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Report

Midwifery Activities of the JICA Master's Program at Maternity Wards in Tanzania

Yumiko IGARASHI¹⁾ Sachiko SAKURAI¹⁾ Yasuko NAGAMATSU²⁾ Shigeko HORIUCHI²⁾

タンザニアにおける JICA コース修士課程の産科病棟での助産活動

五十嵐由美子¹⁾ 櫻井佐知子¹⁾ 長松 康子²⁾ 堀内 成子²⁾

〔要 旨〕

2015年度より、国際協力機構（JICA）との連携により、1年9ヶ月のJICA ボランティア派遣を含む、3年間の修士課程が聖路加国際大学にJICA コースとして新設された。タンザニアは妊産婦死亡数や新生児死亡数が多く、母子保健の改善はWHOのSDGsでも取り組むべき課題として継続的にあげられている。学生が派遣されるダルエスサラームのムヒンビリ国立病院はタンザニアで最も大きく、国中からの搬送を受ける病院としても機能している。産科だけでも、妊産褥婦病棟、分娩室、カンガルーケア病棟、子癇病棟などに分かれており、分娩件数は昨年9104件である。スタッフや医療設備不足も指摘される中で、JICA コース学生は母子保健の改善に向けた活動に取り組んでいる。4期生となる学生の短期事前派遣を終えて、現在のJICA コースの活動の実態とその取り組みの困難さや工夫、展望や継続性について報告する。

〔キーワード〕 助産師, JICA, タンザニア

〔Abstract〕

From 2015 the master's program 'JICA course' in collaboration with the Japan International Cooperation Agency (JICA) was started. In this program, students are dispatched to Tanzania as JICA volunteers for about 1 year and 9 months during the 3-year master's course. The students engage in midwifery activities in Muhimbili National Hospital (MNH) with the support of the professors from St Luke's International University. Tanzania is located at east coast of Sub-Saharan Africa where high maternal mortality ratio (MMR) is still prevalent. MNH is the largest and referral hospital in Tanzania which had 9104 deliveries last year. The MNH maternity wards consist of the labor, antenatal and post-natal, eclampsia, neonatal, and kangaroo care wards. Moreover, there is an antenatal clinic and an obstetric theater. In a different context of 'midwifery care', improvement of the quality of care has been implemented for mothers and children. Although there are some difficulties, obstacles, and lack of motivation, various arrangements through creativity, coordination, and communication enable the hospital staff to gradually understand our activities. In this paper, we report our ongoing activities and future expectations, and plans after our international collaboration practice in the 4th year of this course.

〔Key words〕 Tanzania, JICA, midwife

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- 1) St. Luke's International University, Graduate School of Nursing Science, Master's Program・聖路加国際大学大学院看護学研究科（修士課程）
2) St. Luke's International University, Graduate School of Nursing Science・聖路加国際大学大学院看護学研究科

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I. Introduction: Objectives and Contents of the JICA Course in the Master's Program

From 2015, we started the master's program 'JICA course' in collaboration with the Japan International Cooperation Agency (JICA). In this program, students are dispatched to the Tanzania as JICA volunteers for about 1 year and 9 months during the 3-year master's course. The aim of this JICA course is to enhance the ability of health personnel to make a significant contribution to international health through midwifery activities in collaboration with the counterpart country as a JICA volunteer, with the support of the professors from our university.

The JICA course consists of two parts. One is JICA activities that are performed in collaboration with counterpart country to support their midwifery activities by improving their communication skills, education, knowledge, and experiences. The other part is conducting a research study based on JICA activities and nursing theories studied before dispatch. The research is concluded after returning from Tanzania.

The course outline is as follows (Figure 1).

This international collaboration practice is the only chance for engaging in interaction activities between master's students in the JICA course (MSJC). It provides MSJC before dispatch provision and preparation of the activities through this practice. It also gives them an opportunity to see the real medical situation in Tanzania. MSJC who have been working in Tanzania are given the opportunities to express the difficulties and



Figure 2. MNH Nursing Director and Deputy Nursing Director

obstacles that they had been faced as well as their creative works, coordination with their counterparts, and the communication process (Figure 2).

II. Maternal and Child Health in Tanzania

1. Index of Maternal and Child Health

Tanzania is located in the east coast of sub-Saharan Africa where high maternal mortality ratio (MMR) is still prevalent. According to Tanzania Demographic Health Survey (TDHS), the indices of maternal and child health are follows: the MMR is 556 (per 100,000 live births), the infant mortality ratio is 43 (per 1000 births), 51% was covered with at least 4 times of antenatal check-ups, 64% of deliveries with a skilled birth attendant (SBA), 63% of delivery were at health facilities, 59% of women had exclusive breast feeding, and

