

UNITED REPUBLIC OF TANZANIA



TOTAL POPULATION I **66,455,900**

POPULATION 24 YEARS OR YOUNGER I

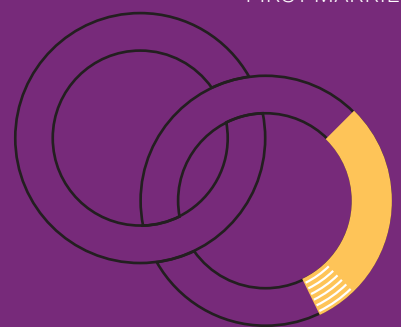
63.35%

WOMEN OF REPRODUCTIVE AGE (15-49 years) I **16,110,640**

WOMEN (20-24 years) WHO WERE FIRST MARRIED OR IN UNION II

BEFORE AGE 18 **30.5%**

BEFORE AGE 15 **5.2%**



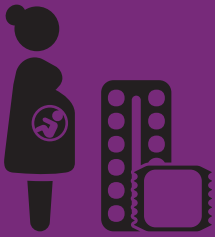
POPULATION 15-24 YEARS (male + female) I **13,363,090**

MATERNAL MORTALITY RATIO (per 100,000 live births) II **524**
100,000

TOTAL FERTILITY RATE I (births per woman) **4.66**

ADOLESCENT BIRTH RATE I (births per 1000 girls) **126**





15.2% UNMET NEED FOR FAMILY PLANNING (all women) ^{III}

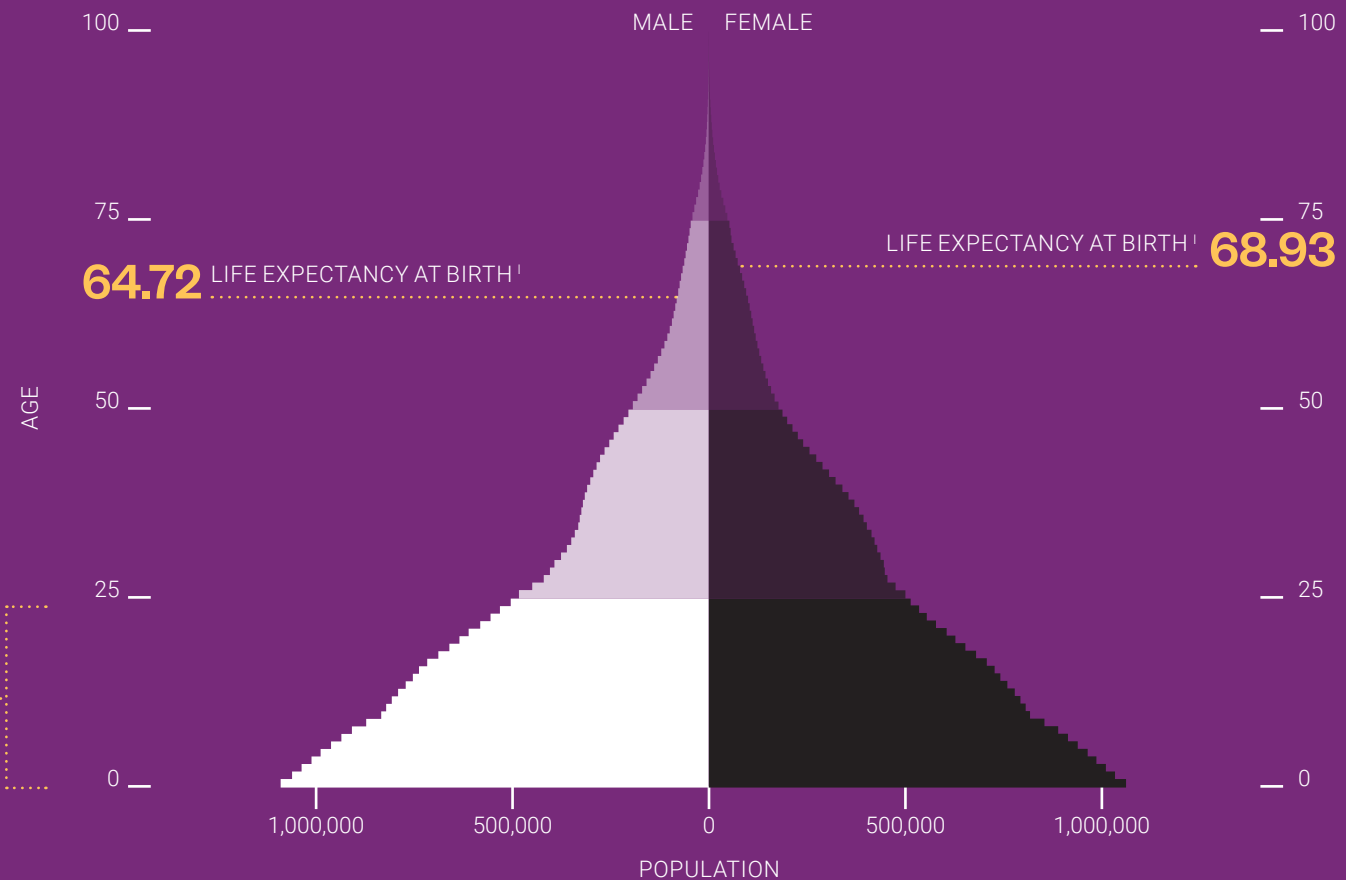


62% DEMAND FOR FAMILY PLANNING SATISFIED WITH MODERN METHODS (all women) ^{III}



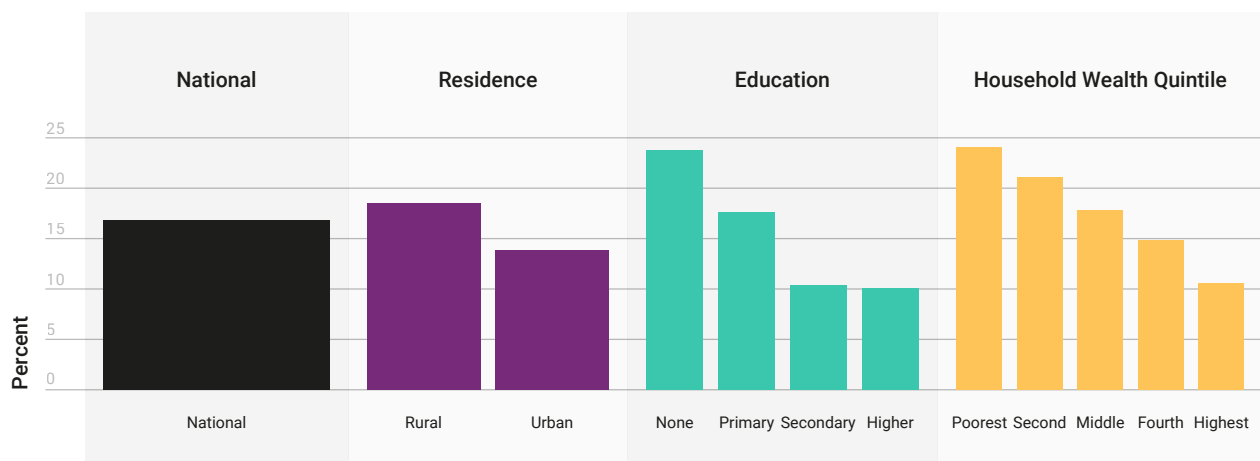
63.5% DELIVERIES ATTENDED BY SKILLED HEALTH PERSONNEL ^{II}

As part of the commitments made at the Nairobi Summit on ICPD25, the United Republic of Tanzania has committed to accelerating the implementation and funding of the ICPD Programme of Action, in line with the Tanzania Development Vision 2025. Tanzania has committed to enhancing efforts towards achieving the goal of zero unmet needs for family planning services to **enhance child and maternal survival.**



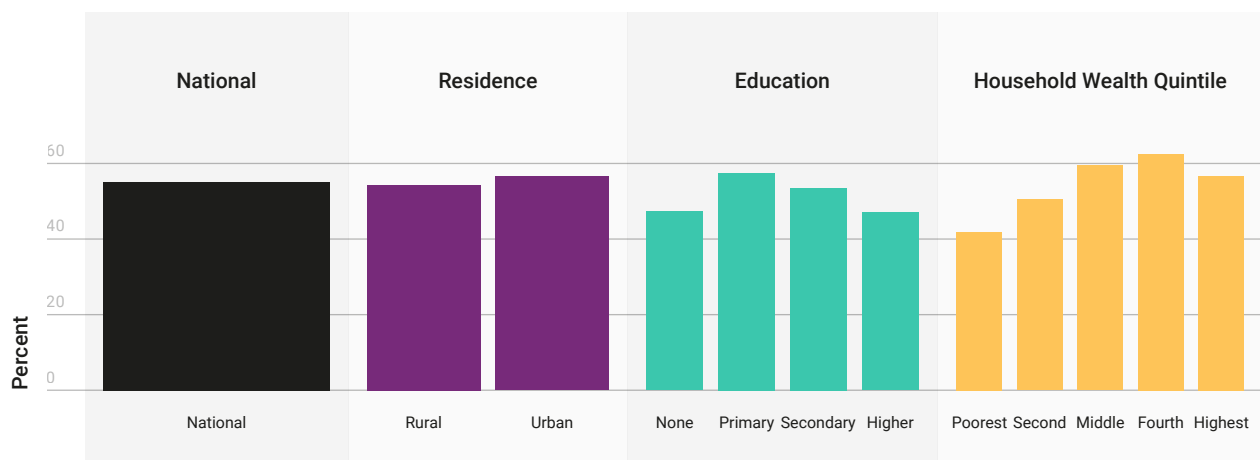
The United Republic of Tanzania is one of eight countries where more than half of the projected increase in the global population up to 2050 will be concentrated ^{IV}. In 2022, Tanzania’s total fertility rate (TFR) – the number of children that would be born to a woman if she were to live to the end of her childbearing years, is estimated to be 4.66 ^V. TFR and unmet need for family planning is highest among rural women, women with no or only primary education, and those in the poorest and second poorest households. 32% of married and in-union women were using a modern contraceptive method according to the 2015/2016 Tanzania Demographic and Health Survey, with demand satisfied by a modern family planning method being 52.9%. Both current modern method use and demand satisfied by modern methods is higher among Tanzanian women in urban areas, and those women in the middle- and highest- income households. Tanzania is committed to increasing the modern contraceptive prevalence for all women to 42% by 2025. As part of this effort, it has been working to identify gaps in existing policies and guidelines to determine areas for review and harmonization, to develop knowledge and skills of service providers in postpartum and postabortion family planning, and to build capacity of health care providers with regards to proper self-care for short-term contraceptive methods, documentation, and report ^{VI}.

