

# The value of pastoral care in Tanzania

by Beryl Hutchison

*Cooperation between church and refugee health care services helps reduce deaths in childbirth.*

**R**educing rates of stillbirth and maternal and neonatal mortality is one of the main challenges for agencies providing reproductive health (RH) services for refugees. Nyarugusu refugee camp in northwest Tanzania provides a full range of comprehensive maternity services with 24-hour emergency obstetric care, yet preventable deaths in childbirth were still common.

Many of the neonatal deaths and stillbirths occurring at Nyarugusu camp were attributable to delay in seeking medical intervention. Interventions were often too late to save the foetus. The majority of maternal deaths were also attributable to delay.

At a workshop held in the camp in December 2002, participants identified two main reasons for the delay in women in labour presenting at the maternity unit. Firstly, women were being encouraged by family members and/or religious leaders to rely on prayer to reverse complications of labour. Secondly, women were delaying because they were afraid of caesarean section, viewing this as something negative that would be inflicted on them rather than as a life-saving procedure.

## The power of prayer

Christians represent approximately 80% of the refugee population in Nyarugusu camp. The healing power of prayer is a widely-held tenet amongst these camp residents. When problems arise in labour, their first resort is often to approach a prayer group. Whilst this can provide a valuable complementary source of support, in some cases women were being denied emergency obstetric care or were delayed in reaching the maternity unit, often with disastrous results. Additionally, several churches were themselves training traditional birth attendants (TBAs). Although the majority of deliveries were being

carried out in the maternity unit, approximately 2% of deliveries were being undertaken at home. Very few of the home deliveries were carried out by TBAs who were

officially recognised, assessed and supported by the RH services.

In order to introduce a more holistic approach to obstetric care and encourage cooperation between the churches and medical staff, a Pastoral Care Service was introduced to the maternity ward in 2002. Volunteers offer healing prayer each day in the maternity ward and are on standby to provide spiritual support to women during labour, especially for those requiring a caesarean section. Their pastor liaises with other churches in the camp to explain the new service and the rationale behind it. The service has proved popular and has been extended to the antenatal clinic. Volunteers have helped to change negative perceptions about caesarean section and raised awareness of its positive outcomes for mother and baby.

While it is too early to measure the true impact of the pastoral care service, early results are promising. Since its introduction, the number of women delivering outside the maternity unit has been reduced by 40% and the neonatal mortality rate has halved.

The Sphere Project provides a set of minimum standards against which refugee health care can be measured.<sup>1</sup> Pastoral care initiatives have the potential to add a further dimension to RH services, by introducing a quality aspect to care that can facilitate the reduction of mortality rates in a way that is sensitive to the culture and belief structure of refugee populations.

**Beryl Hutchison is the Health Co-ordinator for CORD (Christian Outreach, Relief and Development) [www.cord.org.uk](http://www.cord.org.uk) at Nyarugusu Refugee Camp, Kigoma Region, Tanzania. Email: [berylhutch@hotmail.com](mailto:berylhutch@hotmail.com)**

The author would like to thank Pastor Kwaya Andre Wa-Mwangilwa for his commitment and hard work in helping to establish the Pastoral Care Service in Nyarugusu.

