A Qualitative Study of Childbirth, Pain, Expression of Pain and Motherhood in Dar es Salaam, Tanzania

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Tiivistelmä

Työskennellessäni vuosina 2011-2012 synnytyssalissa Tansaniassa, vaikutuin tavasta, jolla tansanialaiset naiset selvisivät synnytyskivusta ilman lääketieteellistä kivunlievitystä. Niukka kivunilmaisu oli tavanomaista, vaikka synnytyskipu on yksi voimakkaimmista kivuista maailmassa. Halusin tutkia aihetta ja antaa äänen Tansanian naisille. Tutkimukseni pohjautuu siihen, miten Tansanialaiset naiset itse kokevat synnytyksen, synnytyskivun, kivunilmaisun sekä äitiyden.
Vietin tutkimusta tehdessäni kolme kuukautta Dar es Salaamissa ja olin tiiviisti tekemisissä Sinzan sairaalan henkilökunnan kanssa. Osa tutkimuksestani oli havainnointi, jonka suoritin kahden viikon aikana Sinzan sairaalan synnytysosastolla. Tämän jälkeen haastattelin yhteensä 12 naista. Kymmenen haastatteluista tein Sinzan sairaalan vastasyntyneiden osastolla. Kaksi haastattelua suoritin naisille, jotka olivat synnyttäneet muutamia kuukausia aiemmin yksityisessä sairaalassa.
Tuloksista ilmeni, että naiset kokivat synnytyksen erittäin kivuliaana tapahtumana. Osallistujat kuitenkin määrittelivät synnytyskivun olevan osa elämää, joka kuuluu äidiksi tulemisen prosessiin. Äidit eivät luottaneet että kipua voisi lievittää millään lääketieteellisellä keinolla. Itku ja rukoilu olivat yleisimmät keinot ilmaista kipua. Myös kasvojen liikkeet sekä hikoilu olivat hyvä havainnointikeino kivun määrästä. Huutamista tai muuta äänekästä kivunilmaisua tapahtui, mutta sitä pidettiin yleisesti ottaen epäsopivana haastateltujen naisten kesken. Naiset saivat voimaa kestää synnytyskivut perheestään sekä rukoilusta. Myös kätilöiden apua ja ohjeita arvostettiin. Äidiksi tuleminen nähtiin arvokkaana ja tärkeänä tapahtumana. Naispuoliset sukulaiset koettiin tärkeäksi avuksi ja turvaksi uusille äideille.
Johtopäätöksenä ajatellaan, että synnytys on kivulias prosessi naiselle ja tapakulttuuri määrittää miten kipua on soveliasta ilmaista. Tansaniassa naiset ymmärtävät kivun kuuluvan elämään ja yhdeksi osaksi lapsen synnytyksessä. Lääketieteellisiä kivunlievityskeinoja ei juuri ole tarjolla, joten kipua lievitetään turvautumalla Jumalaan. Lapsen saaminen, synnytyskipu sekä äitiys koettiin luonnollisena ja tärkeänä osana naisen elämää.

Avainsanat: synnytys, synnytyskipu, kivun ilmaiseminen, äitiys, Tansania
Sivujen määrä: 65
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ABSTRACT

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Abstract

While working in Tanzania hospital's delivery department (2011-2012), I was impressed how Tanzanian women manage childbirth pain without any medical pain relief. Minor pain expressions were usual even though childbirth is considered to be most painful event in a woman's life. I wanted to research this topic and give the voice for Tanzanian women. I wanted to learn how Tanzanian women experienced childbirth, childbirth pain, pain expression and motherhood.

While doing my research, I spent three months in Dar es Salaam and worked closely with the Sinza Palestina Hospital crew. Part of my research was observation and I spent two weeks in the Sinza delivery department. After observation I did my interviews, 12 interviews in total for delivered mothers. Ten interviews I did in the Sinza Hospital postnatal department. Two interviews were conducted outside the hospital for mothers who delivered a few months earlier in a private hospital.

Based on the results, mothers of this research consider childbirth as a very painful event. Yet, childbirth pain was understood to be a part of life and a part of the path to become a mother. Some of the mothers did not believe in any medical pain relief. Praying and crying were the most common ways to express pain. Sweating and facial expressions were a good scale of pain for the observer. Pain was expressed by shouting and other loudly expressions of pain were used but they were considered to be inappropriate among the interviewed mothers. Women got power to manage the pain from praying and their families. Also support received from the midwives was important in the process. To become a mother was considered to be a very important event in a woman's life. Female relatives were in an important role in the lives of the newborn and mother.

As a conclusion of this research, we can say that childbirth is a painful event. Culture defines what is considered appropriate and inappropriate ways of expressing pain. Tanzanian women understood pain to be part of life and part of childbirth. As there are is hardly any medical pain relief available, these women asked help from God. Childbirth, pain and motherhood were understood to be natural and important parts of a woman's life.

Keywords: childbirth, childbirth pain, pain expression, Tanzania, motherhood
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1 BACKROUND

Idea for this research came to my mind while my previous time I spent in Tanzania. In 2011-2012 I was working in a labor room in Sinza Palestina Hospital, Dar es Salaam, and I realized that women are very brave during the deliveries – usually they have no treatments or relief to help manage the pain during childbirth. During my time in the labor room I saw some women going through childbirth totally silently. This cultural habit occupied my thoughts and has stuck with me ever since. Sometimes during my time in Tanzania I got hints from how the Tanzanian midwifes were behaving, that this way of not making any noise during the labor is the only good way to do it. That keeping noise in delivery rooms was inappropriate. When I compared these experiences to my knowledge of deliveries in Finland, I came to the conclusion, that there must be some cultural habit or belief which impacts the women's pain expression. I wanted to find out what the Tanzanian women giving birth are thinking, and which are their ways to express and manage pain during the childbirth.

Tanzania has a high rate of female fertility. Since the 1970s the fertility rate has been six kids per women, which is very high (Mturi & Hinde, 2001.) While the fertility rates has been sinking in many parts of the world, this is not the case with Tanzania. The past decade the fertility rate has decreased only a little in Tanzania, still in 2012 most of the women had five kids and the total fertility rate was 5.4 kids per woman in 2012. (Unicef Statistics, 2012).

Since the fertility rate is that high in Tanzania, a woman usually experiences many childbirths in her life. The health services have as a challenges to offer safe delivery services for all expecting mothers (Ministry of health and social welfare Tanzania, 2008.) Furthermore, only fifty percent of Tanzanian women give birth in health facilities. It means half of all the deliveries happens at home, without heath educated staff present. (Mageda & Mmbaga, 2005). The Maternal mortality rate is high in Tanzania. Unicef statistics tells that 2012 there were 460 maternal deaths per 100 000 live births (Unicef statistics, 2012.)

According Eisenach (2004) childbirth is very painful experience for most of the mothers. Pain connected to be natural part of childbirth. In Eisenach research find out that mothers in that research has traumatic experience of their childbirth pain even one year after delivery. Nowadays there is many medical reliefs for childbirth pain. Sarvela (2009) explained health care staff has to offer medical pain reliefs in delivery and try to reduce the pain all the possible ways. Our cultural background impacts how we express pain. Different cultures have various of expression of pain. In some cultures, showing pain or seeking comfort when experiencing pain is not as acceptable as it is in other cultures. Pain expression also depends on race, cultural background, age and gender. (Wandner, Scipio, Hirsh, Torres & Robinson, 2012 et Niemi-Murola & Pöyhiä, 2012.)

Childbirth is the only way how woman become a biological mother for child. According Jansen (2006) motherhood is desired role for woman in Tanzanian culture. As i stated before, childbirth is dangorous and painful for woman in sub-Saharan Africa. Still women desired to be mothers in Tanzanian culture.

The target of my research is find more information of Tanzanian culture about the childbirth, pain and motherhood. I wanted to ask this information from women- they are those who experience childbirth and motherhood. As a nurse I was interested to collect this information and share it with Sinza Palestina Hospital midwifes and nurses. Aim of this study is that Sinza Palestina Hospital staff members can find new information from women experiences. Health care staff can use that information to understand and relieve the pain during the childbirth. This research will send to Sinza Palestina Hospital. Hospital will share the infromation with staff members and use the information as tool for help mothers in childbirth.

2 LITERATURE REVIEW

2.1 Childbirth – pain and reliefs

Childbirth is one of the most painful events in a womans life. Almost all women experience great pain in labor. Only a few percent of women do not feel great pain in some part of labor. It depends on a woman's cultural background how she experiences, expresses and manages childbirth pain, as will be elaborated below. Thus, every women has an individual experience of pain during childbirth.

There are many things which affects how pain is experienced. This is true also for how woman feel pain during childbirth. Fears, availability of pain relief, social relationships, own thoughts of childbirth, are all things which influence how women experience and face the pain of childbirth. If women have had bad experiences from previous deliveries, this might increase the feeling of pain in a following delivery. (Sarvela & Nuutila, 2009.)

In developed countries there are many pain reliefs available for delivering mothers. Nowadays women use to think it is their right to have sufficient pain relief for childbirth pain. On the contrary, in developing countries where pain relief is not available, women usually accept pain as part of life and especially part of childbirth. Mostly childbirth understands as positive event, which helps women also accepted pain as part of that event. Still if childbirth is very painful and there is no sufficient relief available, it could be a really traumatic event for the mother. Negative experiences could affect the mother's feelings to baby and future pregnancies. (Sarvela & Nuutila, 2009.)

Developing countries has lot to do improving maternal care and medical pain relief in childbirth. According WHO, in sub-Saharan Africa only forty percent of the childbirths are assisted by health care professionals (WHO, 2005.) For example in India Chennai, local mothers do not have much knowledge of pain relief in childbirth: Half of all mothers there who participate in research did not know that pain relief existed for child-

birth. In Nigeria, mothers did have information of pain relief during childbirth, but health care staff were not used to provide it. (Peret, 2013).

In Tanzania fifty percent of women deliver at home. Women who deliver at home might have traditional birth attendant assisting in childbirth. This is challenge for reducing childbirth pain because there is no pain relief or emergency maternal care available. In Dar es Salaam the situation is better, as eighty percent of mothers deliver in health care facilities. (Pleiffer & Mwaipopo, 2013). Even though half of all mothers deliver at home, they would prefer delivering at health services. Most of the mothers believes doctors and nurses would have better abilities to help them, compared to the traditional birth attendants. (Mbaruku, Msambichaka, Galea, Rockers & Kruk, 2009).

There are two categories of pain relief in childbirth. One is medical pain relief and the other is non-medical pain relief. For medical pain relief there has to be educated hospital staff present, giving the right medicine and monitoring the effects afterwards. Different medical pain relief for labor are laughing gas, strong pain medicine (opioids), epidural and spinal punctuations, paracervical and pudendal anesthesia. It is always doctor or in same cases midwife who gives this anesthesia. There is always small risk for mother and baby in these anesthesia. (Sarvela, Toivonen & Viitanen, 2007.) Other option is non-medical pain reliefs. Example in sub-Saharan Africa women used to give birth without any medical relief and non-medical pain reliefs are the only choice (Sarvela & Nuutila, 2009.) Presence of family or spouse, massage, praying, moving around, meditation and right breath method could relief the pain during the delivery. Talking about fears or doubts of delivery help mother to deal with delivery pain. Good assistance from midwife and doctors helps mother to concentrate for right things in labor. That is good reason why every woman should have educated assistance in her childbirth. (Janouch, 2008.)