Unmet Need for Family Planning, All Women



Source: Demographic and Health Survey, 2015

Demand for Family Planning Satisfied with Modern Methods, All Women



Source: Demographic and Health Survey, 2015

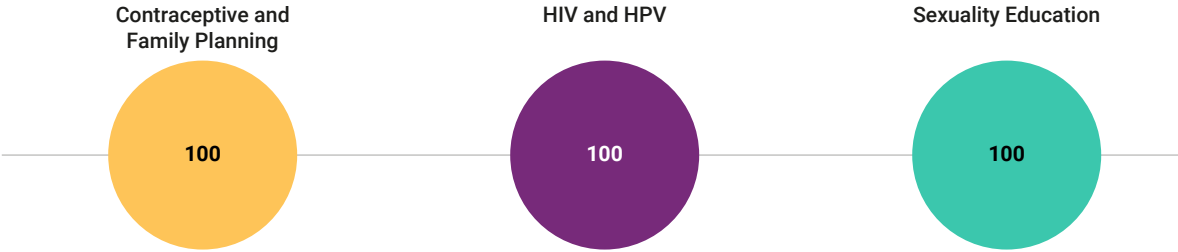
IV World Population Prospect 2022

V Ibid

VI <https://fp2030.org/tanzania>

SDG 5.6.2 reflects the extent to which prevailing laws enable or disable women and men's full and equal access to health and rights. Tanzania has achieved 100% of enabling laws and regulations that guarantee full and equal access to women and men to HIV and HPV, to sexuality education, and to contraceptive and family planning services. While it is commendable that certain legal frameworks are in place, enforcement and implementation lag behind.

Extent to which Tanzania has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education



Source: United Nations Population Fund, 2022

Since the Nairobi Summit, Tanzania's commitments were reflected in some of the country's development and strategic documents, including the Health Sector Strategic Plan V and the National Family Planning Costed Implementation Plan. A tool to track ICPD commitments was developed at the regional level and customized at the country level.

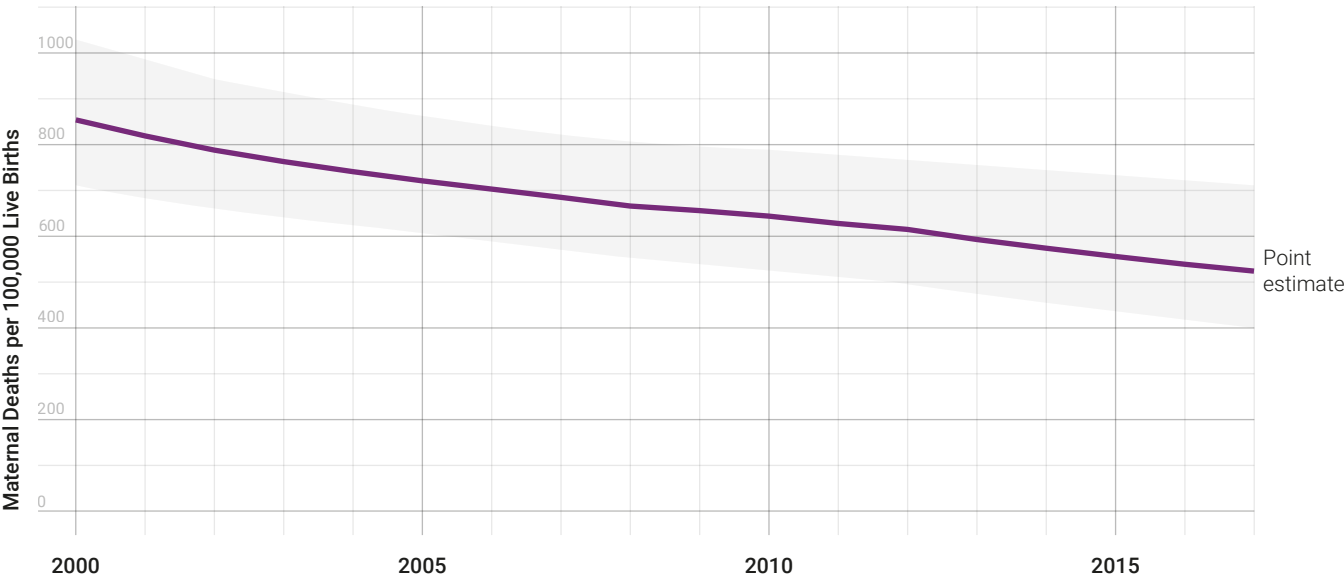
Tanzania was reviewed at the 39th session of the UPR in November 2021. It received 252 recommendations, of which at least 113 (45% of all recommendations) were related to the Nairobi Summit on ICPD25.

At the Nairobi Summit, Tanzania committed to enhancing efforts towards achieving the goal of zero preventable maternal deaths, and maternal morbidities. This includes a commitment to increase the national budget allocation for health to meet the Abuja declaration target of 15% and the commitment to roll out a competency-based curriculum for midwives by 2030 to enhance the provision of quality care. In addition, Tanzania is committed to accelerate the integration of HIV and other reproductive health services to reduce the burden of HIV, including reducing mother-to child-transmission to <5 percent by 2030.

Tanzania’s maternal mortality ratio (MMR) declined from 2000 to 2017, when it was estimated to be 524 maternal deaths per 100,000 live births; this rate falls halfway between that of countries in the region with the highest and lowest MMRs. Recognizing the impact of unsafe abortion on maternal deaths, Nairobi Summit Commitment 3 highlights the integration of “a comprehensive package of sexual and reproductive health interventions, including access to safe abortion to the full extent of the law, measures for preventing and avoiding unsafe abortions, and the provision of post-abortion care into national UHC strategies, policies and programmes, and the need to protect and ensure all individuals’ right to bodily integrity, autonomy and reproductive rights, and to provide access to essential services in support of these rights. Abortion is prohibited in Tanzania, with the only exclusion being to save the life of the mother.

