



UvA-DARE (Digital Academic Repository)

The maternity ward as mirror

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

Strong, A.E.

[Link to publication](#)

Citation for published version (APA):

Strong, A. E. (2017). The maternity ward as mirror: Maternal death, biobureaucracy, and institutional care in the Tanzanian health sector.

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

Promotores: Prof. dr. A.P. Hardon, Universiteit van Amsterdam
Prof. dr. J.R. Bowen, Washington University in St. Louis

Copromotores: Dr. S. Parikh, Washington University in St. Louis
Dr. P. Song, Washington University in St. Louis

Overige leden: Dr. E.M. Moyer, Universiteit van Amsterdam
Dr. B. P. Stoner, Washington University in St. Louis
Prof. dr. R.C. Pool, Universiteit van Amsterdam
Prof. dr. D.M. Gibson, University of Western Cape
Prof. dr. M.I.L. Temmerman, The Aga Khan University

Faculteit der Maatschappij-en Gedragwetenschappen

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 Gedragwetenschappen van de Universiteit van Amsterdam en de Department of Anthropology van Washington University in St. Louis.

© 2016, Adrienne Elizabeth Strong

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 <i>The Anthropology of Reproduction: Birth as a Site of Power and Inequality</i>	7
1.4.2 <i>Authoritative Knowledge and Childbirth</i>	10
1.4.3 <i>Colonialism</i>	13
1.4.4 <i>Bureaucracy and Biobureaucracy</i>	16
1.4.5 <i>Hospital Ethnography</i>	19
1.5 The Analytic Lenses and Contributions to Theory	21
1.5.1 <i>The Meanings of Maternal Death</i>	21
1.5.2 <i>Metrics and Modalities of Accountability</i>	22
1.5.3 <i>Risk and Uncertainty</i>	24
1.5.4 <i>Care</i>	26
1.6 Background: Tanzania, the Rukwa Region, and the Health Sector	32
1.6.1 <i>Tanganyika and Independence</i>	32
1.6.2 <i>Post-independence Ujamaa and the Ideology of Self-Reliance</i>	32
1.6.3 <i>Growing Dependence on Foreign Aid: The 1970s and 1980s</i>	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 <i>Cross-sectional Data</i>	50
2.2.2 <i>Data Analysis</i>	55
2.3 Referral Chain	56
2.3.1 <i>Sampling and Data Collection</i>	57
2.3.2 <i>Data Analysis</i>	64
2.4 Communities	65
2.4.1 <i>Sampling and Data Collection</i>	65
2.4.2 <i>Data Analysis</i>	66
2.5 History	66

2.5.1 <i>Sampling and Data Collection</i>	66
2.5.2 <i>Data Analysis</i>	69
2.6 <i>Data Collection Summary</i>	69
2.7 <i>Ethical Considerations</i>	71
2.8 <i>Positionality</i>	75
Part II: Contextualizing Maternal Health and Death: Historical, Policy, and Community Perspectives	83
Introduction to Part II	84
Chapter 3: The Problematic Birthing Body: The Evolution of Maternal Healthcare Services in Tanzania and the Construction of the Problem of Maternal Death	84
3.1 <i>Introduction</i>	84
3.2 <i>The Development of the Tanzanian Medical System: An Overview</i>	85
3.3 <i>Colonial Medical Service in Ufipa</i>	89
3.4 <i>Development of Maternity Services in Tanganyika</i>	104
3.5 <i>Home or Hospital: The Start of an 80-year Conflict</i>	106
3.6 <i>Village Midwives, Home Births, and Transportation</i>	112
3.7 <i>Biobureaucracy and Abnormal Bodies</i>	115
3.8 <i>Healthcare Services after Independence</i>	116
3.9 <i>Maternal Health in Post-Independence Tanzania</i>	120
3.10 <i>Health Sector Reform and Decentralization</i>	122
3.11 <i>The Evolution of Global Safe Motherhood</i>	124
3.14 <i>Doomed to Repeat History</i>	129
3.15 <i>The Era of the Millennium Development Goals</i>	129
3.16 <i>Conclusion</i>	132
Chapter 4: “Pregnancy is Poison:” Logics of risk and care in the community	134
4.1 <i>Introduction</i>	134
4.2 <i>A View from Above: The WHO’s definition of maternal mortality and risk</i>	138
4.3 <i>A View from the Ground: Local logics of Gender, Care, and Reproduction</i>	144
4.3.1 <i>Access to education and the road to early pregnancy</i>	144
4.3.2 <i>Bridewealth, Marriage, and Decision Making</i>	148
4.3.3 <i>Pronatalism and the Value of Reproduction</i>	152
4.3.4 <i>Gendered Work and Care</i>	154
4.3.5 <i>Men’s Involvement in Care and Pregnancy</i>	158
4.3.6 <i>Men as “Finders” and Transportation to Biomedical Facilities</i>	164
4.3.7 <i>Local Midwives and Pregnancy</i>	166
4.3.7 <i>Interactions, Neglect, and the Quality of Biomedical Care</i>	170
4.4 <i>Conclusion</i>	174
Part III: Maternal Death in Present-Day Rukwa, Tanzania	177
Introduction to Part III	178
Chapter 5: The Mawingu Regional Hospital Maternity Ward: Site of Care, Site of Violence	181
5.1 <i>Introduction: Hospital Tour</i>	181
5.2 <i>The Maternity Ward</i>	190
5.3 <i>Patient Flows in Time and Space</i>	192
5.4 <i>The Admission</i>	194
5.5 <i>Laboring</i>	196
5.6 <i>Ambiguous Caring and the Second Stage</i>	198

