whether they strongly agreed, agreed, strongly disagreed and disagreed with the provided statements. Statements that were left blank by participants were not taken into analysis. Items which were strongly agreed and agreed upon were regarded as "agreed" and those which strongly disagreed and disagreed were regarded as "disagreed".

#### 3.11.2 Independent Variables

Independent variables for this study were; age, sex, religious affiliation, professional cadre, years of practice and knowledge of the abortion law. The knowledge of the abortion law was measured by a knowledge index, whereby, questions concerning the abortion law as provided in the Tanzanian Penal Code of 2004, were given, and participants had to indicate, to the best of their knowledge, the responses they thought were correct. All correct answers were coded 1 and the wrong answers were coded 0. The score for each participant were counted and the maximum score was 100%. Participants who scored less than or 50% were classified as having poor knowledge, whereas participants who scored more than 50% were classified as having high knowledge.

### 3.12 Data processing and analysis

At the end of each day, the research team checked the data for completeness and consistency. Data entry and analysis were done using Statistical Package for the Social Sciences (SPSS) version 20 software. Data was first loaded into an excel file and then imported into SPSS.

Descriptive statistics with frequency tables were used to determine knowledge of the abortion law and perceptions of liberalizing it. Cross tabulations were used to investigate the independent variables with perceptions of abortion law. Chi-square tests and logistic regression were used to obtain the associations and strength of relationship between the independent and the dependent variables. The analysis was done using 95% confidence level expressed in P-value of 0.05.

### 3.13 Limitations of the study

This study did not cover all health care providers in Dar es Salaam. However, to make the study more representative, participants were clustered into five districts and health facilities were selected from each district. Additionally, some health care providers might not have been comfortable participating in an abortion study, and therefore those who participated might have had interest in the issues of abortion. Thus, even their knowledge would be higher than the others would. To mitigate this limitation all participants were given detailed information on what the study was about and the benefits. Moreover, although providers working at government hospitals may be more likely to report disagreement with the liberalization of the law even if their perceptions are different, all respondents were assured of the strict confidential nature of the information given and that there would be no personal repercussion about the information obtained.

### 3.14 Ethical consideration

Abortion is a controversial and sensitive issue and some health care providers were not comfortable to participate in the study. Before data collection, the researcher obtained the ethical clearance from the Institutional Review Board of the Muhimbili University of Health and Allied Sciences (Ref. No. DA.287/298/01A). A research permit was sought from the Local Government and Municipal authorities. Informed written consent forms were signed by the participants and they were assured to have the right to skip any question they felt uncomfortable to respond to or to stop answering questions altogether and quit from participating in the study.

To ensure confidentiality, no names or any identifiers of the participants were recorded. Considering the sensitivity of this research, all the basic principles of human research ethics (respect of persons, beneficence, voluntary participation, confidentiality and justice) were respected.

# CHAPTER FOUR

## 4.0 RESULTS

This chapter presents findings from health care workers on their perceptions of liberalizing the abortion law and the associated factors. There are four sections, namely socio-demographic characteristics of the participants; perceptions of liberalizing the law; knowledge of the abortion law and the last section presents factors determining perceptions of liberalizing the abortion law among the health care workers.

### 4.1 Socio-demographic characteristics of the study population.

The socio-demographic characteristics of health care workers in the selected health facilities in Dar es Salaam are displayed in Table 1. Slightly over half 232 (57.1%) of the respondents were females. The mean age was 36.9, with their ages ranging from 20 to 60 years. Close to a half 196 (48.3%) of the respondents were in the age group of 31- 40 years and 258 (63.5%) were Christians. Two-fifth 169 (41.6%) of the respondents reported having recently joined the health care force, having worked as health care providers for less than five years. Nurses constituted the highest proportion of the respondents (265, 65.3%) and only 25 (6.2%) were pharmacists.

**Table 1: Socio-demographic characteristics of the study population**

| characteristic | Category | Frequency (N=406) | Percentage (100%) |
|---|---|---|---|
| **Sex** | **Male** | 174 | 42.9% |
| | **Female** | 232 | 57.1% |
| **Age** | **<30years** | 85 | 20.9% |
| | **31-40years** | 196 | 48.3% |
| | **41-50years** | 92 | 22.7% |
| | **51-60 years** | 33 | 8.1% |
| **Religion** | **Christian** | 258 | 63.5% |
| | **Muslim** | 148 | 36.5% |
| **Profession** | **Doctors** | 63 | 15.5% |
| | **Clinical officers** | 53 | 13.1% |
| | **Nurses** | 265 | 65.3% |
| | **Pharmacists** | 25 | 6.2% |
| **Employment duration** | **<5years** | 169 | 41.6% |
| | **5-10 years** | 124 | 30.5% |
| | **11-20years** | 63 | 15.5% |
| | **21-30years** | 32 | 7.9% |
| | **30+ years** | 18 | 4.4% |

### 4.2 Perceptions of liberalizing the abortion law

In this study, perceptions of liberalizing the abortion law were measured as the level of agreement as to when and in what circumstances abortion should be made liberal in Tanzania. These levels of agreement varied substantially. From Table 2, majority of the respondents disagreed that safe abortion should be liberal if the pregnant woman or family cannot continue with pregnancy due to financial reasons 362(89.1%); followed by failure of a contraceptive method 348 (85.7%). Additionally, more than half of the respondents supported liberalization of the abortion law when there are signs of severe congenital disorders 220(54.2%) and if the pregnancy emanates from rape 217(53.4%). Whereas a quarter of the health care providers were of the view that abortion should be liberalized if the woman is less than 18 years of age 104(24.7%), close to three-quarters 296(72.9%) of the HCPs supported the current abortion law in Tanzania, that is to allow abortion if pregnancy poses risks to the life of the pregnant woman.

**Table 2: Level of agreement on circumstances under which abortion may be liberal**.

| | **Agree** | | **Total** |
|---|---|---|---|
| **CIRCUMSTANCES** | **n** | **%** | **N** |
| Risk to life | 296 | 72.9% | 400 |
| Severe fetal malformation | 220 | 54.2% | 398 |
| Financial reasons | 44 | 10.9% | 406 |
| Pregnancy due to incest | 55 | 13.6% | 392 |
| Pregnancy due to rape | 217 | 53.4% | 406 |
| Failure of contraception | 57 | 14% | 405 |
| Woman <18 years of age | 104 | 24.7% | 404 |
| Risk to mental health. | 111 | 27.3% | 406 |

**Note**: Some of the questions were not responded to.

### 4.3 Knowledge of the abortion law among health care providers

As shown in Table 3, most of the HCPs 276 (67.9%) had high knowledge of the acts of abortion that are classified as criminal offenses by the law in Tanzania. Additionally, over half of the 238 HCPs (56.3%) were aware that there are no documents required to justify the procurement of an abortion. Besides, close to a quarter 98 (24.1%) of the respondents were aware of the circumstance under which abortion can be justified in Tanzania. However, only 16 (3.9%) of the respondents were aware of the Penal Code 2004, a document that provides restrictions for abortion in Tanzania.

**Table 3: Frequency distribution of correct responses on knowledge of the abortion law**

| **Question.** | **Correct response** | **N=406** | **%** |
|---|---|---|---|
| The legal document which provides restrictions for abortion in Tanzania. | The Penal Code 2004. | 16 | 3.9% |
| Circumstances in which the Tanzanian law allows an induced abortion to be carried out by a health care provider. | To save the mother's life | 98 | 24.1% |
| Gestational limit for legal abortion. | On the 28$^{th}$ week of pregnancy and after. | 7 | 1.7% |
| Offences related to abortion that a person be sentenced to prison if he or she is convicted | **Person attempts to procure an abortion. **Supplying drugs or instruments to procure abortion. **Any woman who procures own miscarriage | 276 | 67.9% |
| Documents are required to be provided by the client, relative or HCP to allow carrying out an abortion according to the law. | No document is required | 238 | 56.2% |
| A health care provider is legally allowed to perform an abortion. | The law does not specify who may perform a legal termination of pregnancy. | 27 | 6.7% |

**** A correct answer required selection of all three options.**

### 4.4 Perceptions of liberalizing the abortion law and associated factors.

#### 4.4.1 Perceptions of liberalizing the abortion law in Tanzania by knowledge of the abortion law.

As mentioned earlier, in this study, perceptions of liberalizing the abortion law were measured as the level of agreement as to when and in what circumstances abortion should be made liberal in Tanzania. Respondents with high knowledge of the abortion law mostly agreed on liberalizing abortion in cases of risking the life of the mother 94 (72.9%), pregnancy following rape 87 (66.9%) and evidence of severe fetal malformation 75 (59.1%). As displayed on Table 4, high proportions of these respondents however, had a negative perception on liberalizing abortion in cases of financial constraints 123 (94.6%); incest 100 (76.9%), failure of contraception 100 (76.9%) and pregnancy risking the mental health of the woman 81(62.5%). Furthermore, respondents with poor knowledge of the abortion law mostly agreed on liberalizing abortion when pregnancy poses risk to mother's life 202(74.5%), followed by evidence of severe fetal malformation 145(53.5%). However, high proportions of the HCPS had negative perceptions of liberalizing abortion in cases of financial constraints 239(88.6%), and risk to mental health of the woman 214(77.5%). The only significant association between knowledge and favorable perception in support of liberalizing the abortion law was in cases of pregnancy below 18years (p=0.000), pregnancy due to rape (p=0.000), or incest (p=0.000), economic constraints (p=0.009), failure of contraception (p=0.000), and risk to mental health (p=0.001).