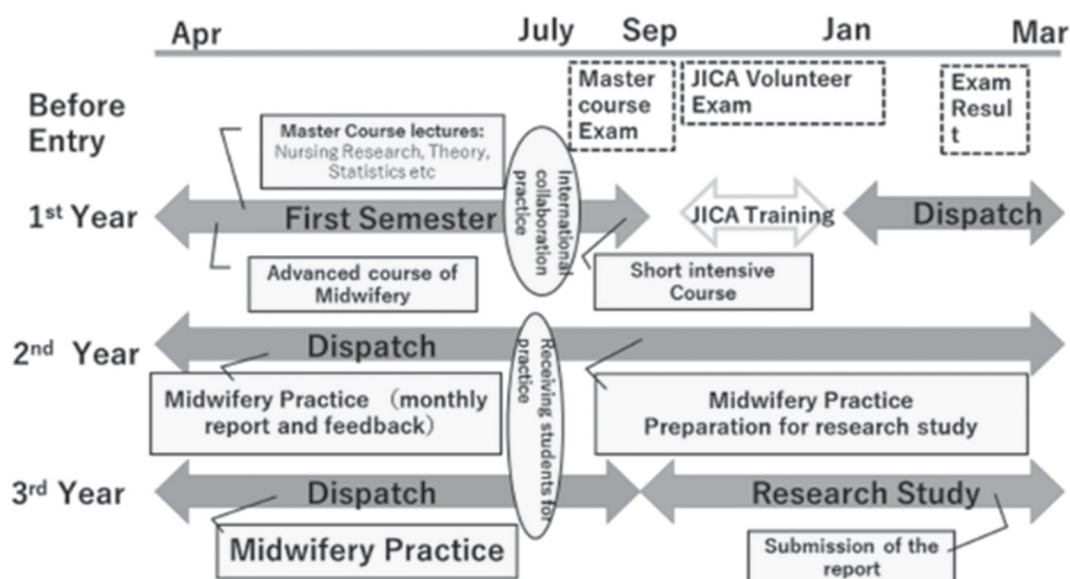


Figure 1. JICA course outline



Figure 3. Muhimbili National Hospital

34% received postpartum care¹⁾.

The Sustainable Development Goals (SDGs) for MMR were to achieve less than 70 maternal deaths by 2030 and an annual reduction rate of at least 7.5%, more than double the annual rate of progress achieved from 2000 to 2015²⁾. In 2015, the global MMR was 216 and 78% of deliveries were covered by SBA in 2016 worldwide.

2. Muhimbili National Hospital at Dar es Salaam

Muhimbili National Hospital (MNH) is located in Dar es Salaam, Tanzania (Figure 3). Dar es Salaam is the largest city in Tanzania and is the center for commerce. It had a population of 5,781,557³⁾, which was approximately 11% of the national population. MNH is a national referral hospital and a university teaching hospital with a 1,500-bed facility, attending to 1,000 to 1,200 outpatients per week, and admitting 1,000 to 1,200 inpatients per week with about 1000 nurses working⁴⁾. MNH receives high-risk patients from the regional district and private hospitals.

The MNH maternity block consists of the labor, antenatal and postnatal, eclampsia, neonatal, and kangaroo care wards. Moreover, there is an antenatal clinic and an obstetric theater. The number of deliveries was 9,104 in 2017. The MNH antenatal clinic attends to 100 to 150 outpatients per day. Almost 90% of them are pregnant women. The MNH obstetric theater conducts 5,946 caesarean sections (CSs) per year with an average of 495 CSs per month in 2017. The percentage of CS was 57.8%.

III. Midwifery Activities of JICA Volunteers in Muhimbili National Hospital

1. Content of JICA Activities

The objectives of JICA activities were as follows: ① Support the work related to antenatal visit as well as plan and conduct health education for pregnant women; ② Plan mother class and establish those classes as regular antenatal care; ③ Advise health care provider on improvement of antenatal visit and midwifery care; and ④ Assist supervision of midwifery students during their practicum. As instructed by 'the maternity block manager', the ward activity was started by being assigned to the labor ward for the first 6 months, then rotated to other maternity wards such as the antenatal and postnatal, eclampsia, and neonatal wards and the obstetric theater. The last 6 months were spent in the antenatal clinic.

At the start of the volunteer work, it was difficult to communicate with colleagues because of the language barrier. Thus, the initial activity was observing the situation at MNH. At the labor ward, many pregnant women were afraid of labor pain and they did not know the various danger signs to look for and tell the nurses. The first step was demonstrating Japanese midwifery



Figure 4. Danger sign of postnatal hemorrhage

care by being with them, explaining the progress of labor, and giving massage to relieve pain. The pregnant women indicated “I’m comfortable” and “I feel relieved to hear about my progress”. Conversely, the local nurses showed no interest in providing such care. Through this experience at the labor ward, it was realized that there are difficulties in changing the behavior of nurses and it is a fact of that pregnant women lack knowledge of danger signs and the appropriate time to seek help. Therefore, more information about labor progress and danger signs should be provided to increase the knowledge of pregnant women (Figure 4). A health educational video for pregnant women at the antenatal clinic was made with the cooperation of the local nurses.