5.6 Birth	202
5.7 Directed Flows	204
5.8 Surgical Birth	206
5.9 The Doctors.....	208
5.10 Hospital Organization and Personnel	209
5.11 Conclusion	213
Chapter 6: Working in Scarcity	217
6.1 Introduction	217
6.2 The Material Needs and Inevitable Inertia of the System	218
6.3 The Origins of Material Scarcity: Decentralization, Budgets, and the Medical Stores Department	222
6.4 The Hospital Budget.....	224
6.5 Budgets and Hiring New Personnel	227
6.6 Increasing burden on regional-level healthcare services	229
6.7 Working in Scarcity.....	231
6.8 Uchache as Excuse and Idiom.....	233
6.9 Collecting Cash and the Expansion of Biobureaucracy.....	235
6.10 Delays in Care and Social Tension.....	241
6.11 Supplies as the Foundation of Community Trust	247
6.12 Motivation and The Impossible Demands of Work	250
6.13 Seminars to “Refresh Your Mind”	257
6.14 Driven to Outside Income Generation.....	259
6.15 Different Subjectivities, Different Motivations	261
6.16 Conclusion	264
Chapter 7: “No Zebras on Your Fingernails!”: Uniforms, looking “smart,” and the professional comportment of “good” nurses	267
7.1 Introduction	267
7.2 Nursing Origin Stories	269
7.3 Uniforms and the Nursing Profession.....	270
7.4 Development of Nursing Uniforms in Tanzania.....	275
7.5 Uniform Requirements.....	276
7.6 Maintaining a Professional Image for the Community.....	281
7.7 Uniforms and Village Healthcare Providers.....	283
7.8 Maternity Care Necessitating Variations	287
7.9 Improvising the Standards.....	289
7.10 Continued Evolution of the Conflict.....	293
7.11 Gender, Bodily Embellishment, and Nursing Identity.....	295
7.12 Uniforms and Institutional Care	299
7.13 Conclusion	304
Chapter 8: “Bad Luck,” Lost Babies, and the Structuring of Realities	308
8.1 Introduction	308
8.2 The Case of Pendo’s Baby	309
8.3 To Know His Face: Stillbirth and Coping.....	313
8.4 Informal Systems of Accountability.....	318
8.5 The Partograph and Good Care as Documented Care	320
8.6 The Partograph as Uncertain Technology and its Role in Constructing Realities and Responsibilities	325
8.7 Modalities of Accountability	334
8.8 Accountability as Viewed from the Outside.....	335

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
9.10 Caring for the Carers	390
9.11 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

2.1	Villages.....	61
2.2	Summary of methods.....	70
9.1	Deaths that occurred during the field period.....	395

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