

A Global Problem In One Village

While international groups debate family-planning policy, women in a Kenyan village consider their choices.

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Malcolm McNeil, director of the community health project for the Presbyterian Church of East Africa, talks to women outside a clinic.

Debate and Reality In Kenya

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CHAGORIA, KENYA

UNLIL TRIBAL customs started to weaken three generations ago, the Meru people of this region just south of the equator were strict believers in family planning.

Helen Raini's great-grandfather built a hut across a row of sugar cane for his wife and newborn baby.

When it was time for the couple to resume sexual relations, the wife sent the child carrying a calabash full of food across the privacy barrier to his father. It was a sign that she would come to him that night.

"To balance the large dish, a child had to be 2½ to 3-years-old," said Raini, now a nurse with the community health project in her native Chagoria, about three hours' drive north of Nairobi.

"For a woman to get pregnant again before that time was shameful," leaving her husband open to village ridicule for his lack of self-control.

Of course her great-grandfather, like most men in the village, had several wives. Family planning experts maintain that the traditional practice of polygamy, now in decline, was somewhat more effective in controlling population growth than the current practice of having a single wife produce a baby year after year.

The average Kenyan mother has eight children. Raini told the stories with a chuckle, responding to an argument from right-to-life activists heard last week in Nairobi that was repeated to her. At "Fo-

rum '85," the gathering of thousands of women from throughout the world, prolife women decried the "contraceptive mentality" in workshops during the 10-day event.

They charged that existing family-planning programs in developing countries are a perverse imposition of decadent western values and an undisguised attempt at genocide by whites against populations of color.

At a workshop conducted by PLAN, acronym for Protect Life in All Nations, Gabrielle Avery, a supporter from Oregon, asked, "What are the population controllers trying to do? Violence in the home and sexual abuse emanate from the contraceptive mentality. It diminishes the social taboo against violence to children and leads to discarding imperfect or defective children. Abortion on request may be the cause of battering of children."

An article by Roman Catholic nuns in Kenya published last month said, "In a matter of 20 years, Kenya has evolved from pressing for family planning by distancing the children born to parents, to a policy of limiting the number of children, to a policy of drastic population control by any means available, including mass sterilization and abortion. The religious women, challenged by these recent developments, are committed to taking an active part in the social and educational enlightening of women and youths."

The population of Kenya is now 20 million, expected to double in 18 years. Its growth rate of 4.1 percent is the highest in the world.

With only a quarter of its land arable, Kenya began to take measures to limit population growth in 1962, introducing Africa's first family-planning

program. President Daniel arap Moi has been urging families to limit their children to three.

But theory and government will have been stronger than the ability to deliver services, despite significant assistance from international development groups, including the U.S. Agency for International Development, or AID.

Because of pressure from right-to-life lobbies in the United States, recent moves in Congress and AID funding cutbacks, this year's programs are now very much in jeopardy.

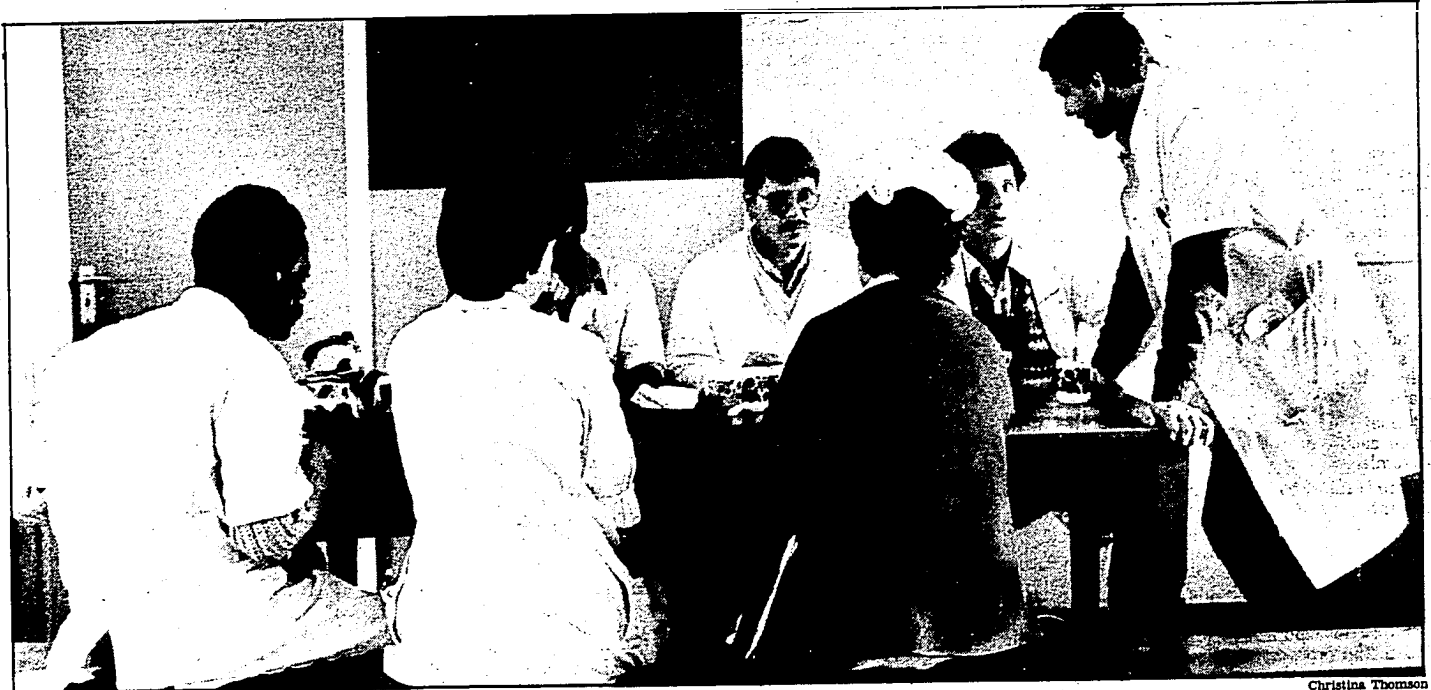
"When the United States cut its \$17-million contribution to the International Planned Parenthood Federation, our budget of 2.06 million Kenyan shillings [about \$125,000] was reduced," said William arap Siele, a program officer with the Kenya Planned Parenthood Organization. "It's been difficult to raise money from other sources so we have had to cut back some programs and seminars and reduce our staff. Our program has been affected."

