

Trapped between religion, healthcare

The misguided religious belief among some Ugandans that a vaginal birth is a sign of God's victory has led women to die by the truckload.

She questioned if having the surgery was "God's will," but the truth is that she was afraid and misguided and besides her own safety, she was leaving her unborn child's life to hang dangerously in the balance.

Not that she is the only African mother who has ever fallen victim to false teachings about what it means to be a good and strong, if not a godly, woman during childbirth.

But she had been a friend of my family for many years. She had helped care for my children, had travelled with us over the ocean many times, was educated with our help at a good Ugandan university and had even celebrated her wedding on our Mukono front lawn.

Which makes this story of who I'll call "Sylvia" all the more poignant.

Sometime after she announced she was expecting her first-born, a girl, tests in Kampala showed a caesarian section would be the safest way to deliver.

Granted, these surgeries, C-sections, routinely performed millions of times a year, are often carried out unnecessarily. China, the United States and Brazil have especially high C-section rates.

Uganda's rate of 3%, however, is far below the 10–15% recommended by the World Health Organisation.

In Sylvia's case, three doctors – two Ugandans and a Canadian, said she needed the surgery because she was older and small in size. Furthermore, the unborn girl's umbilical chord was wrapped around her neck.

The doctors suggested she have the surgery in her 38th week, still early enough for them to work safely with the child slightly smaller. This is when the talk began, the fearful talk couched in religious language.

Won't you have this now?

No.

Think of the risks to your child.

No.



A Ugandan mother close to delivery at Mulago Hospital. In developing nations, without skilled help (sometimes because women reject professional care due to false religious fears), almost 300,000 women perish during childbirth every year



By Thomas Froese

Isn't it God's will that your baby and you are not left in danger? Can't you see this?

No.

So the days went by. The baby grew and the risks mounted.

Fifteen percent of deliveries worldwide will have one complication or another. And in developing nations, some 289,000 women die annually while bringing new life to the world.

About two-thirds of these dead mothers come from sub-Saharan Africa, which remains the riskiest

region on earth for both child and mother. About 6,000 die in Uganda every year. Disturbingly, these mothers – often girls barely out of the playground, perish from preventable reasons, because no skilled attendant is nearby.

C-sections are among the medical measures not taken. Or, if they are, they are way too late. And in Uganda, while most mothers can be saved during an emergency C-section left too late, 60% of the children will die.

This is known all-too well by a friend of Sylvia's from Canada, a safe country where less than two dozen mothers die annually, while delivering and where infant deaths are also rare. But when this Canadian's C-section was left too late, her child died.

For the past 25 years, this woman has visited her baby's tombstone weekly. She wrote to warn Sylvia. "Go now," she wrote. "Don't wait."

No.

"I do not listen to men. I only listen to God," Sylvia later told a fourth doctor.

"These are the realities we work with," said Dr. Eve Nakabembe of Save the Mothers, a public health leadership programme at Uganda Christian University that specialises in maternal care.

"For these women, God's victory is seen as a vaginal birth. It becomes a spiritual battle."

So it is not just political, social or economic barriers that cause Ugandan women to die by the truckload. It is wonky thinking. Life-saving medical care might be right in front of some of them, but

they refuse it.

Remarkably, some Ugandans fear a C-section amounts to being cursed. And if this is the message you are getting from friends or the pastor at your church, where do you turn?

It leaves professionals like Dr. Nakabembe asking questions.

Who gives these dangerous voices the moral authority to even comment? Does even a PhD in theology qualify one to know anything about childbirth?

Why, Dr. Nakabembe asks, would someone trust an engineer to build a safe house, but not trust a doctor during birth, one of life's most pivotal moments?

Rather than having "strong religious beliefs, but poor understanding of doctrine or Scripture," she says, "we need the wisdom of life, to know the reality of living in the world as children of God."

Nakabembe even calls these false religious teachings a form of "terrorism," noting that "extremism can take many forms."

"We need to create a culture of openness," she says. "And we need to work on the pastors."

In Sylvia's case, the good news is that in time, with enough voices of reason, she did change her mind. She turned her back on her deeply-ingrained religious fears and went to a Kampala hospital for a C-section.

"We got more counsel and we saw how false the teaching was," her husband, Patrick, informed me hours after the delivery of their healthy baby girl.

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So there is joy. And relief. But what of those many women – thousands in Uganda alone – who do not have the luxury of reason and professionalism pushing from nearby?

Even death rarely shakes false beliefs, notes Nakabembe. If the mother dies, you will hear her family repeating the worn and clichéd, "It was God's will." Conversely, if she foregoes medical advice and everything turns out well, the mother will tell others: "See, I told you. Do not listen to men. Give God the victory."

In either case, the falsehoods are reinforced. For every Sylvia, who comes around to choose life, thousands of others fall prey to the worst of their culture's fears and religious nonsense.

The writer is a Canadian journalist who has lived in Uganda for 10 years. Read his work at www.thomasfroese.com and www.dailydad.net