The maternity ward as mirror

Maternal death, biobureaucracy, and institutional care in the Tanzanian health sector

Strong, A.E.

Publication date
2017

Document Version
Other version

License
Other

Link to publication

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: https://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
The Maternity Ward as Mirror

Maternal Death, Biobureaucracy, and Institutional Care in the Tanzanian Health Sector

Adrienne E Strong
WASHINGTON UNIVERSITY IN ST. LOUIS
Department of Anthropology

Dissertation Examination Committee:
John Bowen, Chair
Anita Hardon, Co-Chair
Shanti Parikh
Bradley Stoner
Priscilla Song

The Maternity Ward as Mirror: Maternal Death, Biobureaucracy, and Institutional Care in the Tanzanian Health Sector
by
Adrienne Elizabeth Strong

A dissertation presented to the Graduate School of Washington University in partial fulfillment of the requirements for the degree of Doctor of Philosophy

May 2017
St. Louis, Missouri
The Maternity Ward as Mirror: Maternal Death, Biobureaucracy, and Institutional Care in the Tanzanian Health Sector

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad van doctor

aan de Universiteit van Amsterdam

op gezag van de Rector Magnificus

prof. dr. ir. K.I.J. Maex

ten overstaan van een door het College voor Promoties ingestelde commissie,

in het openbaar te verdedigen in de Agnietenkapel

op woensdag 12 april 2017, te 10 uur

door Adrienne Elizabeth Strong

geboren te Cleveland, Ohio, Verenigde Staten van Amerika
This thesis was prepared within the partnership between the University of Amsterdam and Washington University in St. Louis with the purpose of obtaining a joint doctorate degree. The thesis was prepared in the Faculty of Social and Behavioural Sciences at the University of Amsterdam and in the Department of Anthropology at Washington University in St. Louis.

Dit proefschrift is tot stand gekomen binnen een samenwerkingsverband tussen de Universiteit van Amsterdam en de Washington University in St. Louis met als doel het behalen van een gezamenlijk doctoraat. Het proefschrift is voorbereid in de Faculteit der Maatschappij-en Gedragswetenschappen van de Universiteit van Amsterdam en de Department of Anthropology van Washington University in St. Louis.
# Table of Contents

List of Figures .................................................................................................................. viii
List of Tables ..................................................................................................................... ix
Acronyms .............................................................................................................................. x
Acknowledgements ........................................................................................................... xii
ABSTRACT OF THE DISSERTATION .................................................................................... xvi
Preface ................................................................................................................................... xviii

Part I: Introduction to the Study ............................................................................................... 2

Chapter 1: Introduction ......................................................................................................... 3
  1.1 Introduction ...................................................................................................................... 3
  1.2 The Research Problem: A Point of Departure .............................................................. 5
  1.3 Theoretical Framings and Analytic Lenses ..................................................................... 7
  1.4 The Frames ..................................................................................................................... 7
    1.4.1 The Anthropology of Reproduction: Birth as a Site of Power and Inequality ............ 7
    1.4.2 Authoritative Knowledge and Childbirth .................................................................. 10
    1.4.3 Colonialism .............................................................................................................. 13
    1.4.4 Bureaucracy and Biobureaucracy ......................................................................... 16
    1.4.5 Hospital Ethnography ............................................................................................. 19
  1.5 The Analytic Lenses and Contributions to Theory .......................................................... 21
    1.5.1 The Meanings of Maternal Death .......................................................................... 21
    1.5.2 Metrics and Modalities of Accountability .............................................................. 22
    1.5.3 Risk and Uncertainty ............................................................................................... 24
    1.5.4 Care ....................................................................................................................... 26
  1.6 Background: Tanzania, the Rukwa Region, and the Health Sector ............................... 32
    1.6.1 Tanganyika and Independence ............................................................................. 32
    1.6.2 Post-independence Ujamaa and the Ideology of Self-Reliance ............................... 32
    1.6.3 Growing Dependence on Foreign Aid: The 1970s and 1980s ............................... 34
  1.7 The Rukwa Region ....................................................................................................... 36
  1.8 Health Sector Formal Organization and Referral Chain ............................................... 39
  1.9 Organization of the Dissertation ................................................................................... 45

