

THE CHURCH AND REPOSITIONING THE MATERNAL CARE IN AFRICA: A PROJECT OF THE MILLENNIUM DEVELOPMENT GOALS

Ferdinand Nwaigbo

Introduction

Millennium Development Goals are the world's time-bound and qualified targets for addressing extreme poverty in its many dimensions - hunger, disease, lack of adequate income and shelter, poor water, while promoting gender equality, education, and environmental sustainability. They also include basic human rights - the rights of each person on the planet to good health, basic education, shelter, and security. The focus of the article is on how the Church in Africa wields influence on the project of the Millennium Development Goals of reducing the maternal mortality ratio and improving the maternal health in Africa. The scope for the active service of the Church has been demonstrated and analyzed in the light of the present situation of women in Africa. The Church inspires and instills into the project of the Millennium Development Goals three essential values: care, sharing and equality. The Church in Africa in her frontier mission should as an expression of her care and compassion for the suffering peoples of Africa and her desire to see God honored in earth's most neglected corners, engage in the vanguard of the Millennium Development Goals. The members of the Church, the People of God have the chances of participating in the project of the Millennium Development Goals (MDGs). The Holy Spirit is the primary guide of the Church towards this goal.

1 Features of Millennium Development Goals

What are the Millennium Development Goals? In September 2000 the 189 member governments of the United Nations issued the *Millennium Declaration*, stating their intentions to make substantial new inroads into extreme poverty and its causes. UN leaders and others subsequently developed a cluster of eight goals to be achieved by 2015 around the world:

- Halve the population of people living on less than a dollar a day and those who suffer from hunger
- Eliminate gender disparities in primary and secondary education

- Reduce by two-thirds the mortality rate among children under five
- Reduce by three-quarters the maternal mortality ratio
- Halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases
- Reverse environmental loss and halve the proportion of people without access to safe drinking water
- Develop a global partnership for development, focusing on fair trade, good governance, national debt, affordable drugs, and access to new technologies.

The zeal of the promising beginnings soon faltered, however, when during 2002 – 2003 world summits began to bog down in the details (especially the funding) and when the wars in Afghanistan and Iraq assumed the global spotlight. By 2004 the international development community sought to regain momentum, partially through the United Nations Development Program's (UNDP's) sponsorship of the *Millennium Campaign (MC)*.

Many consider 2005 to be a pivotal year in fostering new progress toward the year – 2015 targets of the MDGs. In January 2005 the energetic Jeffrey Sachs of Columbia University's Earth Institute, unveiled the UNDP – endorsed, ten – volume *Millennium Project*, a detailed, interdisciplinary “practical plan to achieve the Millennium Development Goals.”¹ Scholars, journalists, and activists have begun to dissect and discuss program. In the summit of G8 heads of government in Scotland in July 2006, the Britain's Prime Minister Tony Blair and Chancellor of the Exchequer Gordon Brown took the advantage of Britain's Chairmanship to promote their advocacy of the MDGs.

In February 2004 Gordon Brown, Britain's Chancellor of the Exchequer, appealed to faith communities to take their place at the MDG's table. The year 2015 the fixed point on our horizon – seemingly distant but closer than we think. But it is actually 2005 – as close as can be – that will determine whether we are likely to make the rest of the journey. If we let things slip, the Millennium Goals will become just another dream we once had, and we will indeed be sitting back on our sofas and switching on our TVs and I

am afraid – watching people die on our screens for the rest of our lives. We will be the generation that betrayed its own heart.

Furthermore, the UN and others are appealing to non-governmental organizations or “civil society organizations” (CSOs) – which include mission structures – to not remain aloof from the MDGs, but to take their place as necessary partners in dialogue and development, *even if only through vigorous critiques and evaluations*. For example, the Millennium Project how-to plan of January 2005 notes, “within countries, CSOs can contribute to MDG-based poverty reduction strategies in at least four ways: publicly advocating for pressing development concerns, helping design strategies to meet each target, working with governments to implement scaled-up investment programs, and monitoring and evaluating efforts to achieve the Goals. Internationally, CSOs can also mobilize and build public awareness around the Goals, share best practices and technical expertise with governments, and deliver services directly.”² Meanwhile, many faith-based and non-governmental organizations (NGOs) also began to visibly throw their support behind the MDGs.

