

The Costly Affair of Pregnancy and Child Birth in Tanzania

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Tanzania is among the least safe places in the world for expectant mothers

Child bearing poses a serious threat to life in Tanzania. Pregnancy for some women in the country today is a cause not for joy but for fear, not a celebration of new life but a worrisome concern- that death in childbirth is a very real possibility. The lifetime chance of death during pregnancy and child delivery runs at nearly 4 per cent, compared with 3 per cent in Sub-Saharan Africa and only 1 per cent worldwide. There are over eight thousand maternal deaths per year and for each of these deaths, an unspecified number of women will become disabled, injured or ill owing to pregnancy. Every year, more and more children are left motherless and vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not. This demonstrates the long road Tanzania faces in securing the health of its mothers.

Why do so many women die giving life in Tanzania?

Risks are exacerbated by two key factors. Firstly poor access to high quality birth services, such as well-equipped clinics and skilled professionals. Secondly social factors such as low education levels and societal norms, like early marriage or pregnancy.

Improved health service delivery, along with efforts to reduce poverty and improve education levels, particularly of rural women, could make Tanzania a safer place for expectant mothers.

Lack of Trained Staff

One of the critical problems Tanzania faces in addressing maternal deaths is the lack of health professionals. According to the government's

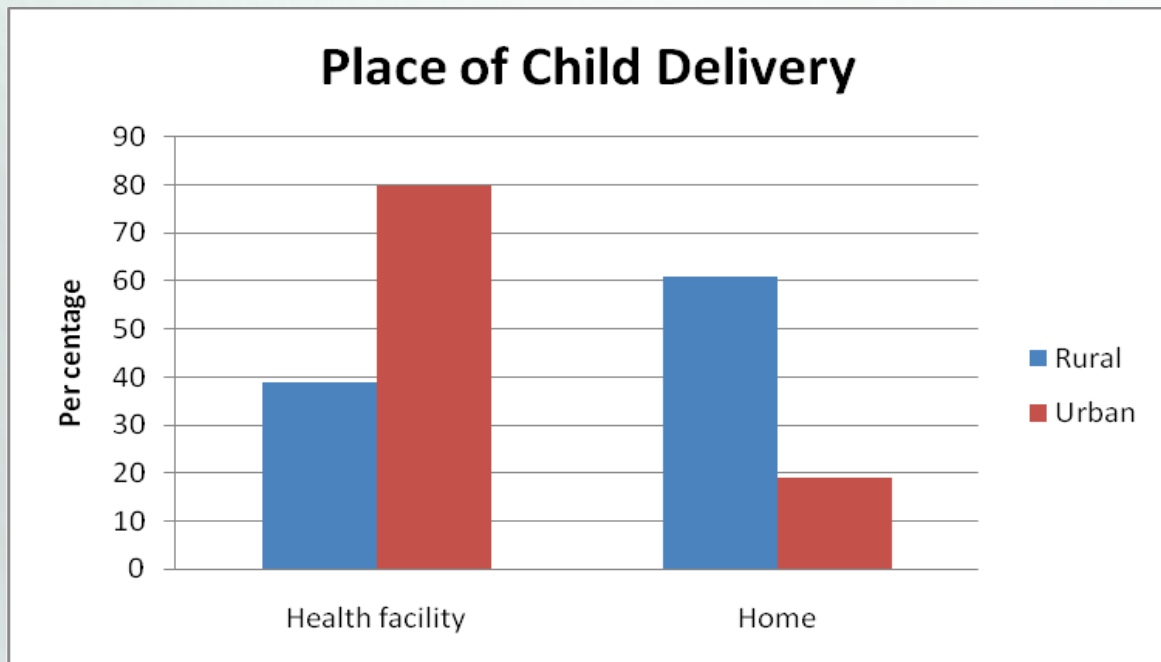
2004 Demographic and Health Survey (DHS), only 54 per cent of births are attended by a health professional or trained birth attendant. The rest depend heavily on relatives and traditional birth attendants who are not trained in midwifery or medicine. They often fail to treat complications or recognize emergencies that require immediate hospital care.

Poor Access to Clinics

According to the Household Budget Survey

(2007), over 60 per cent of rural women give birth to their children at home, with the figure being even higher in Zanzibar North and Pemba North. A third of rural households live between 6 and 20 kilometers from the nearest clinic, with some being much further. However 75 per cent live more than 10 kilometers from the nearest hospital, having serious implications for complicated births.

Even if a mother can reach a clinic, there is no guarantee she will receive the care she needs.



Infection of the genital tract and excessive bleeding following delivery are two of the primary causes of death. Yet both could be easily treated if antibiotics and trained professionals were available. Added to these problems is often the low morale of staff that are overburdened and underpaid.

Poor Awareness of Postnatal Care

Postnatal care is vital for mothers and their children to treat complications arising from the delivery. However, in Tanzania around 83 percent of mothers do not receive any postnatal check-up according to the DHS. This happens regardless of maternal education or wealth, indicating a public information problem.

Impact of Education

Education can make a significant difference in reducing deaths during pregnancy and child birth. An educated mother is more likely to visit a clinic for regular antenatal care. She is also more likely to go to a health facility to deliver her child. Two out of three mothers with no formal education deliver their children at home, with limited trained assistance. In contrast, only 15 per cent of mothers with secondary education do so.

Of course the preference to stay at home or go to a health facility is influenced by wealth and income amongst other factors. Two thirds of women in the poorest 20 per cent of the population give birth at home. This is a similar level to those with no formal education, thus suggesting a strong relationship between income, education and the choice of health facilities.

Social Pressures

Apart from limited access to health facilities and lack of trained health professionals, societal norms complicate the problems of high death rates during pregnancy and child delivery. Girls aged 15-20 are twice as likely to die in childbirth as those in their twenties, while girls under the age of 15 are five times as likely to die in childbirth. Early pregnancy (and marriage), which may also be related to poverty, can cause complications during pregnancy as young women's bodies are not fully matured and developed to nurture a baby.

Why then are women having babies so early?

Again, it is a public information problem, with many girls not being aware of the risks.

Significant numbers may also not have a voice in making the decision to have an early marriage or pregnancy. The risk of maternal mortality increases with each pregnancy. Yet, women who would like to delay or avoid childbearing are without access to safe, affordable, and effective contraceptives. Meeting unmet needs for contraception alone would reduce up to a third of maternal deaths. Having fewer pregnancies and spacing births increases the survival rate of both women and their children. Close spacing of births raises the risks to their life and health. The practice of female genital mutilation is another practice that can complicate child delivery.

Conclusion

Whilst Tanzania has made some progress in health service delivery, particularly in reducing deaths of infants, it has failed to adequately address the death of mothers during pregnancy and child delivery. Tanzania is still amongst the least safe places for expectant mothers.

Improved health service delivery, along with efforts to reduce poverty and improve education levels, particularly of rural women, could give prospective mothers in Tanzania a brighter future.



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