

RELIGION AND CHILDREN REPRODUCTIVE HEALTH ISSUES IN UGANDA:

By:

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1.1 Background

The International Conference on Population and Development (ICPD) held in 1994 in Cairo, Egypt set the ICDP Program of Action that urges signatories (including Uganda) to ensure greater involvement of Civil Society Organizations, cultural and religious institutions to participate in population and Development programs. Government of Uganda (GoU) recognizes the role played by the Civil Society and Religious institutions in rallying the populations around different aspects of development including promotion of the quality of life using social infrastructure and religious faiths respectively. Indeed, the GoU has allowed the populations to enjoy their religious freedom and individuals and institutions to register Civil Society organizations.

To manage this process, the GoU has also instituted an NGO Policy which facilitated the establishment of the NGO Forum to organize and manage operations of Civil Society Organizations while institutions like the Joint Christian Council are also spearheading the joint effort of Ugandan Christians. Cognizant of the fact that the Christian community in Uganda is the majority and that this community is just, like the whole country, is affected by reproductive health challenges and gender inequality issues, especially the youth.

A study to understand religious leaders' perspective and interpretation of reproductive health for children became timely in order to point out development issues, concerns and social sensitivities about reproductive health for children in Uganda.

1.2 Problem Statement

In many developing countries, the population of young people is on the rise, as is the risk of unwanted pregnancy, STIs, and HIV/AIDS. And yet, they have been traditionally underserved when it comes to their sexual and reproductive health needs. As donors and governments begin to focus more attention on increasing the availability of RH services to young people, a holistic approach involving all key stakeholders like churches is needed to adapt to current services so they are more youth friendly.

Uganda is internationally obliged to fulfill her promise to implement the International Conference on Population and Development (ICPD) platform and is in line with the implementation of Uganda's Population Policy (Revised, 2008).

Some personalities from different sections of the religious and political divide have in some cases tended to split the messages toward different directions in as far as

interpretation of aspects related to population and development especially on children and their reproductive health rights .

The study is aimed understanding religious perspectives and existing practices on children sexual and Reproductive health issues that include: promotion of maternal and child health; parent-child communication and children rights and responsibilities; adolescent sexual and reproductive health and rights; HIV/AIDS prevention, treatment and care and the role of the church in promotion of these aspects.

1.3 Aim

The study is aimed understanding religious perspectives and existing practices on children sexual and Reproductive health issues.

1.4 Specific Objective

1. To find out existing practices on Promotion of maternal and child health.
2. To examine parent- children communication practices on adolescent sexual and reproductive health issues.
3. To understand the role of the church in promotion of children reproductive health issues.

1.3 Methodology

The study was conducted by carrying out interviews that sought input from 76 Church Leaders of Pentecostal/Born Again; Seventh Day Adventist and Orthodox faiths. 7 districts that were selected for the study include Kotido, Moroto, Kaboong, Oyam, Kanungu, Mubende and Katakwi districts.

Focus Group Discussions were conducted to discuss the issues affecting young people and their perspectives on what the holy bible says were solicited. Discussions were centered on what the Holy Bible pronounces as the correct Christian Message on these issues. The study was cognizant of the need to integrate information obtained with the legal instruments already in place so that the information obtained does not contravene today's laws, policies and statutes.

The study further reviewed content from Sexual Reproductive health literature and other literature relevant to this study. The topics of discussion included:

- i. Promotion of health seeking behavior for maternal health during pregnancy, child birth and the post partum period;
- ii. The role of the Christian religious leaders, men, and women in maternal health and health seeking behavior;
- iii. Parenting and the parent-child communication including children's rights and responsibilities and obligations of the parent and child;
- iv. Sexually and sexual health education in Christianity and their relevance in the Christian community;
- v. Adolescence, Adolescent sexual and reproductive health, risk behaviors and how to avoid and address them among adolescents;

- vi. Elaboration on human rights in Christianity and incorporations of new knowledge in SRH;

2.1 MATERNAL HEALTH

2.1.1 PREGNANCY AND CHILD BIRTH

Maternal Health means health of a woman of reproductive age (18-49) during pregnancy, child birth and postpartum period. Maternal mortality rate in Uganda stands at 435 per 100,000 live births (UBOS 2006). This implies that , every day 16 women die in Uganda while giving birth amounting to 6000 women per year (MDG