Maternal mortality ratio, 2000–2017

■ 80% uncertainty interval



Source: World Health Organization, 2019

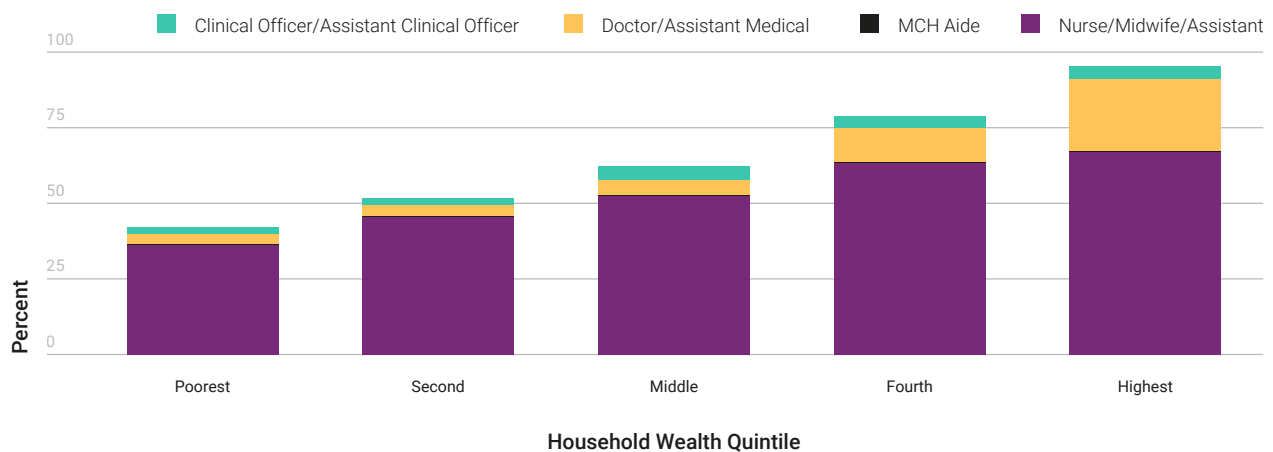
In 2016, 63.5% of births in Tanzania were attended by skilled health personnel and 62.6% of births were delivered at a health facility. Among married women 15-49 years who had a live birth in the last two years, deliveries assisted by a skilled attendant were highest among women in urban areas, among women with secondary and higher education, and among women in wealthier households. This is also the case for births delivered at a health facility. Most births are attended by nurse midwives/assistant nurses, and this proportion increases as household wealth increases. The proportion of births attended by doctors and assistant medical officers also increases with household wealth.

Births with Skilled Attendant



Source: Demographic and Health Survey, 2015

Skilled Birth Providers by Wealth Quintile



Source: Demographic and Health Survey, 2015

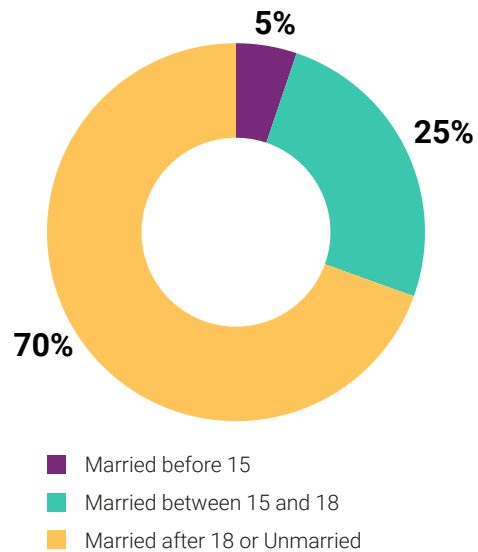
As part of the commitments made at the Nairobi Summit on ICPD25, Tanzania has committed towards ending sexual and gender-based violence of all forms, including zero child marriage, female genital mutilation, in order to realize all individuals' potential as agents of change in their societies.

In Tanzania, 40% of all women aged 15-49 years have experienced physical violence, while 17% have experienced sexual violence. 44% of women aged 15-49 years have experienced either physical or sexual violence by an intimate partner; the prevalence of spousal violence is highest in rural areas (52% compared to 45% in urban areas), and almost 30% of girls experience sexual violence before the age of 18 ^{vii}.

The prevalence of female genital mutilation (FGM) in Tanzania among women aged 15 to 49 years has decreased over the past decade from 18% in 1996 to 10% in 2016, but again there are significant regional variations ^{viii}. In Tanzania, FGM generally takes place when girls are infants, or past the age of 13 years. FGM is highest in the centre and north of the country, and almost all cases of FGM in Tanzania are carried out by traditional practitioners ^{ix}.

Tanzania has one of the highest child marriage rates in the region and in the world. Based on the latest available data, 30% of women aged 20-24 years were married before age 18, with 5% of women married before age 15.