Chapter 2: Methods ............................................................................................................... 48
  2.1 Introduction ..................................................................................................................... 48
  2.2 The Regional Hospital ................................................................................................... 48
    2.2.1 Cross-sectional Data ............................................................................................. 50
    2.2.2 Data Analysis ....................................................................................................... 55
  2.3 Referral Chain ................................................................................................................ 56
    2.3.1 Sampling and Data Collection ............................................................................. 57
    2.3.2 Data Analysis ....................................................................................................... 64
  2.4 Communities .................................................................................................................. 65
    2.4.1 Sampling and Data Collection ............................................................................. 65
    2.4.2 Data Analysis ....................................................................................................... 66
  2.5 History ............................................................................................................................. 66
Introduction to Part III

Chapter 4: “Pregnancy is Poison:” Logics of risk and care in the community

Part II: Contextualizing Maternal Health and Death: Historical, Policy, and Community Perspectives


Chapter 5: The Mawingu Regional Hospital Maternity Ward: Site of Care, Site of Violence
8.9 Accountability, Language Use, and the Making of Morality and Ethical Responsibility ........ 337
8.10 Conclusion ................................................................................................................. 346

Chapter 9: The Stories We Tell About the Deaths We See ......................................................... 352
9.1 Introduction ................................................................................................................. 352
9.2 Reporting and Data Collection ..................................................................................... 358
9.3 Rukwa region maternal death audit meetings ................................................................. 363
9.4 Case Files ......................................................................................................................... 366
9.5 The Futility of Action (Plans) ......................................................................................... 374
9.6 Audit Meeting Outcomes and Ward Nurses ................................................................. 376
9.7 Coping with Maternal Deaths Through Narrative ....................................................... 379
9.8 Self-Reflection and Remembering ............................................................................... 382
9.9 Caring for the Carers .................................................................................................... 390
9.10 Conclusion ................................................................................................................... 391

Chapter 10: Conclusion and Recommendations ...................................................................... 396
10.1 Introduction .................................................................................................................. 396
10.2 Putting the Care Providers Back into Healthcare ......................................................... 397
10.3 The Complex Reach of Scarcity and Imperfect Care .................................................... 399
10.4 Unintended Consequences and Perversion of the System ........................................... 402
10.5 Limitations of the Study and Implications for Further Research ................................... 405
10.6 Recommendations ...................................................................................................... 405
  10.6.1 Communities ........................................................................................................ 406
  10.6.2 District Health Administration ............................................................................. 407
  10.6.3 Regional Hospital ................................................................................................ 409
  10.6.4 Regional Health Administration ......................................................................... 413
  10.6.5 National Level and Implications for Global Policy ............................................... 415

References .......................................................................................................................... 418

Appendix A: Interview Schedules ......................................................................................... 439
Appendix B: Focus Group Discussion Questions ..................................................................... 465
Appendix C: Conditions for Work Effectiveness Questionnaire (CWEQ) ............................... 479
Appendix D: Maps ................................................................................................................. 484
Appendix E: Research and Ethical Clearance Documents ..................................................... 490
Appendix F: Full Text of Historical Documents from Chapter 3 ............................................ 507
Appendix G: Medical Terms .................................................................................................. 521
Summary .............................................................................................................................. 524
Samenvatting ....................................................................................................................... 530
Curriculum Vitae .................................................................................................................. 537
## List of Figures