2.1.1 Maternal services in Tanzania

In this chapter find information of maternal services in Tanzania. It helps reader to understand better what is the health services situation in Tanzania for childbearing woman and what kind of like challenges childbearing woman can meet in health services.

Childbirth is one of most dangerous events in a woman's life in Sub-Saharan Africa. Childbirth without professional healthcare and help providers is a significant factor of the danger. Nowadays at least 50,1% of Tanzanian women give birth in hospitals – the rest of the women still give birth at home (Tanzanian National Bureau of Statistic 2011.) One of the targets of the Development Millennium Goals is to reduce maternal mortality and deaths for children under the age of five (WHO 2016, Development Millennium Goals). The Goverment of Tanzania has expressed their worries regarding the high amount of maternal mortality. The Tanzanian Ministry of Health set a program with the goal of increasing the number of women delivering in hospitals, in safer conditions. In their own words, as they expressed their reasoning: 'When women undertakes her biological role of becoming pregnant and undergoing childbirth, the society has obligation to fulfil her basic human rights and that of her child.' (Ministry of Health and Social welfare, 2008.)

According Mselle et al (2013) even if a woman delivers in a hospital, it is not certain that she can get help if it is needed. Lack of equipment, poor knowledge of professionals, a big amount of patients for one midwife and lack of training are all reasons for why health care services are poor. Also lack of motivation is listed as a reason for poor services. Nurses and midwifes are working under very big pressure, with a need to prioritize their work, and they actually do not have time to help everyone. (Mselle, Moland, Mvungi, Evjen-Olsen&Kohi 2013.)

Neither women nor their families seem to be aware of their rights in hospitals. According Mcmahon research 2014 some women have experiences of being left alone for times of childbirth and they have even experiencing verbal- or physical abuse. (Mcmahon, George, Chebet, Mosha, Mpembeni & Winch 2014). Still many women felt it is more safe to deliver in hospitals, where help is close in case of complications. Women also experience that the help of family (mother, sister, mother-in-law, husband) were of importance during the delivery – even if research shows that family members where not allowed to enter delivery rooms. Family members are taking care of the delivering mother when they are at the antenatal ward: they bring food and tea for them and ask help from nurses when the time for delivery was getting close. (Shimpuku, Patil, Norr & Hill 2012.)

Tanzania has severe problems with their health care services. Continuous lack of supplies and educated staff members causes serious situations and affects the attitude of staff members. Sometimes nurses and doctors can feel fear to face patients because they know they do not have medicines or supplies to take care of people. Health care staff can face mutual crimination from patients, as patients accuse them of selling medicine and collecting moneys for themselves. In some situations health care members risk their own health to save others people life. Example in situation where newborn baby was dying and there was no equipment, nurses used mouth-to-mouth resuscitation. All this happens because of lack of sufficient supplies in hospitals. Situations described before causes extra stress for health care staff – they should not be scared of their own health because of work. Previous research demonstrated there is lack of some medicines or supplies which continues for months or even years. There is lots of curable things in Tanzanian health system. (Penfold, Shamba, Hanson, Jaribu, Marzi, Manchant, Tanner, Ramsey, Schellenberg & Schellenberg, 2013 and Mselle & al, 2013).

In Tanzania there are many challenges to organize sufficient maternal services, including antenatal-, postpartum- and infant care: accessability, poor quality of health services, lack of educated staff and lack of sufficient supplies and medicines. One of the biggest challenge is accessibility. In rural Tanzania there is no adequate road network to reach maternal services. If a mother lives in a village and there is no vehicle road to connect to a hospital, there is very little to do when a childbirth is complicated. Weather conditions affects also to road conditions, which entail that during rain season reaching the health services could be even more difficult. Even though there are alot of dispensaries, hospitals and clinics which are providing maternal health care services, still some of the residents have challenge to reach services on time. Sometimes the only way to reach them is by walking. Thus, accessibility is one challenge for Tanzania to reduce the maternal mortality rate. (Fogliati, Straneo, Brogi, Fantozzi, Salim, Msengi, Azzimonti & Putoto, 2015.)

The quality of services is also a challenge for reducing maternal mortality rate. As mentioned before, there is the lack of qualified health services in maternal care but also limited resources of staff members. Emergency obstetric care is available only in bigger hospitals, but at times even if the mother reaches the hospital there is not necessary any supplies available. Or the mother could reach the hospital in time, only to find that there

is not enough staff to analyze her situation. Also these issues could lead to maternal death or morbidity. In Tanzania all the maternal services should be out of charge for pregnant women and for children under the age of five, as this would make the accessability higher also for people with no means. (Ministry of health and social welfare Tanzania, 2008.)

2.1.2 Maternal Mortality

Pregnant woman can experience many chanllenges during pregnancy and childbirth. The most serious issue for pregnant women in Tanzania is maternal mortality. Maternal mortality rate is comparably high in Tanzania. Tanzania strived for reaching the Development Millennium Goal 2015 to reduce to maternal mortality rate, but still maternal mortality is 454 deaths in every 100 000 live births. The total number of maternal mortality was 289,000 deaths per year in whole world (UN, 2015.) Many of these deaths take place in the sub-Saharan Africa. There are many reasons for why maternal mortality is still a huge challenge for some developing countries. (Unicef, 2015.)

One of considering point of collecting data from Tanzania is reability of sources. There is evidence that collected information could be really various depending of place and continent. Some of national informations differ from international information very much. From some recources there is not used normal scale like mother mortality ratio or neonatal mortality rate. It could be that in some part of country or in some hospitals they are not writing down childrens death or maternal deaths. Also categories why death happen is various. General ICH-10 scales tells what is the real reason for death but if that is not used the resource is not reliable. (Armstrong, Magoma & Ronsmans, 2015.)

As stated previously, one reason for high mortality rate for mothers is that almost half of childbirths still happens at home and only about fifty percent of women in Tanzania deliver in hospital. Usually in home deliveries there could be some older female relative or traditional healer to assistant. In these cases the chances for the mother to survive is very limited in case of complications. Birth assistant might not even understand to seek help and sometimes hospitals are too far away. (Ministry of health and social welfare Tanzania, 2008.)

2.1.3 Maternal morbidity

Other serious challenge for pregnant and delivering woman is maternal morbidity. Maternal morbidity is physical or psychological consequence which affect mother's life and health. Complications during the pregnancy, childbirth or post-partum period caused maternal morbidity. (Koblinsky, Chowdhury, Moran & Ronsmans, 2012.)

The common reason for maternal morbidity is obstetric fistula. Obstetric fistula is either vesicovaginal or rectovaginal and it caused because of prolonged delivery. Obstetric fistula is a huge problem in the developing world. WHO estimated that currently two million women suffer of fistulas. It has many effects on women's daily life. Many of these suffering women live in sub-Saharan Africa (WHO, 2006.) According Kazaura etc (2011) research Tanzania is one of high prevalence areas for fistulas, though reliable statistics are missing.

Obstetric fistula is maternal morbidity which leaves mother's in difficult situations, as woman need to struggle with urine or stool constantly leaking from her fistula. Having a fistula usually leads to social and economical problems. Obstetric fistulas develop when women do not get proper treatment and care in delivery. In some cases mothers suffer from delivery pain in many days. Like in Tanzania, only about fifty percent of women gave birth in health facilities. So almost half of deliveries take places at home. Women have problem with accessibility, barries to pay hospital fees, attitudes that deliveries is normal situation and could happen at home. Also there is problem in hospital, lack of educated staff and supplies. Hospitals where is emergency obstetric care is limited. These are the reasons why women have to suffer of prolonged deliveries. And it is the main reason for the development of obstetric fistulas. (Bangser, Mehta, Singer, Daly, Kamugumya & Mwangomale, 2010.)

Another morbidity amongst women who have delivered are issues related to mental health. It causes many difficulties for mothers life, but affect also for child and other family life. Mahenge research which was conducted at the prenatal clinic in Tanzania Muhimbili National Hospital in 2011-2012 showed that many Tanzanian women suffer

from mental health problems. Most common is anxiety and depression. Some women even had post-traumatic-stress-disorders. Mental problems have very crippling effects on women's lives and are needed to be taken seriously. Members of the Muhimbili hospital are not educated enough to face mental health problems. (Mahenge, Stöckl, Likindikoki, Kaaya & Mbwambo, 2015.)

2.2 Pain

If a human is suffering great pain, there are many things which impact how they experience pain. The International Association for the study of Pain says that "Pain is unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (IASP, 2014.) Kalso and Vainio (1993) have described pain in the same way in their publications: pain is unpleasant experience and usually caused by tissue damage.

Pain is actually the most common reason for seeking help from doctors (FASP, 2011). Pain divides into two separate categories: chronic and acute pain. Chronic pain is the pain which extends to more than three months. (Sailo, 2000.) Both kinds of pains need to be treated (FASP, 2011). If a person is suffering from chronic or acute pain, the experience of pain might differ.

2.2.1 Pain as individual experience

Pain is however always a personal experience and cannot really be compared to the experience of other people. Pain consists of many other factors as well, since also previous knowledge of pain impacts how pain is experienced. Social relationships, feelings, thoughts and the availability of health services impacts what the pain is like. Positive resources like the support of family and friends as well as happy thoughts can help endure pain. Negative thoughts, depression and sadness can affect negatively a persons experience of pain, as well as their recovery. (Duodecim, 2011.) Especially chronic pain can affect a person's life and mind in many ways. When someone has chronic pain, person could start feeling fear and act differently than before. Chronic pain also affect so-

cial relationships: a person could start avoid meeting people because of pain. This behavior leads to depression for person who suffer from chronical pain. (Vlayen & Linton, 2000.)

This can be concluded to that body and mind has a strong connection: the experience of pain is not only the actual pain. However, it is true also the other way around. When the body suffers because of pain it affect also the person's mind. Pain is an emotional feeling, and when physical pain is treated, it is also a help for the mind. These two, the physical and the emotional body, are needed to be treated together, not separately. (Vainio, 2009.) Person learns the magnitude of pain from the surroundings and their own experiences. Pain could be any kind of like experience that person has. The individuals themselves are the only ones who can define pain on their own experiences. (McCaffery & Pasero, 1968.) Experiencing pain is always real for person who are experiencing it. (Sailo, 2000).

Pain could also be examined from a psychological aspect, since pain affects not only the physical body but also the emotional feelings. When talking about the individual’s experience of pain, one needs to take into consideration also the whole family. Pain could be the individual’s way of expressing problems or difficult times in their family or in the individual’s life. Expressing pain could also be a way to ask for help, a way to try to tell the people surrounding the individual that everything is not as it should be. Also here it is important to underline that it is very individual how people express and handle pain. (Estlander, 1989.) Sailo (2000, 30) explain that when examining pain from a psychological point of view, pain does not consist of one thing only. In the bigger picture, pain consist of psychological, physical, social, cultural, spiritual and community pain. (Sailo, 2000, 30).