During the rotations at other maternity wards, it was observed that patients could not be treated immediately because of lack of equipment and drugs for emergency. Therefore, using 5S activities (i.e., “Sort”, “Set”, “Shine”, “Standardize”, and “Sustain”), the emergency equipment and drugs were prepared at each ward (Figure 5). The 5S method is a guide for organizing and managing the workplace and workflow to improve the working environment. However, maintaining the prepared equipment is difficult. Continuity of the 5S activities is thus important.

At the obstetric theater, local nurses were introduced to the importance of skin to skin contact (SSC) following high rates of CS to improve care for babies and mothers who underwent CS (Figure 6). The team for promoting SSC consisted of 5 nurses from the obstetric theater. They are supported directly to enable them to voluntarily implement SSC. Although they were able to conduct SSC in more than 100 cases, continuous support for their activities is still necessary.

2. Differences in Midwifery Activities Between Japan and Tanzania

There are many differences in midwifery activities between Japan and Tanzania. Therefore, the direct implementation of Japanese methods is not completely successful. One MSJC related her experience as follows:

‘At one antenatal and postnatal ward, emergency drugs were placed in the shelf which was locked. I suggested to change the storage place because it was not useful in emergency situations. However, a colleague was strongly against my suggestion. She said that if we



Figure 5. Emergency trolley

placed the emergency drugs where they can be taken easily, someone might steal these drugs. I was surprised and told her that the most important thing is saving the lives of patients. Then, she said to me “I know about Tanzania very well compared with you. You don’t know”. I was shocked and realized that I pushed my idea on her unconsciously.’

It is challenging when people who have different backgrounds work together. To solve this problem, people need to spend more time together not only at work but also in daily life. This makes it possible for them to establish a closer relationship and know their thoughts and ideas.

3. Differences in the Concept of Midwifery Care Between Japan and Tanzania

Differences in the concept of midwifery care were evident. Local nurses were pressed to help doctors, and to record and prepare documents mainly at the MNH. When a mother asked a nurse how to breastfeed her baby, the nurse told her that “It’s not my work”. When patients encountered some problems, they need to tell the nurses by themselves. Nurses rarely went out to the wards even during hospital time. Although some



Figure 6. Neonatal resuscitation training

local nurse colleagues agreed with me that “It’s nice. I heard it was recommended globally” in our discussion about good midwifery care, they did not do the recommendations routinely. This does not mean that Japanese nurses are better than Tanzanian nurses. They are equally respected for following reasons: they have nursing senses about delivery and they take appropriate actions spontaneously without relying on data alone; they have good relationships with their family, colleagues, relatives, and patients; and they kindly accept people who have different ideas. One of the reasons why they are not able to implement the care which they believe is good for the patient is the hard working environment. They consider patients as equal in their own way. Their process of understanding and respecting their patients is their way of enhancing each other. This makes it possible to have an overlap with our concept of care.

4. Strengths of JICA Course

One of the strengths of the JICA course is long-term volunteer activity for 1 year and 9 months. This enables greater interaction and understanding among people with different backgrounds who work together. Another strength of the JICA course is the strong support from highly educated human resources composed of master’s students spearheading the volunteer activity. The highly educated human resources, which include the academic staff of Muhimbili University of Health and Allied Science (MUHAS) located in the same area as that of MNH, have provided excellent support to the MSJC particularly in their research activities (Figure 7). Thus, the evidenced-based practice and the highly educated human resources work



Figure 7. MUHAS professors and master’s students

complementarily in improving our activities.

IV. Expectations and Future Planning for Continuity of Care

JICA has been promoting the 5S activities which are also being performed at MNH. These 5S activities also started to cover the efficient management of hospital resources including items kept in the shelf and emergency trolley. These activities should be maintained to create an ideal workplace characterized by work efficiency. These activities act as bridges between the MSJC and the local nurses.

It is not very easy to implement our concept of midwifery care to the activities of MNH. However, there can be some possible opportunities for its application during the international coordination practice, particularly in the attitudes of mothers in Tanzania, the abilities of caring for their children, and the pride of Tanzanian nurses in their activities. In the kangaroo care unit of MNH, the mothers collect breast milk in milk cups and feed their babies (1500-2000 g) by themselves. This shows that the bond between a mother and a child is the same across the world. The self-reliance, ability to acquire new skills, and adaptability to different environments of Tanzanian mothers are worthy of admiration. Education will be further instrumental in efficiently strengthening their capability of handling their new environment of being pregnant. Regular evaluation of these midwifery activities would be highly beneficial in the future. It would be equally rewarding to have the presence of other family members during delivery as family support. Even if it is not possible to introduce new forms of care, the midwifery activities

will still produce favorable effects towards improving the skills of the local nurses in the hospital.

As described earlier, there are differences in how to provide care for patients between Tanzania and Japan. As MSJC have been working together with the local nurses in Tanzania, they have in their own way positively influenced these nurses. It would be highly advantageous if new MSJC would be able to provide clearer explanations and be more involved in the midwifery activities. Sustainability remains a challenge, but continuity of these midwifery activities reinforces the student's beliefs that midwifery care is important. It is necessary to exert all efforts in identifying the needs of mothers to improve the quality of care based on effective communication and teamwork.

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