

HEALTH

VIEW POINT

Family planning is a human right

'Family planning is a human right' is the global theme of this year's World Population Day. Quite timely for many people, especially women who still suffer from stigma from using contraceptives. This is made worse by the fact that many still cannot access the contraceptives. The Teheran proclamation adopted from the 1968 International Conference on Human Rights, where family planning was, for the first time, globally declared to be a human right, states that: "Parents have a basic human right to determine freely and responsibly the number and spacing of their children."

Unintended pregnancies remain a major phenomenon among women of child-bearing age. This has led to the hundreds of unsafe abortions reported every year. Sustainable childbirth is by choice and not by chance. The ability to take a pregnancy to full-term and ensuring safe delivery comes with planning. As the world commemorates World Population Day that falls on July 11, today's lead ponders on the cost of unplanned childbirth in Uganda that many times, unfortunately, turns fatal.

Health and Beauty team



Unintended pregnancies not only threaten the lives of women, but also impact negatively on their families and the nation. During this year's population week, in the first of a three-part series, **Carol Natukunda** traces two families that lost mothers in labour

Maternal mortality: A monster

Sylvia Naluwoga's story

His mud-and-wattle house is an eyesore in Buzibazi-Soweto village, Busujju county, Mityana district.

On one side, it appears slanted; perhaps a sign that it might cave in. The windows and doors are closed on a sunny mid-morning when we arrive. An overgrown garden and a heap of rubbish adorn the backyard.

"Sit there..." says Ssalongo Stephen Sebiragala, signalling us to a bench under a tree shade.

It is hard to imagine how the inside of this house looks like. "Things are disorganised when you are alone," he says with a forced laughter. "Besides, I hardly receive visitors."

Nine years since his wife died during childbirth, it is evident that Sebiragala is still hurting. He wants to be honest and chooses his words carefully.

"People tell me to move on since I am ageing and need to be cared for. But I am afraid. I cannot marry again, at least not yet," the 53-year-old says.

"She was the mother of my eight children. The eighth pregnancy took her. We had a wedding when I met her. She was young and hardworking," Sebiragala says, his voice growing faint.

Today, his favourite pastime is in the bar — if only to forget about his woes for a while.

He is angry at the fact that he carries the title 'Ssalongo' (father of twins), yet only one twin is alive. He tells of new residents in the area asking about Nnalongo

(mother of twins), yet she is no more. He lives in fantasy of what life would be like if his wife Sylvia Naluwoga was still alive.

Fateful childbirth

It was Naluwoga's eighth pregnancy. Unknown to her, she was carrying twins.

"We had not carried out any scan," says Sebiragala. "During the antenatal care, we were asked to pay for a scan, but I did not have the money. Besides, I did not think it was important since she gave birth to our seven children without any problem."

Sebiragala believes his wife was strong enough to go through a difficult labour.

"In all the pregnancies, we often cultivated together. We sold the harvest and paid the bills," he says.

In fact, on the day she went into labour, Sebiragala asked his mother, Rhoda Kukiriza, to accompany Naluwoga to the nearest clinic.

"I never thought it was important to be in the labour ward. I was with my friends that day. All I was waiting for was to see my *nakawe* (new mother) back with either a baby girl or boy," says Sebiragala.

As he anxiously waited, Kukiriza was frantically running up and down looking for a car to



Sebiragala is a father of eight who lost his wife and twin child in childbirth. Photos by Geoffrey Kimono

transport Naluwoga to a bigger health facility.

Kukiriza recalls: "When labour pains started, we rushed to the clinic where Naluwoga had attended antenatal care. She gave birth to one twin. The other was stuck."

"Given the pain and the emergency, the nurse referred

us to Maanyi Health Centre III in Banda trading centre. It is about 8km from the clinic that Naluwoga had delivered the first twin. I tried to call anyone I knew would help us with their car, but there was no network connection and I failed to make the calls.