2.2.2 Culture influence to pain

One of the factors which influences the perception of pain is culture. Our own cultural background affects the way we experience and express pain. In some cultures it is more acceptable to express pain than in others. Our own experiences since childhood makes us tell about the pain and handle the pain the ways we learned to do it. Lasch (2000) described this influence to health care staff: “Culture has a vital influence on illness behavior, health care practices, health seeking activities and rereptivity to medical care interventions”.

We need to define what culture is. There are many definition of culture. Culture is a mechanism which drives a group of people or a society to act in some particular way. There are different ways to study how culture exists and shows: habits, norms, attitudes, way of thinking, beliefs and customs. People themselves are the biggest part of culture. Culture could change all the time and people are one who are changing it or not. Culture can exist within small groups of people or within one nation. Culture creates the feeling of fellowship among people. Everyone is part of some or many cultures. Culture forces us to act in the way is appropriate inside of culture. We all are transforming our culture for our children by our actions and non-actions, attitudes and traditions. So far part of our culture is save over generations. (Williams, 2015 and Manuele, 2015 and Carder, 2015.)

Many cultural habits teach us how to express pain. For example Finnström and Söderhamn (2005) described in their research how in Somali culture it is not appropriated to express pain: children from six years of age learn to be quiet about their pain. Sometimes even seeking help for pain is not culturally accepted. Strong pain expression like crying or shouting is a shame in Somali culture. Example in childbirth pain woman are expect to bear their pain quietly: the reason for that is shame. It is a shame for a woman if she expresses pain loudly and cannot tolerate it in silence. (Finnström & Söderhamn, 2005). Booker (2016) had ame kind of like results in her research on Afro-American pain perception. In her research participants described how loudly pain expression is not necessary: it would not help the situation at all, which is the reason forit not being seen as appropriate behavior. Adult participant were expected to bear their pain and be silently about it. (Booker, 2016.)

In Zborowski's (1969) research it is found out that culture has strong influence to our habits on how to response to pain and illnesses. He investigated many cultural groups and came to the conclusion that there were big differences between how groups of people expressed their pain. He writes that for example people of Jewish and Italian origin in USA has a strong expression of pain: they wanted to have much comfort and help. Otherwise Anglo-Americans did not want to complain about their pain: they thought it would not help anyone even they complain. So they could suffer quetly even they had great pain. Zborowski clarifies and underlines in his research that every patient feels the pain but the way they express it could be really different, depending on the cultural group the patient belongs to. People learn these expressions habits from other people reactions and their cultural society. (Zborowski, 1969). In line with Zborowski and Lovering (2006) came to the conclusion in their research that our cultural background make us tell about pain in different ways. In Lovering research she described how people from some cultural backgrounds express their physical pain by words – they verbalize pain. Other cultural groups keep silent even if they are in strong pain. (Lovering, 2006).

Also reason what causes pain sees in different ways, depending on cultural group. In some groups spiritual reasons sees strong reason for sicknesses and pain. Also perception of pain relief alternate depending of cultural group. (Lovering, 2006).

Also religion has a strong influence to culture how to express pain. An individual can believe God is punishing them from sins, or that pain is punishment for some actions. This believe influences how inviduals express pain. Religion also controls feeling pain, as using some medicines like opioids is not regarded appropriate in some religious group. These kinds of beliefs impact patient’s perceptions of pain as well as their actions in hospitals. Niemi-Murola and Pöyhiä (2012) clarify in their artickle that in some cultures, men are not willing to express pain: it is sign of weakness. In other cultures, like the Arabian culture, men express their pain very loudly and ask help from Allah in noisy way. That could cause confusion in health care staff, if they do not have an understanding of cultural differences. (Lovering, 2006.)

As stated previously, women experience great pain in childbirth. The cultural background affects also the women’s behavior and their habits in expressing pain during the childbirth. Callister (2003) explained in her research that those women who ha-

ve a strong belief of God and who believe in God's guidance have more power to handle childbirth pain. Childbirth being understood as a very positive event also gives power for women to bear with childbirth pain. (Callister, 2003).

There is also a lot of research showing that race, age and gender influences pain expression. Older patients and patients with disadvantages did not want to express their pain, while young and wealthy patients were more willing to tell about their pain. (Niemi-Murola&Pöyhiä, 2012). In research it is found out that there are also differences in how health care staff treat pain for people from different races. White people get medical pain relief easier than black people. People from eastern culture had higher tolerance to pain than people from western culture. Also young people with pain were treated more frequently with medicines than old ones. Males are less willing to report their pain than females are. These examples are evidence that health care staff have a lot of work to do to change their attitudes for treating everyone in the same way, even if people come from different backgrounds and cultures. (Wandner & al, 2012).

2.2.3 Pain expression

Pain expression is the way person tell to others about the pain. There is many different ways to express pain: crying, whining, facial expressions, verbally explaining how the pain is and holding the area of pain. (Estlander, 2003).

A very common way of showing pain is facial expressions (Vainio, 2009.) Facial expressions of pain is the most honest way to monitor if someone is in pain or not. Human cannot usually hide strong pain, which is expressed with facial movements. In researches found typical facial expression for pain are eyes squeezed, cheeks raised, vertical mouth stretch etc. (PrKachin, 2009.) Small children learn from how their mother's are acting how to react in new situations. A clear example of this is research where was found that in vaccination of children, the children did not learn to fear needles, if the mother expressed no or mild fear with their facial expressions, the children did not learn to fear needles. The again if mothers were very scared and had strong facial expressions of fear, the children responded to that behaving a strong fear for needles. (Horton & Riddell, 2010.)

Thus, pain expression is highly bound to culture. In some cultures, children learn that their needs are responded to when they express pain. Pain expression could be severe: crying, shouting, screaming. If a child learnes that pain expression is appropriate, the habit will continue when the child gets older. But if the culture does not accept pain expression in any way or at least not in any noisy way, the child will find other ways to resist the pain. Our habits to comfort the person who is in pain is in our culture and it is learned culture. (Lovering, 2006). For example in the Mi'kmaq tribe in North Canada, children did not express their pain. Health care professionals found this cultural habit challenging cause they did not recognize when a Mi'kmaq child was in pain. In their language there were not word for pain and noisy pain expression were not that acceptable. (Latimer, Finley, Rudderham, Inglis, Francis, Young & Hutt-McLeod, 2014).

People has different behavior when it comes to expressing pain. Other people responses to pain affect our own expressions of pain. Pain is easier to bear if a person knows the reason behind the pain and that the pain will not last for long. On the contrary if there is no reason for why the person is feeling pain and there is no information regarding for how long the pain will last, it will make the pain much harder to manage. When a person has suffered in pain for a long time, they will start to feel as if the pain will not ever stop. If there is no information available, it creates uncertainty and fears about the pain. (Eloranta, 2002.) Sometimes people act as if they are in pain, even though they do not really have any. Insituations like these, they might want something like attention, comfort, or help from people around them. (Sailo, 2000.)

2.3 Motherhood in Tanzanian culture

According Jansen (2006) motherhood is highly valued and appreciated in African cultures. In Jansen research describes how childless women do not have power or roles of significance in society. A women gets her strength and power from her motherhood and childbirth experiences. Often older women are those who advice younger ones: they are respected for their age, knowledge and experience of motherhood. (Jansen, 2006.) Childless women are ofte described in insulting terms and women without children are seen as worthless. In African cultures children are seen as the most valuable thing in life. Children are the evidence that life will continue. In many African cultures children are taking care of their parents when they get old – children are seen as a security in life. (Ezekiel, Leyna, Kakoko & Mmbaga, 2012.)

Motherhood is described very sweet words in African cultures. According Makinde (2004) in Yoruba culture in Nigeria, motherhood is described with words like gold and precious, as a worshipped thing. Being childless is seen as a huge tragedy. In Yoruba culture woman get her priority when she get a child: motherhood is something every woman strives for achieving in life. (Makinde, 2004.) Woman are treated well when they get their first baby: Kendall-Tackett (2005) expain how in Chagga tribe in Uganda, the mother is staying with female relative the first three weeks and resting to recover from childbirth. After three week from childbirth the woman are having a ceremony to celebrate the successful childbirth: the mother will get gifts and be celebrated as warrior. (Kendall-Tackett, 2005.)

Gross etc (2012) explain in their research how gender roles are strong in Tanzanian culture. Man used to be responsible of the economy and the security of the household. The woman was responsible for the home and the children. However, the past decades the roles have changed a little. Women in Tanzania have taken their part as bearing economical responsibility in households. Still women are being responsible of taking care of children and the most of the work at home. However, while the woman is pregnant, it is culturally accepted that man does the hard housework in her place. Still it seems in Tanzanian culture that there is a strong traditional heritage of the man as a head of the family and the woman as care-taker of kids and house. An example of this is the man being the person who is deciding if the woman will deliver in a health facility

or at home. This is an economical question for many of the Tanzanian families. Usually it is the man who brings money to the house, which makes him the one to decide regarding the woman's access to health facilities when its time for childbirth. The cultural 'norm' is that men are expected to support women economically during pregnancy. In this case, it used to be cultural norm that woman who married are better position than women in extramarital relationship. (Gross, Mayuamana &Obrist, 2012.)

The mothers role in the children's life is often priceless. According Yamin etc. (2013) research it looks that mothers role in Tanzania is even more important when thinking about the children's future. In research explained that the mother is the person who takes care of the children's nutrition, education, and other needs, as well as teach about life in general. What if the mother is missing? Because the maternal mortality rate is so high in Tanzania, many children need to face life without a mother who supports them – in the case the child survive. Yamin etc. research explained if the mother dies when the child is under one year, the child's opportunities to survive and reach five years of age reduces significantly. If the child loose it's mother in an early stage of life (43 days from childbirth), the child's chanches to survive and reach the first birthday is only 51.54 percent, compared to 94,42 of the children who have their mothers alive. Therefore lowering the maternal mortality rate would also affect the infant mortality rate. If the mother dies, usually there are some relatives who will take care of the children. In practice it means that children could be sent away from their home to live in a new place and with people they do not know. The father could also decide to take care of the children. However, since the traditional model in Tanzanian families is that the mother is the one who is taking care of children, the children without a mother can suffer from malnutrition and lack of welfare. Evidence of the mothers importace for babies is also the truth that if a father dies or if the father is missing, it does not affect the childrens welfare or mortality rate as the maternal death does. Sometimes community see orphang or motherless child as burden. That is reason why families does not want to use lots of money for buy nutritious formula for motherless baby. Some of families ended up to give cheeper cow milk for infant and that causes healthy problem for child and slow down improvement. (Yamin, Boulanger, Falb, Shuma & Leaning, 2013.)

