Margaret Docking on Family Planning in Uganda and the Struggle Behind MDG goal 5

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EconomicsNow!: Well thanks for joining us today on economics now Marg. It's great to have you along and I thought we would start by just talking about your experiences in Uganda recently. What took you there in the first place?

Margaret Docking: I'm an Australian trained midwife and hearing of the horrific maternal mortality rate is something that has always spurred me so my husband and I headed off to Uganda with African enterprise, a based NGO, an African Mission. He taught plumbing in a big institute, it's like a giant TAFE institute with about 1500 youth really, so he worked as a plumbing teacher, and as I midwife, I moved around the villages and hospitals and clinics with the girls

EN: And about how long were you there for?

MD: we stayed about 18 months. Just over 18 months

EN: You mentioned midwife and going around varying hospitals. Can you give us an idea about what a typical Ugandan hospital would be like and how it differs to a hospital that some of us might be use to in maternal health, such as the Royal Women's hospital in Melbourne? What are some of the differences that you saw, or maybe confronted you the first time you were there?

MD: Actually, it's probably not fair to compare a Ugandan hospital with the RW. We can't help it but in some way it's not fair because history hasn't taken them there yet but the major issues that everyone in hospital and clinics faces is being highly stressed due to the high fertility rates so no matter how hard you work you really never feel as if you get on top if it. It's the attitudes which I think are harsh and doctors nurses students struggle to do their best, but quite frankly they fall into the 'this is Africa' attitude...you know, we lose some. Probably attitude and the values are the harshest thing. Yes you can go to cupboards and they are empty...but I expected that. But I was still deeply disturbed by how vulnerable women are when you have nurses who are a bit corrupt or harsh or neglectful. Life becomes rather random. It depends which nurse is on duty or if a doctor bothers to come in time. They are the harsh things. The feeling is quite horrific.

EN: Could you maybe tell us a little bit on how doctors and nurses are seen in society? In our society we are used to (particularly) doctors have the shiny red cars, they work short hours apparently and they get large pay. Though we do see them as very important and at times of need we love our well trained doctors. Do they have a similar status in Ugandan society?

MD: I respect doctors and people in the medical field. They put in the hours and they deserve their due reward, so I don't have an attitude like that here. But in Uganda so many of the doctors and nurses and government workers are so poorly payed they seem to be swallowed up by exhaustion, or their tired of apathy and corruption. So many midwives struggle to save lives, and yet many of us couldn't hold our heads up against the tide and the circumstances. Some doctors are seen as very corrupt (and they are) and neglectful and even midwives can be seen as tough hard-nosed people, and your lives are in their hands. It's not always something to aspire to, to say you're a midwife which is different to Australia, but they are lovely people and I have seen so many midwives struggling to keep up their values and to care for each one and accept each patient as the same, yet to be honest, if you don't have money and you can't afford a caesarean, you will lie there until someone gets you the money and good nurses can't do anything about that system. Very Harsh

EN: It must be extremely distressing for all concerned

MD: It is. I basically lasted 3 hours in the labour ward. I'd leave

EN: Well that leads I suppose to my next question, which is: you specifically went to perform midwifery, can you tell us about the state of maternal and child health? You've touched on some of the issues already. But what specifically is it about maternal and child health that you witnessed there?

MD: Let me just give you an illustration. When you fly into Africa, you see giant billboards that advertise for you to go and see the big game parks. They advertise by saying "Have you seen the big five?" the elephant, the lion, the cheetah, the rhino, the buffalo. But if you are a midwife you are going to see the big 5 killers. You are going to see 5 things that kill women in childbirth and you do not have to hunt them. They will come to you. They are: abortion, haemorrhage, obstructed labour, eclampsia (high blood pressure), infection. And all of them, especially abortion and haemorrhage and obstructed labour, would be *majorly* reduced if there was effective family planning. So I was just overwhelmed with the sheer number of babies that Ugandan women produce. The average number is 7 per woman. But you go out into the villages, the more illiterate at the further away from the cities, women are having 13. So how do you save a women who is having her 10^{th} or 13^{th} baby in a village where these is no ambulance services there is no X-rays, no ultrasounds, blood transfusions, you know you are with unskilled attendants, how do you save them? The answer is you really can't. So to give you an example of that magnitude, the population is 33 million, in Uganda, and half of them are under the age of 18. You are looking at a population growth beyond the country's ability to sustain it. Because if you are under 18, that means in the next 20 yrs, the average number of children a woman will have is 7. So this is unsustainable population growth and high fertility rates effects everything. That is why there are so many orphans, because of maternal mortality, abandoned babies because women can't cope with them, slave trade for children, it just affects everything. Overcrowded schools, poor education, can't get jobs, overcrowded hospitals, if you go back to the core problem it is because of the excessively high fertility rate.