"I was desperate. I met a

TRAGEDY



Sylvia Naluwoga died as a result of complications while delivering her second twin. She died with the twin, who was her ninth child.

stranger with a car and I pleaded with him to help us. He asked me for money for fuel and we drove to Maanyi. I was carrying the twin who has already been born and taking care of the mother in labour," she recalls. Maanyi Health Centre which literally means 'strength' does not live up to its name. Without a theatre or an expert to prepare Naluwoga for an emergency caesarean section, the staff did not want to take chances. They referred Naluwoga to Mityana Hospital, 30km away.

"She had been in labour since 3:00pm and at this point, it was about 6:30pm. It took us hours to get to Mityana since the road is a bumpy, murram one. I wished we had wings to fly. It was the longest journey I have ever travelled," recounts

Kukiriza.

It is easy to see her predicament. When *New Vision* visited this area, the means of public transportation available from Mityana town to Soweto trading centre was a motorcycle (bodaboda) which charged sh60,000 for a single route journey. For several hours in this area, we did not see any commuter taxi. The bumpy murram road winds through hills and swamps. Making phone calls too is a luxury as mobile networks are inaccessible.

Some of the mothers we spoke to revealed that they move to the urban centre when their expected date of delivery draws near.

"You look for a room to rent or live with a relative so that when labour strikes, you are near the hospital," said Proscovia Ntale, a mother of six.

However, Ntale's solution is based on the assumption that pregnancy will be a smooth one. Mothers who do not have a relative in Mityana town or money to rent a room have to wait for their fate — just like Naluwoga.

"We wasted a lot of time, not only because I could not find a car, but we live so far away. By the time we got to Mityana Hospital, Naluwoga was bleeding profusely and I had already spent the last coin I had," Kukiriza says.

Once at the hospital, she says the first nursing assistant she reported to refused to call the doctor demanding a bribe.

By the time Naluwoga saw a doctor at 2:00am, it was too late

"I am struggling to look after my five children and Nansubuga's three. They should be in school, but they are not"



Nalugo has sworn never to return to hospital out of frustration after her daughter died in labour

Nansubuga's story

Jane Nalugo, 45, swears she will never go back to hospital. "My daughter is gone," she says, sitting on a verandah of her one-room tenement in Bamunanika village, about 2km from Mityana town.

"She was in labour for two weeks and for all those days, we were at the hospital. But when the final hour came, she bled and died because we did not have money," Nalugo narrates.

Her daughter, Angel Nansubuga, died over failure to pay sh5,000. The story, which dominated headlines, last year, saw Mityana Hospital staff interdicted. However, to Nalugo, that is no consolation.

"They failed to save her. Why should I go back? I am struggling to look after my five children and Nansubuga's three. They should be in school, but they are not," says Nalugo, who is a farmer.

Nansubuga died at 27. Yet, even as Nalugo swears never to go back to the hospital, one of her daughters, 17-year-old Florence, is five months pregnant; the man responsible for her pregnancy is a secret. Nalugo worries that the other girls in her care could also get pregnant, but is afraid to talk to them about family planning.

"That is taboo," the 45-year-old grandmother says.

Maternal health overview

Angel Nansubuga and Sylvia Naluwoga's stories demonstrate the intricate maternal deaths compounded by the unmet need for family planning.

According to the 2016 Demographic Health Survey, the maternal mortality rate stands at 336 deaths per 100,000 live births.

Most maternal deaths are due to causes directly related to pregnancy and childbirth, unsafe abortion and complications such as severe bleeding, infection, hypertensive disorders and obstructed labour.

Since Naluwoga's death, for instance, her mother-in-law, Rhoda Kukiriza, says a number of politicians urged the family to sue the Government with costs.

"My daughter-in-law did not die for me to get rich," says Kukiriza.

"The Government should build hospitals closer to the people and stock them with the necessary equipment. Otherwise, doctors are going to keep harassing us, telling us to buy this and that. If the doctors are not well-paid, they will also keep asking us for money before attending to our patients. I do not want their licences revoked for neglect of duty because we need the doctors," says Kukiriza.

