



Respectful Maternity Care (RMC) Seminar in Tanzania

On August 14th, 2018, **Dr. Kana Shimoda** and **Dr. Mariko Iida** visited Dar es Salaam, Tanzania to conduct a seminar for clinical midwives, and graduate and undergraduate midwifery students at Muhimbili University of Health and Allied Sciences (MUHAS).

To prepare and hold the seminar, we joined our forces with two Tanzanian co-researchers: **Dr. Sebalda Leshabari** and **Dr. Beatrice Mwilike** who are faculties of School of Nursing in MUHAS, and four graduate midwifery and pediatric nursing students from St. Luke's International University (SLIU): **Ms. Yumiko Igarashi**, **Ms. Rie Nakagawa**, **Ms. Saori Yuri**, and **Ms. Kumiko Otsuka**. Also, the first three students have lived in Tanzania as a Japan International Cooperation Agency (JICA) volunteer as a nurse or a midwife.



The seminar was composed of three main sections:

- 1) **Lecture:** sharing the concept of 'Women-Centered Care (WCC), and 'Disrespect and Abuse (D&A)'
- 2) **Role-playing:** the scenarios included scenes of D&A during antenatal care and childbirth care
- 3) **Group discussion :** how we improve midwifery care at our own facilities?

A total of 51 midwives and students participated at the seminar.

After an opening remarks by **Dr. Leshabari**, first of all, the lecture regarding WCC was conducted by **Dr. Iida**. The four elements of WCC are said to be respect, safety, holism, and partnership. She also explained the relationship between WCC and women's birth experience and satisfaction with care according to her research.

The second important lecture topic to understand RMC was D&A, which are disrespectful behaviors from health care providers to women during maternity care such as physical and verbal abuse, abandonment of care, etc. **Dr. Shimoda** explained the concept of D&A and the prevalence of those in Tanzania based on the results of her researches.

Role-playing

Two scenarios of interpersonal situations between a midwife and a mother including disrespectful and abusive care during antenatal check-up and childbirth that could possibly happen at clinical areas were prepared beforehand.

First, the role-play was done by the instructors to cause participants to realize the points to be improved.



Next, after each role-play, participants were divided into seven groups of seven or eight, and given about 15 minutes to discuss two topics: which midwife's behaviors of the scenario should have been improved? and how?



In order to share what they discussed with all, one or two groups were asked for volunteers to play the same situation, but to improve the behaviors and care according to what they thought and discussed. Participants played a role as a midwife, a pregnant/laboring woman, and accompanied relatives.

The participant's role-play were awesome. They were expressive with high presence unique to Tanzanian situations.

During and after the role-play, participants gave feedback to each other, and also they appeared to be enjoying playing their roles.



Final discussion

At the end of the seminar, final discussions were conducted. It was done using the think-group-share method in which participants think individually and then discuss their results with their group members before sharing with all. They discussed how they can attempt to promote respectful maternity care at their own facilities, and reaffirmed the importance of improving their working environment and conditions as well as provider's perceptions and behaviors.



The certificate ceremony was held at the closing of the seminar. Hopefully, each participant will share their learning of this seminar with their colleagues, try to improve small things, and build upon the skills step by step.



Our corroboration with Tanzania will continue to strengthen quality of midwifery care, and disseminate respectful maternity care throughout Tanzania.

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