Age of Marriage Distribution, Women 20-24



Source: Demographic and Health Survey, 2015

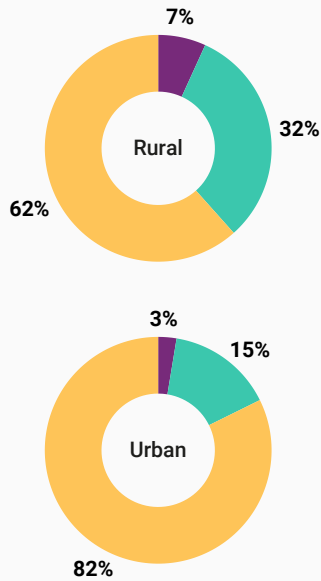
VII World Bank, Tanzania Gender-Based Violence Assessment

VIII <https://www.28toomany.org/country/tanzania/>

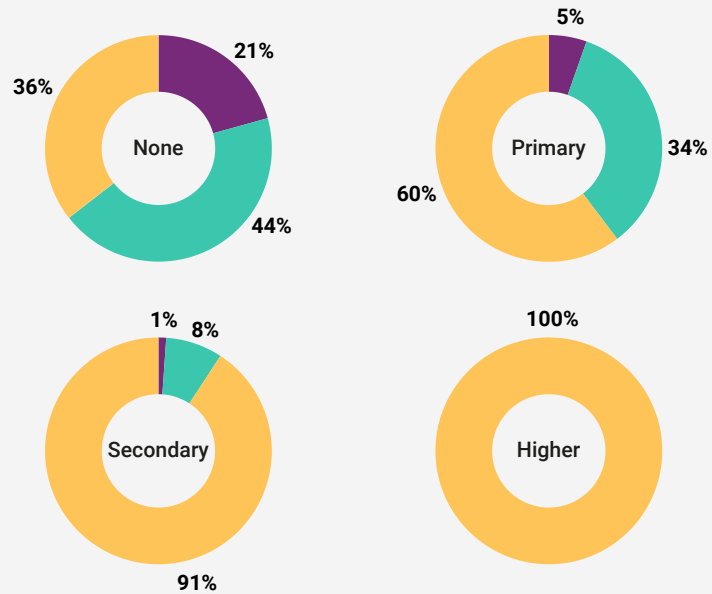
IX Ibid

Most women 20-24 years who were married before 18 years are those from rural areas (39%) compared with urban areas (18%). Approximately 65% of women married before age 18 have no education, while 39% have primary education. Marriage before age 18 is also highest among women living in the poorest (49%) and second poorest (47%) households.

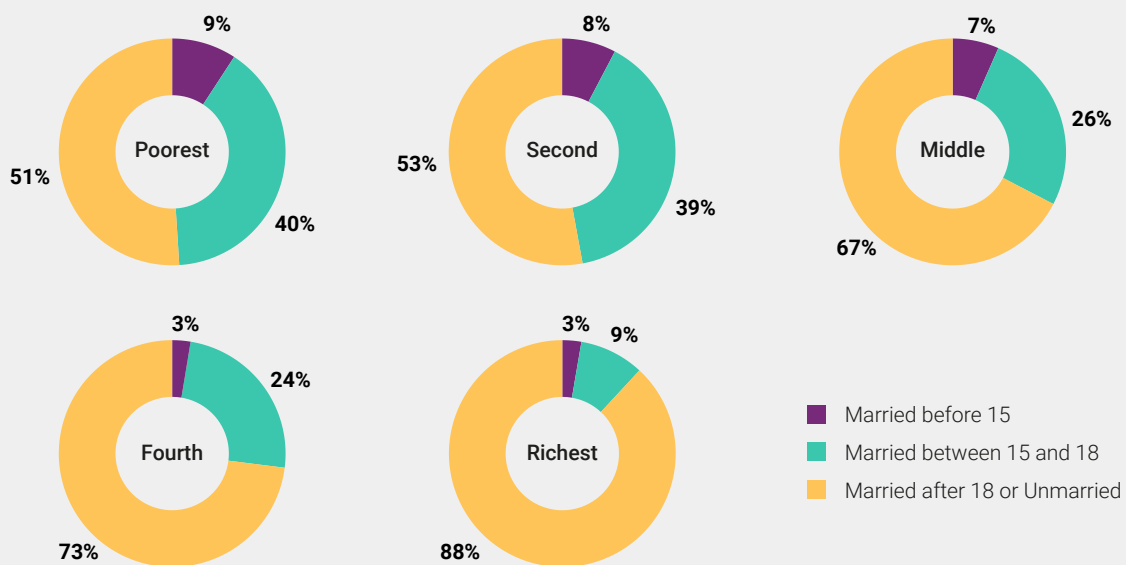
Age of Marriage Distribution by Residence, Women 20-24