**Table 4: Knowledge on the abortion law by level of agreement to circumstances under which the law may be liberal**

| Circumstance | Perception | Knowledge (high) % | Total (100%) | p-value |
|---|---|---|---|---|
| **Pregnancy poses risk to life of mother** | **Agree** | 94(72.9%) | 296 | 0.176 |
| | **Disagree** | 35(27.1%) | 104 | |
| **Signs of severe fetal malformation** | **Agree** | 75(59.1%) | 220 | 0.405 |
| | **Disagree** | 52(40.9%) | 178 | |
| **Have abortion due to financial reasons.** | **Agree** | 7(5.4%) | 44 | 0.009 |
| | **Disagree** | 123(94.6%) | 362 | |
| **Pregnancy due to incest** | **Agree** | 30(23.1%) | 55 | 0.000 |
| | **Disagree** | 100(76.9%) | 337 | |
| **Pregnancy due to rape** | **Agree** | 87(66.9%) | 189 | 0.000 |
| | **Disagree** | 43(33.1%) | 217 | |
| **Pregnancy due to failure of contraception.** | **Agree** | 30(23.1%) | 57 | 0.000 |
| | **Disagree** | 100(76.9%) | 384 | |
| **Pregnant woman less than 18years.** | **Agree** | 62(47.7%) | 99 | 0.000 |
| | **Disagree** | 68(52.3%) | 307 | |
| **Pregnancy poses risk to mental health** | **Agree** | 49(37.7%) | 113 | 0.001 |

### 4.4.2 Perceptions of liberalizing the abortion law in Tanzania by sex of the health care workers

As shown on Table 5, more males than females HCPs agreed that abortion should be liberal when the pregnancy poses risk to the woman's life, when contraception fails and when pregnancy poses risk to the mental health of the woman. However, the proportions were not significantly different ($p>0.05$). On the other hand, a significant number of males than female HCPs supported the liberalization of the law in cases of economic constraints, incest, rape, child pregnancy and fetal malformations ($p=<0.05$).

**Table 5: Perceptions of liberalizing the abortion law in Tanzania by sex of HCPs**

| Condition in which abortion should be liberalized | Sex | Perception (Agree) | Total (100%) | P-value |
|---|---|---|---|---|
| **Pregnancy risks life of the woman** | **Male** | 134 (79.2%) | 169 | 0.051 |
| | **Female** | 162(70.1%) | 231 | |
| **Signs of severe fetal malformation** | **Male** | 101 (58.0%) | 174 | 0.023 |
| | **Female** | 119(51.3%) | 224 | |
| **Economic constrains** | **Male** | 34 (19.5%) | 174 | 0.000 |
| | **Female** | 10 (4.5%) | 232 | |
| **Pregnancy results from incest** | **Male** | 25 (15.1%) | 166 | 0.000 |
| | **Female** | 30 (13.3) | 226 | |
| **Pregnancy results from rape** | **Male** | 100 (57.5%) | 174 | 0.000 |
| | **Female** | 89 (38.4%) | 232 | |
| **Pregnancy results from contraceptive failure** | **Male** | 26 (15.0%) | 173 | 0.153 |
| | **Female** | 31 (13.4%) | 232 | |
| **Pregnancy below 18 years** | **Male** | 30 (17.2%) | 174 | 0.000 |
| | **Female** | 69 (29.7%) | 232 | |
| **Pregnancy risks the mental health of the woman** | **Male** | 48 (27.6%) | 174 | 0.500 |
| | **Female** | 63 (27.2%) | 232 | |

### 4.4.3 Perceptions on liberalizing the abortion law in Tanzania by age of the health care workers

As shown in Table 6, regarding liberalizing the abortion law in the country, professionals aged 40 years or younger mostly support it in circumstances where the pregnancy risks life of the woman 200(72.7%), evidence of severe fetal malformations 132 (47.1%) and where the pregnancy fallouts from rape 139(49.9%). On the other hand, HCPs older than 40 years registered their support when the life of the woman is endangered 96(76.8%) and when there are signs of severe fetal malformations 88(74.6%). Generally, only a few of the respondents supported liberalizing the abortion law in the rest of the itemized circumstances. Further analysis revealed that the age of the respondents significantly influenced the perception of liberalization of abortion law only in the following circumstances: evidence of severe fetal

malformation (p=0.000), economic constraints (p=0.002) and pregnancy resulting from the failure of a contraceptive method (p=0.03).

**Table 6: Perceptions of liberalizing the abortion law in Tanzania by age of the HCPs**

| Condition in which abortion should be liberalized | Age | Perception (Agree) | Total (100%) | P-value |
|---|---|---|---|---|
| **Pregnancy risks life of the woman** | **≤40 years** | 200(72.7%) | 275 | 0.231 |
| | **>40 years** | 96(76.8%) | 125 | |
| **Signs of severe fetal malformation** | **≤40 years** | 132(47.1%) | 280 | 0.000 |
| | **>40 years** | 88(74.6%) | 118 | |
| **Economic constraints** | **≤40 years** | 43(15.3%) | 281 | 0.002 |
| | **>40 years** | 1(0.8%) | 125 | |
| **Pregnancy results from incest** | **≤40 years** | 41(15.4%) | 267 | 0.173 |
| | **>40 years** | 14(11.2%) | 125 | |
| **Pregnancy results from rape** | **≤40 years** | 139(49.5%) | 281 | 0.05 |
| | **>40 years** | 50(40.0%) | 125 | |
| **Pregnancy results from contraceptive failure** | **≤40 years** | 46(16.4%) | 280 | 0.03 |
| | **>40 years** | 11(8.8%) | 125 | |
| **Pregnancy below 18 years** | **≤40 years** | 74(26.3%) | 281 | 0.100 |
| | **>40 years** | 25(20.0%) | 125 | |
| **Pregnancy risks the mental health of the woman** | **≤40 years** | 79(28.1%) | 281 | 0.354 |
| | **>40 years** | 32(25.6%) | 125 | |

### 4.4.4 Perceptions of liberalizing the abortion law in Tanzania by profession

Table 7 displays the perceptions of doctors and mid-level health care providers on liberalizing the law on abortion. High proportions of doctors and midlevel providers supported the liberalization of the law for the following grounds: pregnancy risks the life of the woman (70.2% and 75.5%), signs of severe fetal malformation 55.7% and 55.1%) and when pregnancy results from rape (49.1% and 45.5%). The least supported ground for all cadres was terminating a pregnancy because of economic constraints (14.7% and 9.3%). However, further analysis displayed the only significant association between profession and support of the abortion law was in case of pregnancy below the age of 18 years whereby 79 (23.3%) midlevel providers compared to 20 (17.2%) of doctors supported it (p=0.034).

