Inspiration from Sierra Leone

Anna Bosanquet meets two dedicated health professionals who are succeeding against all the odds in an African country with the highest infant, child and maternal mortality rates in the world

Having just finished writing my series of articles for TPM, 'Inspiration from the past', where I looked at some powerful midwifery role models from 17th and 18th century London, I had the chance to travel to Sierra Leone with my choir for a week-long musical visit. Our busy rehearsal and performance schedule did not leave us much leisure time, but I could not resist finding out more about midwifery, healthcare provision and women's health. All I knew was that maternal and infant mortality were very high. But this was only part of the story. What I found well exceeded my expectations: among those working with poverty, scarce resources, and the still present economic, physical and psychological consequences of the violent civil war that ended in 2002, I met the most exceptional role models that I have come across in all my professional life. These two most inspiring, amazing women are Bondu Manyeh, a social worker and counsellor supporting those who have suffered sexual violence and other war crimes; and Sister Janet Bio, a midwife in the capital city, Freetown. This article is dedicated to them.

Anna with Janet, a Freetown midwife

Background

Sierra Leone lies on the coast of West Africa. Within the population of 5.6 million, 48 per cent are children under the age of 18. Life expectancy is 48 years. Almost a third of children born alive die before reaching the age of five and the infant, child and maternal mortality rates are the highest in the world at 159 per 1,000, 270 per 1,000 and 1,300 per 100,000 live births respectively. The Millenium Development Goals target of reducing under-five mortality in Sierra Leone to one in 10 live births by 2015 is considered to be well out of reach (UNICEF 2008, United Nations 2009a, WHO 2007 and 2009).

There is a severe shortage of healthcare services, especially in rural areas. Statistics from 2006 showed that, for the total population, there were only 127 physicians, five obstetricians, four paediatricians and 201 registered midwives. The scarcity of trained personnel, together with strong cultural beliefs and faith in traditional medicine, result in over-reliance on traditional healers and traditional birth attendants who are unskilled and who do not make timely referrals for complicated cases. Modern medicine – and the hospital – are considered by the majority as the last resort. They are utilised only by the small numbers of the privileged and educated who can afford to pay (UNICEF 2008, Amnesty International 2009).

Health inequalities

There are other constraints that impact on mortality and morbidity rates and prevent access to services. Most healthcare has to be paid for, and many cannot afford the service or transport costs. Over 70 per cent of the population live below the poverty line, with 26 per cent classified as extremely poor. Less than half have access to safe water, and growing numbers live in urban slums with no sanitation. Women marry early – 62 per cent have married before the age of 18 – and tend to have many children. Female genital mutilation (FGM) is universal, with 94 per cent of women having undergone the procedure. The rates of HIV in pregnant women, currently at 4.4 per cent, are increasing. Anaemia and malnutrition are great problems, with over 70 per cent of women and children suffering from various forms of anaemia. Infant feeding practices are poor, resulting in some of the highest child malnutrition rates in the world: since 2000 the number of under weight children has increased by 24 per cent and the number of growth stunted children by 31 per cent. Only 8 per cent of infants are breastfed exclusively for six months (WHO 2007, UNICEF 2008, United Nations 2009b, Amnesty International 2009).

> Female genital mutilation is prevalent, with 94 per cent of women having undergone the procedure

Many children in Sierra Leone are exposed to violence, exploitation, abuse and deprivation by primary care givers. One in ten children are orphans, and 27 per cent are considered to be vulnerable to various forms of abuse, including child prostitution and child trafficking. Seventy percent of children are enrolled into primary education, but only one in ten reach the fifth year, resulting in the adult literacy rate of 38 per cent. Although there are no gender disparities at entry into primary education, girls are far less likely than

Women in the antenatal clinic join in with a song to promote condom use

boys to complete primary school. Gender differences become even more pronounced at the secondary and higher education level; as they become older, girls face several barriers to their education, including child marriage and pregnancy (UNICEF 2008, Amnesty International 2009).

Sexual violence

During the war, a significant number of girls and women were deliberately and systematically targeted for sexual violence. Many continue to suffer the effects, with little or no help available to them. Bondu Manyeh, from Graceland Counselling Services invited me to visit their skills training centre at the Goderich Funkia Community just outside Freetown – one of five centres run by the organisation. Bondu is a social worker who trained at universities in Sierra Leone and Canada. Since 1984 she has been working with sexually exploited girls and adults.

During the war years Bondu was faced with many displaced children, some as young as five, who were victims of torture and abuse. They were roaming the streets and rural areas, naked, dying of hunger, looking for food. Their bodies were sold by relatives or other adults for sexual services. She used her experience, energy and personal resources to provide as many of them as possible with food and shelter. At night she would go out to talk to the girls – many of them 'bushwives', who as children were kidnapped by the rebels and kept in the bush as slaves to provide sexual and domestic services – to encourage them to join her centre. At the peak, she had 295 young girls registered under her care, but in 1998 the centre was attacked and all girls were taken back to the bush.