Age of Marriage Distribution by Level of Education, Women 20-24



Age of Marriage Distribution by Household Wealth Quintile, Women 20-24

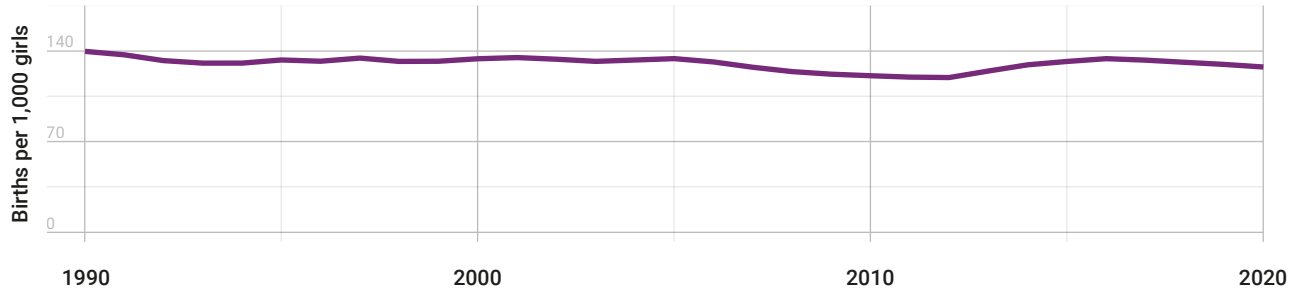


■ Married before 15
■ Married between 15 and 18
■ Married after 18 or Unmarried

Source: Demographic and Health Survey, 2015

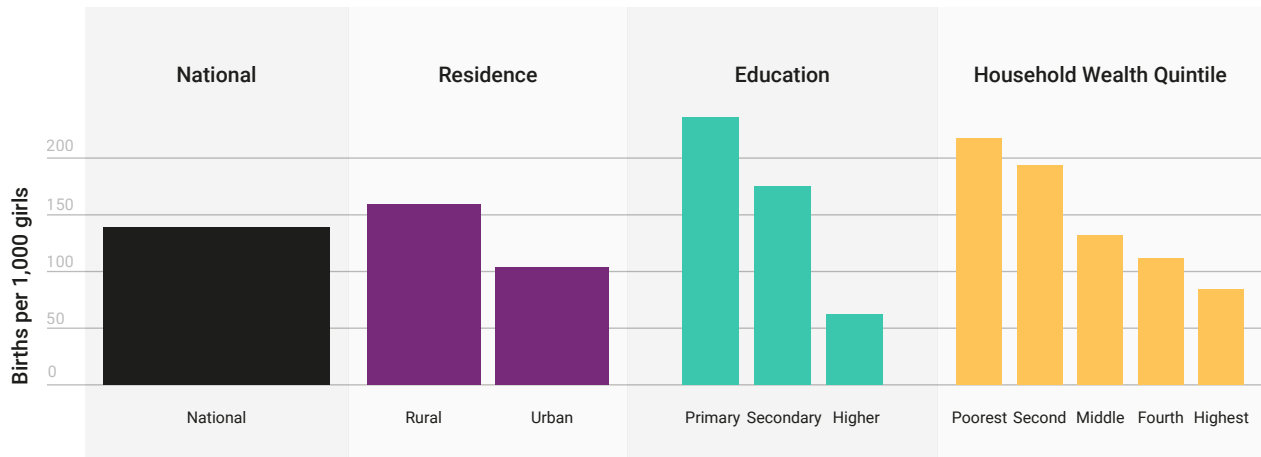
Tanzania's adolescent birth rate has remained relatively the same from 1990 to 2020, and is estimated to be 123 per 1,000 women girls 15-19 years old in 2022; it is one of the highest in the region. Compared with the national rate, Tanzania's adolescent birth rate is higher in rural areas (1.5 times higher than in urban areas), among girls with no education (nearly four times higher than girls with secondary or higher education), and among those living in the poorest households (three times higher than those in the richest households). Births among girls 15-19 years is higher among girls who live in rural areas, those with no education and primary education, and those girls from the poorest households.

Adolescent birth rate, 1990-2020



Source: World Population Prospects, 2022

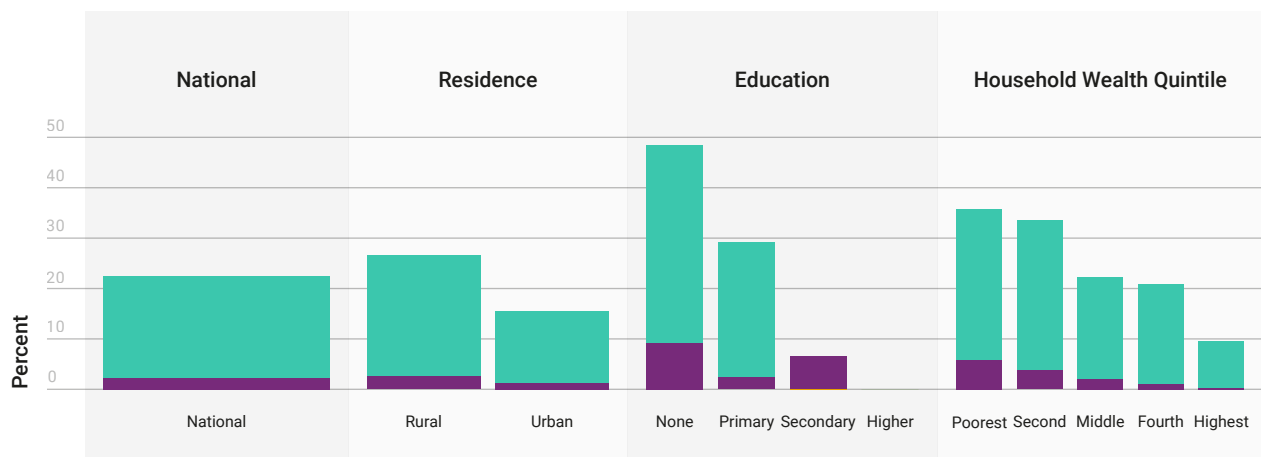
Adolescent birth rate



Source: Demographic and Health Survey, 2015

Birth Before Age 15 and 18, Women 20-24 Years

■ Birth between 15-18 ■ Birth before 15



Source: Demographic and Health Survey, 2015

Tanzania's ICPD25 Commitments include:



Increase the proportion of youths in the decision-making bodies by 2030



Increase access to comprehensive age-appropriate sexual and reproductive services to adolescent and young people in and out of schools and health facilities

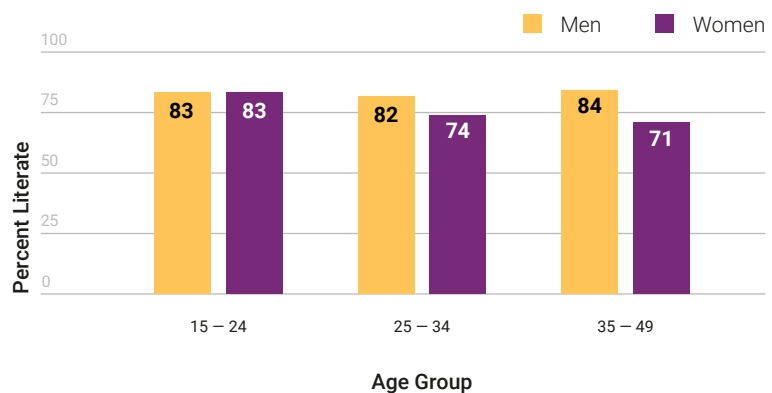


Empower and invest in adolescents and youth in education, employment opportunities and health including family planning and sexual and reproductive health and services

Adolescent girls and young women account for 80% of the 28,000 new HIV infections in Tanzania annually; prevalence rates for young women aged 20 to 24 are nearly double that of young males.^x

Tanzania's literacy rate is the same between males and females among those 15 to 24 years of age, while women aged 25 to 34 and 35 to 49 years of age have lower literacy rates than their male counterparts. Secondary education completes the provision of basic education that began at the primary level and aims at laying the foundations for lifelong learning and human development by offering more subject- or skill-oriented instruction using more specialized teachers. Tanzania's secondary school net attendance ratio^{xi} is 27; 27 for females and 26 for males. A 2020 report by the National Bureau of Statistics indicated that the proportion of primary school children aged 7 to 13 years attending school was more than 90%, but only one in three adolescents (boys and girls) complete secondary school. According to a 2018 World Bank study on girls in secondary education in Tanzania, high child marriage rates contribute to the high percentage of teenage pregnancy and by extension to just under three in four girls failing to complete their secondary education. In November 2021, the Tanzanian government announced to lift the ban on teenage mothers continuing their education, allowing them two years to return to school after giving birth.

Literacy Rate by Age and Sex



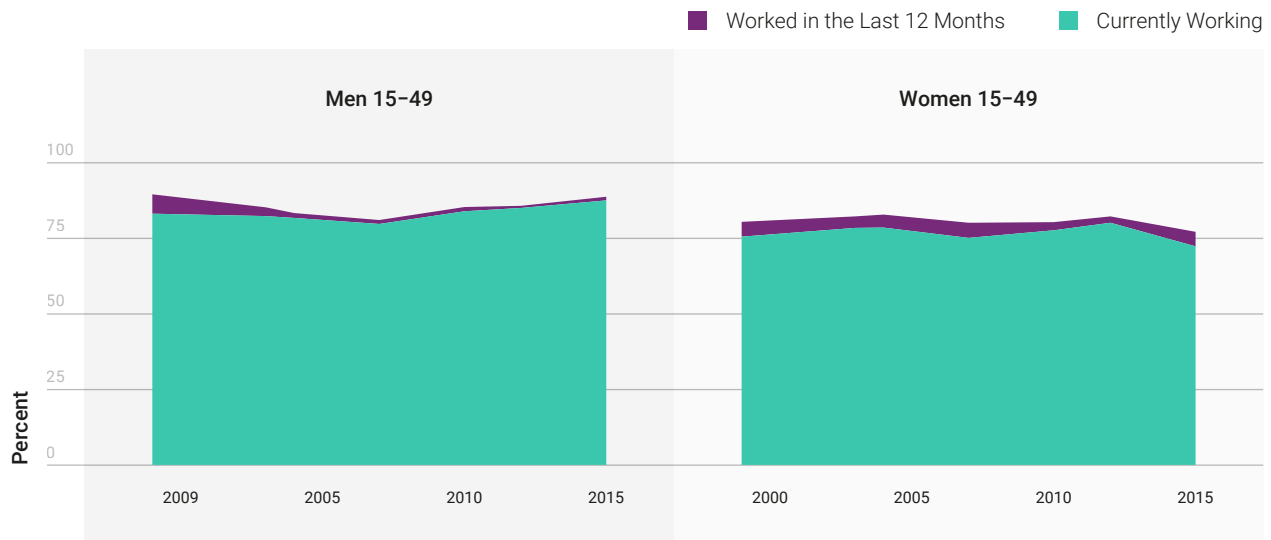
Source: Demographic and Health Survey, 2015

X Tanzania HIV Impact Survey 2016-2017

XI Ratio of children of official school age who are enrolled in school to the population of the corresponding official school age

