New data from the most recent Demographic and Health Survey (DHS) in Tanzania show that the country did not realize its 2012 commitment to double the number of family planning users to 4.2 million and increase the total contraceptive prevalence rate to 60 percent by 2015.

The government continues to support family planning in the country. In June 2016, national policymakers featured family planning as a high-impact intervention in the National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child, and Adolescent Health in Tanzania (2016-2020): One Plan II (One Plan II) and increased allocations for family planning in the national health budget. However, collective action at the national and district level is needed to fully implement and fund the One Plan II and ensure family planning remains a priority in health.

### TABLE 1

**Women in Tanzania Have More Children Than Most Other Women in the Region.**

Total Fertility Rates (TFRs) in Eastern and Southern Africa

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>TFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya (2014 DHS)</td>
<td>3.9</td>
</tr>
<tr>
<td>Rwanda (2014-15 DHS)</td>
<td>4.2</td>
</tr>
<tr>
<td>Malawi (2015-16 DHS)</td>
<td>4.4</td>
</tr>
<tr>
<td>Tanzania (2015-16 DHS)</td>
<td>5.2</td>
</tr>
<tr>
<td>Zambia (2013-14 DHS)</td>
<td>5.3</td>
</tr>
</tbody>
</table>

**Source:** Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC), [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF International, Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS) 2015-16 (Dar es Salaam, Tanzania, and Rockville, MD: MoHSW, MoH, NBS, OCGS, and ICF International, 2016).

According to the 2015-16 DHS, Tanzania’s total fertility rate (TFR), or average number of children per woman, has barely changed, declining from 5.4 in 2010 to 5.2 in 2015. The fertility rate in Tanzania is higher than the rates of many of its neighbors. On average, women in Tanzania have one more child than women in Kenya, Rwanda, and Malawi (see Table 1). And Tanzania’s fertility gap between mainland urban and rural dwellers is also wide; currently, urban women have an average of 3.8 children, compared to 6.0 for rural women.

Increased allocations and disbursement of funds for family planning services from the national health budget is critical if Tanzania is to meet women’s contraceptive needs. Sufficient funding is needed to purchase equipment and train skilled health providers to administer all methods and ensure women can access voluntary family planning services to meet their needs and desires. Greater uptake of family planning services, particularly long-acting reversible contraceptives, will likely contribute to a faster reduction in the nation’s high fertility.
Modern Contraceptive Use Is Growing, but Not Fast Enough to Keep Up With Demand

Currently, 32 percent of married women use modern contraception, a slight increase from 27 percent in 2010. While use of contraception has improved, great disparities exist. Rates of contraceptive use are lower among poorer women, with only 19 percent of the poorest married women using any form of modern contraception compared to 35 percent of the wealthiest women in Tanzania (see Table 2). Modern contraceptive use has increased in all zones throughout the country except the Northern Zone (see Map 1). To increase acceptability of family planning methods, and contraceptive use as a result, efforts should be made to target males for involvement in family planning outreach and service provision.

Teenage Childbearing Remains High in Tanzania

Over one-quarter of young women ages 15 to 19 have begun childbearing in Tanzania. Rates of teenage pregnancy are high in the Katavi and Tabora Regions, where about 45 percent and 42 percent of young women, respectively, are pregnant or have given birth. Unmet need for family planning is high among this age group. Twenty-three percent of young women desire to limit or space pregnancies but are not using any contraceptive method. Among married women ages 15 to 19, modern contraceptive use remains low at 13 percent, partly due to sociocultural expectations that they should begin childbearing immediately after marriage.

Young women’s education levels are linked to rates of teenage childbearing in Tanzania. Only 10 percent of teenage girls with at least a secondary education have begun childbearing, compared to 34 percent of girls with primary education and 52 percent of girls with no education. Young women who have unplanned pregnancies are at risk of dropping out of school and losing economic opportunities, and are likely to face health risks if their pregnancies are too early or too closely spaced.

The One Plan II acknowledges young people’s unique sexual and reproductive health needs and outlines specific interventions to improve the family planning status of youth. Government officials must act on this blueprint and expand youth’s access to sexual and reproductive health services and supplies.

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### TABLE 2

**Poorer Women Have Greater Unmet Need and Use Less Contraceptives.**

Modern Contraceptive Prevalence Rate (mCPR) and Unmet Need by Quintile, Married Women Ages 15-49

<table>
<thead>
<tr>
<th>Wealth Quintile</th>
<th>mCPR (%)</th>
<th>Unmet Need (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest</td>
<td>35.2</td>
<td>16.8</td>
</tr>
<tr>
<td>Fourth</td>
<td>40.2</td>
<td>18.3</td>
</tr>
<tr>
<td>Middle</td>
<td>36.0</td>
<td>22.8</td>
</tr>
<tr>
<td>Second</td>
<td>29.4</td>
<td>24.3</td>
</tr>
<tr>
<td>Lowest</td>
<td>19.2</td>
<td>29.0</td>
</tr>
<tr>
<td>Tanzania Total</td>
<td>32.0</td>
<td>22.1</td>
</tr>
</tbody>
</table>

*Source: TDHS 2015-16.*
What Can We Do to Accelerate Progress?

Although the TDHS findings show little progress in family planning over the last five years, the government of Tanzania is on the right track to create the policy momentum necessary to fuel change. For the country to accelerate socioeconomic development in line with the One Plan II, the government must increase investments to improve the reach and quality of family planning services and information available to the population. These efforts will improve the health status of our population and also accelerate progress toward realizing our nation’s Development Vision 2025 strategy.

To steer our nation’s progress toward fulfilling these commitments, national and subnational leaders must act on commitments to:

1. Allocate and release sufficient funds in health budgets for family planning services.
2. Ensure timely and adequate procurement and distribution of family planning commodities.
3. Expand youth’s access to sexual and reproductive health services, information, and supplies.
4. Support community health worker programs by providing training and employment, and ensuring this cadre is equipped with necessary supplies.
5. Train and support skilled health providers to administer all methods, including long-acting family planning methods, and counsel youth on family planning.
6. Involve males in family planning outreach and service activity.
7. Engage in partnerships with the private sector to increase coverage of family planning services.

MAP 1
Contraceptive Use Has Increased in All But One Zone.
Contraceptive Prevalence Rate (CPR) Among Married Women (Ages 15-49), by Zone.

Note: Dotted line approximates line for an administrative zone.
Source: Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS) 2015-16.
References