2 The Strengths and Weaknesses of the MDGs

The Millennium Development Goals are political projects. The projects include: good governance, democratization process and economic development. The question at stake here is whether the industrialized countries are prepared to view and utilize international development policy as a set of instruments to reduce poverty and foster democracy? The second problem is about authoritative and corrupt regimes in developing and non-industrial countries. What about authoritative and corrupt regimes that have no respect for democratization culture and good governance? These are the issues raised by Millennium Development Goals.

The Millennium Development Goals have generated an enormous volume of discussion and reams of written critique. Today, even the projects of the MDGs are called to critical discussion in the various segments of the human community. Indeed, the MDGs have come under fire from critics as little more than the United Nations’ attempt to improve its image and standing, or as a new opportunity for specialists in the international development

industry to further their careers and funding. Some non-governmental organizations have complained that the MDGs represent a top-down, heavy-handed attempt to centralize and bureaucratize international development planning, that the MDGs emphasize economic and “macro” development to the neglect of other components of human development.

There are elements of truth in such criticisms, and more could be added. Indeed, the Millennium Development Goals are decidedly imperfect, both in substance and process. Yet the Millennium Development Goals also represent an enormous opportunity – a minimal shared framework for improving the lives of hundreds of millions of people, including people living in rural areas. The MDGs represent an attempt to replace *compassion fatigue* and *donor jaundice* with new hope and generosity and a renewed sense of common stewardship, partially through an initial emphasis on do-able *quick wins* and by fast-tracking development aid to countries showing they can usefully absorb such aid.

The Millennium Project report observes, “the Goals constitute a *minimum set of objectives that the global community has agreed to*. In several countries, they can provide the basis for more ambitious national objectives. Strategies to achieve them may also require a broader set of inputs than specified by the MDGs targets and indicators...”³ The MDGs lean heavily on the vital prerequisite of ‘good governance’ in developing societies.

The dividends of good governance, in turn, would result in the strengthening of democratic values and institutions. Millennium Development Goals can thrive only with a good democratization culture. The global process of democratization is an important force supporting the achievement and meeting of the MDGs in the year 2015. Democratization process also makes MDGs even more effective within the continent of Africa. Africa needs more democracy to achieve the Millennium Development Goals.

The existent structures of governments in most of the African countries are put into question, in relation to good governance. In the so-called Third World perspectives, the needs for a radical questioning of good governance are evident. The corrupt leaders in many African countries are not sensitive to the peoples’ feelings and environments. For more sophisticated leaders,

corruption has become their second nature. The mission structures of the Church in Africa have much to say about where good governance originates and what it looks like – and where personal and social transformation originate and what expressions they can be expected to take. What the Church has to say, that is, the living voice of the Church inspires the government to chart a path to good governance. Without a good governance, there will be neither human nor economic development. In addition, mission structures of the Church in Africa can utilize the MDGs processes to classify their distinctive perspectives on mission in the continent.

3 Problem of Repositioning Maternal Care in Africa

The primary interest of repositioning the maternal care in Africa is reducing the maternal mortality ratio, by three-quarters in 2015. The second prerequisite for repositioning maternal care is improving the maternal health of expectant mothers and mothers with children.

(1) *The Millennium Development Goals (MDGs) of Reducing the Maternal Mortality Ratio by 75% by 2015:* We take Nigeria as an example. Two decades ago, maternal mortality ratio for Nigeria was of the order of 750 per 100,000 deliveries but in recent time, it has gone higher, more women are dying. Currently, Nigeria has one of the most appalling maternal mortality ratio in the world.

