

Attitude Towards Childbirth in Tanzania

Faith Farris, PA-S2

Duke University Physician Assistant Program

Tanzania 2024

Background

- Bearing children is an important part of Tanzanian culture. Average fertility rate is 7 for uneducated women and 4 for educated¹
- At Machame Hospital, childbirth is a daily event, with multiple vaginal and/or c-sections each day. Labor and Delivery (L&D) is a big revenue source for the hospital and very routine.
- Though birthing rates are high, maternal satisfaction with the birthing experience is low². Many women have described feeling disregarded, disrespected, and verbally abused while going through the labor process².
- Some choose to deliver at home in unhygienic and dangerous conditions, due to fear of hospital maltreatment or to financial constraints⁴.
- Machame hospital has taken steps to protect mothers during this time, but there is room for education and improvement.

Discussion

Women have described facing mistreatment through:

- Verbal abuse
- Failure to meet professional standards of care
- Lack of communication from providers and staff
- Lack of support
- Denied husbands presence at birth
- Denied safe traditional practices
- Poor health systems conditions/constraints including bribery and extortion, poor physical conditions, and unclear fee structure².

Intervention: Empower women to voice their needs during the birthing process and support healthcare providers to be more responsive to women's needs⁶.

- Incentive-based, obstetric staff training with post-natal surveys and centralized monitoring system⁷.
- Allow companion throughout the childbirth process, which has shown improved quality of care, decreased anxiety, and a more positive birth ward environment overall⁶.

Lessons from International Rotation

Professional Growth:

- Doing more with less in a resource-limited environment
- Solidified my learning with teaching – Machame received their first ECG machine and I was able to walk providers through the first rhythm strip
- Worked with HIV+ patients and improved my confidence in handling these “high risk” populations

Personal Growth:

- Gained appreciation for those who feel outwardly different. I was stared and pointed at, and asked to have my photo taken on multiple occasions. It gave me much more respect for those that deal with this feeling of “otherness” on a daily basis.
- Improved listening skills
- Focused more on experience and less on productivity

Implications for Practice

Commonalities in caring for patients in Machame and the US:

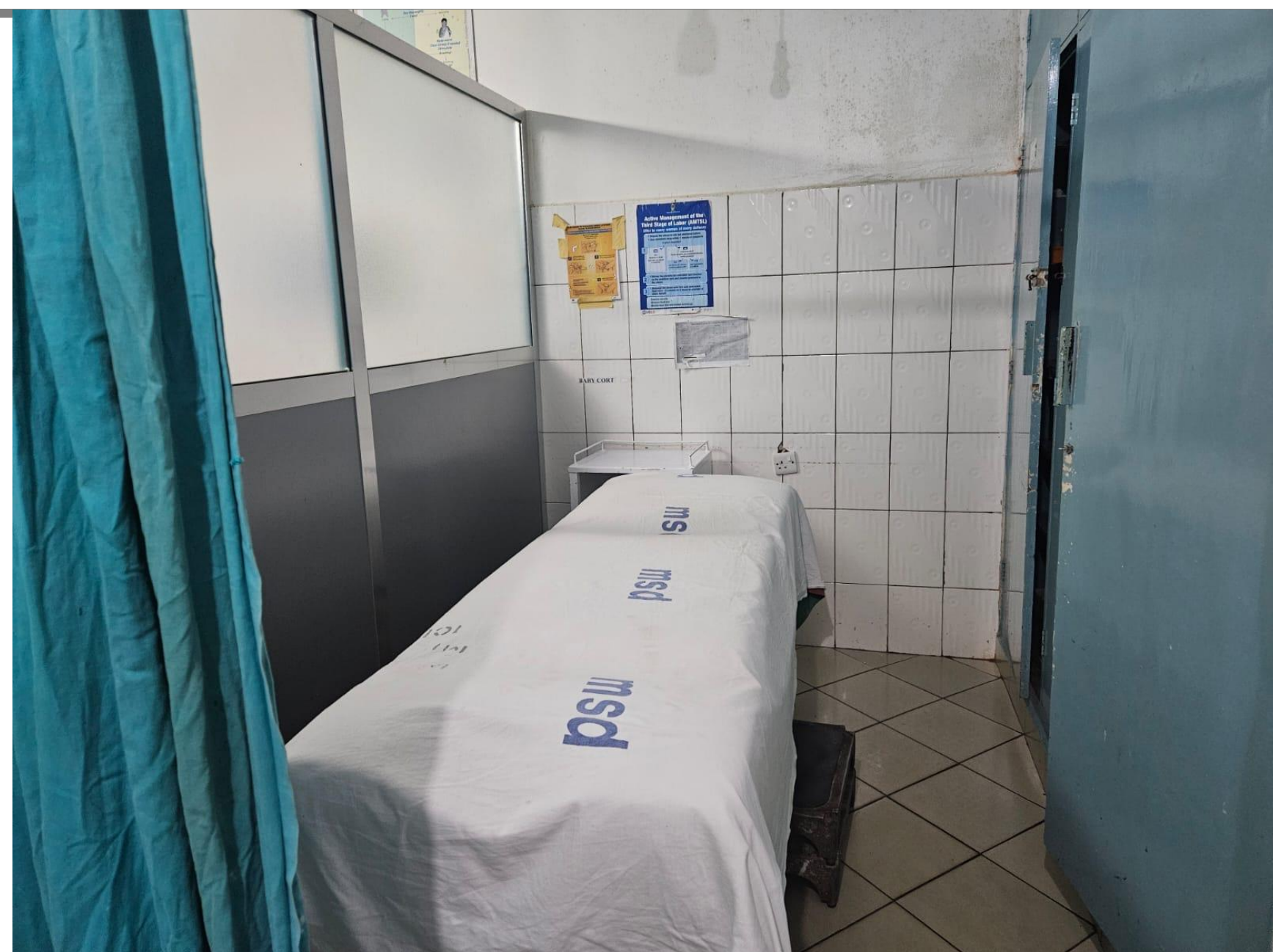
- Mistrust in medical staff / environments
- Lower education correlates with lower quality of care
- Institution-wide change is challenging
- Maltreatment and inequality is universal
- Cultural determinants present in both, though varied in each country