1.1 Map of Tanzania.................................................................38
1.2 Map of Rukwa region showing Sumbawanga urban district........39
1.3 Health sector organization, Rukwa, Tanzania..........................41
1.4 Formal structure of the Tanzanian health sector.........................42
3.1 Map of Sumbawanga Hospital plans, 14 May 1959, TNA Acc. No. 450, Medical Department File 55 inserts.................................103
4.1 Women carrying firewood..................................................157
5.1 View of the Mawingu Hospital..............................................183
5.2 View from the inside Mawingu Hospital................................186
5.3a View of the Mawingu Hospital maternity ward.......................189
5.3b View of the Mawingu Hospital maternity ward.......................189
5.3c View of the Mawingu Hospital maternity ward.......................190
5.4 Images of the labor and delivery room..................................205
5.5 Maternity ward operating theater, which opened in December 2014...207
5.6 View of the post-Caesar room on the ward.............................208
5.7 Mawingu Hospital organogram...........................................211
6.1 Supply trolleys after a busy shift.........................................221
6.2 CWEQ results for Section 4: Access to Resources.....................232
6.3 Sign reading “Blood isn’t sold, it’s always free”........................245
6.4 CWEQ results for Section 3: Access to Support.........................254
7.1 Caps nursing students wore................................................275
7.2 Uniform illustrations........................................................278
7.3 Three village dispensary healthcare workers..........................284
7.4 Boxes of clothing and shoes..............................................293
7.5 More nurses’ shoes, aprons, and boots..................................293
8.1 Partograph.................................................................351
8.2 Five bodies of deceased babies lying on a table in the maternity ward of Mawingu Regional Hospital.................................348
9.1 CWEQ results for Section 2: Access to Information.....................389
## List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Villages</td>
<td>61</td>
</tr>
<tr>
<td>2.2</td>
<td>Summary of methods</td>
<td>70</td>
</tr>
<tr>
<td>9.1</td>
<td>Deaths that occurred during the field period</td>
<td>395</td>
</tr>
</tbody>
</table>
Acronyms

AMO- Assistant Medical Officer
AMSTL/AMTSL- Active Management of the Third Stage of Labor
APGAR- Appearance, Pulse, Grimace, Activity, Respiration (also named after Virginia Apgar)
APH- Antepartum hemorrhage
BEmONC- Basic Emergency Obstetric and Neonatal Care
CEmONC- Comprehensive Emergency Obstetric and Neonatal Care
BTL- Bilateral tubal ligation
CCF- Congestive cardiac failure
CHOP- Comprehensive Hospital Operating Plan
CPD- Cephalopelvic disproportion
DC- District Commissioner
DIC- Disseminated Intravascular Coagulopathy
DMO- District Medical Officer
DRCHCO- District Reproductive and Child Health Coordinator
EN- Enrolled Nurse
EPMM- Ending Preventable Maternal Mortality
FGD- Focus group discussion
FSB- Fresh stillbirth
Hb- Hemoglobin
HBB- Helping Babies Breathe
HIV- Human Immunodeficiency Virus
HMT- Hospital Management Team
ICU- Intensive Care Unit
IMF- International Monetary Fund
IUD- Intrauterine Device
IUFD- Intrauterine fetal death
IV- Intravenous, short for intravenous fluids in most instances
MDG- Millennium Development Goal
MMR- Maternal mortality ratio
MO- Medical Officer
MoH/MoHSW- Ministry of Health/Ministry of Health and Social Welfare
MOI/C- Medical Officer In Charge (of the hospital)
MSB- Macerated stillbirth
MSD- Medical Stores Department
MTUHA- Mfumo wa Taarifa za Utoaji Huduma za Afya, System of Reporting of Provision of Healthcare Services
NASG- Non-pneumatic Anti-Shock Garment
NG- Naso-gastric
NGO- Non-governmental organization
NO- Nursing Officer
OPD- Out Patient Department
OT- Operating theatre
PPE- Personal protective equipment
PPH- Postpartum hemorrhage
PV- Per vagina
QIT- Quality Improvement Team
RAS- Regional Administrative Secretary
RHMT- Regional Health Management Team
RMO- Regional Medical Officer
RN- Registered Nurse
RRCHCO- Regional Reproduction and Child Health Coordinator
SAS- Sub-Assistant Surgeon
SDG- Sustainable Development Goal
TB- Tuberculosis
TBA- Traditional birth attendant
TNMC- Tanzania Nurses and Midwives Council
UNFPA- United Nations Population Fund, formally United Nations Fund for Population Activities
UNICEF- United Nations International Children’s Emergency Relief Fund
USAID- United States Agency for International Development
WHO- World Health Organization