Report, 2010). Only 41.1% of women in Uganda deliver with support of trained medical worker (UBOS 2006) meaning that the majority of women depend on traditional and usually risky methods that lead to either their death (usually due to uncontrolled bleeding or postpartum hemorrhage) and death of the born child. In some cases, both the woman and child die. For every one woman who dies during child delivery, other twenty (20) go on to suffer pregnancy related complications (UNFPA, 2000). Proper maternal care ensures that children are born alive and in proper health while their mothers

recover through a supportive post partum period (the period of 0-4 months after delivery). Today in Uganda, 13.7% of all children born are not able to live up to five (5) years of age and 7.6% of infants die before the age of one (UNDP 2010).

To ensure that proper health care seeking behavior and proper maternal health:

- a) Learn the importance of emergency obstetric care. This means the care of women and their newborns during pregnancy, delivery and period after delivery. All men and women should attend teachings on these matters organized in their communities together so that they apply the knowledge during the time of pregnancy;
- b) Expectant mothers should attend Antenatal care (ANC) at-least four (4) times. Men should accompany their wives during these visits and where possible undergo screening/scanning that provides details on the health of unborn child;
- c) Good nutrition and sufficient rest for the expectant mother. Husbands should assist their expectant spouses in performing domestic chores and allow them sufficient rest especially in the last trimester of the pregnancy. During this time, it is important that the expectant mother feeds well for her own health and that of the unborn child;
- d) Expectant mothers should sleep under a treated mosquito net. Malaria is one of the causes of deaths of mothers and unborn children in developing countries. Sleeping under a mosquito net protects both the mother and the unborn child from malaria;
- e) Both expectant mothers and their husbands should go early to the Health Center few days before delivery. Due to transport challenges in most parts of Uganda, women deliver on their way to hospital because they wait till the last minute. It is important for expectant mothers to be at the health center early enough to receive assistance from a qualified health worker;
- f) Avoid engaging in sexual risky behavior that makes expectant mother susceptible of acquiring sexually transmitted infections including HIV/AIDS;

- g) Expectant mothers living with HIV/AIDS should undergo strict adherence to Antiretroviral Therapy so that they do not pass on HIV infection to their unborn children.

2.1.2 CHILD BIRTH

Child birth occurs largely in two major ways:

- a) **Normal human childbirth.** This involves: shortening and dilation of the cervix that allows descent and birth of the infant and its placenta.
- b) **Caesarean section** which means removal of infant through a surgical incision in the woman's abdomen rather than through vaginal birth.

Many women face complications during child birth that mainly include the following:

- a) Labour complications that include: mal-presentation of the infant before it gets out of the cervix (breach birth) and poor uterine contraction strength
- b) Obstructed labour mostly caused by inordinate uterine activity;
- c) Maternal complications including vaginal birth injury and Hemorrhage or heavy blood loss;
- d) Prematurity or birth before 37 weeks gestation or prolonged labour(after 9 months)
- e) Obstetric fistula: a severe medical condition in which a (hole) develops between either the rectum and vagina or between the bladder and vagina after severe or failed childbirth, when adequate medical care is not available
- f) A fallen womb which is a debilitating condition in which the supporting pelvic structure of muscles, tissue, and ligaments gives way, and the uterus drops into or even out of the vagina.

2.1.3 POST PARTUM PERIOD

Postpartum is the period from when a woman gives birth to end of four months after. Women at times suffer during delivery and this affect them over the subsequent four months that include **prenatal depression**.

2.1.4 EXISTING PRACTICES

In most communities in Uganda, death at birth for both child and mother are looked at as curses and misfortunes. In some communities, a woman who dies while delivering a child is referred to as lazy and responsible for not putting up the necessary fight to 'push' the child out of her womb. Women who lose their children at birth hence become disillusioned by these stereotypes making them even more susceptible of further failed deliveries and miscarriages.

Uganda has seen the number of birth by caesarean section rise rapidly over the last twenty years. The main reason for this is the fear of complications associated with natural human childbirth. C-section procedure is expensive and if not well carried out can lead to infections of both the child and the mother. Women with complications at birth who are unable to undergo a c-section procedure, end up dying or losing their infants.

