

# Promoting Safer Childbirth in Africa



1998-06-05

*Chris Flanagan*

[Photo: Many women suffering from obstetric fistula must carry a bowl between their legs to cope with incontinence.]

Nearly 600,000 teenage and adult women die each year in the South, particularly in Africa, from postpartum hemorrhage and other treatable childbirth complications. And many more women are suffering terrible childbirth injuries that leave them scarred, disabled — in some cases ostracized from their communities — for life, says a Canadian obstetrician who has worked in hospitals in Nigeria and Ghana.

"The point to be made here is that it's the greatest cause of death of women in the childbearing age group, it is more significant than AIDS or tuberculosis, and there is no male equivalent. Billions are spent on birth control programs but very little on emergency obstetrics care, so that while fertility has come down, maternal mortality has remained stable or is in fact going up," says [Robert Walley](#) of [Memorial University of Newfoundland](#). Dr Walley is working with other medical professionals on two major safe motherhood projects in Africa.

## **Painful tearing**

Women who survive childbirth complications often suffer a painful tearing of tissues — called vaginal or obstetric fistula — that can leave them infected, incontinent, and unable to have more children. Obstetric fistulas are primarily caused by prolonged labour where no medical services are available, although female circumcision can also play a role, adds Dr Walley. Most fistula victims are first-time mothers with underdeveloped pelvises, ranging from 14 to 25 years of age — indeed, some are as young as 10.

Memorial University midwife [Kay Matthews](#) recently returned from the Akwa Ibom region of southeast Nigeria, where she is working on an International Development Research Centre (IDRC)-sponsored initiative, as part of the Safe Motherhood Project. "For every woman who dies," she says, "15 more are left with some serious problems. Often they can't have any more children, which has tremendous social consequences. In some cases they are abandoned by their family."

## Safe Motherhood Project

The Safe Motherhood Project, launched by Dr Walley in 1992, is a joint effort of Memorial University, the University of Uyo in Nigeria, and non-governmental agencies on both sides of the Atlantic. The project is run out of St. Luke's Hospital in Uyo, the capital of Akwa Ibom, and is now largely self-supporting. Its mandate includes training traditional birth attendants, upgrading the training of qualified nurse midwives, establishing an emergency transport service, and developing treatment centres for women suffering from obstetric fistula. It is also addressing the refusal of some women to accept medical treatment. With funding from IDRC, Matthews and her Nigerian colleagues are studying the childbirth beliefs, values, and attitudes of Ibibio women and their families as the first step in getting women to the hospital.

"Very often, women were told [by a midwife] to go to the hospital, but they would disappear and go instead to an untrained traditional birth attendant," says Matthews. "This was really a problem."

### Evil roots

"They believe that the root of childbirth complications is evil," she explains. "For example, we found that they looked on a woman who had a cesarean section in a very negative way. They looked on a woman (with complications) as though she must have had adultery." Adding to the problem were women who would call an ambulance so late that they were dying by the time it arrived. When they died in hospital, other women assumed it was the medical care that killed them, says Matthews.

Matthews concedes that it will be difficult to change attitudes that have existed for generations. Ultimately, the solution lies in improving economic conditions in Nigeria. "I think we can do it, but only within the context of the social and political system in place," she says.

### Community education

One component of the program is community education: teaching young women that complications in childbirth are inevitable, but that help is available — and teaching men that although they have little money, medical care is essential. "When the husbands say they don't have the money to come to the hospital, I say it's going to cost a lot more for the funeral," Matthews stressed.

*Chris Flanagan is the business editor of the Evening Telegram in St. John's, Newfoundland.  
(Photo: courtesy of [MaterCare International](#))*

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[Ecuador: Health and the Working Woman](#), by Neale MacMillan

[The Essential Health Interventions Project: Improving Health Care in Tanzania](#), by Kanina Holmes

[Women's Health Risks: Maternal Mortality](#), by Louise Guénette

[Gender, Health, and Sustainable Development](#)

[The Female Client and the Health-Care Provider](#)

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