EN: That's very helpful. For students listening to this it is something that is touched on in various ways in other articles on EconomicsNow!. The blessing and difficulty of high population growth rates and what this means practically when it comes to countries where there is poor infrastructure, and poor ability to even just feed let alone have the right health services in place.

MD: It is unsustainable. Seriously, I would go to sleep at night under the mosquito net thinking "I can't do anything here". I can safely train a student in the labour ward, safely get one women through, safely another, but it was really not impacting at all, other than giving confidence to the couple that you were there. But in the long term if we are not addressing the core values and the beliefs system that are producing the excessively high numbers of children in a family, I'm afraid no-one is getting anywhere with poverty reduction. If you combine all the aid work which is going on secular or face based, everyone is trying to pull people out of poverty, and if you can imagine a massive cliff and down in the ravine there are millions of people, and educated people are throwing lifelines down, we are pulling one slowly out at a time through income generating activities. But if you imagine further behind you on the cliff, the youth of Uganda are producing more than seven babies each and they are just dropping them into the ravine seven times faster than we can pull them out. That's how I saw it.

EN: Which is a graphic but helpful way of considering it. If we can just go back a step, what is it, for those of us who are not used to mums having so many pregnancies, (In Australia, our birth-rate is struggling to come back up to two), why is it so dangerous. Please talk us through, in a general way what the dangers are to have the 5th, 6th, or 10th pregnancy for the woman?

MD: the dangers are firstly if a woman doesn't want the pregnancy, her options are abortion. Women actually die from abortion. This is what is not very clearly written about because it is actually quite shameful. A lot of women choose an abortion but in fact die from infection, ruptured uterus, sever haemorrhage. Little girls of 15-16. Perhaps they are in school and they are pregnant to a boyfriend or teacher, which is very common. Then her friends will say if she doesn't get rid of the pregnancy, she will have to leave school. So the poor kid chooses to have, for want of a better word, a 20-cent abortion, and she is so ashamed about it she will die of infection 10 days later. The abortion was really quite confronting.

If you get to your 6th pregnancy, even in Australia, your risks increase seven fold. The uterus is an organ which is an amazing organ. It's designed to stretch and contract and stretch and contract. But once it has done that 7 times and accommodated a baby, and contracted and pushed a baby out, it is supposed to go back to its almost pre-pregnant state. But after you have had 10, 11, 12 babies, it gets like a very used rubber bank, it just doesn't contract down again. And so they may have had eight safe deliveries but all of a sudden their 9th one their uterus is tired and it just contract down again, and they just haemorrhage. And if you can't get a transfusion in, it's history. That the not so pleasant side of midwifery. So I just kind of focused on why are these girls having so many babies, and that's where I spent most of my energy.

EN: Perhaps we can turn to that now. Could you perhaps talk us through, you mentioned already this powerful image if the cliff, and the ravine, and you mentioned already that number of children..., what did you see as a solution to this problem?

MD: because I lived inside this big TAFE college, I had the privilege of being immersed in the culture. The child soldier war of the Northern parts of Uganda, all these beautiful young people with life in front of them; I got to spend time with them. Men feel that many children make them look strong. So if you can imagine a village of 300 people or 3000 people, which village would you fear the most? You will fear the village with 3000 people. Strength in numbers is something they see. Governments encourage large families; women need men to care for them, so they have to please their menfolk. So even if you saw a woman who'd had 12 babies and try talk to her about family

planning, she won't take it up because if she doesn't keep producing her man will then move off and find someone else. Polygamy is very strong and so having 2-3 mistresses or young people on the side is quite common.

The other issue is family planning has been focussed on women. But in fact the core values that make women want to keep producing, all that needs to be directed towards men and help shift their thinking. I worked in this institute and I saw these lovely people and I thought: they are getting a vocational skill: plumbing, electrical, hairdressing. They could choose between 10 vocations, and I thought if they don't learn about reproductive health, or they don't have their critical thinking skills challenged, then they are going to work out the door of the institute with a certificate in a trade, but they will still produce seven babies.

EN: Can we just pause there for a moment. You mentioned there was family planning directed towards the women, but not the men. Can you give us a picture of how well the message was getting through before you started thinking about how to do it better? Was it true that people heard the message about family planning, and about understanding their own physiology, and ignored it, or is it perhaps they didn't understand their own physiology and how babies are even made?

MD: the more I spoke the more I realized even educated people, maybe a trained teacher, many of them may not have realized that with the menstrual cycle there is a section of that cycle, maybe 6 or 7 days, when you are fertile. This is amazing news. So I found that the more I talked about the basics of the menstrual cycle, the lights just came on in people eyes.