**Table 7: Perceptions of liberalizing the abortion law in Tanzania by profession of the health care workers**

| Condition in which abortion should be liberalized | Perception | | | |
|---|---|---|---|---|
| | **Profession** | **Agree** | **Total (100%)** | **P-value** |
| **Pregnancy risks life of the woman** | Doctors | 80(70.2%) | 114 | 0.16 |
| | Mid-level providers | 216(75.5%) | 286 | |
| **Signs of severe fetal malformation** | Doctors | 64(55.7%) | 115 | 0.92 |
| | Mid-level providers | 156(55.1%) | 283 | |
| **Economic constraints** | Doctors | 17(14.7%) | 116 | 0.12 |
| | Mid-level providers | 27(9.3%) | 290 | |
| **Pregnancy results from incent** | Doctors | 17(15.2%) | 112 | 0.67 |
| | Mid-level providers | 38(13.6%) | 280 | |
| **Pregnancy results from rape** | Doctors | 57(49.1%) | 116 | 0.29 |
| | Mid-level providers | 132(45.5%) | 290 | |
| **Pregnancy results from contraceptive failure** | Doctors | 11(9.5%) | 116 | 0.09 |
| | Mid-level providers | 46(15.9%) | 289 | |
| **Pregnancy below 18 years** | Doctors | 20(17.2%) | 116 | 0.034 |
| | Mid-level providers | 79(27.2%) | 290 | |
| **Pregnancy risks the mental health of the woman** | Doctors | 27(23.3%) | 116 | 0.25 |
| | Mid-level providers | 84(29.0%) | 290 | |

### 4.4.5 Logistic regression of perceptions of liberalizing the abortion law and associated factors among health care providers in selected health facilities in Dar es Salaam

A logistic regression analysis was performed to ascertain the effects of sex, religion, profession, employment duration and knowledge on perceptions of liberalizing the abortion law. As shown in Table 8. P values <0.5 were included in the model, asterisk implies that the variable was a reference category.

Those with high knowledge of the abortion law were more likely to agree to liberalization of abortion laws compared to those with poor knowledge, OR=1.329 at 95% CI (0.217-1.749) Females were more likely to agree to liberalization of abortion laws compared to males, OR=1.432, at 95% CI (0.217-1.749). Christians were more likely to agree to liberalization of abortion laws compared to Muslims at OR=1.465 at 95% CI (0.290-1.858). Those who have worked for 5-30 years are more likely to agree to liberalization of abortion laws compared to those who have recently joined the workforce, OR>1. The profession of respondents did not have an influence on the perceptions of liberalization of the abortion laws (p>0.05).

**Table 8: Logistic regression of perceptions of liberalizing the abortion law and associated factors among health care providers in selected health facilities in Dar es Salaam**

| Variables | | OR | 95% CI | P- value |
|---|---|---|---|---|
| **knowledge** | Poor* | 0.465 | - | |
| | High | 1.329 | 0.217-1.749 | 0.005 |
| **Sex** | Male* | 0.029 | - | |
| | Female | 1.432 | 0.277-1.792 | 0.005 |
| **Religion** | Muslim* | 0.453 | - | |
| | Christian | 1.465 | 0.290-1.858 | 0.012 |
| **Profession** | Doctors* | 0.465 | - | |
| | Midlevel providers | 0.787 | 0.475-0.981 | 1.302 |
| **Years of practice** | <5years* | 0.359 | - | |
| | 5-10 years | 4.503 | 1.181-17.173 | 0.028 |
| | 11-20years | 3.648 | 1.013-13.139 | 0.048 |
| | 21-30years | 2.993 | 0.845-10.604 | 0.089 |
| | 30+ years | 0.410 | 0.079-2.130 | 0.289 |

# CHAPTER FIVE

## 5.0 DISCUSSION

This chapter discusses the study findings from a total of 406 HCPs working in different hospitals based in Dar es Salaam. Section 5.1 discusses perceptions of liberalizing the abortion law, Section 5.2 focuses on knowledge of the abortion law among HCP and Section 5.3 concentrates on the relationship between perceptions of liberalizing the abortion law and associated factors.

### 5.1 Perceptions of liberalizing the abortion law among health care providers in selected health facilities in Dar es Salaam.

From this study, the majority of the respondents disagreed that, safe abortion should be liberal if the pregnant woman or family cannot continue with pregnancy due to financial reasons 362(89.1%); followed by failure of a contraceptive method 348(85.7%). This is probably because of the infamous belief that each child comes with a means to survive from God and that the financial needs will be met once the child is born. These findings are analogous to what was reported in a study in Argentina (21).

The current study also reports that more than half of the respondents supported the liberalization of the abortion law when there are signs of severe congenital disorders, if the pregnancy risks the life of the pregnant woman, and if the pregnancy results from rape. This is similar to what was reported in studies on doctors and nurses in Tanzania, India, and Argentina (21, 45, 52). A quarter of the health care providers were of the view that abortion should be liberalized if the woman is less than 18 years of age 104(24.7%). It is quite appalling that the majority of HCP does not consider childhood pregnancy as a potential risk to the minors' life. Furthermore, the liberalization of abortion law when there is a risk to mental health had less support; this indicates that the importance of mental health in contributing to the total health of an individual is still under-emphasis among HCP and possibly the community. These findings are harmonious to what was reported by Ramos in Argentina (21).

### 5.2 Knowledge of the abortion law among HCP in selected health facilities in Dar es Salaam

From this study, the majority of the HCPs in the selected health facilities in Dar es Salaam have a low level of knowledge of the abortion law. This is probably because legal issues of abortion are not taught in most medical schools in Tanzania. This is also because there have been limited discussions and access to information about the issue, even in the community since abortion is considered a taboo in the country. The lack of knowledge of the abortion law among health care workers may expose them to legal actions when they provide abortion services for circumstances that are not stipulated in the current law. Moreover, women who are eligible under the current law to obtain an abortion may fail to do so, in a safe and timely manner.

These findings are analogous to what was reported in Ghana, in a study on nurses and midwives where the knowledge of the law was generally low (38).In addition, studies in Tanzania reported that health care providers did not understand the abortion law and they thought that it was ambiguous (25,40). However, another study in Ghana reported that HCPs had higher knowledge of the abortion. The study in Ghana only asked if the respondents are aware of the abortion law in Ghana and not of the contents of the law as in the current study (43).Correspondingly, in Brazil, a study by Faundes in 2007 reported high level of knowledge (83%) among health care providers. The difference could be because the study in Brazil was done among gynecologists and obstetricians who are frontline workers in reproductive health, in addition to visible efforts and debates on abortion law reform in Brazil (37).

From this study, females were more likely to have high knowledge of the abortion law compared to males. However, a study by Faundes Anibal found that there was no significant difference in the level of knowledge by sex. The variation could be explained by the differences in the access to information on abortion-related issues in the two study settings, Brazil and Tanzania. The current study also reveals that those who recently joined the workforce were less likely to have high knowledge of the abortion law compared to those who had more years of practice. This finding indicates that legal issues of abortion are not taught in

medical schools and knowledge of abortion law is gained later in the course of practice, after medical school as was also reported in Brazil and Zimbabwe (37, 39). Religion was found to influence the level of knowledge of the abortion law. From the current study, Christians were more knowledgeable of the law than Muslims. This could be because, most Christian churches have publicly given their stand on issues related to abortion and contraception, a similar situation as what was reported in Queensland (46).

**5.3 Factors influencing perceptions of liberalizing the abortion law.**

Findings from this study suggests that with time health care providers have become more in support of providing safe abortion in case pregnancy is due to rape, as in 1985 Ross Kinemo reported less than a quarter of HCP supported it compared to more than half of the HCP as reported in this study (52).

On the other hand, si3gnificantly more male than female health care providers supported the liberalization of the law in cases of; economic constraints, incest, rape, child pregnancy, when the pregnancy poses risk to the woman's life, when contraception fails, and when there are signs of fetal malformations. More males could have supported abortion on the ground of economic constraints probably because Males, being the breadwinners of most families in Tanzania understand the stress that comes with not being financially capable of taking care of children. Faundes reported in his study that men were more liberal than women were towards abortion. Similar findings were also reported in Tanzania and Argentina (21, 37, 52).

Those who were older had a positive perception of liberalization of abortion law in the following circumstances: evidence of severe fetal malformation, economic constraints, and pregnancy resulting from the failure of the contraceptive method. A similar study in Zimbabwe reported that age had no significant association with perceptions of liberalizing abortion among HCPs (39). The difference in the results of this study could have been caused by social desirability bias because in the study in Zimbabwe data was collected through face-to-face interviews.

A few studies have explored the relationship between knowledge of abortion law and perceptions of liberalizing the law among other populations. However, to my knowledge, there have been no comparable studies done among health care providers. From this study, the majority of health care providers with high knowledge of the abortion law are in favor of liberalizing it in some circumstances including; pregnancy risking the mother's life, severe fetal malformation, rape, and when the pregnant woman is a minor. This indicates that the health care providers understand and higher perceive the risks associated with continuing with pregnancy given the aforementioned circumstances. A similar trend was observed in Ethiopia was a study revealed that those who had high knowledge about the abortion law are more likely to favor liberalization of abortion law especially when the pregnancy is a result of rape, or if it has a potential risk to life or health (49).

