

BIRTH COMPANION PROGRAMS AND WOMEN'S EXPERIENCES OF CARE IN TANZANIA

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Over the last several years, Tanzania has worked hard to reduce maternal mortality in the country. The primary avenue for accomplishing this aim has been increasing the number of women who give birth in health facilities. The idea of implementing “birth companion” programs, in which a woman can have a companion of her choice, has gained popularity. Policy makers and public health practitioners see this as one avenue for reducing abuse in maternal and reproductive health settings, in addition to generally improving the quality of care and women’s experiences in health facilities, a focus of current World Health Organization efforts globally. Over the course of ten months in 2018, I conducted fieldwork in Kigoma, Tanzania around an NGO-sponsored birth companion pilot program meant to improve women’s experiences of care in the implementing facilities and reduce the incidence of disrespect and abuse in these settings.

For the first few months, I spent time in three communities throughout the Kigoma region, along with a Tanzanian research assistant, Sarah Charles, and a global health master’s degree student from the Vrije Universiteit in Amsterdam, Tara White. Building on observations in these locations, I developed a cultural consensus model of what it means to care for pregnant women at the community level and how people demonstrate their care and support. With Tara’s help, we developed a survey and the three of us administered it to over one hundred people in more than twenty communities in the region. The goal of the model and the survey was to examine how local concepts of care for pregnant women match up with the design of the birth companion pilot program being implemented in the region’s health centers. While there were many areas of overlap, such as an understanding that it’s important to have someone to tell the woman encouraging things while she is in labor, or hold her hand, there were

several differences. There is a strong local understanding that yelling at or slapping/hitting women who are not pushing the baby during the second stage of labor is a necessary way to help her so she is able to give birth safely to a healthy, alive baby. This important local value translated into birth companions, both those from home and those hired by the NGO to work at facilities, and conceived of as advocates and protectors of women in the facility, actively participating in these behaviors or encouraging the nurses to do so; an outcome antithetical to the goals of the birth companion program. Additionally, the survey confirmed my ethnographic observations in health facilities that suggest community members generally feel disempowered in health care settings due to their lack of knowledge compared to nurses’ formal training. This means, on the whole, women and their relatives are happy to rely on nurses and trust that whatever nurses do (even what would be termed disrespect and abuse elsewhere) is part of necessary care.

I spent about five months in four different health facilities that were implementing the birth companion program in order to understand how the program shifts and morphs on the ground. Overall, women, nurses, and the hired on-call birth companions all love the program, though there are many ways it has deviated from the plans outlined by the implementing organization. Some of these deviations are necessitated by the understaffing in many facilities but others are due to fundamentally different ideas of what is supportive care for a woman in labor.

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