Managing Motherhood, Managing Risk

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Fertility and Danger in West Central Tanzania

Denise Roth Allen

Ann Arbor

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To the women of "Bulangwa," some of whose stories
can be found in the following pages,
and to the memory of Mama Tumaini and Simon Masasi

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Preface

> It is quite plausible, in terms of meaning, to say that multiple meanings may co-exist in a culture—even in a single room or a single head. But a definition is much less democratic. It sets limits, determines boundaries, outlines. Unlike meanings, which are bound up in what people think and have in their minds and intend, definitions claim to state what is. A definition is a meaning that has become "official" and thereby appears to tell us how things are in the real world.
>
> —Paula Treichler, "What Definitions Do: Childbirth, Cultural Crisis, and the Challenge to Medical Discourse"

My decision to structure this book on motherhood and risk in the way that I have has its genesis in an incident that occurred during my first visit to Tanzania in the summer of 1990. I was a doctoral student in anthropology at the time and had traveled to Tanzania to explore the possibility of conducting an ethnographic study of maternal health there at some point in the future.

While visiting a large government hospital in Dar es Salaam, the capital city, I was given a tour of the maternity ward by one of the Tanzanian nurses on duty. At one point during my visit, she brought me to the bedside of a sixteen-year-old girl. The girl's father, the nurse told me, had brought his daughter into the city from a village, five days after the onset of labor. Due to the trauma of that prolonged labor, the young girl had suffered extensive vaginal and rectal tears, as well as nerve damage in her upper legs that left her temporarily paralyzed. The baby had not survived the ordeal.

According to the nurse showing me around that day, the delay in the girl's arrival at the hospital was a result of the father's "ignorance." The nurse seemed quite certain that before finally deciding to bring his daughter to the hospital, he had first made the rounds of traditional healers in his community, who most likely had declared sorcery to be the cause of the birth complications. According to some of the maternal health literature

produced by the World Health Organization that I had read prior to my arrival in Tanzania, however, a variety of factors contributed to such delays, including distance to the hospital, poverty, and women's diminished status in society (Royston and Armstrong 1989; WHO 1986).

Despite the above explanations, I found myself wondering about the ordeal from the point of view of the young girl and her father, two perspectives that neither the nurse showing me around that day nor the maternal health literature offered much insight into. If those two people had been asked to recount their versions of the events that led to their delayed arrival at the hospital, what would we have learned?

At the end of that summer I returned to the States, unable to shake from my mind the image of the young girl lying on that hospital bed; the unanswered questions surrounding her story continued to occupy my thoughts over the next year of my studies. What actually happened from the time her labor began in the village to her eventual arrival at the hospital in the capital city five days later? If, as the nurse suggested, the father had made the round of healers in his community before finally bringing his daughter to the hospital, *why* had he done so? Or if, as the maternal health literature I had read suggested, poverty and women's status in society had a bearing on the outcome of that young girl's pregnancy, *how* did they do so?

In the following pages, I take the unanswered questions surrounding this young girl's story as a starting point from which to explore the cultural construction of maternal health risk in a different Tanzanian setting: a small, rural community in the Shinyanga Region of west central Tanzania. I will suggest that there are official and unofficial definitions of maternal health risk, and that although both address the similar domains of motherhood, fertility, and health, their respective definitions of what constitutes risk are oftentimes strikingly different. Kaufert and O'Neil's (1993) notion of "different languages of risk," the idea that "different definitions of risk stem from different versions of reality" (Lindenbaum and Lock 1993:4), is especially useful here. In terms of this specific study, those "versions of reality" reflect a contrast between international, national, and local languages of maternal health risk, differences in biomedical and local cultural approaches to health and healing, as well as the diversity of experience present within a small, rural community—a community shaped by various factors, including history, ethnicity, and notions of identity.

Although my fieldwork in west central Tanzania began in September 1992, my initial exposure to the management of pregnancy and childbirth began nine months earlier in El Paso, Texas, where I took part in a six-

month course in lay midwifery offered through one of the two existing lay midwifery clinics in that town. My hands-on training in lay midwifery created many expectations on my part as to what constituted appropriate care for pregnant women. How those expectations influenced in positive as well as negative ways my own perceptions and responses to the pregnancy and birth complications I encountered while in Tanzania will be addressed at various points throughout this book.