Ways to negate the issue:

- Quality control and hospital regulation. This is more commonplace in the US then it is in Tanzania.
- Staff education on inequality and proper treatment of patients
- Honor patients' wishes more intentionally

References

1. Family Planning to Check Population Growth. UNFPA Tanzania. (2022). UNFPA Tanzania | Family planning essential to check population growth
2. Mselle LT, Kohi TW, Dol J. Humanizing birth in Tanzania: a qualitative study on the (mis) treatment of women during childbirth from the perspective of mothers and fathers. *BMC Pregnancy Childbirth*. 2019;19(1):231. Published 2019 Jul 5. doi:10.1186/s12884-019-2385-5
3. Osaki H, Sao SS, Kisigo GA, et al. Male engagement guidelines in antenatal care: unintended consequences for pregnant women in Tanzania. *BMC Pregnancy Childbirth*. 2021;21(1):720. Published 2021 Oct 26. doi:10.1186/s12884-021-04141-5
4. Straneo M, Beňová L, van den Akker T, Pembe AB, Smekens T, Hanson C. No increase in use of hospitals for childbirth in Tanzania over 25 years: Accumulation of inequity among poor, rural, high parity women [published correction appears in *PLOS Glob Public Health*. 2023 May 17;3(5):e0001976]. *PLOS Glob Public Health*. 2022;2(8):e0000345. Published 2022 Aug 15. doi:10.1371/journal.pgph.0000345
5. Metta E, Unkels R, Mselle LT, Hanson C, Alvesson HM, Al-Beity FMA. Exploring women's experiences of care during hospital childbirth in rural Tanzania: a qualitative study. *BMC Pregnancy Childbirth*. 2024;24(1):290. Published 2024 Apr 19. doi:10.1186/s12884-024-06396-0
6. Chaote P, Mwakatundu N, Dominico S, et al. Birth companionship in a government health system: a pilot study in Kigoma, Tanzania. *BMC Pregnancy Childbirth*. 2021;21(1):304. Published 2021 Apr 16. doi:10.1186/s12884-021-03746-0
7. Shemdoe A, Mbaruku G, Dillip A, et al. Explaining retention of healthcare workers in Tanzania: moving on, coming to 'look, see and go', or stay?. *Hum Resour Health*. 2016;14:2. Published 2016 Jan 19. doi:10.1186/s12960-016-0098-7
8. Farris, Faith. Birthing Center at Machame Hospital. Photograph. Machame, Tanzania. 2024.



Delivery room at Machame Hospital⁸