I'll tell you one story: I was up on the Ugandan-Sudan border, and I was asked to talk about family planning, but before I went into the room, this missionary lady said "don't forget their all catholic" and I thought "oh my goodness" anyway, so I go in and teach my bit and at the end this old lady stood up from the back of the room and was quite obviously angry and pointing at me, and she was going off in her language, and I thought "here's trouble". And then the interpreter said she is angry because you haven't come earlier, and you have never told them before that this was how white women don't have babies. They didn't know there was a time when they couldn't get pregnant and there was a time when they were fertile. No one has told them. And I realized at that point this is good news for the poor...just telling them about the menstrual cycle, then helping them understand why women use contraception, how it works, why you have to take the pill every day, and not just take it when your husband is home. People are not getting an education on how the pill works, so when they have side effects, they don't want to take them anymore.

EN: that story illustrates nicely there is high demand to know about it and to have some more control over it but there the message isn't being delivered in a way that is getting through. So what was your response?

MD: That really spurred me on to think that we are almost pitching too high in all our economic development. In fact, sanitation, washing your hands, having a toilet and learning about reproductive health is still where many of these communities are at. And so I developed a very simple story line on how women would understand the menstrual cycle. I watched them in the garden and they knew how to dig and grow cassava and corn and maize, so I learnt their gardening cycle, so I made an analogy, a little story in the booklet, about how the garden grows in seasons and how you can tell when you're fertile and not fertile. It's gone down very, very well. Sometimes I act it out but mostly I teach student midwives, or ill teach anyone who wants to listen

how you can teach other people how the menstrual cycle works. And that actually confronts a lot of the myths around pregnancy. A man will say to a girl, 'you can't get pregnant today, it's the full moon. You can't pregnant because of this that and the other.' But if you tell a girl the truth about her body, that is confronting all the myths about witchcraft.

EN: You mentioned that it was well received. Do you find any opposition from authority figures or government structures?

MD: I found reluctance. I couldn't say I found a lot of opposition. I didn't go to the government and ask if I could teach this. I worked in a big institute and I was teaching the girls and one day I went to the director, he was a lovely, caring Christian guy. I have a huge respect for these Ugandans.

I said I am only doing 50% of my work.

He asked 'why?'

I replied because I was only teaching the girls. And there has only ever been one Immaculate Conception. We need to teach the boys. New values for the boys and new values for the girls. Respecting women and understanding the reproductive cycle.

He says we can't do it, it's too hard.

I said I can help you.

He said you go write it, I'll review it.

So I went back to my little house and I sat in the institute and for the next 8 or 9 months that was my main focus, to teach something that could be used in the institute. I finished that. I ran a workshop for 48 staff and so now there is a booklet that they are using in the syllabus of the institute, and one chapter is completely contraception, family planning. But most of it is addressing thinking about how many children you want. My focus is children by choice not chance, instead of just random belief that you get pregnant whenever. Addressing the core values and belief systems. I'm not into just building a building called a family planning clinic, its more we need to put more energy into addressing the males in Africa to be responsible and a lot of things are going to change. But I can't see it happening quickly. I had a lot of success stories with some men. There was one guy called Fred. I had been out to a village and taught student midwives how to teach family planning and they stood up in this village did the teaching and Fred was there 2 weeks in a row, and then he rang me and said I want to learn this family planning. And he said he wants to teach it to the men. This was pretty exciting. So I went back to the computer, and I spat out this little booklet, pretty rough and handed it to him, and went through the whole thing with him, and he understood it, how the hormones work, how vasectomies work, and just the physicals of it. And I said why do you want to teach this?
And he said "my father had 9 wives and I am one of 45"

I know there are a lot of men out there who don't want Uganda to continue the way it is. There are a lot of men who are willing to learn.

EN: It is an encouraging illustration where you might expect it to be difficult to change the culture; there are still individuals who see with eyes that are beginning to realize the core problem.

It's a grass roots approach as well to development, which you have mentioned before, the economists sometimes can be labelled 'top down' kind of people, it's something refreshing about this approach is that it works at the grass roots level and gets locals to teach locals where the respect culture can be changed and understood.

MD: I've got another really good story like that. The little girl on the front cover of the book: her name is patience. And patience had done the lessons down in the dormitory with me, and she came to me and said "Margy, you must come and teach my mum and dad, and you must come to teach my village."

Eventually I meet Moses and Rachel, and they have been doing Alcoholics Anonymous work in this refugee village in Uganda, which has got Congolese, Rwandan, Sudanese, Ugandan refugees. And for 20 years they have been living here. It is a long term generational camp. There are so many children it was mind boggling. And I taught Moses how to teach family planning, and they in turn had the village chief there, and there is a great photo of the village chief teaching men and women. And I thought "this is possible." We just need to walk it in on their level...for m**EN:** nationals to teach nationals, particularly for adolescent youth, how to change their thinking about how many children. That's going to change it. Pouring money into anything else, I'm a bit pessimistic.