Both my preliminary training in El Paso and my fieldwork experience in Tanzania were for very different reasons emotionally intense. Never before had I been involved at such a personal level with the joys of birth and the sorrows of death for such an extended period of time, with much of that involvement occurring on a daily basis. In El Paso, my role was an active one in the sense that I was actually "catching babies" (as the process of assisted birth was referred to at the clinic) as well as conducting prenatal and postpartum exams and nutritional counseling for the clinic's predominantly Mexican clientele who crossed the border from Juárez. In Tanzania, although my position was less active in that I was observing how births were managed rather than catching babies myself, I gradually took on a more active role in a different way as people in the community became familiar with me and what I was studying. In the latter context, I often found myself in two very different roles. In one sense, I became a kind of ambulance driver, in that I was often asked to drive people to the hospital when emergency transportation was needed. But once at the hospital, my role changed into one of negotiator/mediator between the families of the person I had transported and the hospital personnel. I had a certain amount of power as a mediator in that sometimes I would insist that the person receive immediate treatment, and I usually prevailed. But the source and effects of that power are themselves debatable issues and will be addressed in more detail in some of the case studies presented in the second half of this book.

My position as participant/observer at births in El Paso and Tanzania also enabled me to understand more clearly how the positioning of the various actors within the birth drama (the birthing woman, her family and friends, hospital and clinic personnel, local healers, myself as the midwifery trainee and anthropologist) and the value and aspirations each brings to the experience are all important in identifying and defining the context of maternal health risk. It was through my participation at births in both locales that I became acutely aware of how various ideologies play out within that context.

My study in Tanzania incorporates data from a variety of historical and contemporary sources, including colonial archives, international and national documents, informal interviews with many people, observations in the community, and semistructured interviews with a sample of 154 women about their pregnancy-related experiences and concerns. Throughout I was interested in particular kinds of information: perceptions of normal versus abnormal pregnancy, labor, and childbirth, and cultural norms surrounding the proper behavior of women and men during those periods. I was also interested in the perspective of practitioners working within the biomedical and nonbiomedical systems of health care. The former included doctors, nurses, and medical assistants in the maternity wards of hospitals and rural clinics; the latter included healers, diviners, spirit mediums, midwives, and vendors of herbal and spiritual medicines. I was particularly interested in how people working within these two different systems of health care defined "at risk" mothers, maternal health problems, and pregnancy and childbirth complications.

My study also included observations of births within hospital and village settings. In the hospital setting, I paid a lot of attention to the interactions between hospital staff and their clients and how emergencies were handled in each case. I also spent much time observing births in the village setting, at the home of a local midwife who was also well known as a healer and specialist in a variety of reproductive health problems, including infertility. Many pregnant women came from far away to birth with her, or to receive treatment during pregnancy.

Ginsburg and Rapp (1995:1) have suggested that reproduction can be used as an entry point into the analysis of social life. It is by doing so, they argue, that one can begin to understand not only how global processes have an impact on reproductive experiences at the local level, but how local culture is produced *and* contested. This book, with its attention to the interplay of colonial, international, national, and local debates surrounding the management of motherhood and risk, is an effort to highlight those processes in a rural Tanzanian setting.

Most of the local terms that appear throughout this book are in Kiswahili, the official national language of Tanzania. When I use Kisukuma terms, I make that distinction in the text.

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als—who are themselves working in less than ideal conditions—but, rather, as illustrations of the complex and often unacknowledged ways global processes have an impact on people living at the local level. I am also deeply and forever indebted to my Tanzanian friends and neighbors in the community of “Bulangwa” and its surrounding villages, especially to the women who shared their stories with me and without whom this research would not have been possible. Although many miles now separate us in terms of physical distance, they are always in my thoughts. It is to them that I dedicate this book.

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Abbreviations

MCH	Maternal and child health
TBA	Traditional birth attendant
TSH	Tanzanian shilling
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund (formerly United Nations Fund for Population Activities)
UNICEF	United Nations Children's Fund
WHO	World Health Organization

A Note on the Buying Power of the Tanzanian Shilling

When I began my fieldwork in July 1992, one U.S. dollar was equivalent to 385 Tanzanian shillings. By the end of my fieldwork two years later in July 1994, one U.S. dollar bought 500 Tanzanian shillings. The official government minimum wage in 1992 was 5,000 TSH per month. In the last six months of my fieldwork, this minimum wage was doubled to 10,000 TSH.