Also, results show that those with high knowledge of the abortion law are more likely to support its liberalization for circumstances when the pregnant woman is a minor more than any other circumstance. This indicates that, if the community is made more knowledgeable of the legal context of abortion and is then given decision-making power on abortion, teen girls in such settings will benefit (50). This is different from what was observed from the study in Ethiopia where respondents did not favor abortion when the pregnant woman is below 18 years of age (49). The difference in the results of this study can be explained by social desirability bias, as face-to-face interviews were used for data collection in the study in Ethiopia.

On the other hand, unlike in the current study, findings from related research in Zambia among women alone showed no significant relationship between knowledge of the law, and how they perceive the law should be (42). This could as well be caused by social desirability bias as the participants in the study in Zambia were interviewed as well, while in the current study only self-assessment questionnaires were used.

# CHAPTER SIX

## 6.0 CONCLUSION AND RECOMMENDATION

### 6.1 Conclusion

The study findings show that majority of health care providers in the selected health facilities in Dar es Salaam support a wide range of grounds for abortion than what the current law provides despite having poor knowledge of the abortion law. This implies that the health care providers do not fully understand the content of the abortion law as provided in the penal code. They mostly support liberalization of abortion for risks to woman's life, signs of severe fetal malformation, when the pregnant woman is a minor and if pregnancy is due to rape. Thus, they are at a great risk of breaking the law and facing the legal consequences.

Therefore, this study can be regarded as one of the many attempts to inform a specific public policy which is aimed at improving access to abortion in Tanzania. The findings suggest that there are significant challenges in the domestication of the treaties and conventions ratified by the Tanzania government to remove all legal barriers to abortion. Health care providers are important policy gatekeepers, and the removal of legal barriers to safe abortion greatly depends on their knowledge of the abortion law and perceptions of liberalizing the law. It is therefore important to ensure that health care providers are well informed of the legal context of abortion in the country as well the public health and human rights importance of removing legal restrictions on abortion for more circumstances.

## 6.2 Recommendations

From this study, the following recommendations are made.

1. To ensure that health care providers, who are important stakeholders in reproductive health have adequate and correct knowledge of the abortion law in the country. This can be achieved by on job training for health care providers who are already in the workforce as well as including such issues in their pre-service training.
2. To conduct further research on abortion issues especially on the legal context of abortion among policymakers, religious leaders and the general public.

## REFERENCES


1. Sedgh, Gilda; Bearak, Jonathan; Singh, S. 'Abortion Incidence between 1990 and 2014, glo bal, regional and subregioal levels and trends'; 2017. 388(10041), pp. 258–267. doi: 10.1016/S0140-6736(16)30380-4.Abortion.
2. United Republic of Tanzania, 'The Penal Code [Principal Legislation]';2002.
3. WHO 'Safe abortion: technical and policy guidance for health systems', Reproductive Health Matters; 2012. 20(39), pp. 205–207. doi: 10.1016/S0968-8080(12)39623-7.
4. Aniteye, P. and Mayhew, S. H. 'Shaping legal abortion provision in Ghana: Using policy theory to understand provider-related obstacles to policy implementation', Health Research Policy and Systems; 2013. Available at: http://www.ncbi.nlm.nih.gov/pubmed/22669827.
5. WHO, 'Expanding health worker roles to help improve access to safe abortion and post-abortion care: WHO launches new guideline';2015. Available at: http://apps.who.int/iris/bitstream/10665/181041/1/9789241549264_eng.pdf?ua=1&ua=1.
6. Puri, M. "I need to terminate this pregnancy even if it will take my life": A qualitative study of the effect of being denied legal abortion on women's lives in Nepal', BMC Women's Health; 2015. doi: 10.1186/1471-2458-12-297.
7. Azmat, S. K. *et al.* 'Perceptions, interpretations and implications of abortions: A qualitative enquiry among the legal community of Pakistan', *European Journal of Contraception and Reproductive Health Care*; 2012. 17(2), pp. 155–163. doi: 10.3109/13625187.2011.637585.
8. Braude, M. 'The Consequences of Abortion Legislation', Women & Therapy; 1983. doi: 10.1300/J015v02n02_08.
9. Morhee, R. A. 'Overview of the law and availability of abortion services in Ghana', Ghana Medical Journal; 2010. 40(3), pp. 80–86. doi: 10.4314/gmj.v40i3.55256.
10. Adinma, E. 'Unsafe abortion and its ethical, sexual and reproductive rights implications.', West African journal of medicine; 2011. Available at: http://www.ncbi.nlm.nih.gov/pubmed/22669827.

11. Maputo Protocol, ‘10 Key Points about Mainland Tanzania ’ s Laws and Policies on Termination of Pregnancy’; 2012.
12. Paul, M. ‘Barriers and facilitators in the provision of post-abortion care at district level in central Uganda - A qualitative study focusing on task sharing between physicians and midwives’;2014. doi: 10.1186/1472-6963-14-28.
13. Center for Health, Human Rights & Development, ‘Proposals for abortion law reform in Uganda’; 2017.
14. Ministry of Health, Community Development, Gender, Elderly and Children. [Tanzania M. M. of H. (MoH) [Zanzibar]. ‘Tanzania Demographic and Health Survey and Malaria Indicator Survey’;2016.
15. Centre for Reproductive Rights ‘Briefing Paper A Technical Guide to Understanding the Legal and Policy Framework on Termination of Pregnancy in Mainland Tanzania’;2012.
16. Woog and Pembe ‘Unsafe abortion in Tanzania: a review of the evidence.’, Issues in brief (Alan Guttmacher Institute); 2013.Available at: https://www.guttmacher.org/report/unsafe-abortion-tanzania-review-evidence
17. Woog, V. and Pembe, A. B. ‘Unsafe Abortion in Tanzania’; Issues in brief (Alan Guttmacher Institute) 2015. (1), pp. 1–4.
18. IPAS, Tools for progressive policy change Lessons learned from Ethi-opia’s abortion law reform, 2008. www.ipas.org/~/media/Files/Ipas%20Pub-lications/ETHPOLE08.ashx
19. World Health Organisation ‘The importance of SRH & rights to prevent HIV in adolescent girls and young women in Eastern & Southern Africa’, Erdman, J. N. et al. (2018) ‘Access to knowledge and the Global Abortion Policies Database’; 2017. Available at: http://apps.who.int/iris/bitstream/handle/10665/255334/WHO-RHR-17.05-eng.pdf
20. Cristina González Vélez, A. et al. ‘Legal Knowledge as a Tool for Social Change: Abortion Rights Lawfare in Latin America " and a foundin’; 2017
21. Ramos, S. ‘Health care providers’ opinions on abortion: A study for the implementation of the legal abortion public policy in the Province of Santa Fe, Argentina’; 2014. 11(1), pp. 1–10. doi: 10.1186/1742-4755-11-72.

22. Abdi, J. and Gebremariam, M. B. ‘Health providers’ perception towards safe abortion service at selected health facilities in Addis Ababa.’,2011
23. Tesfaye, G. and Oljira, L. ‘Post abortion care quality status in health facilities of Guraghe zone, Ethiopia’, Reproductive Health. Reproductive Health; 2013.
24. Thonneau, P. F. ‘Maternal Mortality and Unsafe Abortion : A Heavy Burden for Developing Countries’, Paul Sabatier University, France; 2000.
25. Keogh, S. C. ‘Incidence of induced abortion and post-Abortion care in Tanzania’;2015. PLoS ONE. 10(9), pp. 1–13. doi: 10.1371/journal.pone.0133933.
26. Deye, N. ‘Key lessons from implementation of the harm reduction services for unwanted pregnancies in Tanzania: Potential for elimination of maternal deaths from unsafe abortion’, International Journal of Gynecology and Obstetrics; 2015.
27. Baggaley, R. F., Burgin, J. and Campbell, O. M. R. ‘The potential of medical abortion to reduce maternal mortality in Africa: What benefits for Tanzania and Ethiopia?’; 2010. *doi: 10.1371/journal.pone.0013260.*
28. Okonofua, F. E. ‘Perceptions of Policymakers towards Unsafe Abortion and Maternal Mortality in Nigeria’, International Perspectives on Sexual and Reproductive Health; 2009. 35(4), pp. 194–202. doi: 10.2307/25614616.
29. Adinew, Y. M., Worku, A. G. and Mengesha, Z. B. ‘Knowledge of reproductive and sexual rights among University students in Ethiopia: Institution-based cross-sectional’ *BMC International Health and Human Rights;* 2013. 13(1), p. 1. doi: 10.1186/1472-698X-13-12.
30. World Health Organization ‘WHO | Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008’. *WHO*, 5th edition; 2014. pp. 1–67. doi: 10.1017/CBO9781107415324.004.
31. Wheeler, S. B. ‘Knowledge of Termination of Pregnancy (TOP) Legislation and Attitudes toward TOP Clinical Training among Medical Students Attending Two South African Universities HHS Public Access’, World Health Population; 2012.