Empirically speaking, “with the health service background in Nigeria, it is not surprising that Nigeria has an unacceptably high rate of maternal and child mortality. Hospital-based maternal mortality ratios (MMR) range from 166 to 1,549 maternal deaths per 100,000 live births; with an average of 704 per 100,000.”⁴ At the moment, it is standing at about roughly 1,000 per, 100,000 deliveries compared with that of the other developed countries of the world which is between 4 and 8 per 100,000 deliveries. This translates about 59,000 women due to complications of pregnancy delivery, next only to India that has highest global maternal mortality ratio.

According to the Nigerian Demographic and Health Survey, 1999, the major causes of maternal mortality in Nigeria are: hemorrhage 23%, infection and sepsis 17%, hypertension/toxaemia 11%, obstructed labour 11%, other causes 5%. There are various reasons for this high rate of maternal mortality. Our Primary Health

Centres (PHCs) are not opened 24 hours and women fall in labour at night, babies are delivered at night. Then also, we have the geographic constraint because some live in rural areas. Majority of Nigerians live in rural areas and access to health services during emergency situations is very poor. There are communities living in the riverine areas, these people find it difficult to get to the health centers. Sometimes, when they get to the health centers the doctors are overwhelmed and constrained because of inadequate infrastructure, which could come in form of lack of blood, and drugs among others.

(2) *The difficult circumstances of women in Africa can be classified under three categories: (i) Poor Economic Condition of Women in Africa: What is the life situation of the women in Africa? – their living conditions – The African Experience: The majority of African women live in the rural areas and that makes their cultural communication identity essentially oral. To support this statement, Esayas Menkir records that 70% of the African population today can be said not to be able to read. Of the 30% who can read, half, that is, 15% do not read well enough to open a book and understand what the reading meant. He also states that 80% of the African people do not communicate through functional literacy.*⁵

(ii) *Poor Health Facilities:* In the areas of health care, many reasons can be attributed to the poor situation of maternal care in Africa. Many hospitals and clinics in some countries, particularly in the rural areas, are in a distressed condition and are no longer able to cater for the medical needs of our people. Unfortunately, the flooding of pharmacy stores across the nation with fake drugs has worsened this poor state of affairs. This development has led to treatment failure, worsening of many disease conditions, and the premature death of many Nigerian women with children.

The economic conditions and background of women in Africa are complex and bewailing. Life in Africa is tough and lacerating. The economic situation of most countries in Africa is really bad and depreciating. The fullness of this statement came out vividly in Pope John Paul II's encyclical, *Familiaris Consortio* no.6: "in the countries of the so-called Third World, families often lack both the means necessary for survival, such as food, work, housing

and Medicare, and the most elementary freedom.” Given the present socio-economic condition of the developing countries of the world, it is not surprising that Africa is struggling to meet her millennium development project of reducing maternal mortality in 2015.

(3) *What the Government Can Do in Terms of Reducing the Maternal Death in Africa:* In a country like Nigeria, the immediate past administration of the Obasanjo regime towards its end, came up with an idea of free maternity services but are yet to implement it. From all observations, the government has been lukewarm in responding to maternal death in this nation.

Recently, the enactment of Nigerian Health Bill (NHB) has set off a major and bitter debate in the National Assembly (NA). In 2004, the Federal Ministry of Health (FMH) in collaboration with the National Assembly proposed a National Health Bill with the purpose of providing a framework for the development and management of a structural health system in the country, taking into account the obligations imposed by the Nigerian Constitution and other laws as regards health services. Paradoxically, four years down the line, the bill is still under the carpet of the National Assembly. Experts argued that the Nigeria’s health sector, like many other segments of her life, is a product of colonialism. Our health sector was inherited from the British modern western health style services, principally for their staff. The colonial health care system is dysfunctional. Our country’s history concerning the health of the people of Nigeria should not be left into the hands of the government alone. The framework and structures of government are not enough.