EN: So you probably see opportunities for this kind of education in other African countries?

MD: Every African country

EN: And had there been any interest expressed so far in your program in other places? Even in Australia?

MD: I'm at a point where I've come back and I've left the manual there but it was very rough, I've never done anything like this before. So I've just this week picked up the final copy and tweaked it so it's got not so many spelling mistakes, and 'I'm ready to take it to a few organizations, and ask if they have got material like this. If they have, then great. If not, I want to share this but I'm not sure whether it should be set up in such a way that I train people how to teach it. Just giving people a book is not necessarily the answer. But when you train a facilitator who can train others, and so on...I think there is a lot of success in that 'train a trainer' module. And I'm thinking whether this might be the way I should go. I've called this: 'Life Choices for our Health' and I wrote this for one institute, but if it's effective in one institute, why can't it be effective in many? It's written for a Ugandan-English readable language. Lots of pictures, all done by Ugandans. I think it is a very transferable, usable booklet.

EN: Sounds great! Just a couple of final questions. One would be: after all that, after the experience of going into the first hospital, seeing the desperate situation, having the experience of the light coming on, thinking through how to change things, even in a small way, family planning being important, looking back, have you come to a place whether you can assess if it was all worthwhile?

MD: Yes, because I think of Fred, and I think if there is 1 man out there, men teaching men, and I just want to do more like that, I also think of a village midwife, Christine she was amazing. I have lots of stories about her. But there was one thing we really helped her with. I taught her how to teach family planning, how that is the lifesaving thread of this village. And in my last couple of

weeks she said ‘I had 2 women who had 9 babies each. And I taught them family planning. And I taught them that their husbands need to come and listen and they need permanent family planning

And I said well done, well done. What is next?

And she said she is taking them to hospital to have tubal ligation. And she did. If Christine can teach family planning, and follow through with tubal ligation to two women who have had their ninth, they will not get pregnant a tenth time.

EN: Quite probably saving their life

MD: But she’s not just saving those women’s life. When a woman dies leaving 9 children, you’re leaving 9 orphans. That would be 18 orphans in one village. So with2 tubal ligations, she has prevented 18 orphans. That to me says it’s all worthwhile

EN: That’s a lovely way to look at it.

MD: I have to

EN: Final question, stepping back for a moment I suppose that student’s might be quite moved by what you’ve said, even quite excited and encouraged by the possibilities for making an impact in some of these admittedly complex and very difficult intertwined cultural-economic family issues that many countries, particularly in Sub-Saharan Africa face, what would be your advice to those students, based perhaps on what you’ve had in Uganda?

MD: don’t give up and use the skills and the knowledge that you have had the privilege of having. I think it’s good to go with a spirit of learning, but don’t pitch too high. If you are in a community like Uganda who are still struggling through war, don’t pitch to high, they still need a lot of basic patient understanding about basic things that we have grown up in. I’ve dedicated this book to my mum and dad and all the youth of Uganda that don’t have parents. I am who I am because of my heritage, the value I’ve had on my own life, the fact I have been respected as a woman, and I think very carefully about the core value and belief systems, I come from a Christian background that says everyone has value and I now understand how imp-acti9ng that is that an unborn has value, that a 15 year old girl has value.

I have one happy little story: a little girl stood up in dormitory one night after the lesson and said “hallelujah, praise god” and clapped her hands and she said: “I use to be in a village and no-one knew my name. They said “do this, do that.” But now I have been at NVI (Niles Vocational Institute), I know who I am; I know what I can do. And she said “praise god” and sat down. And that sent chills down my spine. I thought this little girl has now got some value. I think we need to seriously look at core belief systems and values in whatever we are doing because they make up who we are. It’s a lot harder. I don’t expect to see a lot of results from this. I know you should evaluate programs, but I don’t know how you would evaluate these programs. I think you can present the truth and some different ways of looking at the world, but in the end it’s down to choices. There is a great book by David Moran called ‘African friends and money matters’. I encourage people to read that and think carefully about our core values and other peoples and that’s what drives our economy and our people, the value we put on each other’s lives.

EN: Very good. Thanks so much Marg, it's been fascinating touring with you through your journey in Uganda and for our students it's particularly helpful; sometimes we talk about grassroots activities, sometimes we read about it, but it's very rare to get someone who was really there in amongst difficult situations, responding to it and finding some positive outcomes from what is a very grassroots thing and I hope that we do look back in years to come, decades to come, and maybe making good choices becomes something of a standard in schools in Uganda and maybe other countries, and I guess that will be a wonderful outcome.

So thank you very much and best wishes with the rest of your work in this area.

MD: Thank you very much. I enjoyed sharing.