The maternity ward as mirror

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

Strong, A.E.

Link to publication

Creative Commons License (see https://creativecommons.org/use-remix/cc-licenses):
Other

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.
ABSTRACT OF THE DISSERTATION

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

by

Adrienne Elizabeth Strong

Doctor of Philosophy in Anthropology

Washington University in St. Louis, 2017

Professor John Bowen, Chair

Professor Anita Hardon, Co-Chair

As public health policies continue to encourage women to give birth in biomedical care facilities, this research provides insight into the sequences of events leading to deaths in these settings from the unique perspective of the healthcare providers and administrators themselves, in addition to that of women and their communities. While the term maternal mortality implies biological processes and clinical practices, this dissertation focused on sequences of events at the hospital, and on historical, institutional, and political economic structures that shaped maternal risk in this region through 23 months of mixed-methods, ethnographic fieldwork in the Rukwa region of Tanzania and the Mawingu Regional Hospital. Women’s lives and healthcare experiences before reaching Mawingu influenced their social support and access to resources in times of emergency in the hospital. Archival data helped explain how poor infrastructure, healthcare worker retention challenges, and debates on home vs. hospital birth have roots in the British colonial period.
Situated in a global health complex that emphasized data collection, healthcare providers found themselves constrained by an “accounting culture,” as opposed to working in a “caring culture.” Nurses desired to be part of a “caring culture” on the institutional level in which administrators demonstrated their care for and appreciation of nurses. Institutional lack of care contributed to the continued production of nursing care that gave the appearance of lacking motivation. This environment led to reduced expectations that providers and hospital administrators can solve clinical or systemic problems, constrained as they were by a system that makes it so difficult to do so.