Again it is partly due to health system failure and partly due to poor distribution of the health facilities. It is also partly due to some traditions and cultural reasons as well. But most important, the key thing which is the major barrier, is women accessing maternity services. Only about one-third of Nigerian women access trained health professional at time of delivery. About 17 percent actually deliver themselves without anybody around, and about a quarter are delivered by traditional birth attendants, so you see, there is need for Nigerians to improve the coverage of maternity services. For instance, every pregnant mother should access antenatal care and delivery with a trained, skilled birth attendant, that should be the aim

of the government. Without that, we will not reduce maternal mortality ratio drastically. What we need to do at every ward level, is that, there should be a trained midwife stationed there and available for 24 hours a day.

Improving the Maternal Health of Expectant Mothers and Mothers with Children.: These are various areas, government should come in and rescue the health sector. Most importantly, public enlightenment and information about the do's and don'ts in pregnancy is so important as basic things. For instance, if you are pregnant, you are supposed to see a medical practitioner not a midwife or obstetrician to book for antenatal care where you will be taught on nutritional needs, prenatal medication that you need and drugs that you should not use in order to avoid malformation of babies and how often to attend antenatal clinics for them to check your blood pressure. So it happens that you have a blood pressure, it could be treated on time. Doctors will also check for anemia, if you are anemic, it will be corrected on time. This is because we recognized that small blink during antenatal could be a big one later.

For instance, the complications of ruptured membrane, rather than staying at home waiting for labour to start and then have infection complicating the pregnancy. Every mother should be taught of these do's and don'ts. Of course nutrition in pregnancy too. There are so many taboos that are not scientifically founded but they have been handed over from generation to generation. Millions of Christian believers are dying in Africa due to the unchecked ravages of AIDs and other diseases. The Millennium Development Goals include dealing with diseases generally. But I am afraid that the makers of that list of goals are unable to count on any concerted distinctively Christian efforts at defeating those diseases at their root. Of course, the Church's missions in Africa reach out to the sick. Our hospitals and clinics display genuine and helpful concern for those who have already been overtaken by disease pathogens. But we are relatively unacquainted with the task of dealing with the origins of disease. And most of the problems the Millennium Development Goals mention are seriously complicated by the factor of rampant diseases.

Within such a context how can the good news be proclaimed and communicated in a meaningful and relevant manner to the

majority of the people of Africa? Does the Church's involvement in the Millennium Development Goals adequately glorify God? Or, is the campaign for Millennium Development Goals a problem with which we can be involved that will also glorify His Name?

4 Contribution of Church to Maternal Care in Africa

The Church is a community of caring. The Church cares for the people through her mission in the world. She cares for the sick, the pregnant mothers in the society. Caring involves respect for the human person and the transcendental value of human beings as creatures of God. The value of caring shows itself for the concern of human condition and situation of people in difficult circumstances of life.

(1) *How do we trace the Origin of the Church in History?* On the empirically level, the preaching of the apostles called into existence the social organization called the Church as a kind of single historical subject. One becomes a believer in Jesus Christ, a member of the Church by joining this community of faith, tradition, though and life, by living personally from its continuity of life throughout history and by having a share in her way of life, her speech and her thought.⁶

In determining the origin of the Church, one does not see the Church as a mere sociological entity or subject but a truly new subject called into existence by the work of the Holy Spirit in the economy of salvation of the human family. The Church originated as a community of faith in the measure in which she is referred to in the Christian Creed. The profession of faith in the Church which begins with the pronoun "I" believe in the one, holy, catholic and apostolic Church refers not simply to some private "I" but concretely to a cooperate "We" in the measure that one becomes one with this corporate body.⁷

As a new subject called into being "the Church lives by the word of God, the word that is proclaimed, that is pronounced and sent. This word has no magical quality in itself. The proclaimed word is directed towards that which in every respect lies ahead of it.