Her current work builds on that experience. Women – and some men – attending her community day centres all bear war-related scars, either as ex-bushwives or victims of other violence. They are offered psycho-social counselling and learn practical skills such as sewing, weaving or agriculture. The organisation also offers free screening for infectious diseases such as HIV, TB or malaria.

Raising HIV awareness

As the result of their experiences, many of the centre's attendees are found to be HIV positive. They are given free treatment and confidential counselling, as well as ongoing psycho-social support. Bondu and her co-workers are also actively engaged in wider 'sensitisation' campaigns raising awareness of HIV in rural communities and decreasing stigma. I was fortunate to be a guest of honour – kicking off a girls' 'comic football match'. The match was the main attraction of the successful event, which also provided free t-shirts promoting HIV screening, and free condoms.

Infant feeding practices are poor, resulting in some of the highest child malnutrition rates in the world

Maternity care in Freetown

Another unforgettable experience was a visit to Kissy Hospital – a small Methodist hospital in the Kissy district of Freetown, where I met Sister Janet Bio, a midwife in charge of the maternity services. This local community hospital used to be a small clinic which, during the war was filled with displaced and handicapped children. Sister Janet has faced an ongoing struggle to encourage women to attend; when she arrived in 1996 there were only four births a year by women arriving with complications. She introduced an antenatal clinic which now sees 400 women a week. The pattern of care involves monthly attendance up to 28 weeks, fortnightly between 28 and 32 weeks, and weekly thereafter.

It is typical for a woman here to have 10 children, with many giving birth to 15 or even 20. Janet described one mother who had given birth 24 times; all her children except four died, mostly due to poor feeding practices. The death of many men during the war has exacerbated the problem: re-married widows are under pressure to produce a family for the new husband, and this may also result in the neglect of children from the previous marriage who are often sent away to live with other relatives.

The hospital provides contraceptive services, including coils and injections. The routine use of condoms is highly encouraged. I was a witness to an ingenious health education event taking place in the antenatal clinic. The waiting area fills up very quickly with 200 women sitting on long benches, waiting in the heat, sometimes for hours, for their antenatal check-up. This is an excellent opportunity for health education, well used by Kissy staff. Women are given a talk about pregnancy, labour and infant care, with special ►

emphasis on how to recognise problems. Almost all these women will give birth at home and it is important that they know when to seek help. Although the women with complex pregnancies are strongly encouraged to give birth in the hospital, the reality is that most of them will not.

After the antenatal education session, the specialist HIV nurse arrives, carrying a large plastic model of a penis and a bag of condoms. Following a prayer and a short talk, she suddenly starts waving the model penis high in the air while breaking into an African song, inviting women to join in by singing and clapping: "Tell your man to wear a condom. Tell him if he loves you, if he cares about you and his children, he will wear a condom. Tonight, I'll tell my husband to wear a condom." Most women and their children happily clap and sing. Some remain shy and silent.

Sierra Leone's future midwives

Facilities

Afterwards Sister Janet shows me the labour room and postnatal ward. There are two beds in the delivery room and five in the postnatal room. There is only very basic equipment, scarce medication and no bed sheets. On average there are 100 births per month. There are no doctors on duty, and if a woman requires a caesarean section she has to be transported to the hospital in the town centre. If necessary, Janet uses forceps and, more frequently, ventouse; women often arrive in obstructed labour and ventouse is required in about a third of admissions. She assists women giving birth to twins, triplets and breeches as a routine, and keeps a detailed, hand-written register of all cases. In her 12 years of practice she attended 5,339 births. Her statistics show remarkably good neonatal and maternal outcomes.

Midwifery education

Janet is also a very keen teacher. During my visit she called in all the midwifery and medical students in the hospital to demonstrate on a mannequin techniques for delivering babies in malpresentations and malpositions – including the use of instruments. About ten students immediately arrived, all keen and committed. While in general a shy and unassuming woman, Janet was confident, impressive and most inspiring as a teacher. She used humour, mnemonics and other memory-boosting techniques, making students recite Latin terms and definitions, as well as making them think and problem solve.

In mid-session we all unexpectedly had to move to the labour room: a woman had just arrived in obstructed labour lasting two days. Janet skillfully used the ventouse to turn the baby from the OP position and allowed a student midwife to complete the birth. The teaching session continued in front of the woman; I have never seen anyone examining and describing the placenta with such enthusiasm and attention to detail.

Much about the session will remain with me forever. For example, how do you recognise, in hand presentation, which arm is protruding? Easy. If you can say hello to the baby by shaking its hand, it's the right one! And while birthing the placenta, always remember you may accidentally pull the uterus out, so don't use force: 'never take out what you can't easily put back in'!

Conclusion

If the health professions had an honours system, Bondu and Sister Janet would surely get the highest available! Learning should be a two-way process. Success is hard where there is poverty and lack of resources, and there is much for us to admire and learn from those professionals like Bontu and Janet who persevere and succeed against all the odds. **TPM**

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