3 AIM AND RESEARCH QUESTION

There is plenty of previous research regarding how culture impact pain expression. My personal interest to research pain during childbirth started the time I was work in Tanzania 2011-2012. It is interesting to try to find out what cultural impacts there is in this framework. And as I am my studying Global health and disaster management, a part of my interest lies also in how does Tanzanian women feel after the painful childbirth and what do they think about motherhood. For science research it is very important to get new information from different cultures and habits: this helps us to understand each other better. My personal wish is also that Sinza Palestina Hospital could benefit from results of this research.

1. How does women in Tanzania describ their experience of deliveries and motherhood?

2. What kind of cultural expressions of pain can one find from these stories?

4 RESEARCH METHOD

4.1 Participants

Altogether ten interviews were done in the Sinza Palestina hospital's maternity ward and delivery department. All the interviewed mothers had given birth in past the twenty-four hours from the interview. I selected the mothers randomly from the postnatal ward and asked their willingness to participate to the study. I decided to interview all the women individually because this gave me the most authentic stories of their experiences. I asked about their willingness to participate in the interviews and told about their rights to deny some information, as well as about my professional confidentiality. Two other interviewed mothers I selected with the snowball method. This happened so that, I got first mother contacted and she agreed to participate. Then after the interview she recommended another mother she knew for the study. The second mother also agreed to participate to the study because of her friend. Both of these mothers were informed where and how their information was being used in this study.

The women who participated in the interviews were coming from all around Tanzania and from different tribes. Some of the women didn´t want to tell their tribe and they just announced the place where they were coming from. Some of the participants were from tribes like chaga, masai, barabaig or burunge. All of the participants lived now in Dar es Salaam area. Median age of the participants was 27.

4.2 Data collection

This study of the cultural impact on pain during the deliveries in Tanzania was done in a qualitative research way. I used interview and observation as methods to collect the data. For the interviews I used individual, semi structured interviews and did the observation at the maternity ward. I interviewed 12 women who had given birth. The interviews were recorded and done individually. I chose to use qualitative research methods because in this study there are many components that can only be studied in qualitative way,

like the feelings of pain. All the interviews were conducted in March-May 2015 in Dar es Salaam, most of them in Sinza Palestina Hospital.

According to Eskola and Suoranta (2000) and also Hirsjärvi (2004) qualitative research consists of naturalism in interviews, quite small sample of participants and a subjective role as a researcher. To collect the data I used semi-structured interviews, where I had some questions planned ahead that I could ask for the women. During the interviews I was mostly listening their stories of the Tanzanian women and about their experiences of childbirth. As Cowan (2009) mentioned, in a qualitative research researcher goes closer to participants and tries to understand their experiences. After doing that I find out what cultural impacts I could find from these stories. Qualitative research is a suitable method for this study, as it is usable in trying to understand cultures, habits and also because I want go a little deeper into the culture (Ross 2012.)

In total 12 semi-structured interviews were done. In the semi-structured interviews the questions are the same for all of participant. Open-ended questions can be used. Semi-structured interviews are used when the researcher does know on beforehand what they want to ask but it is not sure which the answers of the participant are going to give. (Morse, 2012.) I chose the semi-structured interview to make sure that I got answers to the right questions. Ten of the women that I interviewed in the hospital had just given birth, only a few hours after their deliveries. The two other women had delivered months before. The Interview form that was used to collect the data had questions covering the main themes: childbirth, pain in childbirth and motherhood. The interview form was tested in Dar es Salaam with a group of midwives who worked in Sinza Palestina Hospital. As well as from them, I got also feedback from my professor from Finland by email to process the form to a more understandable and informative format. After pretesting my interview form, I started the interviews of the mothers.

I started to do the interviews in the Sinza Hospital delivery department. When a mother agreed to participate, some of the interviews were done outside of the postnatal ward, sitting on the benches. Some interviews were done sitting next to the mothers bed, inside the hospital, if the mother was feeling too tired to move outside. Usually present during the interviews were me, my translator, the mother and her baby. Each interview took around thirty to sixty minutes. As a researcher I got the feeling that mothers liked

to have someone to listen their stories of delivery. In all of these ten interviews I needed to use translator because the women did not speak proper English. So my interviews were translated from Swahili to English.

Two of the interviews were done outside the hospital premises. From the first mother that I interviewed outside the hospital I got the other mother's contact information and I then also interviewed her. Both of these interviews happened at the participant's home. Both of these women had delivered in a private hospital, which brings more interesting details for this study. To these two interviews I did not need to use translator. Luckily both of them spoke s good English and the interviews could be done without the translator. I went to the women's homes, where we sat down on the sofa and I did the interviews. In all of 12 interviews the newborn baby was with the mother too. Usually I was the one who helped the mother to hold the baby during the interview. All of the interviews were recorded. Group interviews could have also been a good choice for the study but there was no chance to arrange them.

Observation in the delivery rooms was also part of the study. As a researcher I felt it was important to see in practice how the delivery department works in Tanzania. I followed midwives and nurses on their work in the delivery room and women while they delivered. I observed the way mothers expressed the pain and how midwives were supporting them. As observer I followed the delivering mothers when they were in different steps of labor and their reactions and expressions of pain. I found information of the mothers' pain expression and pain management. I also made observations of the delivery room equipment, working habits, midwives reactions to women's pain expression and what kind of pain relief the women used during labor.

I spent two weeks in the delivery rooms doing observations and during that time I needed to take part to work because there were situations when I was the only help available. So sometimes my observation was also committing and contributing, even though usually the observer is not part of the organization and the observer is not taking part of what is being observed. Observation happens outside of action and in a particular context. (Morse, 2012)

For the literature review I collected data from previous researches and studies about pain, pain expression, pain and culture, childbirth from Tanzania, maternal mortality

and morbidity from Tanzania, as well as motherhood in Tanzania. I used scientifically proved channels to find information like Ebscho, Sage Journals, Pubmed, BioMed Central, Ebrary. I used as many channels as I could to get various publishing and big amount of different studies done on the research subject.

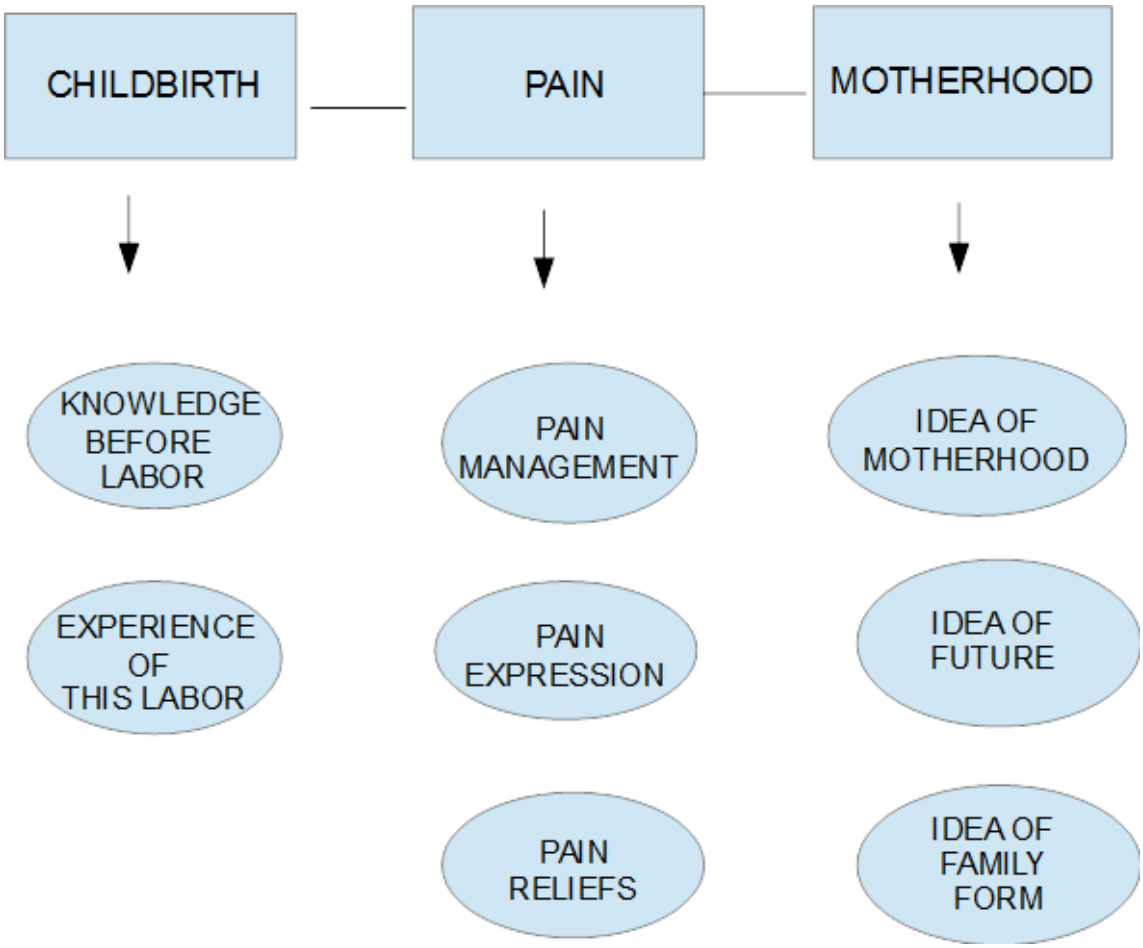
4.3 Data analysis

The purpose of this study was to describe Tanzanian women's subjective experience of delivery, pain, pain expression and motherhood. In this study it was not meant to measure or scale the pain. In this study the research method to analyze data is content analysis. In content analysis the idea is to create the categories and codes and find a theme for each category (Graneheim & Lundham 2003).

In the content analysis both inductive and deductive ways can be used to approach the research. In a inductive approach researches try to find more specific information about the context. (Elo & Kyngäs, 2008.) I used a inductive approach for my research. There is a lot of research done about culture and pain, but I wanted more information on how Tanzanian women experience pain in labor. Inductive analysis means the researcher is going deeper and gains more specific knowledge from general knowledge. Inductive analysis make conclusions from things which emerged in data (Elo & Kyngäs, 2008.)

The main themes in this study are the experience of childbirth, pain and motherhood in Tanzania. All of these main themes have lower category bringing more information of each theme. Table 1 (under) shows the categorization process of the three main themes: childbirth, pain and motherhood. Each main theme has lower categories. For example Childbirth has two lower categories: mothers knowledge of childbirth before and experience of this childbirth. Pain has three lower categories: pain management, pain expression and pain reliefs. Motherhood has three lower categories: idea of motherhood, idea of future and idea of family function. In the first step of the content analysis the answers were coded into the lower categories and then these lower categories formed upper categories and then those formed the main categories.

TABLE 1.