However, experts say most of the maternal health complications come against the background of a bigger and ignored problem – a high fertility rate. With a 28% unmet need for family planning, the country's fertility rate is 5.4 children per woman, according to UDHS (2016).

In Mityana, the district has a relatively high fertility rate of 7.5 children per woman and an unmet need for family planning at 46%.

Ugandan women are having children at a time when they do not intend to. Over 900,000 of Uganda's annual 2.2 million pregnancies are unplanned. About 400,000 of these end up in abortion.

Jessica Katumba, a retired midwife and volunteer at the Reproductive Health Uganda (RHU) clinic in Mityana, says contraception would reduce the number of times a woman is exposed to the risks that come with pregnancy including death.

"It also reduces the need for unsafe abortions which some young women opt for when they do not want a pregnancy," says Katumba.

"Above all, it is empowering to have fewer children. You stay healthy and will look after them," adds Katumba.

David Lukyamuzi, the Busujju County in Mityana legislator, says communities need to be sensitised on maternal health.

"Men should prepare early enough for the arrival of the baby. Often, you find a man running around to borrow sh10,000 from friends at the last minute and that wastes a lot of time!

"If you are a single woman, think about your life first before getting pregnant and the costs that come with it and save money. Do not wait for labour to sell a goat and get money to buy requirements. Your health is in your hands."

On transportation, Lukyamuzi says he has bought an ambulance to help mothers.

GRAPHIC BY BRIAN SSEKAMATTE

still plaguing Uganda

to save her and her unborn baby.

She died at 39 years old Following the incident, a senior midwife and three nurses were arrested over neglect of duty.

Life after death

"Babirye is now nine and in P3. All the other children are being taken care of by their maternal relatives, but they need school fees," Kukiriza says.

Sebiragala admits that giving up his children was the best decision under the circumstances. "They need a decent home, with a mother and I think they are safe with their aunts. There are things you cannot do as a man. What would I do for Babirye? Some things like vaccination days, one needs reminders," he says.

The subsistence farmer says parenting is taking a toll on him.

"These days everything is about money. Even the schools, which they say are under the Universal Primary Education programme, ask us to pay for uniform and books. I cannot raise the money by cultivating alone. Then there are constant

hospital bills because the children are always sick. If their mother was here, we would work together, raise the fees and live with our children," he says.

Sebiragala worries about his children begging for a living. "But what can I do? We were hardworking. We were always planning and that is how we built this house, the two of us."

"Look at that!" he points to the thick grass in the maize garden. "When my wife was around, a garden was a garden." Pointing to the cold three-stone cooking fireplace, Sebiragala adds: "We had good meals. Now I rarely cook. If I really do, I will throw two or three matooke into a saucepan, but I have no appetite."

Sebiragala gives a long pause. "I know I would also not look like this if Nnalongo was here." He is referring to the clothes he is wearing: a dirty stripped shirt and faded black trousers, with a torn patch at the back.

Does he wish he had fewer children, perhaps and saved his wife?

"Someone told us to use pills to stop giving birth. Well, I thought children are given by God. Now, the last pregnancy took her," he says, stammering.

Sebiragala keeps a picture of his wife, which he vows he will never give away.

Overview of Uganda's maternal health

Maternal mortality rate in Uganda stands at **336** deaths per **100,000** live births

CAUSES OF DEATHS

- Pregnancy and childbirth
- Unsafe abortion
- Severe bleeding
- Infection
- Hypertensive disorders
- Obstructed labour

28% unmet need for family planning

FERTILITY RATE

5.4 children per woman

900,000 of Uganda's annual **2.2 million** pregnancies are unplanned

About **400,000** of these end up in abortion



TOMORROW: UNPLANNED PREGNANCIES CAUSING A DEPENDENCY DILEMMA