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Impact of changes in Tanzania's family planning policies could benefit other African countries

Blog Editor

Based on a new [paper](#), LSE's Ernestina Coast and alumna Michelle Weinberger examine the lessons learned from trends in Tanzania's family planning policy over the past 20 years.

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Sub-Saharan Africa has the highest regional fertility rates in the world. Contraception impacts fertility levels, and is strongly affected by policies and programming, including levels of funding (including donor funding) and regulations on who can provide different contraceptive methods. Access to family planning programmes that are voluntary, accessible, acceptable and affordable remains the principal policy instrument in most countries for satisfying the unmet need for contraception.



Tanzania shows how changes in funding and policy have shaped programmes and had substantial influence on fertility outcomes. The rapid increase in the use of contraception in the early 1990s coincided with the adoption of the country's first National Family Planning Policy (1988) and what has been described as the "golden age" of family planning in Tanzania. From the mid-1990s until recently, however, family planning lost ground in national policy agendas to issues such as HIV/Aids, malaria, and tuberculosis. The shift to a more decentralised health care system in the 1990s contributed to a weakening of the national family planning programme. In an effort to reposition family planning on the national policy agenda, the government now has a very ambitious target to achieve a contraceptive prevalence rate of 60% by 2015. However, despite large gains in the early 1990s, increases in contraceptive use have slowed, and today, fertility in the country remains high. The latest demographic surveys suggest that fertility decline may be stalling in Tanzania.

Our recently published research assesses the presence and impact of fertility stalls both at the national level, and across urban and rural areas. It shows that increased use of traditional methods in urban areas contributed to the recent urban fertility stall. We show that more rapid increases in contraceptive use and a shift to more effective methods could have prevented both observed occurrences of fertility stalls, and that fulfilling current unmet need for contraception could reduce the total fertility rate to as low as 2.5 children per woman. Our findings, which are relevant for other sub-Saharan African countries, demonstrate the importance of understanding how and why contraceptive method mixes vary at the sub-national level and the role that these changes play in determining fertility trends and stalls.

Weinberger, Michelle and Coast, Ernestina (2014) [Fertility, contraception and method mix in Tanzania: trends and changes since 1990](#). In: Mturi, Akim J. and Agyei-Mensah, Samuel, (eds.) Explaining fertility differences in sub-Saharan Africa: projecting the demographic future. The Edwin Mellen Press. ISBN 0773442707

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