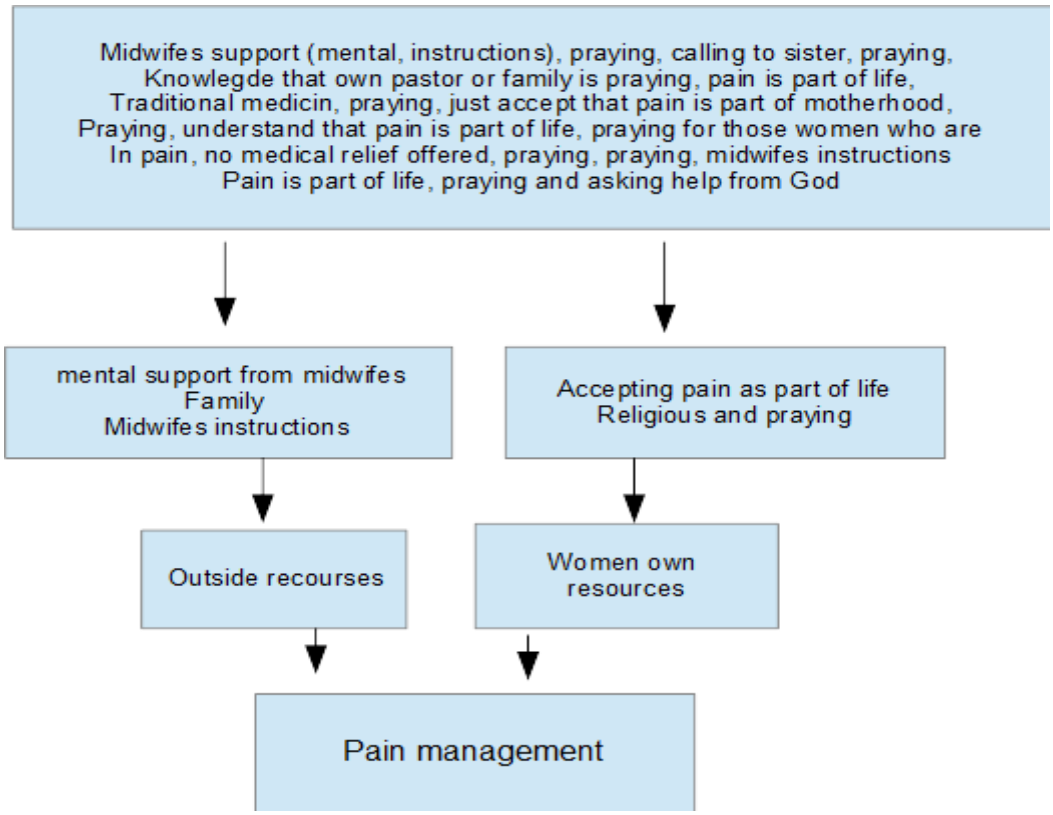
All the interviews were first listened and then written by using Microsoft Word. After I had transcribed the interviews I created the main themes which reflected the research questions and the literature review. The main themes were created from the literature review always given in mind the research questions. While transcribing the interviews I codified the text. Using these codes it was easier to divide the result for each theme and category. Dividing results into categories gives researcher a better way to understand, interpret and analyze data (Harwood & Garry, 2003.) After creating the themes I created categories. Each main theme has a few categories. For example the main theme ’pain’ has lower categories 'pain management', ’pain expression’ and ’pain reliefs’. Then ’pain management’ has two lower categories: women’s own resources for pain management and other resources for pain management. In the category 'other resources' there are lower categories, like midwives support, family support and medical support. The catego-

ry ‘women’s own resources’ contains praying, accepting pain for part of life and trusting God.

At the end of the results there is theme 'other observation from delivery room'. It was the extra information that I got during my observation time. I kept it in my study as a cultural detail. Also Sinza Palestina Hospital could benefit from this information.

In 'Childbirth' category there are informant’s experiences of childbirth. Women described me their feelings and emotions. For this category I collected words of how they described pain. These are few examples of the answers I got: 'squeezing pain, extraordinary pain, pain I had never felt before, felt like burning yourself in fire alive, pain was bad but still bearable'. From these words I found the most common answers and words. 'Pain' was the most common word in this category. I did same for all of the categories and then I created a matrix for these words which consists of different categories. For example for the category 'pain management' I created a matrix for answers.

TABLE 2.



In Table 2, the first box shows all the answers that I got when we were talking about how a mother handles pain during the childbirth. From those answers I divided categories into midwife mental support and instructions and family support. Other categories were mother's acceptance for pain as part of life and childbirth and religious and praying. Those answers I then divided again into two categories which were woman's own resources and outside resources. Altogether this was how the categorization of the lower category 'Pain management' was done from the main theme 'Pain'.

From these themes and categories I searched for similarities and differences of the answers. While analyzing data I needed to compress it again and again, as many time as it was needed. When there was no more new information coming up from the results and at that point, I knew I had reached the saturation point and finished compressing the results. Using a content analysis I needed to find similarities and differences in the data I collected but also compress the data. (Saaranen-Kauppinen& Puuniekka 2006).

After themes and categories were created I wrote a summary and conclusions of the results. This was the part where I analyzed my data again and used lot of time for finding the cultural impacts from the data. In a content analysis I needed to create a frame which explained the case I am investigating. Using the content analysis as a method I needed to create a new model to give new information of the research. (Elo & Kyngäs, 2008.)

5 RESULTS

5.1 Tanzania women experiences of childbirth

The women told that they came to hospital when they started to feel strong contractions. In the hospital the doctor makes an internal examination for having information on how many centimeters the mother's birth canal has opened already. If the birth canal was not open at all, they would send the mother back to home. If a woman was only one or two centimeter open, the mother could wait in the antenatal ward for her delivery to progress. But in many cases the mothers were open enough so that they went straight to the delivery room. In there they needed to wait until their birth canal was open ten centimeters and then they started to push the baby out. The waiting period when having strong contractions was the most painful period in the delivery process for many mothers. This was different when compared to Finland's health care system, where there are many medical options to relief mother's pain during the time when the contractions are really strong. But in Sinza hospital nurses could only tell the mothers to wait and drink their green tea. A mother in interview told me that she did not believe that there is even any medication which could help in labor pain. The mothers prefer natural childbirth because many of them were afraid of caesarean section and pain after that operation. They thought (correctly) that the recovery after the caesarean section takes very long time and pain in that healing process is awful.

Two of the interviewed mothers did not have enough time to come to deliver in hospital. So they delivered on the way to hospital or in the hospital yard. Mother of four children told me this story:

' I started to feel contractions at 3 pm yesterday afternoon. I said to my husband that I need to go hospital now. This is my fourth child, I know how this is going. So my husband tried to call me ambulance but from hospital they said we need to take taxi to come here. So we took taxi around 6 pm from our home to Sinza hospital. There were so bad traffic jams and we got stuck to jams. I was in great pain. At 8pm I started to feel like pushing and I said to my husband that baby is coming now. So I delivered in the taxi and my husband tried to help me. We arrived to the hospital around 9 pm. Baby

was okay but I was bleeding. I got some injection from nurses and they also clean baby and me. Today (12 hours after delivery) we are going back home. I don't know why they didn't sent ambulance to get me but I think it's dangerous to deliver in taxi.'

mother of four child, age 28 years

One mother told me she would have preferred to stayed and delivered at her home. This is her delivery story:

'I didn't have any idea that baby was coming. At 2 am I started to feel really hard pain and contractions. My sister was with me and she called taxi. Around 3 am we arrived to hospital but I didn't have time to go to delivery room. So my baby was born to hospital yard. Luckily my sister was there with me, she encouraged and advised me to push baby out. She had three kids on her own. Even it took only one hour the pain was so horrible. I screamed and cried in taxi because of pain. My sister told me to be strong. I was bleeding much and also baby was covered by blood. I walked to delivery department to upstairs and nurses gave me injection and cleaned baby. Still I wish, if I would have waited little bit longer, I could have delivered at home and I wouldn't need to come to hospital at all.'

mother of firstborn, 22-years

The mothers who participated to this study had gotten most of the information about the delivery and giving birth from their female relatives or older women from the neighborhood. Some of information was accurate but some was not. None of the mothers did not mention hospital or antenatal clinic as a source that they got their information from. Reasons for this can be many. Antenatal services are limited and rushed in Tanzania. For mothers it was more common to believe stories from other females about the delivery and motherhood. These women did not have trust or settled practiced of going to the antenatal clinic.

Most of the women have fear about delivery and mostly delivery pain. A woman who have had previous child, had experience and some kind of like knowledge about how the delivery goes. Mother I interviewed had heard scary stories before her delivery, about how women suffered horrible pain in their legs before deliveries started. She was very relieved that she did not experience that kind of hamstring pain in her delivery. One mother didn't have any fears about her delivery or motherhood before getting her first child. She told that she had her mother who will advise and support her during her pregnancy. She also got information about how the delivery goes and her mother was coming to support her also after she went back home.

5.2 Experience of pain in childbirth

Most affective experience of childbirth from this research was pain. These delivered mothers described childbirth as the most painful experience of their life. All of the mothers told me that delivery pain is really strong, extraordinary pain. When I asked how it feels, normally they described that it is like squeezing feeling. Mostly the pain concentrates on stomach area. One woman described pain also on her legs and knees. These are the terms and words how women told me about the pain:

'it's pain you can't never get used to'

'pain is greatest pain I ever experienced'

'you can compare delivery pain if you try to burn yourself alive in fire'

'pain like never before, one hour felt like million years'

'horrible pain' '

pain is really bad but still bearable'.

From all of these stories when the women described their delivery pain for me, I found out that pain is something that is really hard to handle. Especially keeping in mind that most of these women delivered without any pain relief – because usually in public hospitals in Tanzania there is not any medical pain relief available. Some women had a really long time to wait before their delivery started so they suffered pain many days. Longest time was three days in pain (mother of firstborn).

Mothers in this study had plenty of ways to describe their experiences of pain. During the greatest pain they were feeling dizzy, mothers were bleeding and they described how it was hard to even move because of pain. Mothers described how it was very hard to control themself during the great pain. Mothers, who delivered at the private hospital, also described the delivery pain as being the greatest pain ever and that why it was very hard to handle.

5.2.1 Pain expression

Mothers in interview described that the natural way to express the pain was crying. Almost all of the mothers I interviewed said they were crying in some part of the process. Other ways how to express pain that the mothers described were shouting, walking around, slapping legs or head and vomiting. Participant in the interview said that she vomited 9 hours before she gave birth. She told me that it was her way to express the pain. Participant described for me that while she was in great pain, she lost her control and did not even realize what was happening around her. Other participant told me that she was in so much pain that she could not move. So she laid on the delivery table on her side until the baby was born. She described that it was the only way to express her pain, because she could not do anything else because for the pain.

During my observation time in the delivery department I found out the same results than from interviews of pain expression. Common way the express the pain for the women in labor was crying and praying. Mother prayed invoice God to help them with pain. Mothers also prayed nurses to help them, to take pain away. Some of the women prayed their mother and especially when they were having the most painful moments in contractions, they prayed their own mama to help them with pain. Some of the women did

not make any noise. Few women delivered the child with very little pain expression. In my observation, they were a little bit older women and not giving birth at first time. Those women expressed their pain only with facial expression or sweating.

