

From Objianuju Ekeocha
An Open Letter to Melinda Gates
August 20, 2012

Growing up in a remote town in Africa, I have always known that a new life is welcomed with much mirth and joy. In fact we have a special "clarion" call (or song) in our village reserved for births and another special one for marriages.

The first day of every baby's life is celebrated by the entire village with dancing (real dancing!) and clapping and singing - a sort of "Gloria in excelsis Deo."

All I can say with certainty is that we, as a society, LOVE and welcome babies.

With all the challenges and difficulties of Africa, people complain and lament their problems openly. I have grown up in this environment and I have heard women (just as much as men) complain about all sorts of things. But I have NEVER heard a woman complain about her baby (born or unborn).

Even with substandard medical care in most places, women are valiant in pregnancy. And once the baby arrives, they gracefully and heroically rise into the maternal mode.

I trained and worked for almost five years in a medical setting in Africa, yet I never heard of the clinical term "postpartum depression" until I came to live in Europe. I never heard it because I never experienced or witnessed it, even with the relatively high birth rate around me. (I would estimate that I had at least one family member or close friend give birth every single month. So I saw at least 12 babies born in my life every year.)

Amidst all our African afflictions and difficulties, amidst all the socioeconomic and political instabilities, our babies are always a firm symbol of hope, a promise of life, a reason to strive for the legacy of a bright future.

So a few weeks ago I stumbled upon the plan and promise of Melinda Gates to implant the seeds of her "legacy" in 69 of the poorest countries in the world (most of which are in Sub-Saharan Africa).

Her pledge is to collect pledges for almost \$5 billion in order to ensure that the African woman is less fertile, less encumbered and, yes, she says, more "liberated." With her incredible wealth she wants to replace the legacy of an African woman (which is her child with the legacy of "child-free sex."

Many of the 69 targeted countries are Catholic countries with millions of Catholic women of child-bearing age. These Catholic women have been rightly taught by the Church that the contraceptive drug and device is inherently divisive.

Unlike what we see in the developed Western world, there is actually very high compliance with Pope Paul VI's "Humanae Vitae." For these African women, in all humility, have heard, understood and accepted the precious words of the prophetic pope. Funny how people with a much lower literacy level could clearly understand that which the average Vogue- and Cosmo-reading-high-class woman has refused to understand. I guess humility makes all the difference.

With most African women faithfully practicing and adhering to a faith (mainly Christian or in some cases Muslim), there is a high regard for sex in society, especially among the women. Sex is sacred and private.

The moment these huge amounts of contraceptive drugs and devices are injected into the roots of our society, they will undoubtedly start to erode and poison the moral sexual ethics that have been woven into our societal DNA by our faith, not unlike the erosion that befell the Western world after the 1930 Lambeth conference! In one fell swoop and one "clean" slice, the faithful could be severed from their professed faith.

Both the frontline healthcare worker dispensing Melinda's legacy gift and the women fettered and shackled by this gift, would be separated from their religious beliefs. They would be put in a precarious position to defy their faith - all for "safe sex."

Even at a glance, anyone could see that the unlimited and easy availability of contraceptives in Africa would surely increase infidelity and sexual promiscuity as sex is presented by this multi-billion dollar project as a casual pleasure sport that can indeed come with no strings - or babies - attached. Think of the exponential spread of HIV and other STDs as men and women with abundant access to contraceptives take up multiple, concurrent sex partners.

And of course there are bound to be inconsistencies and failures in the use of these drugs and devices, so health complications could result; one of which is unintended abortion. Add also other health risks such as cancer, blood clots, etc. Where Europe and America have their well-oiled health care system, a woman in Africa with a contraception-induced blood clot does not have access to 911 or an ambulance or a paramedic. No, she dies.

And what about disposal of the medical waste? Despite advanced sewage disposal in the First-world countries, we hear that aquatic life there is still adversely affected by drugs in the system. In Africa, be rest assured that both in the biggest cities and smaller rural villages, sewage constitutes a real problem. So as \$4.6 billion worth of drugs, IUDs and condoms get used, they will need safe disposal. Can someone please show us how and where will that be? On our farm lands where we get all our food? In our streams and rivers from whence comes our drinking water?

I see this \$4.6 billion buying us misery. I see it buying us unfaithful husbands. I see it buying us streets devoid of the innocent chatter of children. I see it buying us disease and untimely death. I see it buying us a retirement without the tender loving care of our children.

Please Melinda, listen to the heart-felt cry of an African woman and mercifully channel your funds to pay for what we REALLY need.

We need:

- Good healthcare systems (especially prenatal, neonatal and pediatric care).

Needless to say that postpartum and neonatal deaths are alarmingly high in many Sub-Saharan African countries. This is due to the paucity of specialized medical personnel, equipment and systems. Women are not dying because they are having "too many" babies but because they are not getting even the most basic postpartum care. A childbirth or labor complication can very easily be fatal, for both mother and baby. To alleviate this problem new, well-equipped and well-staffed birthing centers with neonatal units need to be built in easily accessible parts of the poorest communities. And if Melinda Gates really insists on reducing population, she can have highly trained Natural Family Planning (NFP) instructors strategically placed in these women's healthcare facilities. At least then there would be a natural and holistic approach.

- Food programs for young children.

This would serve a two-fold purpose if it is incorporated into free or highly subsidized nursery school programs. It would nourish and strengthen the growth of these children, who are so, so vulnerable to malnutrition, and it would also serve to encourage parents to bring their youngsters, ages 3 or 4, to nursery school. In so many parts of Africa, children miss out on nursery school education because it is expensive and considered a luxury reserved for the rich and middle class. As a result, the children miss the first few crucial years when basic math and reading are easily learned. By the time they are considered "ready" for school, at age 7 or 8, they struggle academically. Many of them never quite catch up and so drop out after six or seven years. This is when a lot of young girls are married off as mid- to late-teenage wives who unfortunately would become the perfect recipient of the Melinda Gates comprehensive contraceptive care!

- Good higher education opportunities

Not just new school buildings or books, but carefully laid out educational programs that work - scholarships, internships at higher levels, etc. - are needed. Despite the problems and obstacles to primary and secondary education, a significant number of young girls make it into universities, polytechnics or colleges. The problem however is that, most of the schools and resources are substandard and outdated. As such, the quality of higher education is low and cannot compare to that of more privileged countries. Even though the teachers put in their very best and the students work hard, the system is inadequate and will always produce disadvantaged graduates who are not confident enough to stand with their counterparts who have studied in other parts of the world.

- Chastity programs

Such programs in secondary schools, universities and churches would create a solid support system to form, inform and reassure our young girls and women that real love is that which is healthy and holy. Many African girls are no longer sure about moral sexual ethics thanks to the widespread influence of Western media, movies and magazines. More support should be given to programs that encourage abstinence before marriage and fidelity in marriage. This approach would go a long way to combating the spread of HIV and other STDs through the continent. And it would certainly lead to happier marriages!

- Support for micro-business opportunities for women

The average African woman is incredibly happy, hard-working and resilient. Any support both economic and through training would most probably be used well and wisely.

- Fortify already established NGOs that are aimed at protecting women from sex-trafficking, prostitution, forced marriage, child labor, domestic violence, sex crimes, etc.

Many of these NGOs do not have much success because they are not well-funded. Though most of them have good intentions, they lack professional input from those such as psychologists, logisticians or medical personnel needed to tackle various problems.

\$4.6 billion dollars can indeed be your legacy to Africa and other poor parts of the world. But let it be a legacy that leads life, love and laughter into the world in need.

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