32. Høvik, H. and Hestvik, L. K. ‘Knowledge and attitudes towards abortion among medical students at the University of Buenos Aires, Argentina’;2014. Availble at: https://www.duo.uio.no/.../Knowledge-and-attitudes-towards-abortion-final-verson.pdf.
33. Douglas, H., Black, K. and de Costa, C. ‘Manufacturing mental illness (and lawful abortion): doctors’ attitudes to abortion law and practice in new South Wales and Queensland.’, Journal of law and medicine; 2013.
34. Dodge, L. E., Haider, S. and Hacker, M. R ‘Knowledge of state-level abortion laws and regulations among reproductive health care providers’, Women’s Health Issues. Jacobs Institute of Women’s Health;2013. 23(5), pp. e281–e286.
35. Dodge, L. E., Haider, S. and Hacker, M. R. ‘Knowledge of State-Level Abortion Laws and Policies among Front-Line Staff at Facilities Providing Abortion Services’, Women’s Health Issues. Jacobs Institute of Women’s Health; 2012. doi: 10.1016/j.whi.2012.07.002.
36. Harries, J., Stinson, K. and Orner, P. ‘Health care providers’ attitudes towards termination of pregnancy: A qualitative study in South Africa’, BMC Public Health; 2009). doi: 10.1186/1471-2458-9-296.
37. Faúndes, A. ‘Factors associated to knowledge and opinion of gynecologists and obstetricians about the Brazilian legislation on abortion’, Revista Brasileira de Epidemiologia; 2007.
38. Oppong-Darko, P., Amponsa-Achiano, K. and Darj, E. ‘“I am ready and willing to provide the service though my religion frowns on abortion”-ghanaian midwives’ mixed attitudes to abortion services: A qualitative study’, International Journal of Environmental Research and Public Health; 2017. 10(1), pp. 6–18. doi: 10.1590/S1415-790X2007000100002.
39. Kasule, J., Mbizvo, M. T. and Gupta, V. ‘Abortion: attitudes and perceptions of health professionals in Zimbabwe.’, The Central African journal of medicine;1999. pp. 239–44. doi: 10.4314/cajm.v45i9.8492.
40. Mamboleo, N. ‘Unwanted pregnancy and induced abortion among female youths: A case study of Temeke district’, MUHAS Institutional Repository;2012. (11), pp. 1–42

41. White, K. ‘Women’s Knowledge of and Support for Abortion Restrictions in Texas: Findings from a Statewide Representative Survey’, Perspectives on Sexual and Reproductive Health; 2016. doi: 10.1363/48e8716.
42. Cresswell, J. A. ‘Women’s knowledge and attitudes surrounding abortion in Zambia: A cross-sectional survey across three provinces’, BMJ; 2016. pp. 1–9. doi: 10.1136/bmjopen-2015-010076.
43. Moore, A. M., Kibombo, R. and Cats-Baril, D. ‘Ugandan opinion-leaders’ knowledge and perceptions of unsafe abortion’, Health Policy and Planning;2014. doi: 10.1093/heapol/czt070.
44. De Costa, C., Douglas, H. and Black, K. ‘Making it legal: Abortion providers’ knowledge and use of abortion law in New South Wales and Queensland’, australian & new zealand journal of obstetrics & gynaecology; 2013. doi: 10.1111/ajo.12035.
45. Sheehan, M. C. ‘Attitudes of medical practitioners towards abortion: A Queensland study’, Australian Family Physician; 1980.
46. Makinwa Adebusoye, P., Singh, S. and Audam, S. ‘Nigerian health professionals’ perceptions about abortion practice’, International Family Planning Perspectives; 1997. 23(4), pp. 155–161. doi: 10.2307/2950839.
47. Black, G., Hunter, A. and Heasley, N. ‘A survey of attitudes to abortion law in Northern Ireland amongst obstetricians, gynaecologists and family planning doctors’, Journal of Family Planning and Reproductive Health; 2001. doi: 10.1783/147118901101195614
48. Cacique, D. B. ‘Opinions, knowledge, and attitudes of health professionals on induced abortion : a review of Brazilian studies ( 2001-2011 ); 2011.
49. Meleko Mara, A. ‘Assessment of Knowledge and Attitudes of Men and Women Aged between 15-49 Years towards Legalization of Induced Abortion in Mizan Aman Town, Bench Maji Zone, South West Ethiopia, Journal of Womens Health Care; 2017. 06(03), pp. 1–10. doi: 10.4172/2167-0420.1000376.
50. Muzeyen, R., Ayichiluhm, M. and Manyazewal, T. ‘Legal rights to safe abortion: knowledge and attitude of women in North-West Ethiopia toward the current Ethiopian abortion law’, Public Health. Elsevier Ltd; 2017. doi: 10.1016/j.puhe.2017.03.020;

51. MoHSW ‘Human Resources for Health Country Profile 2012-2013’, Country Profile 2012-2013; 2013.
52. Kinemo, R. E. J. ‘Abortion and family planning in tanzania’;Journal of Management Development Vol. 7 issue No. 2 (1985).
53. Ernestina, C., Alison, N., Ann, M., Emily, F. ‘Trajectories to abortion and abortion-related care: a conceptual framework’. London School of Economics and Political Science, Ohio State University, Guttmacher Institute; 2014. Available at: https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/11917/Trajectories_to_abortion.pdf?sequence=1

**Appendix I: Questionnaire – English Version**

**School of Public Health Social Sciences**

**A questionnaire for assessing perceptions of liberalizing the abortion law and the associated factors, among health care providers in selected health facilities in Dar es Salaam.**

**Questionnaire Number: …….**

**District: _____**

**Date of interview: ____ (day) _____ /____ (month)/_____ (year).**

**Interviewer initials: _____**

**A: SOCIAL AND DEMOGRAPHIC CHARACTERISTICS**

**Instruction:** ***Please Circle where appropriate and write the response that mostly applies to you where necessary.***

| | **QUESTION** | **RESPONSE** | **code** |
|---|---|---|---|
| 1 | Sex | a) Male<br>b) Female | |
| 2 | How old are you? | Write your age…… (*years*) | |
| 3 | Which religion are you affiliated to? | a) Muslim<br>b) Christian<br>c) Others (*please specify*)……. | |
| 4 | Which professional cadre do you belong to? | a) Medical officer.<br>b) Clinical officer.<br>c) Assistant clinical officer.<br>d) Nursing officer/midwives.<br>e) Nurse assistants.<br>f) Pharmacist. | |
| 5 | For how long have you been practicing as a health care provider? | _____ (*please write in years)* | |

| **KNOWLEDGE OF THE ABORTION LAW.**<br>***Instructions: Please Circle where appropriate and write the response that mostly applies to you when necessary.*** | | | |
|---|---|---|---|
| | **QUESTION** | **RESPONSE** | |
| 6 | Are there any abortion related guidelines, policies or laws in Tanzania? | a) Yes.<br>b) No. | |
| 7 | How did you come to know about laws on abortion in Tanzania? | a) Radio/television,<br>b) Books<br>c) Newspapers<br>d) School or university/ college<br>e) Work colleagues/friends/ relatives/ neighbor<br>f) internet<br>g) Others, _____*(Specify)* | |
| 8 | Which legal document, policy or guidelines provide restrictions for abortion in Tanzania? (***You can select more than one response***) | a) The constitution<br>b) Maternal and child health policy.<br>c) The penal code, 2004.<br>d) I do not know… | |
| 9 | In which situation(s) does the Tanzanian law allow an induced abortion carried out by a physician? (***You can select more than one response***.) | a) Very severe fetal malformation.<br>b) To save the mother's life<br>c) Contraceptive failure.<br>d) Couple or woman can afford to take care of the baby.<br>e) Pregnancy after rape<br>f) Pregnancy due to incest<br>g) Pregnant woman is below 18 years of age.<br>h) Psychological or emotional disorders | |
| 10 | At what point during pregnancy does the law consider destruction of the fetus as child destruction (murder), unless it is done in good faith to save the life of the mother? | a) At any point during pregnancy<br>b) Before 28 weeks of pregnancy<br>c) After 28 weeks of pregnancy<br>d) On the 28$^{th}$ week of pregnancy or after | |
| 11 | Under which of the following offences related to abortion can a person be sentenced to prison if he or she is convicted? (***You can select more than one response***.) | a) Person Attempts to procure an abortion.<br>b) Supplying drugs or instruments to procure abortion.<br>c) Any woman who procures own miscarriage.<br>d) Person cannot be imprisoned because of procuring or attempting an abortion. | |

| | | | |
|---|---|---|---|
| 12 | Which documents are required to carry out an abortion according to the law? (***You can select more than one response**.)* | a) A judicial order.<br>b) Written request of pregnancy termination signed by the Spouse.<br>c) Statements and Written consent from other two physicians.<br>d) Written request of pregnancy termination signed by the woman.<br>e) Written request of pregnancy termination signed by one of the parents, when the pregnant woman is under 18 years old.<br>f) No document is required<br>g) I don't know | |
| 13 | Who is required by the law to perform an abortion? | a) The law on abortion specifies only a physician may perform a legal termination of pregnancy.<br>b) The law on abortion does not specify who may perform a legal termination of pregnancy.<br>c) The law on abortion specifies that only doctors and midwives/ nurses working in obstetrics and gynecology wards can perform an abortion. | |