Sweating was also common sign of great pain. All of the women in childbirth had facial expressions of pain. Some women did not make any noise during the painful pushing time but you could see from their faces that the pain was severe. They showed their pain with facial movements but also keeping their hands on head or stomach. Shouting loudly was very rarely a way to express the pain. Soft whining was common way to tell about the pain. Some women fizz by themselves when they were having great pain. Moving around on the delivery table, changing position and slapping legs or hip, were ways to express the pain but also ways to manage it. During the time in the labor room and doing my observation I saw a woman who was slapping herself to head with her hand during the pain.

As observer I noticed that when the pain was stronger, the women usually expressed the pain more, except for those women whose pain expressions were minimal. The stronger the pain got, mother usually move around more, start praying more loudly or asked help from nurses more.

The mothers that I interviewed told me that those women who express their pain by screaming or shouting are not serious or they just want to have attention. Most of the women did not believe that screaming was the right way to express your pain, because it could annoy people around you. Shouting loudly or making other loud noises was not socially accepted. Like one mother told me when I asked about how she feels when someone is screaming during the labor:

' I didn't keep any noise during my delivery process. I heard other mothers were screaming loudly and I tolerated it. There are so many women in delivery room at same time. I would not scream or make any noise by myself, but I can't judge anyone who was making noises. But I didn't speak for those mothers who was screaming.

' mother of two, 23-years

5.2.2 Pain management in labor

The mothers told me different ways to manage pain during the painful labor. Most common method for pain management was praying and asking help from God. All women experienced that praying was most empowering help for them. Also knowing that their family members or their own pastor had promised to pray for them gave power for the women. A woman mentioned in the interview that while she was in pain, she called to her sister and talked with her. That helped her manage the hard situation. Some of the women described that when the midwife was there for them and gave the directions what to do, they felt like the situation was under good management. Midwife's work helps the women manage the pain. Some of women wished to have had pain killers and they mentioned that no one offered them pain relief. They felt that medication would have been helpful for them to manage the pain.

Mothers in this study described how the nurse's instructions helped them manage the painful childbirth. The mothers had gotten mental support and directions for the pushing process from midwifes. Midwifes guided them on how to take right position, how to hold the legs and how to push in order to have the baby out. Mothers were very thankful of these directions and the support that they got from midwifes. One mother had experienced that the same midwife stayed with her during her delivery and supported her. That mother had really pleasant experience of her delivery and she said that she felt safe during it. This mother also mentioned that she would absolutely come for this same hospital for childbirth again.

In my observations in delivery room I found out the same results of pain management than from the interviews. Praying was the most empowering recourse of pain management for the women. Usually they prayed help from God. Sometimes the women prayed help from their mothers but also from nurses. They prayed midwifes to take the pain away. Sometimes moving around on the bed, making some noise or slapping their legs helped the mothers to manage the pain. During the observation time in labor room I realized that women did not really understand or know the steps of labor. They did not know how many centimeters they were open or how long it usually takes to push the baby out. They just asked for help from midwifes, and after the inner investigation was done for delivering mother they were informed to wait. After that the mothers usually

asked if they need to wait for a long or short time, but they did not get any specific information about their delivery procession. But that little information or little attention to the mother seems to sometimes help them to manage the situation. After the midwife checked the mother and said to her that she still needed to wait for some time calmed the mother. From the outsider observer eyes it seemed that the mothers in Tanzania accepted the situation that pain is part of life. They did not fight against the pain; they just accepted and suffered through it. One important detail for that is that most of the women do not even know about the pain relief and that there was not any pain relief available. So the only way to be a mother is to suffer the labor pain.

5.2.3 Pain relief

In Sinza Palestina hospital there is not any medical pain relief available for normal childbirth. Most of the mothers told me that nobody offered them medication during the painful delivery process. Still mothers described how there were many other ways to relief the delivery pain. Some of these methods are connected to cultural habits or religion. Usually the nurses asked the mothers to drink green tea before the delivery. I did not have a chance to find out if there was some traditional medication in that tea, but most of the women brought that tea with them to delivery room and drank it during the labor. Mothers also told me that praying was relieving the pain. One mother said to me that she believed that God was leading the whole process and that helps her handle the pain. The women also felt that midwife's mental support was a good relief when they were in pain. Even though there is no possibility to have a family member with you in the labor room, the knowledge that their family was close or that their family was praying for her helped these mothers in childbirth pain.

Those mothers who delivered in the private hospital got pain relief injections (diklofenak) but not any stronger medication. They described how the pain relief injection helped them for little while but after that the pain started again. Mother described to me that injection does not take the pain away and that she was just feeling dizzy and tired after the injection.

Traditional medicine was mentioned as pain relief in this study. One of the participants described how she would use traditional medicine to relief the pain but on this time she did not have enough time to prepare that traditional medicine for herself. When I asked that participant to tell me more about those medicines, what kind of they are like and how does it help, she did not want to. This was the only time when traditional medication was brought up in this study.

A mother who had her family members (private hospital) with her in delivery room, felt that it had been a big relief and support for her. The women, who had their sisters holding their hands during the delivery, felt that it helped and encouraged them a lot. Also the knowledge or acceptance that pain is part of delivery helped some mothers. They told me that women needed to experience the pain during the labor so that they realized that baby was coming. And that pain is just something what you need to go through in order to have your baby. Knowing that pain would be severe and just accepting it because you do not have any other choice in the matter could help them to carry the pain.

Mothers who delivered in private hospital described to me that they were relieved of the knowledge that the doctor and midwife are always close during their childbirth. They were thankful for the midwives who advised them during the delivery. The mothers were relieved of the knowledge that in the private hospital there was emergency obstetric care and emergency care for baby available. In a serious situation they then had more chance to survive without harm.

Women who delivered in the private hospital described that the pain relief injections were helping them during the delivery process. When I asked the mothers who delivered in Sinza hospital about the medications, most of them mentioned that they got some injection and they felt that it had helped them. For my observation time I found out that the only injection that the mothers got was oxytocin injection after the delivery, for reduce the bleeding. But still some women mentioned this injection as relief for their pain. They did not have any idea of what kind of medication it was and to what for they got it but still they felt that it helped them.

For those women who went to a caesarean section there was epidural or spinal anesthesia available to relief the pain. For postpartum pain they got normal painkillers. A mother described how she suffered the greatest pain after the operation. One mother in this

study had experience of cesarean section. That mother told me that she got spinal anesthesia for the cesarean section, which had removed all the pain during the operation. On that time of the interview (24 hours after the c- section) she said that she was suffering great pain but she got some medication for that (panadol). This is her story:

'Today is Friday; the baby was born on yesterday morning, on the Thursday morning. I came to hospital 24 hours before baby was born. The pain started before I came to hospital. (on Wednesday morning) At 7.20 the baby was born and the operation took half hour. I would prefer a normal childbirth but I didn't have a chance, they told me that I must go to the theater for operation. In theater they gave me pain relief (spinal). That helped me during the operation and after it. But before that, I was pain 24 hours and I didn't get any relief. The pain was really strong. The contractions and pain were very much stronger because my birth canal was blocked for some reason, baby could not come out from that way. I screamed when I was in great pain, that helps me to handle it. Also walking around and lying on side helps to handle the pain. Right now I am having pain again. I can't really move myself and take care of baby because of the pain in my stomach. I got some pain killers but still this pain is really strong. And nurses told me this could take long time to be okay. I don't know how I take care of my baby if am in pain. The pain during this process was greatest pain I have ever experienced. I don't know yet if I want to go through this pain again to have another child.

Mother of first child, 27-years

5.3 Motherhood

In Tanzanian culture being a mother is really highly valued. 'Your family is your strength and biggest value', is something that I heard in the interview. For mothers that I interviewed were thinking that the decision to not to have a child or being childless is not popular role for woman in Tanzania. This might be one of the reasons why these women are ready to suffer that awful delivery pain and accept it as a part of life. Women with more than one child told me how they forgot delivery pain afterwards and that the pain was all worth it (to have a baby). There were two firstborn mothers I intervie-

wed and they said they do not want experience that painful process ever again. On that moment (no more than 5-10 hours after delivery) those mothers said they would be happy with a one child. They felt that the delivery was so traumatic experience.

5.3.1 Experiences of motherhood

Even if the childbirth and motherhood were connected to great pain, the mothers were very proud and happy about their child. Mothers described their feelings:

'When you have your first child, only after that you can feel yourself as a women'

'I feel myself so proud and complete now, after having my baby. I'm not a child anymore, I have responsibility to my child. I'm not a child anymore, I'm a mother. No-one can call me as a child anymore.'

'After my first child I thought that, I will never do this (childbirth) again. But you see, here I am, with my second baby. You will not remember the pain, you are just happy because of your child.'

While I was interviewing the delivered mothers I asked them what they think about motherhood, only couple hours after the delivery. I got very interesting answers and I found out that there is also some answers to the question about how the women handle the painful delivery without any pain relief. The most common answer about the delivery pain was that the women accepted pain as a part of women's life. Mothers in this study connected the pain to the motherhood. They accepted the fact that pain is something women need to bear when they want to have a family. From these answers I realized that women really have no choice- they do not have any other choice than suffer the pain in delivery. Women described to me how they do not fight against the pain; it is just one thing that needed to be accepted. From these answers I found out that these mothers accepted that pain is part of the motherhood.

Some women mentioned their wishes and plans for their child's future. Mothers described how in Tanzanian culture children used to take care of their parents when they get older. Mothers expected their child to take care of them when they get older. This is the one reason also why it is good to have own kids in Tanzanian culture. Mother of two kids told me:

'I have expectations for my children and their future. Of course I wish that they will get a good future and better life. And then I can enjoy life through them.'

Mother of two children, widow

5.3.2 Support for the new mother

Interesting part of my study was when I asked all of the mothers that I interviewed: who's going to help them when they get back home from hospital? The answers I got reflect an image of Tanzanian culture. Those mothers who have had their first baby, got help from their own mother or sister. Usually the cultural habit seems to be that mother, sister or mother-in-law comes to the new mothers house (or new mother goes to their house) and stays with the new mother at least one month. During that month the older female relative teaches how to take care of baby. For those mothers who got their second, third or fourth child there was maybe not any help available. Some of them were lucky enough to have their own 'house girl' a maid, who helped the mother with the newborn baby. One woman mentioned that maybe she will get help from her neighbors. A really interesting cultural detail was that none of women mentioned their husband or spouse for their closest help. I usually asked them in the end of interview how much the child's father is going to take part of baby's care. Answers were mostly that husband is too busy or he works too far (not living with family). So for mostly to these women it seemed to be that closest help for them was a female relative.

5.4 Observation from the delivery room

In the Sinza Palestina delivery ward there were 10 delivery beds for the mothers and curtains between them. Sometimes privacy was not possible. There could be 10 delive-

ries going at same time. Anyone in the delivery room could hear the noises and conversations. Nurses stay between the mothers, usually sitting in chairs if they were not helping mothers. Investigation room for doctors and nurses paperwork was easily available and you could see delivery room from that room (privacy?)

