

A motherhood issue: surviving birth

BY THOMAS FROESE

KAMPALA, UGANDA ♦ If I were to write a letter to Prime Minister Stephen Harper — and think that he might read it — here is what I would say:

Thank you, Prime Minister, for reminding the world of the truckloads of women — more than half a million — who die needlessly every year during something as noble as childbirth.

And the ocean of children, four million, who die as a result. And the families and communities fraying at the seams. It's time to care better for them all, you say. Thank you.

By making this the 2010 G8 Summit focus, you've put the world's neediest mothers on the political map like never before.

How this gave some of us in Africa great hope.

But Mr. Harper, do you now care enough to withstand the ideological onslaught? Enough to look closer at facts on the ground? Enough to move out of your party's comfort zones?

Your team has already had such a hard time with just the first step of maternal health: birth control. Why the initial rejection of contraceptives as part of your signature plan? Why the fear?

Come, watch a typical woman in Uganda push out her ninth or 10th or 11th child. How she wants not just contraceptives, but the free-

dom to choose her family size.

True, even educated Africans may not buy into fewer children (“Who will look after me in old age?”) Yet isn't it stunning that while a Coke can reach Earth's farthest corners, more than 100 million married women can't access common birth control?

Sir, be assured, the data verify that birth control, or child spacing as it's called in Africa, is essential to stemming the bloody tide of dying mothers. Up to one-third of maternal deaths could be saved with this one simple intervention.

And this has nothing to do with abortion. Michael Ignatieff may be on a high-octane kick to say otherwise, to create his political wedge issue. Let him continue that circus by himself.

Others understand that contra-

ception and abortion are different. Polls verify this, showing 74 per cent of Canadians support providing contraceptives to developing countries, while fewer than half support providing abortion.

Interestingly, of 193 countries, Canada is in the one-third

minority providing abortion on demand or for socio-economic reasons. But even when illegal, abortion is still common. Uganda, population 33 million, has an estimated 300,000 yearly. That's more than twice Canada's rate.

Banning abortions does make them unsafe. Still, you can inform Mr. Ignatieff that globally, back-



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Muslim men carry the casket of a dead mother, Sufayati, in Budondo village, about one hour east of Kampala, Uganda. About 6,000 Ugandan mothers die in childbirth every year.

alley abortions, terrible as they are, result in less than one-in-nine maternal deaths.

The real threat to the world's poorest mothers — the reason Africans call childbirth a “war” — is that there are no skilled attendants or emergency services during delivery. You often get your mother-in-law. Patriarchal attitudes fuel such poor infrastructure.

The solution is to approach these regions in a spirit of partnership with those who do want change. Don't parachute western “experts” into lavish housing and fat salaries and big cars. Do work with a mobilized cross-section of locals who can initiate change within their own cultures.

If your campaign is going to fare better than previous top-down, macro approaches that have repeatedly failed so dismally, then

this, Mr. Harper, is the only way. It's about sustainability. And creativity.

Consider one example, Save the Mothers, a program founded in Uganda by Canadian Dr. Jean Chamberlain Froese (to whom I am married). She's harnessed mainly Ugandan expertise to train, to date, some 125 Save the Mothers “students” — Ugandan MPs, journalists, educators, clergy and community leaders — to enact new laws, educate the public and raise the temperature on mother-care in all kinds of ways.

Jerker Liljestrand, a former health specialist with the World Bank, commented that he's never seen a model like it. And Scott Farrell, a visiting past-president of the Society of Obstetricians and Gynaecologists of Canada, calls STM's indigenous faculty “highly

accomplished and motivated.”

Farrell adds: “The people for whom the program was started, those without social and medical safety nets that North Americans take for granted, are empowered to help themselves. These underprivileged Ugandans believe strongly that other people care, that North Americans are not callously indifferent to their challenges.”

All this, without a cent of public funding. Imagine what you, Mr. Harper, can accomplish with the money. Imagine a great hope becoming much more.

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