**PART B: PERCEPTIONS OF LIBERALIZAING ABORTION**

**INSTRUCTIONS:** ***read the following statements and indicate if you strongly agree, agree, disagree or strongly disagree.***

| **Statements** | | **Likert scale** | | | | **code** |
|---|---|---|---|---|---|---|
| | | **Strongly agree** | **agree** | **Disagree** | **Strongly disagree** | |
| 14 | Safe abortion should be liberal if there is a sign of serious malformation in the baby/fetus. | | | | | |
| 15 | Safe abortion should be liberal if the woman's life is seriously endangered by the pregnancy. | | | | | |
| 16 | Safe abortion should be liberal if the family or the woman has a very low income and cannot afford any more children. | | | | | |
| 17 | Safe abortion should be liberal if she became pregnant as a result of incest | | | | | |
| 18 | Safe abortion should be liberal if she | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | became pregnant as a result of rape | | | | | |
| 19 | Safe abortion should be liberal if family planning methods (contraception) fails and the woman does not want a baby. | | | | | |
| 20 | Safe abortion should be liberal if the pregnant girl is under the minimum stipulated marriage age of 18 years. | | | | | |
| 21 | Safe abortion should be liberal if the woman is at a risk of developing mental and psychological disorders if she continues with the pregnancy. | | | | | |

**Thank you for participating in this study.**

**Appendix II: Questionnaire – Swahili Version**

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES**

**School of Public Health and Social Sciences**

**Dodoso la kutathmini mtazamo wa uondoaji vikwazo vya kisheria juu ya utoaji mimba, baina ya watoa huduma za afya.**

Dodoso namba: …….  Wilaya: _____

Tarehe: ____ (siku) /____ (mwezi) /_____ (mwaka)_____.

**SEHEMU A: TAARIFA ZA KIJAMII NA KIDEMOGRAFIA**

**MAELEKEZO:** *Tafadhali zungushia machaguo yanayo husika najaza/andika maelezo kwenye vipengele vinavyohitajika.*

| Na | SWALI | JIBU | |
|---|---|---|---|
| 1 | Jinsia: | a) ME<br>b) KE | |
| 2 | Una umri wa miaka mingapi? | Andika umri ……. (*miaka*) | |
| 3 | Wewe ni wa dini gani? | a) Muislamu<br>b) Mkristo<br>c) Nyingine (*tafadhali taja*)…… | |
| 4 | Wewe ni wakada gani katika huduma za afya? | a) Daktari (medical doctor)<br>b) Tabibu (clinical officer)<br>c) Tabibu Msaidizi (Assistant clinical officer)<br>d) Afisa Muuguzi (Nursing officer/midwives)<br>e) Afisa Muuguzi msaidizi (Nurse assistant)<br>f) Mfamasia (Pharmacist) | |
| 5 | Umefanya kazi kwa muda gani kama mtoa huduma ya afya? | _____ (*tafadhali jaza miaka)* | |

**UELEWA WA SHERIA YA UTOAJI MIMBA**

**MAELEKEZO:** *Tafadhali zungushia machaguo yanayo husika na jaza/andika maelezo kwenye vipengele vinavyohitajika.*

| | SWALI | JIBU |
|---|---|---|
| 6 | Je katika nchi yetu kuna miongozo, sera au sharia yeyote iliyozuia /kukataza utoaji mimba? | a) Ndio<br>b) Hapana<br>c) Sijui |
| 7 | Je, ulipataje kujua kuhusu sharia ya utoaji wa mimba?<br>*(Unaweza kuzungushia chaguo zaidi ya moja)* | a) Redio/televisheni<br>b) magazeti<br>c) shuleni au chuoni<br>d) mfanyakazimwezangu/ jamaa/rafiki<br>e) mtandaoni<br>f) nyingine _____*(taja)* |
| 8 | Ni hati ipi ya kisheria, sera au miongozo inaelezea kuhusu utoaji mimba Tanzania?<br>*(Unaweza kuzungushia chaguo zaidi ya moja)* | a) Katiba ya muungano wa Tanzania (The constitution)<br>b) Sera ya afya ya mama na mtoto.<br>c) Kanuni ya adhabu, 2004. (penal code)<br>d) Sijui |
| 9 | Katika hali gani sharia ya Tanzania inaruhusu utoaji mimba uliofanywa na daktari?<br>*(Unaweza kuzungushia chaguo zaidi ya moja)* | a) Ikiwa fetasi inaonyesha ishara ya ugonjwa wakuzaliwa usiotibika au ulemavu mkubwa. *(Very severe fetal malformation.)*<br>b) Ili kuokoa maisha ya mama<br>c) Kushindwa kwa uzazi wa mpango.<br>d) Mimba baada ya kubakwa<br>e) Mimba baada ya kujamiiana kwa maharimu/ ndugu wa damu.<br>f) Mama au familia inashindwa kumudu gharama za kifedha za kumuhudumia mtoto.<br>g) Mjamzito kuwa na umri chini ya miaka 18.<br>h) Mimba kupelekea mama kuwa na matatizo ya kisaikolojia au ya kihisia |
| 10 | Je, ni wakati gani waujauzito, sharia inachukulia uharibifu wa fetusi (utoaji mimba) | a) Muda wowote wakati wa ujauzito |

| | | | |
|---|---|---|---|
| | kama uharibifu wa mtoto (child murder), isipokuwa unapofanyika kwania yakuokoa maisha ya mama?<br>*(Unaweza kuzungushia chaguo zaidi ya moja)* | b) Kabla ya wiki 28 za ujauzito<br>c) Baada ya wiki 28 za ujauzito<br>d) Katika wiki ya 28 ya ujauzito au zaidi | |
| 11 | Mtu anaweza kuhukumiwa kifungo jela endapo atakutwa na hatia ya kutenda mambo gani yanayo husiana na utoaji mimba?<br>*(Unaweza kuzungushia chaguo zaidi ya moja)* | a) Mtu hawezi kufungwa jela kwa sababu ya kujaribu/kutoa mimba kinyume na sheria.<br>b) Mtu anaejaribu/ kumtoa mwanamke mjamzito mimba kinyume na sheria.<br>c) Kutoa madawa au vifaa ili kutoa mimba kinyume na sheria.<br>d) Mwanamke yeyote anayetoa mimba au kukubali kutolewa mimba kinyume na sheria. | |
| 12 | Ni nyaraka zipi zinazo hitajika kutekeleza utoaji mimba kulingana na sheria?<br>*(Unaweza kuzungushia chaguo zaidi ya moja)* | a) Tamko la mahakama /amri ya kisheria<br>b) Ombi/idhini iliyoandikwa yakutoa mimba iliyosainiwa na mumewe<br>c) Taarifa na idhini iliyoandikwa kutoka kwa madaktari wengine wawili.<br>d) Ombi/idhini iliyoandikwa ya kukubali kutoa mimba iliyosainiwa na mwanamke mwenye hio mimba.<br>e) Ombi/idhini iliyoandikwa y akukomesha mimbai liyosainiwa na mmoja wa wazazi, endapo mwanamke mjamzito ana umri wa chini ya miaka 18.<br>f) Hakuna hati inahitajika | |
| 13 | Nani anaruhusiwa kisheria kutekeleza utoaji mimba salama? | a) Daktari pekee<br>b) Daktari na wakunga/Manesi wanaofanya kazi kwenye wodi za kina mama pekee.<br>c) Sheria haijaweka bayana mtoa huduma wa afya anaepaswa kutoa huduma ya utoaji mimba. | |