Disposal of the placenta remains a contentious issue up to the present day. In some cultures, the placenta is referred to as 'the first child' and buried 'in the corner of the plantation' a sign that when a child grows up he or she is the 'second child' and will die and be buried 'to be restored to the first child'. Most women demand therefore that they carry the placenta with them from the health center.

2.1.5 BIBLICAL TEACHINGS AND MESSAGES

- a) While labour pains are a curse as written in **Genesis 3:16**, expectant mothers ought to keep in holiness and God will save them on child bearing if you keep in faith, holiness and sobriety and self-control **1 Timothy 2:15**
- b) Men should follow Joseph who was supportive to Mary and support their wives through the period of pregnancy and postpartum **Mathew 2: 13-14**

2.3 PARENT-CHILD COMMUNICATION INCLUDING CHILDREN'S RIGHTS AND RESPONSIBILITIES AND OBLIGATIONS OF THE PARENT AND CHILD

2.3.1 BACKGROUND

A child is any Ugandan aged below 18 years. According the ICPD Program of Action upholding of child rights was central in ensuring a proper path toward population and development. According the Cairo Programme of Action – also known as the Cairo Consensus – delegates from all regions and cultures agreed on 15 Principles, which among others included: **Consensus One (1)**: All human beings are born free and equal in dignity and rights; **Consensus Ten (10)**: Everyone has the right to education. Particular attention must be paid to the education of women and the girl child; and most importantly **Consensus (11)** which states that all States and families should give



the highest possible priority to children. Consensus 11 therefore is a call on parents and Governments alike to ensure that children get education not as a service but as a right. In addition to formal education, parents ought to teach their children the right manners and ways of life that shape their character and a fortitude that enables them live as responsible citizens in the years to come. While they do this, parents ought to envisage themselves as role models for their own children since children would seek

to imitate their actions.

2.3.2 EXISTING PRACTICES

Unfortunately, in our society today, violations of child rights and the ICPD Consensus continue to occur. The Church needs to come out strongly with a stern message to curb these violations of children rights. Most prevalent practice that derails the prosperity of children is **Child neglect and abandonment**. Due to a high rate of early marriages and unplanned sexual activity that happens outside marriage, most young people who are unable to raise children, 'leave' them with their grandparents. Children born in these circumstances are seen as an 'inconvenience' to young mothers and being raised outside a 'normal' home, grow up discontented and disillusioned. In most cases, the children become subject of **Child abuse** and are stigmatized by the communities as bastards. **Child sacrifice** has presented a challenge for Ugandan communities over the last five years. Most of the cases investigated point to the rise of sorcery, witchcraft of pursuit of riches in the 'dark world' as the main causes of child sacrifice in Uganda. **Rape and defilement** are other incidences through which the rights of children have been violated. Cases of male teachers defiling their female pupils and students remain rampant. During incidences of war in Northern Uganda, cases of rape and defilement of children were widespread. In addition to these evils against children, **Child disrespect and denial of rights** is reported in our community especially in cases where children get entangled in family wrangles. Some children are denied proper nutrition and a right to education especially sexual education.

Parents provide unspoken sex education by the way they act toward each other and toward their children. They are there at every stage of a child's development to answer questions, give information and advice and discuss concerns. They can make understanding about sexuality a natural, normal and progressive experience. Unfortunately, many parents cannot (or do not) adequately answer their children's questions at home and some are reluctant to open the subject prematurely. So, most of what adolescents know about sexual reproduction, anatomy, pregnancy, etc has been picked up from their peers and is either wrong or incomplete. The church therefore can use the opportunity to merge the moral values with necessary instruction about

2.3.3 BIBLICAL TEACHINGS

Parents are caretakers of their children on God's behalf. The Bible teaches in **Proverbs 22:6** that parents ought to train children in the good ways they should go and they shall not depart from it. Further in **Ephesians 6:1-4**, parents should not provoke children to anger- a pointer that children rights should be upheld. This is also repeated in **Colossians 3:21** calling on parents not to discourage their children.



At the same time, children who are disobedient should be punished. **Proverbs 23:13** proposes to parents not to withhold the rod from the child if you strike him, he will not die. When children depart from the ways in which parents teach them, the Bible calls for correction and use of a rod in **Proverbs 29:15**. Also in Romans 1:30-32, disobedience to parents will cause judgment of God.