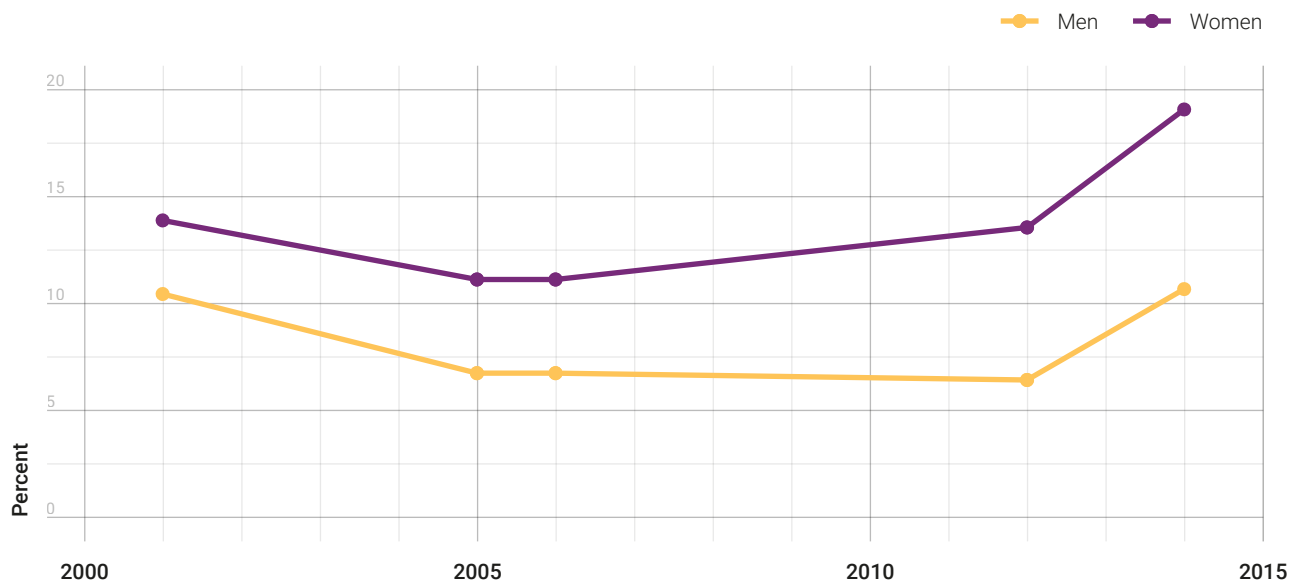
Employment trends for men and women remained largely the same from 2001 to 2016. The proportion of men “currently” working has increased during this period, while the share of women “currently” working has declined slightly. Young people who are not in education, employment or training (i.e., the NEET population) quantifies the proportion of young people who find themselves outside of the educational system and without work. In Tanzania, the percentage of youth not in education, employment or training has remained relatively the same among men from 2008 to 2017, but has been increasing among women.

Employment Trends (Currently Working and Worked in the Last 12 Months), by Sex



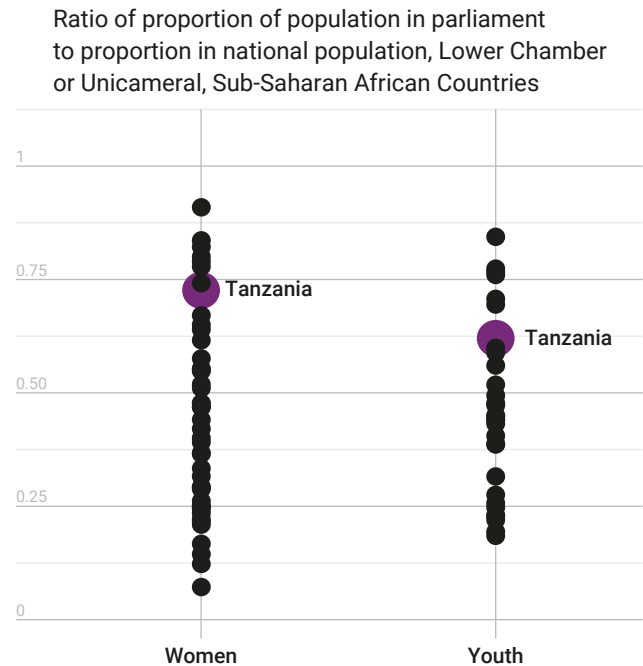
Source: Demographic and Health Survey, 1999-2015

Percent of Youth (15-24) Not in Education, Employment, or Training, by Sex



Source: Labour Force Survey, 2001, 2005, 2006, 2014; National Household Budget Survey, 2012

SDG Goal 16 seeks to promote peaceful and inclusive societies for sustainable development, to provide access to justice for all and build effective, accountable and inclusive institutions at all levels. One component of this is ensuring responsive, inclusive, participatory and representative decision-making at all levels. The ratio of the proportion of female Members of Parliament in Tanzania is one of the highest in the region, while the ratio of the proportion of young Members of Parliament is slightly higher than the median in the region (SDG 16.17.1).



Source: Inter-Parliamentary Union, 2022

In 2022, Tanzania completed the data collection for its most recent population and housing census, adapting new and advanced technologies and achieving a coverage of 99.99%. It is expected that the population of the country will be at 61.3 to 64 million based on projections made before census. The main contributing factor for the country's population growth is fertility; and teenage pregnancy contributing highly to the large number of young people and children in proportion to the entire country's population. The impact of population growth upon poverty rates is compounded by variations in fertility rates across income groups and levels of education. As the world is about to reach a population of 8 billion, Tanzania will be amongst the eight countries where half of the projected increase in the global population up to 2050 will be concentrated^{XII}. Despite its explicit ICPD25 commitment to harnessing the demographic dividend, unless additional measures are introduced to significantly reduce fertility rates, such as the rapid acceleration of current trends in the uptake of modern contraceptives, alongside efforts to tackle the underlying drivers of high birth rates, especially among the least educated, rural poor, Tanzania will not see a demographic dividend until after 2060.

XII World Population Prospect 2022