To give a sense of how some of the health-care costs listed throughout this book translate into local economic terms, below I provide a list of the approximate costs of some basic food and nonfood items. Prices of some of the food items fluctuated from 1992 through 1994 according to their availability and quality.

Kilo of meat	350–400 TSH
Kilo of beans	150–200 TSH
One chicken	300–600 TSH
Kilo of peanuts	200–300 TSH
Kilo of corn or millet flour	150–200 TSH
Kilo of rice	200–300 TSH
Meal at local food establishment	200–400 TSH

Liter of milk	50–100 TSH
Bottled beer	300–400 TSH
Bottled soft drink	150–200 TSH
Liter of kerosine	150–200 TSH
Liter of gasoline	190–320 TSH
Bus fare of one-hour trip	400–500 TSH
Bicycle	25,000–30,000 TSH

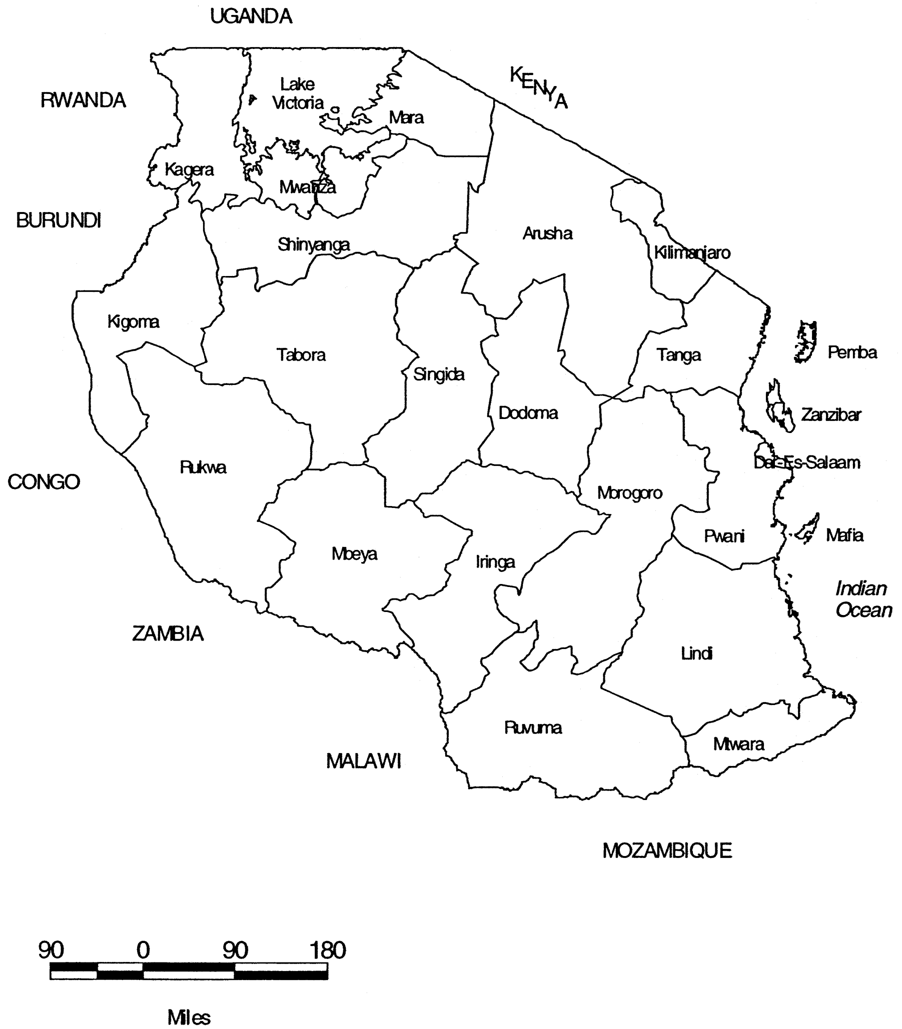

Fig. 1. Map of Tanzania. (From UNEP/GRID. Map created by Tsering Wangyal Shawa.)