Nurses and doctors had just little space to do all the writing jobs. There were only few writing tables on whole department. In the delivery department there was not hand disinfectant available. For washing your hands staff members needed to go to another room from where deliveries happen. That was a big disadvantage. There were only two moving-beds for the babies, so usually the babies were taken from their mother breast soon after delivery. Then the babies were taken to the other room for weighting them. After that they waited in a table until mother was ready to go to the postnatal ward. Nurse or student usually assisted the mother to the postnatal ward. Mothers used to walk there (not too long, only 100 meters).

Many mothers mentioned also that midwifes removed the blood after the delivery and helped them to clean themselves and the baby. Most of the mothers remembered also the injection that the midwife gave after the delivery (oxytocin, reducing the bleeding). Three of the mothers felt that they did not get any help from the hospital staff. The reason for that was that they believed that all the midwives were too busy. One mother had delivered alone and midwife came to her after baby was completely out and had started already to cry. That mother told me in the interview that she was scared at that time (while delivering alone) but now she is just happy that everything went okay and that the baby is fine.

On my observation period I saw that mothers and patients in Tanzania respected the hospital staff greatly. I mainly saw the delivered mothers to be very thankful and respectful towars midwifes, nurses and doctors. Sometimes midwives were so overwhelmed and busy in the delivery room that they did not have time to help all of mothers. In that situation it sometimes happened that the mother delivered alone and got the necessary help afterwards. Mothers were asking for help from nurses and praying them to stop the pain. I saw very compassionate midwifes who apologized if they needed to do something which would cause pain for the mother. Some of midwifes did not want the mothers to make noise in delivery room: they showed it with their faces that shouting

was not appropriate. Sometimes midwifes told the mothers to stop crying or shouting and concentrate to the delivery. Once I saw one staff member who slapped mother to stop shouting. Sometimes telling the mother to stop shouting helped and when mother did stop shouting and started to push, she got more energy for pushing process. I saw also lots of understanding within the hospital crew and most of them were mothers themselves and they understood the pain that the women were experiencing on that moment. After the delivery usually first thing what the mothers used to do was thank God and thanked the midwife after that. Mothers were thankful that in the hospital they got professional help for managing the childbirth.

In postnatal ward was usually very crowded. There could be two or three mothers with their babies at same bed. Mother normally left the hospital on next day after their delivery, if there were not any complications. They were checked for papers before leaving home. Sometimes if there were enough staff members they used to check blood pressures etc. from the delivered mothers. Not a single time, I saw someone to checked breasts or stiches from the delivered mother.

Usually there were 3-5 nurses or midwifes and one or two doctors at same time in morning shift. There were many nursing students and medical assistants at the delivery room. In some shifts there were only one midwife and the others were medical assistants or students. If necessary, doctor was easily available for the delivery room.

There was a big lack of medical supplies in hospital. Sometimes there were not gloves available. Mothers used to bring all the medical supplies with them to hospital when they came to deliver. If they did not have all of equipment (gloves for midwifes, oxytocin, syringe, needles, tuffer, pads for themselves, cloth for baby and cleaning wipes (at least 3-7 pieces of cloth), blades to cut the umbilical cord, catheters, iv-drop equipment etc.) sometimes nurses asked for them to send someone to go to pharmacy to buy all those things. One woman did not have any of equipment and she did not have money to go buy them. Then the hospital offered those for her.

For serious situation like resuscitation of a newborn baby, the resources in hospital were limited. There were suction pump (hand-used), possibility to give extra oxygen, table to do resuscitation but there were not any intubation tubes or respirator available. There were couple blood pressure meters in the delivery room and a horn to listen babies'

heartbeat. In doctor's room there was a table to do the inner examination for mothers. Mother used to put their own cloth to cover the examination table.

My first observation from the labor room was that the midwives and doctors were working under huge pressure. They could be really overwhelmed. It depended on the day, but there could be 20-30 deliveries in a same shift (in 8 hours). And sometimes there were only one or two midwifes in one shift. Usually there were more but sometimes midwifes were needed in operation theatre or to be an assistant for transporting patient to other hospital. In that kind of situation there could be only one midwife in the delivery room. In those situations medical assistants or students did midwifes jobs.

If the situation in delivery room was not too busy, the midwives had time to help mothers properly in the delivery. Usually they checked the mother, if she was feeling something different. All the mothers were checked by the doctor before entering to the delivery room. Usually they took the mothers to the delivery room when mother were open 4-6 centimeters. When it was time to push, midwifes stayed with the mothers. They covered themselves with plastic aprons (same aprons used in many deliveries, not washed between every delivery) and had a pair of sterile gloves (which mothers have to bring to the hospital). After that they advised and encouraged the mothers during the pushing period. They advised the mothers on how to hold their legs and relief the pushing process. Also they used different method to help the baby to come out. After the baby was out, they put the baby for kangaroo-mother-care, straight to mother's breast. Midwifes also helped mothers to deliver placenta out and checked that the placenta was complete. After the baby was born, all the mothers got injections of oxytocin to reduce the bleeding. For this part I saw very professional working of Tanzanian midwifes. They really knew what they were doing. Some mothers needed stitches, so midwifes also did the stitching. In some cases, if the mother was badly ruptured, they asked the doctor to check the mother. After stitching, midwifes helped to clean mother from blood and other secretions. They also weighed and swaddled the baby with kanga which mother has brought for that. When the mother was cleaned and ready, she climbed down from delivery bed and midwife or nurse assisted her to the postnatal ward.

One really significant but really understandable detail was that the mothers were alone in delivery room. Tanzanian culture is very family focused but in delivery room there were no space for family. Family and relatives waited in downstairs (delivery room is in the second floor) and waited to hear the news of mother of the baby. Usually families came to the hospital in midday, when the hospital would send the mothers and newborn babies back to home. But for the delivery process, the mother needed to handle it alone. Sometimes they used mobile phones to call their families and sometimes family members brought food or other missing items to hospital for the mothers. But in the delivery room there were no space for a supporting person, so mothers were there alone.

6 DISCUSSION AND CRITICAL REVIEW

The purpose of this study was to give the voice for the Tanzanian women and let them describe their experience of childbirth, pain and motherhood. Because this is a qualitative study and all the experiences from interviews are subjective, this research cannot be generalized to all Tanzanians women.

6.1 Painful childbirth but happy motherhood

My first research question asked how the Tanzanian mothers experience childbirth and motherhood. Childbirth is one the largest moments in a woman's life and in Tanzania it could also be life threatening for mother and baby (Unicef statistics, 2013).

The results of my study described that the Tanzanian women experienced childbirth to be very painful and sometimes even a traumatic experience. Pain was usually extraordinary strong and there were no medical relief available for it, except for those mothers who delivered in the private hospital. The place where to go for the labor is a financial challenge for many families in Tanzania. Some have the opportunity to go to a private side but some families are struggling even to have money for transportation and other fees for needed for the public hospital. (Pfeiffer & al 2013.)

The Delivered mothers were mostly satisfied of the hospital services and thankful for midwifes who had helped them to manage the pain. Mothers in this study did not express any critical comments of midwifes or doctors work in hospital. Mother described that the childbirth experience was pleasant and safe because she have had a midwife staying on her bedside during the whole labor and encouraged her all the time. Midwife's presence and instructions helped the mother and made her feel safe. One woman's experiences of delivery were painful but still comfortable enough: she said that she could come any time to deliver again for the same hospital because her experiences of the midwife's presence were so warm. These results diverge from many previous re-

search results. Previous research showed that Tanzanian hospital staffs do not have enough education or empathy towards the delivering mothers. In the previous study results, the mothers felt that they were not treated well in their delivery and some mothers had faced spoken abuse from the hospital staff. (Nyamtema, Urassa, Massawe, Massawe & Lindmark 2008 et Mselle et al 2013.)

In this study I found out that the Tanzanian mothers do not have information about the different steps of labor. When the mothers were in pain during the labor, they used to ask help from the midwives. They checked the length of cervical and how many centimeters the mother was dilated. After this investigation, midwifes told the mothers to wait. Usually the mothers asked if they needed to wait for a long or short time. Mothers waited until they had to push and then the midwife came again to assist them. The reason why midwives do not inform the mothers more of steps of labor did not emerge in this study. It has been that proved the pain is easier to manage if a person has knowledge how long does pain exist. Details and information on what causes the pain helps person to manage the painful situation. (Eloranta 2002.) For the delivered woman in Tanzania it would be useful to know the different steps of labor and the estimated length of the suffering.

Motherhood is appreciated value in the Tanzanian culture. Every woman that participated in this study had desired to be a mother. Women were ready to suffer the pain in delivery to become mothers. Pain was seen as a part of the path to be a mother. It was seen as a natural part of life. All the mothers I interviewed were very proud of their newborn child. The Mothers had plans for their child and they wished success and happiness for newborn's life. Motherhood was seen as the most important role in women's life: child and family gave value for the woman's life. Being childless is often seen as a tragedy in African cultures: children are seen as continuity and natural part of life. Children give a role for the mothers in the society: a woman without child has no power in her community. (Ibisomi & Mudege 2013 et Mangi et al 2012.)

Fellow females have strong role in the Tanzanian culture for delivered mother. The mothers of the first born baby get all of information and instructions from other the females. Even though, 88 percent of them visit the antenatal clinic at least ones during their pregnancy. (Kearn, Hurts, Caglia & Langer, 2014). According Degerie etc. (2014)

most of the information and knowledge is coming from the older females who have experienced motherhood and delivery already. Women are supporting and advising each other about the motherhood in Tanzanian culture. In Tanzania there is a strong culture to support the newborn's mother: usually sister, mother or other female relative comes to stay with newborn's mother for weeks. Fathers are not seen to have that important role as a care-giver to the newborn baby. In Tanzanian and other African cultures it is not unusual that the father of the family is working far from the family and the mother is taking care of the children. These gender roles affect to the way that the women are supporting each other and often female relatives have a strong role in the newborn baby's life. (Degerie, Amare & Mulligan 2014 et Iganus, Hill, Manzi, Bee, Amare, Shamba, Odebiyi, Adejuyigbe, Omotara & Skordis-Worral 2015.)

6.2 Culture and pain in Tanzania

Culture has strong influence on how do the women face pain in the Tanzanian culture. Pain is related to be part of human life. Especially pain is related to be part of motherhood. There was no medical pain relief offered for those women who delivered in public hospitals and the women who had the chance to go to deliver in a private side could get medical pain relief. Because of this, the Tanzanian women mostly deliver without any medical relief for their childbirth pain. Women did not have any other option to become a mother other than suffer the childbirth pain. Because being a mother is so appreciated, women are ready to suffer for that pain. They did not fight against the pain; they accepted it as part of life. Also pain was considered to be a price what mother has to 'pay' to become a mother. One explanation for pain in this study was: 'pain is something what woman needs to experience, so that she understands that the child is coming and that she is going to be a mother'.