**SEHEMU B: MAONI YA UONDOAJI VIKWAZO VYA KISHERIA KWA UTOAJI MIMBA**

**MAELEKEZO:** *Tafadhali soma maelezo ya fuatayo kasha onesha kwa alama v maoni yako juu ya sharia ya utoaji mimba.*

| | TAARIFA | 1= Nakubali kabisa | 2= Nakubali | 3= Sikubaliani | 4= Sikubaliani kabisa |
|---|---|---|---|---|---|
| 14 | Utoaji wa mimba kwa njia salama unapaswa kuruhusiwa ikiwa fetasi inaonyesha ishara ya ugonjwa wa kuzaliwa usiotibika au ulemavu mkubwa. | | | | |
| 15 | Utoaji mimba unapaswa kuruhusiwa kisheria ikiwa maisha ya mwanamke huyo yanaweza kuhatarishwa na hiyo mimba. | | | | |
| 16 | Utoaji mimba kwa njia salama unapaswa kuruhusiwa Tanzania, endapo familia au mwanamke hawezi kumudu gharama za kiuchumi za kuhudumia mtoto. | | | | |
| 17 | Utoaji mimba unapaswa kuruhusiwa kisheria ikiwa mwanamke alipata ujauzito baada ya kujamiiana kwa maharimu (ndugu wa damu). | | | | |
| 18 | Utoaji mimba unapaswa kuruhusiwa kisheria ikiwa mwanamke alipata ujauzito baada ya kubakwa. | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 19 | Utoaji mimba kwa njia salama unapaswa kuruhusiwa kisheria ikiwa njia za uzazi wa mpango zimeshindwa kuzuia mimba. | | | | |
| 20 | Utoaji mimba kwa njia salama unapaswa kuruhusiwa kisheria Ikiwa mwanamke mjamzito ni chini ya umri wa miaka 18. | | | | |
| 21 | Utoaji mimba kwa njia salama unapaswa kuruhusiwa kisheria ikiwa mjamzito anaweza pata matatizo ya kisaikolojia au kihisia akiendelea na aujauzito huo. | | | | |

**ASANTE KWA KUSHIRIKI, ENDAPO TAARIFA ZAIDI ITAHITAJIKA KUTOKA KWAKO TUNAOMBA USHIRIKIANO WAKO.**

**Appendix III: Consent Form – English Version**

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS).**
**DIRECTORATE OF RESEARCH AND PUBLICATIONS.**

ID-NO…….

**Consent to participate in this study**

Greetings! My name is ……..... I am conducting a study on knowledge and Perception of abortion law and its impact on unsafe abortion practices among health care providers in Dar es Salaam.

**Purpose of the study**

This study has the purpose of collecting information on the knowledge of the law governing abortion, impacts of the abortion law and perception towards liberalization of abortion.

You are diligent participation in the study is crucial as you play a greater role in reproductive and child health.

**What Participation Involves**

If you agree to participate in this study, you will be required to answer questions about abortion practice, Abortion law and your attitude towards the abortion law in Tanzania.

**Confidentiality**

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. The compiled report will contain responses from several health care providers without any reference to individuals.

Your name or any other identifying information on the records of the information will not be required.

**Risks**

This study is not associated with any direct or indirect risks to the participants.

**Rights to Withdraw and Alternatives**

Taking part in this study is completely your choice. You are free to choose not to participate in the study or to cease your involvement in the study at any point during the duration of the study even if you have already given your consent.

Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

**Benefits**

The information you provide will help in providing enough information in order to make recommendations mainly to the policy makers as well as other implementing partners and stakeholders in addressing the problem and come up with effective interventions to remove all barriers to accessing safe abortion services and hence reduction in maternal mortality and morbidity.

**In Case of Injury**

We do not anticipate that any harm will occur to you or your family because of participation in this study.

**Whom to contact**

If you ever have questions about this study, you should contact the Principal Investigator,

Jamilla J Zaarh, Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Dar es Salaam (Tel. no. 0712333355).

If you ever have questions about your rights as a participant, you may contact:

Director of Research and Publications (DRP), Dr. Bruno Sunguya, Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Tel: 255 -022-2152489

Do you agree?

**Participant Agrees [__]**

I have read and understood the contents in this form. I agree to participate in this study.

Signature of Participant _____

Date of signed consent _____

**Participant Disagrees [__]**

**Appendix IV Consent from -Swahili Version**

**CHUO KIKUU CHA SAYANSI SHIRIKI MUHIMBILI**

**FOMU YA RIDHAA**

**Namba ya utambulisho: _____**

**Ridhaa ya Kushiriki katika Utafiti huu:**

Habari! Jina langu ni …….Nina fanya Utafiti kuhusu mtazamo wa watoa huduma za afya wa Dar es salaam, katika sharia ya utoaji mimba.

**Malengo ya Utafiti**

Utafiti huu una lengo la kukusanya taarifa juu ya mtazamo wa watoa huduma za afya katika mkoa wa Dar es salaam juu ya sharia ya utoaji mimba. Unaombwa kushiriki katika Utafiti huu kwa sababu unasifa zinazohitajika kuwa mshiriki katika Utafiti huu.

**Mambo muhimu yatakayozingatiwa katika Utafiti huu.**

Ukikubali kushiriki katika Utafiti huu utatakiwa kujibu maswali yahusuyo

- Umri wako, kazi yako, dini yako, na muda uliotumikia kama mtoa huduma wa afya. Hakuna taarifa za jina wala utambulisho wako zitachukuliwa.
- Uelewa wako wa sharia ya utoaji mimba Tanzania.
- Mtazamo wako washeria ya utoaji mimba Tanzania.

**Usiri**

Nakuhakikishia kwamba taarifa zote zitakazokusanywa kutoka kwako zitakua ni siri, nahazita tumika kwa lengo linguine zaidi ya Utafiti huu. Watafiti katika Utafiti huu tu ndio wanaweza kuziona taarifa hizi. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotupa.

**Madhara**

Utaulizwa maswali juu ya mtazamo wako juu ya sharia ya utoaji mimba Tanzania. Baadhi ya maswali yanaweza kukufanya usijiskie vizuri. Unawaze kuacha kujibu swali lolote na unaweza kusimamisha usaili wakati wowote. Endapo utakataa kujibu swali aukusimamisha usaili tafadhali tuandikie sababu zilizopelekea kusitisha ushiriki wako, kwenye dodoso kwenye nafasi iliyowazi.

**Haki ya kujitoa na mbadala wowote**

Kushiriki katika Utafiti huu ni uchaguzi wako, kama utachagua kutokushiriki au utaamua kusimamisha kushiriki hutapata madhara yoyote. Unaweza kusimamisha kushiriki katika Utafiti huu muda wowote hatakama ulisharidhia kushiriki. Kukataa kushiriki au kujitoa katika Utafiti hakutasababisha adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata.

**Faida**

Taarifa utakayotupatia itasaidia kuongeza uelewa na kutoa maelezo yatakayosaidia katika kutoa mapendekezo hasa hasa kwa watunga sera wa nchi pamoja na wadau mbalimbali katika kulitatua matatizo ya kiafya ya husianayo na utoaji mimba.

**Endapo Utadhurika**

Hatutegemei madhara yoyote kutokea kwa kushiriki kwako katika Utafiti huu.

**Watu wa kuwasiliana nao**

Kama unamaswali katika Utafiti huu unaweza kuwasiliana na mratibu mkuu wa mradi,
Jamilla J Zaarh, Chuo Kikuu cha Muhimbili, S.L. P 65001, Dar es Salaam, Simu. No. 0712333355.
Kama utakuanamaswaliyoyotekuhusuhakizakokamamshirikiunawezakupigasimukwa:
Mkurugenzi wa Utafiti na uchapishaji Dr. Bruno Sunguya, Chuo Kikuu cha Muhimbili, S.L. P 65001,

Au,msimamzi wa Utafiti huu, Dr. Anna Tengia Kessy, Chuo Kikuu cha Muhimbili, S.L. P 65001, Dar es Salaam,

Unakubali kushiriki?

Mshirikia mekubali [__]

Mshirikia mekataa [__]

Mimi ……. (andika kazi yako, mfano: daktari) nimesoma na kuielewa hii fomu. Nakubali kushiriki katika utafitihuu.

Sahihi y amshiriki_____

Sahihi ya mtafiti muandamizi_____

Tarehe ya makubaliano _____

**Appendix V: Approval for ethical clearance**

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

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. DA.287/298/01A/ 6th November, 2018

Ms. Jamilla J. Zaarh
Master of Public Health
**MUHAS**.

**RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "KNOWLEDGE OF ABORTION LAW AND PERCEPTIONS OF LIBERALIZING IT AMONG HEALTH CARE PROVIDERS IN DAR ES SALAAM"**

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 3rd December, 2018 to 3rd December, 2019. In case you do not complete data analysis and dissertation report writing by 3rd November 2019, you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Eraston Mbugi
**ACTING: DIRECTOR OF POSTGRADUATE STUDIES**

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

**Appendix VI: Introduction Letter**

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

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. HD/MUH/T.404/2017

4th January, 2018

Director
Temeke Regional Referral Hospital
P.O. Box 38823
**DAR ES SALAAM**.

Accepted
CSCO
10.01.18

MUNICIPAL HOSPITAL DIRECTOR
DATE 9/1/2018
P.O BOX 45232
DAR ES SALAAM

**Re: INTRODUCTION LETTER**

The bearer of this letter Ms. Jamilla J. Zaarh is a student at Muhimbili University of Health and Allied Sciences (MUHAS) who is pursuing Master of Public Health.

As part of her studies she intends to do a study titled:"***Knowledge of abortion law and perceptions of libealizing it among health care providers in Dar es Salaam ".***

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Mr. Hamisi Kamandwa
**For: DIRECTOR, POSTGRADUATE STUDIES**

cc: Dean, School of Public Health and Social Sciences
cc: Ms. Jamilla J. Zaarh

# MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

## OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

RECEIVED
08 JAN 2019

Ref. No. HD/MUH/T.404/2017

4th January, 2018

Director
Mwananyamala Regional Referral Hospital
P.O. Box 25340
**DAR ES SALAAM**.

1) To pay 30,000/=@4weeks
2) To be able to share results
3) To see HoD-OBGY for further arrangements
Thanks, CSCo.
10 JAN 2019

**Re: INTRODUCTION LETTER**

The bearer of this letter Ms. Jamilla J. Zaarh is a student at Muhimbili University of Health and Allied Sciences (MUHAS) who is pursuing Master of Public Health.

As part of her studies she intends to do a study titled:"***Knowledge of abortion low and perceptions of libealizing it among health care providers in Dar es Salaam ".*** From January 2019 to February 2019.
The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Mr. Hamisi Kamandwa
**For: DIRECTOR, POSTGRADUATE STUDIES**

cc: Dean, School of Public Health and Social Sciences
cc: Ms. Jamilla J. Zaarh

**Appendix VII: Permission to conduct heath research**

# KIGAMBONI MUNICIPAL COUNCIL

*[All letters should addressed to Municipal Director of Kigamboni]*

Tell: +255 22-2928468
Fax: +255 22-2928469
E-mail: info@kigamboni.go.tz
Tovuti: www.kigamboni.go.tz

P.O.Box 36009,
KIGAMBONI,
DAR ES SALAAM,
TANZANIA.

Ref. No. MMOH / KGM / vol.3

Date: 11/1/2019

To MO i/c VISIBWEM HOSPITAL,
P.O. Box 36009,
**DAR ES SALAAM**

Dear Sir/Madam

**REF: PERMISSION TO CONDUCT HEALTH RESEARCH ACTIVITIES IN KIGAMBONI MUNICIPALITY**

Please refer to the above heading.

Extension of permission has been granted to Mr/~~Mrs~~/Miss/Prof/Dr. JAMILA J. ZAAR from (institution) MUHAS address ..... For Tel No. to collect data for research.

The research title is KNOWLEDGE OF ABORTION LAW AND PERCEIVED OF HIBERALIZING IT AMONG HEALTH CARE PROVIDERS IN DSM'

She/he has submitted the proposal for the mentioned study to the MMOH Office as a pre – condition prior to authorization.

The researchers have been instructed and agreed to submit the research progress reports and final results to the MMOH prior to any publications Data collection will restart on JANUARY. to MACH 2019 sample size .....

This research work is part of Academic for fulfillment for Diploma/Advanced Diploma/Degree/Master/PHD it is part on going research in your Institution.

Your sincerely.

*Digna Zenda*

For: MUNICIPAL MEDICAL OFFICER OF HEALTH KIGAMBONI

**FOR. DISTRICT MEDICAL OFFICER**
**KIGAMBONI MUNICIPAL COUNCIL**

# ILALA MUNICIPAL COUNCIL

**ALL COMMUNICATIONS TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR**

**PHONE NO:** 2128800
2128805
**FAX NO.** 2121486

**MUNICIPAL OFFICE**
**1 MISSION STREET**
**P.O. BOX 20950**
**11883 DAR ES SALAAM**

**Ref: IMC/DR.6/1V/54**

**22 January 2019**

MNAZI MMOJA HOSPITAL.

**ILALA**

**RE: PERMISSION TO CONDUCT A RESEARCH**

Reference is made to the above heading

This is to introduce Jamila J. Zaarh a medical student pursuing a bachelor degree of medicine at Muhimbili University of Health and Allied Sciences who is requesting a permission to conduct a research at your facility

The Research Title is; **Knowledge of abortion law and perceptions of liberalizing it among health care providers in Dar es Salaam**

Permission has then been granted to conduct the above mentioned study in our Municipal with a condition that she should bring a study results to MMOH as a feedback.

I kindly request your valuable assistance and support

Dr Willy Sangu
**For: MMOH - ILALA MUNICIPAL COUNCIL**

MUNICIPAL MEDICAL OFFICER OF HEALTH
ILALA MUNICIPAL COUNCIL

**Appendix VIII: Research Permit**

# KINONDONI MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 2170173
Fax: 2172606

In reply please quote:

Ref. KMC/R.18/1



MUNICIPAL DIRECTOR
KINONDONI MUNICIPAL COUNCIL
P. O. BOX 31902
2MOROGORO ROAD
14883 DAR ES SALAAM

Date 19/1/2018
4/1/2019

Health Facility I/C
Magomeni Health Centre
Kinondoni Municipal Council

**RE: RESEARCH PERMIT**

Refer to the above heading.
Mr/Dr/Prof/Miss/Mrs. Jamila J. Zauri.

I am pleased to inform you that you're above request has been considered by the Municipal Medical Officer of Health. The research start from 4/1/2019 to 11/1/2019

**Tittle of the research**

Knowledge of abortion law and perceptions of its liberalizing it among health care providers in Dar es Salaam, Tanzania

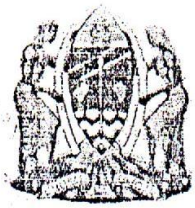
During the period research, you are required to obey the rules and regulations of the institution as they will be defined by the supervisor of the research.

Mgana

Dr. Faraja Mgana
For: MUNICIPAL MEDICAL OFFICER OF HEALTH
KINONDONI MUNICIPAL COUNCIL

THE UNITED REPUBLIC OF TANZANIA
*PRESDENT'S OFFICE*
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

Address: TEMEKE
Tel. No.: +255 22 2850004.
In reply please quote:
Fax: 22 2850493
Email: dc@temeke.dsm.go.tz



DISTRICT COMMISSIONER'S OFFICE
TEMEKE DISTRICT,
P.O. Box 45085,
3 TAIFA ROAD
15881 – DAR ES SALAAM

DATE: 09/01/2019

PRINCIPAL DIRECTOR,
P.O. BOX 46343,
TEMEKE.

**RE: RESEACH PERMIT**

Refer to Mr/Mrs/Ms/Miss.....JAMILLA J ZAARII.....

Who is research from.....MUHIMBILI UNIVERSITY.....

Has been permit to undertake a research on...KNOWLEDGE OF ABORTION LAW AND PERCEPTION OF LIBERALIZING IT AMONG HEALTH CARE PROVIDERS IN DAR-ES-SALAAM

In this letter you asked to give the needed assistance and Co-operation to the said researcher

For: DISTRICT ADMINISTRATIVE SECRETARY
TEMEKE

# UBUNGO MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 022296341

Fax:

In reply please quote:

Ref. No. UBMC/ MED/TRA/.....

THE OFFICE OF MUNICIPAL MEDICAL OFFICER
OF HEALTH
UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR EA SALAAM
Date 4/01/2019

Facility In charge
.....Sinza Hospital
**UBUNGO MUNICIPAL COUNCIL**

**REF: RESEARCH PERMIT**

Refer to the above heading.

DMO's office pleased to inform your health facility that JANICA ZANCH which is / from MUHAS

Has been given a permit to perform the research work in your facility stating From JAN to FEB 2019. The research is titled Knowledge of Abortion law and perception of Liberalizing it among health care Pr. in DSM

Kindly receive and provide the necessary assistance in order to enable the student /organization to fulfill the activities comfortably.

Best Wishes,

**Research Coordinator Health,**

**Ubungo Municipal Council**

**NB**: Please share research report with MMOH Office at the end of your study.