On evil practices against children, **Mathew 19:14** notes that; -let the children come to me, for such belongs the kingdom of heaven. There are rewards for children who heed their parents' teaching. In **Proverbs 3:1-2**, the Lord promises to lengthen their days. Children are therefore in **Colossians 3:20** requested to obey parents in everything, it pleases the Lord. Note that everything done that is not pleasing to the Lord is a sin.

Parents should therefore be proud of their children. In **Psalms 127:2-4** "Behold children are a heritage from the Lord, the fruit of the womb is a reward. Like arrows in the hand of a warrior, so are the children of one's youth.

2.4 ADOLESCENT SEXUAL REPRODUCTIVE HEALTH, RISK BEHAVIOURS.



2.4.1 INTRODUCTION

Young people are defined as those aged between 12 and 24 years. These form three categories: Children (0-18 years); adolescents (12-19) and young adults (20-24). The entire framework to address sexual reproductive health needs of young people is based on the recognition that young people, particularly those living in poverty, have been virtually ignored in National policies and programmes. Yet this period of their lives is a critical transition between childhood and taking on adult responsibilities¹.

¹ Of the 1.8 billion young people in the world today, about half survive on less than \$2 a day, while more than 100 million adolescents do not attend school. Sixteen million adolescent girls become mothers every year. Almost 40 per cent of the 6,800 new HIV infections each day are among young people.

The needs of young people are diverse. The church has a role to play in supporting the implementation of effective policies and programmes for adolescents and youth. Churches should be places where moral values for young people are formed and strengthened, self-esteem cultivated and life's lessons are taught. A connection to religion is a protective factor for youth in terms of healthy behaviours. There is need to encourage open discussion about sexuality and reproductive health within a faith-based environment to provide a forum for youth to clarify religious based values about reproductive health.

There is need for expanding access to gender-sensitive, life skills-based sexual and reproductive health including HIV education in schools and community settings; promoting a core package of health and sexual and reproductive health/HIV services; encouraging young people's leadership and participation within the context of sector-wide approaches, poverty reduction strategies and health sector reforms.

2.4.2 EXISTING PRACTICES

Uganda has one of the highest rates of teenage pregnancy in the world. One in every 4 Ugandan girls has had sex by the age of 18 and more than 50% of these have become pregnant as a result. (Neema et al 2004) Young people are contracting STIs/AIDS in large numbers.

Low incomes at the household levels forces young girls into early marriages and their parents pressure them into marriage with pursuit of bride wealth in mind, while others become 'strayed' into marriage enticed by rich older men. Because young women have limited skills to enter well paying employment opportunity brackets, the majority continue to be heavily dependent on usually richer older men to which some are concubines or living in informal marital arrangements known as cohabiting. Another unfortunate situation is the high level of stigmatization associated with teenage pregnancy in the community.

Parents and members of the community often place punishment on the girl child victim of pregnancy as opposed to her male partner, who in most cases is more responsible for the resultant pregnancy as an instigator of sexual activity. The national education policy has not helped matters as pregnant young girls are often chased from school while the boys who are responsible for making girls pregnant are left to go scot free. Young women in these situations end up in early marriages, a scenario that plunges them in marriages with low esteem, self-pity and low productivity.

It is also important to note that young male adolescents continue to lack specific tailored reproductive health messages and policies targeting them. As a result, young men are not able to deal effectively with issues relating to sex. Hence they are usually caught up with the scenarios related to teenage pregnancies.

Another challenge is that parents do not easily communicate with their adolescent children regarding Sexual Reproductive Health. Fathers often leave this topic to mothers who also refer their children to their aunties (Ssengas)². While in some

²Refers to Paternal Aunt. She is the one who traditionally counsels girls on issues of Sexual Reproductive Health. But the Ssengas are also increasingly abdicating this role to schools which are also not adequately proficient in transmitting the appropriate information

cultures, this message provided by Ssengas is viewed as effective in addressing the gap of adolescent reproductive health education, most of their messages have instead increased curiosity among young girls who attempt 'to try out' what they have been told at times in ways that have made them victims of sexual exploitation.