IPPF, a London-based organization, lost all its aid funding last January because of a congressional amendment that prohibits U.S. funds from going to any organization that supports abortion-related activities. A handful of IPPF's 120 independent member organizations, one per country and all indigenously staffed, have abortion components in their family-planning programs. Before this year, U.S. money received by IPPF went into a separate account so that it would not go to any abortion-related programs.

In Kenya, abortion is against the law. The illegality, however, does not stop private clinics and women, acting at home in desperation, from attempting them. Some 60 percent of gynecological admissions at Kenyatta Hospital in Nairobi are said to be abortion-related.

At the Chagoria facility, run by the Presbyterian Church of East Africa, doctors see no more than two or three abortion-related deaths a year "and a lot more we clean up — perforations, lacerations and cross-infections, though not too many of these," said Dr. Kees De Boer of the Netherlands.

The project's family-planning clinic has 27 makeshift outposts and four mobile units serving a population of 300,000 in its 40-by-20-mile "catchment" area. Half the population is under the age of 14. Doctors said 95 percent of the 14-year-olds are sexually active.



The medical staff confers at the hospital in Chagoria, which is run by the Presbyterian Church's community health project.

Christina Thomson



Christina Thomson

The field educator for the Chagoria clinic, Ruth Muriungi, left, talks with Mrs. Sabera Mukwangeru in Murambani.

The clinics, fully integrated for preventive and curative medical services of all kinds, are situated so that no one has to walk more than 2½ miles for treatment or consultation. Vehicles are at a premium in this agricultural area, where village incomes range between \$12 and \$225 a month. Electricity and running water in the branch-and-mud hut homes not larger in size than 8 feet by 8 feet are a rarity.

The Chagoria project is considered one of the premier family-planning programs in Kenya, with 30 percent of the families in the area practicing some form of birth control, compared to the 10 percent national average.

The residents are mostly Christians, half Protestant and half Catholic.

"About half our clients are Catholic," said Malcolm McNeil, the Scottish director of the Presbyterian facility. His five-year contract is up next year. The project has advertised for a Kenyan to replace him.

"We've not actually had harassment from the right-to-life groups, but there is a serious disinformation campaign underway. We have one priest who tells his parishioners the pill will give them cancer and another who says the IUD [intrauterine device] is a mortal sin."

Tubal ligations, or sterilizations, are becoming more popular, said Dr. DeBoer — "The ideal method for the completed family." The woman arrives at the hospital in the morning, undergoes a procedure with local anesthetic and is home by dark. The hospital requires the husband's written consent before the operation.

DeBoer said he was now performing one tubal ligation each day, double last year's figures. As to vasectomies, he has performed one since January.

Natural family-planning information is incorporated into the Kenyan National Program and McNeil, DeBoer and other family-planning advocates agree it is an excellent educational method for teaching women about their bodies. It is always offered as one of the family-planning possibilities.

To receive U.S. funding, family-planning projects are obliged to explain every possible birth-control option to the prospective client.

Speaking about one natural-planning method of birth control, Betty Veitch, the project's director of public health nursing, said, "It just isn't practical

here." The Billings method to which she was referring involves a woman's monitoring her menstrual cycle to determine when she should abstain from intercourse to avoid conception.