The study proved the fact that crying was an acceptable way to express pain during the childbirth. Other common ways to express pain were whining, shouting, sizzling, sweating, moving around and vomiting. As an observation I found out that facial expressions of pain were common. The stronger pain was, the more the women expressed their pain and asked help from the hospital staff. Except for those women, whose pain expressions

were minimal. There were women who delivered with very minimum pain expression. They gave birth in silent, having only facial expression of pain.

In this study I found out that loud pain expression is understandable nowadays but not very acceptable. Hospital staff and other delivering women understand that those who scream because of pain but still loud pain expression were not really acceptable or appropriate. Same kinds of result are found from other studies made for example from Somalia: women are not expected to express their pain during the childbirth; they are expected to be quiet. The reason for that is in society: showing pain is not acceptable. Pain is part of life and everybody needs to bear the pain without complaining. (Finnström et al 2014 & Tiilikainen 2011.)

In this study women described how they accepted pain as part of being mother and part of life. It seemed that the mothers in Tanzania have accepted the pain to part of their life because they did not really have any other options. In Tanzania expressing pain loudly is connected to seeking attention without really needing it. That is appropriate action because in delivery room every woman was in same situation and needed to handle strong pain. If someone was screaming all time, it was sign of weakness: the woman who expresses her pain loudly does not have the power to bear the pain. Strong or loud pain expressions are seen as useless: there is no relief available and every woman in the labor room is in same situation and suffering the same pain.

The mothers managed the pain using their own non-medical resources for pain management. Religion, family members that were present and educated hospital staff helped the mothers manage the pain. Even though nearly half of the deliveries happen at homes in Tanzania it is common that women used to think that it is better to deliver at hospital in case there might be any complications in the childbirth (Shimpuku et al 2012 & Mbaruku et al 2009).

The Tanzanian culture also impacts on how the women manage their pain in childbirth. Religion was seen mostly as an empowering resource. There were no place for the family members in the delivery room but the knowledge that family members were close helped mothers manage the pain. For mothers, praying and trusting for God's help and guidance were the most powerful ways to manage the pain during the childbirth. It seems that religion has strong place in Tanzanian culture. Misfortunes and fortune are

understood mostly to be God's leading and it helped the mothers to accept life as it is. Spirituality has strong place in the Tanzanian women's life and they considered praying and serving God as an empowering practice. Spirituality and religion are part of people's everyday life in the sub-Saharan Africa. Church and religious practices have a strong influence for the women's life from beginning until end. Women get great power from their church when they are suffering. Tanzania women have holistic worldview: therefore it is not good separate religion and health care. Trusting in God helps people to overcome their challenges. Religious practices like praying or other rites give power and comfort for suffering. (Rankin, Lingren, Rankin & Ng'oma 2005 et Becker & Geissler 2008 et Onongha 2015.)

Other interesting observation was about the medicine and pain during the labor. There was no medical relief for delivery pain offered for those mothers who delivered 'normal' childbirth. Only medication that all mothers got was oxytocin after the childbirth. Oxytocin is medication which reduces bleeding. In the interviews the mothers described to me that they got some medication which helped them manage the pain after the delivery. Mothers did not know which medication it was but they described it as relieving their pain. The mothers felt that medication (oxytocin) helped them in their pain. Oxytocin has placebo effect for mothers who did not have any idea what medication they got. Mothers were relieved to have some medicine even the hardest part of childbirth was over and they had no idea how the oxytocin actually affected them. But just having any kind of medication seemed to help some mothers. Placebo medication works in a way that: when a person believes that something (like medicine) will relieve her pain, then it does help. (Miller, Colloga & Kaptchuk 2009 et Walach & Jonas 2004.)

7 CONCLUSIONS

This study has described 12 Tanzanian mothers' experiences of childbirth, childbirth pain, pain expression and motherhood. The conclusion of this study is that all the women that were a part of my study experienced childbirth as very painful. Even if these women I interviewed did not express their pain, still feeling and memory of the pain is as painful as for those women who expressed their pain a lot. Despite of pain, childbirth is seen as a positive action. Women in this study believed that having a child and becoming a mother as an important action in a woman's life in Tanzanian culture. In their understanding a woman has a different, very important role in society when she becomes a mother. Mother sees their future on their kids. The other surrounding mothers play an important role in the new mother's life: in this study sister or own mother seemed to have a bigger role in the new mother's and baby's life than husband or spouse. According to the participants in this study, women are mostly taking care of the baby's and other children in the Tanzanian culture.

Loud pain expression seems not to be very acceptable in the Tanzanian culture. According to the women in this study, pain is related to be part of life and part of motherhood and childbirth. Loud pain expression like screaming, is understood to be useless. Every women needs to suffer the same pain so it was not understandable to make too much noise about it. Crying seemed to be an acceptable way to express pain in the Tanzanian culture. All the participants to this study expressed their pain by crying.

For pain management these women seemed to get power from their religion. Praying helped and encouraged the mothers during the painful delivery. Educated hospital staff relieved mothers' pain. Mothers in this study felt themselves more comfortable and safe when the midwife was instructing them. Midwifes gave also mental support and practical instructions. The mothers benefited mostly from the instructions on for the right position to push the baby out. In this study the mothers pointed out their thankfulness for midwifes and hospital members. There were no negative critics expressed about hospital staff members or their actions. Reason for that could be that the mothers fear to ex-

press their feelings honestly to an outsider researcher. Mothers might perceive the researcher as part of hospital staff and did not want to show critics towards the hospital members.

Tanzanian midwifes can help the delivering mothers with their support and instructions. When the mother has a pleasant experience from childbirth, it decreases fears for next the childbirth. Tanzanian health services need to consider giving sufficient information to the pregnant woman about the childbirth because having the correct information of childbirth helps the mother to manage the situation better.

7.1 Ethical issues

Madeleine Leininger said on her theory that cultural sensitive care is very important. That means that every patient and in my study the participant, needs to be respected in their cultural way. (Leininger & McFarland, 2006). I followed Leininger's instructions when I interviewed the women in my study. When doing researc it is always important to remember to follow good research ethics. I followed the Finland research ethics committee. Ethics need to be considered from the beginning of research until the end of the study. Research ethics need to be considered from the data collection until the conclusion of results. The most important actors of the reliable qualitative research are validity, credibility, confirmability and transferability (Kylmä & Juvakka 2012 et Malterud 2001). These are the good tools to estimate the qualitative research.

Careful planning from the beginning and finding current information about the subject helped to improve the research and increased the validity of the study. I consider my previous experiences from working in Tanzania hospitals as an increasing factor to the credibility in this study. Careful planning and becoming familiar with the previous research of this topic help me to report of this study but also increased its reliability.

All the participants had the information about what the study was made for, what were my purposes and interests and where the study was going to be publish before entering the study. All of the participants had the information on how they have chance to deny publishing their answers afterwards. All the results needed to be anonymous and needed to be handled in a way that no one could recognize participants. As Finland's ethical

committee said, every participant has to have good information on what kind of research they will take part and to which purpose is the study used for and they have also right to interrupt their participant to research. (Tutkimuseettinen neuvottelukunta, 2012-2014.) My topic of this study is very sensitive when thinking about ethics and reliability. Every woman has own experiences of their childbirth and sometimes talking about painful experiences like childbirth can be challenging.

Being part of the staff could have affected the women's attitudes towards me as researcher. That might have some influence to the study results. Even though, I got a lot of interesting and important information during that time in delivery room. As observer I saw different ways of pain expression and that confirmed the results from the interviews.

Evaluating the reliability of my research data collection there is one thing to consider which will increase its reliability. In this study i used two different methods for data collection. I interviewed mothers for their experiences but I also did two weeks of observation in the delivery department. Using mixed methods in the research verify the reliability of the research. It also makes it easier to understand multilateral appereances. (Kylmä & Juvakka, 2012).

I found it challenging when assessing the analyze method and results of this study. While I interpreted results of this research I needed to consider my own role and opinion as researcher. The perspective of the study has to be based on the previous research and there has to be some point of view on how the topic is discoursed (Ronkainen et al, 2011). As a researcher it was challenging to not to let own opinions or feelings to affect to the analysis process or results. Best way to avoid biases was listen carefully the participants and remember to be open-minded with answers. Writing the results and conclusions the researcher needs to forget his or her own opinions or visions and write the results following the research ethics. To have reliable results researcher needs to consider all the data. Researcher cannot leave any results out of research if it does not fit on her hypothesis. (Ronkainen et al, 2012).

Confirmability of the study helps if the researcher has someone to follow and monitor research process (Kylmä & Juvakka, 2012). In this research I had two supervisors who

advised me. I felt their advices were helpful and beneficial. Supervisors helped me to get back on right track when my research was going to wrong direction.

When a researcher starts to reach the same answers from the participants, it is sign that the size of material is sufficient (Ronkainen et al, 2012, 1179.) In this research it happened after ten interviews and I felt that I got no new themes for the study. For those mothers whose childbirth was in the private hospital I had a chance to do only two interviews. It would be interesting to have more interviews from private side hospitals to compare differences but my time in Tanzania was limited.

To have transferability for the results researcher needs to tell enough information from the participants but describe also the study environment (Kylmä & Juvakka, 2012.) In this research I described the hospital environment and actions in department very carefully. If this research would be executed in some other hospital in Dar es Salaam, the results would have same themes than this research.

7.1.1 Challenges on research

As a researcher I had many challenges doing my research. Arranging all the details for the three month period I spent in Tanzania took much of my consideration. Luckily I had already good contacts to Tanzania, which helped me to arrange my time there easier. When I arrived to Tanzania, I got lots help from the staff members of the Sinza hospital. They advised me on how to get the research permit and helped me to arrange research details in hospital.

One of the challenges in my research was language. Most of the Tanzanians do not speak English. Their main language is Kiswahili. Unfortunately my Kiswahili skills were not sufficient enough for doing the research and that for I needed to use translator. I hired translator who translated all the interviews I did in hospital from Kiswahili to English. All the interviews were recorded and transcribed afterwards. I did also two of interviews in English. It was challenging to use the translator, because then me as a researcher didn't have personal contact for participant. Next time I would absolutely prefer to do my research with the language I speak and no need to use translator.

One of the challenges in my research was that I was an 'outsider' in the Tanzanian community. I came outside of their culture and observed and interviewed Tanzanian women for their experiences. Even though I have spent a lot time in Tanzania before and know something about Tanzanian culture, I still was not inside of their culture. I might not understand all the cultural habits and behavioral models as the person who has grown up in their culture. I could misunderstand some acts because of lack of the cultural knowledge. As Dwyer and Buckle have said in their studies that, it does not matter whether the researcher is an insider- or outsider of the studied culture, they're going to be biases. Outsider researcher needs to do more work to understand also the subculture in order to avoid wrong assumptions (Dwyer & Buckle, 2009.)

7.1.2 Further research topics

It would be really interesting to make further research about family- and gender roles from Tanzanian culture. In this research emerged that mother and female relatives has strong role in newborn baby life in Tanzanian culture. Father role seem not that strong in daily life in this research. It would be interesting to research how does Tanzanian men experience fatherhood and how do they see they own role in child life.

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