The new information age has exposed the young people to diverse messages, information, entertainment some of which has adversely affected the lives of the young people. Pornographic material in the print and electronic media and internet sites have 'polluted' the minds of some young people and wrongly shaped their reproductive health and behavior. Piecing of bodies; burning of skins with tattoos, alcohol and drug abuse and poor dressing (raged dressing for young men and skimpy dressing for young women) are among other practices harmful to the youth today. These are highly attributed to exposure to a 'western culture' that has eroded morals of most youth. Despite signs that things are improving, the reality of sexual temptation remains—and Christian young people are not inoculated against these pressures.

Talking with young people about the process of growing up takes courage. In many families, parents do not discuss subjects such as sex, sexuality, and reproductive health. But, not talking about them can lead to more myths and misinformation. Religious mentors need to overcome any fears or discomforts they may have about discussing with young people on sex, sexuality, the human body, reproductive health, and HIV/AIDS. Young people even in churches are engaging in sex early with its risks of becoming pregnant when underage or acquiring a sexually transmitted disease. Although the church advocates against premarital sex, adultery and fornication, every day young girls become pregnant out of wedlock, rape occurs and the incidence of STIs and AIDS is increasing at alarming rates. Hence, the religious community and parents must find a way to integrate accurate information about sexuality within the context of biblical teachings.

2.4.3 BIBLICAL TEACHINGS

The Bible cautions on enjoyment of youth and in **Ecclesiastes 11:9-10** while at the same time re-iterating that such "enjoyment" among youth and childhood are vanity. Young people should know that the childhood and youth will pass away and they will have to face the responsibilities of adulthood. Peer pressure has a large impact on the young people because they communicate more with each other than with their teachers and parents. It is therefore important that the young people are cautioned to choose the 'right' friends. The Bible teaches in **Proverbs 12:26** that *'the righteous should choose his friends carefully and the way of the wicked leads them astray'*.

Young men and women should shun homosexuality. The Bible notes clearly in **Romans 1:26-27** that due punishment awaits those who practice it. **1 Corinthians 6:19-20** teaches that the body is the Temple of the Holy Spirit, so glorify God in your body. The Bible further cautions those who engage in sexual immorality in **1 Corinthians 6:9** *Or do you know that the unrighteous will not inherit the Kingdom of God. The sexual immoral nor idolaters nor adulterers nor me who practice homosexuality will not inherit the kingdom of God.*

Just as was the message to the children, the adolescents should also obey their parents as written in **Ephesians 6:1-3**.

Young people are cautioned in **1 Corinthians 7:31** not to misuse the world and finally, there is a caution in **1 Corinthians 10:31**; So whether you eat or drink or whatever you do, do all to the glory of God.

3.0 CONCLUSION AND RECOMMENDATIONS

3.1 CONCLUSION

The study reveals that violations of child rights continue to occur in Uganda. The Most prevalent practice that derails the prosperity of children is Child neglect and abandonment in Uganda. In most communities in Uganda, death at birth for both child and mother are looked at as curses and misfortunes.

The Church has not come out strongly with a stern message to curb these violations of children rights and promotion of reproductive health issues for young people.

3.2 RECOMMENDATIONS

- Organizing and sponsoring the formation of young people's clubs and programmes in Places of worship
- Introduction of life skills programs in churches especially for children. This should include educating the young people about their values, cultivating self esteem, changing body, sex and sexuality and negotiating safe sex.
- Initiate programs on True Love Waits to educate and emphasize purity. Let the young people sign purity cards or purity rings, making commitments God to stay pure. Secondary virginity for those who already have engaged in sex, they can stop and start abstaining. *It is God's will that you should be sanctified: that you should avoid sexual immorality. 1 Thes4:3. 1 Thes 4:3-5, For this is the will of God, your sanctification: that you abstain from sexual immorality; that each one of you know how to control his own body in holiness and honor, not in the passion of lust like Gentiles who do not know God.1Cor 6:13 The body is not meant for the sexual immorality but for the Lord and the Lord for the body.*
- The church should take responsibility of teaching the young people about ARH information and presence of alternatives like condoms and how to effectively use them to minimize on the risk of the consequences of early sex. The young people should be given such information with caution not to misuse it instead of them getting such messages from other fora.

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