"If you are living in a tiny hut with no water and no electricity and your husband, after he gets his coffee-growing pay, comes home half-tight every night, how are you going to discuss your sexual relations calmly and considerably? How are you going to read a thermometer with no light? In a culture where women do not ever expose themselves to their partners and have an aversion to touching themselves, how are they going to check for mucous flow?"

DeBoer said that, based on the demand for contraceptives, doctors at the facility estimate that intercourse five to seven times a week is normal among couples in the area.

OF THE 27 OUTREACH clinics in the project, the one in Murambani, serving an area with a population of 5,000, is the most problematic. The local member of parliament, James Joel Kanyama, a Roman Catholic, has been a divisive force and there is much interdenominational bickering, McNeil said.

The mud-and-wattle clinic still has a dirt floor and the village has not yet agreed to let it establish a staff house. The site nurse, Joyce Nyaga, 47, walks seven miles to the tarmac to get a bus ride the rest of the 15-mile trip back home to her village of Karaa each night. On the rare days she gets a ride, the trip takes less than half an hour. She earns 1,800 shillings a month, about \$112. Her husband, a teacher, earns about the same. They cannot afford a car. Her six children, she said, were "born before family planning."

Beyond a cornfield just behind the clinic's demonstration kitchen — a hut with a raised dung structure for a fire instead of the traditional three stones on the ground which has caused too many childhood burns — is the home of the local minister of the National Independent Church of Africa, his wife Sabera Mukwangeru and their four sons, ages 10, 7, 6 and 2. She is 25. They have a "shamba" (small farm) of two acres on which she grows coffee, corn and cow

grass. They have a cow, two goats and chickens running freely in the dirt yard.

The hut where the six family members sleep is the size of a small bedroom in an American home, divided into three rooms by flattened cardboard boxes nailed to a frame. The kitchen is a hut next door with a three-stone fire, a pot with the local dish of beans, maize and potatoes balancing on top of the three stones to boil. They have an outdoor latrine dug 30 feet into the ground.

The minister's wife is luckier than most of her neighbors. Her boys fetch the family's water and firewood every day from several miles away. Otherwise, she, pregnant or not, would have to do it along with her farming. Women throughout Africa are producing 50 to 80 percent of their nation's agricultural crops.

She produced her green clinic card and said with no hesitation that she and her husband decided that four children is enough. "School fees and the land," she explained.

Parents must buy uniforms and pay school fees for their children and the custom is for the father to divide his land equally among his sons.

Left with only half an acre each, the boys will have difficulty feeding their families once they marry and have children. There is no way the Mukwangerus will be able to buy more land for their sons.

It is a problem shared by most of the villages in the region: The amount of land being left to individual families keeps getting smaller and smaller. And it has been one of the reasons that husbands — culturally hostile to the idea of controlling their progeny, despite the incredible burden it is on their wives — have begun to come around. About 10 percent of the volunteer field staff in the Chagoria project are village men.

Another factor in making family planning more acceptable was the recent drought in the area below Chagoria. McNeil said the worst has past and the intensive feeding program finally ended only last month.

"It made people realize how difficult it is to feed 12 children in desperate conditions," McNeil said.

A set of amendments introduced by prolific Rep. Chris Smith (R-N.J.) passed the House last week and soon will go before a joint House-Senate conference committee along with a similar set of measures, introduced by Sen. Jesse Helms and already approved in the Senate. They need joint approval for passage.

They call for a withdrawal of U.S. funding for population-planning programs in any country in which there are valid and consistent reports of coerced abortion or infanticide.

The measures' approval in both houses was due largely to the impact on both prolife and family-planning advocates of newspaper reports of coerced abortion in China. As a symbolic protest, AID already has withdrawn \$10 million in funding from the U.N. Fund for Population Activities (UNFPA) because that is the amount the organization has budgeted for China. UNFPA policy forbids its monies to be used for any abortion-related activities and AID's own studies determined there was no evidence this precept had been violated in China. In fact, the AID report concluded UNFPA was providing one of the only models for voluntary family planning operating in the country.

Since UNFPA has no intention of cutting off funds to its China program, the loss of \$10 million in AID money effectively means that UNFPA has \$10 million less to spend on programs in countries where abortion is prohibited.

"It means," said Kathy Mazzucco of the Washington-based Population Crisis Committee, "that when there is a valid report, the president can determine funds will no longer go to that country. It wouldn't have to be certified with documentation — a newspaper report would do. And that can be any country. That simple phrase — 'valid and consistent reports' — could jeopardize the whole family-planning program internationally."

"It's ridiculous," said McNeil of Chagoria, shaking his head. His program is funded largely by FPIA, Family Planning International Assistance, through money distributed by AID.

"It means one project gone haywire in Kenya could shut all of us down." // 11