It is open for the future which comes to pass in it, yet which in its coming to pass is recognized to be still outstanding. The word which creates life and calls to faith is pro-clamation and pro-nouncement. It calls us to a path whose goal it shows in terms of promise, and whose goal can be attained only by obediently following the promise.”⁸

(2) *What is the Church?* The Church is God’s family in the world. In this God’s family no one ought to go without the basic necessities of life, for instance, food, shelter, clothing, good drinking water supply, electricity, good roads and so on.⁹ The Church is a community of love, which functions as an organ of expression of human values: political, economic, social and cultural values.¹⁰ The nature of the Church as a community has appealed to many theologians, by nature “the Church is a pure communion of persons.”¹¹ This community is constituted by the complete self-forgetfulness of love – essentially drawn in the relationship between I and thou. The salvific mission of the Church in the world is to sow the seeds of this love in the far-reaching transformation of the human community and development in the society. Today as in the past, such movements like the MDGs have found their theological and practical support in the Church. Everything the Church is saying about the Millennium Development Goals are doctrinally and culturally conditioned; and with dogmatic principle. We drew from this the further conclusion that that the Church as such cannot be dumb but must have the gift of speech, that is, she must be able to state what is essential to her, to individuals in the community and to the human society on the whole.¹²

(3) *Who is the Church?* The Church is that new and greater subject in which past and present, subject and object come into contact. The Church is our contemporaneity with Jesus.¹³ Moreover, the Church is not an abstract principle but a living subject possessing a concrete content. This subject is by nature greater than any individual person, indeed, than any single generation. The Church is not intangible spiritual realm, but by nature she is endowed with a concreteness rooted in the binding Word of faith. The Church speaks the language of faith, which is characterized by two immediately obvious facts.

The Church is a living voice which pronounces herself in the organs of the faith¹⁴ The speech of the Church is no mathematical language but a deeper human words penetrating into the essence of reality and the human society as a whole. All of this emerges more clearly if we turn our attention to the concrete task, function or mission of the Church in the world.

(4) *What is the mission of the Church?* The centrality of the mission of the Church is man. Man stands at the centre of the Church's mission in the world. This man lives in the world by the will of God. The mission of the Church is to penetrate the world, above all the most abandoned sectors of human life. This penetration requires a direct confrontation of the Church with the socio-economic, and political problems of the world. The Church penetrates in the world, especially in her involvement in education, health-related ministry and combating with social problems. The Church's focus on integrated human development makes her mission in the world distinctive. In the mission of the Church, the poor occupied a place of preference. The Church gives the poor a new direction in their lives.

In her mission, the Church gives hope to the world, where there is no hope, especially, she gives hope to the poor. Poverty is the economic condition of life in which the vast majority of the people of Africa are living today. Notwithstanding attempts at alleviation, it continues to grow more deeply all the corners and nooks of our continent. The Church means to evangelize the poor both by direct dealings with them and by appropriate criticism of those governmental activities and policies that do not serve the interest of the poor. The Church is the community of hope. The Church in Africa under the guidance of its Bishops' Conferences are the living voice of the poor, especially in her last Synod of 1994, where the poor in Africa occupies the centre stage. The African Synod of 1994 is theologically called the Synod of Hope, because of the hope it gave to Africa at the moment of the continent's crisis.

(5) *What is the function of the Church in relation to MDGs in Africa?* The Church in Africa has a commitment to preach the Word of God. The Word of God, which the Church in Africa proclaims has

the same function as the words of Jesus, namely, to build, to heal, to instruct, to re-construct, to re-create, to reconcile and to express a dynamic charity.

The most powerful voice of the Church in the modern world, on behalf of the poor is articulated in the *Gaudium et Spes*, who says that reverence for man requires ensuring the rights of people to food, clothing, education, employment, appropriate information, good reputation, conscience and privacy.¹⁵ A further broadening of the Church's voice is evident in the words of Pope Paul VI exhortation to the world leaders to work for human, not just for economic growth. The Supreme Pontiff argued that in order to be authentic economic growth had to provide for the progress of each individual, and beyond material improvement, and believers must work to see that these benefits are distributed equitably so that all people might have the opportunity to develop fully.¹⁶

The power of such words, however, comes out when the Church speaks on the social, economic and political issues of the day, taking into account some issues of the Millennium Development Goals. The Church cannot be incompetent in matters and contents of the Millennium Development Goals in the world, or theologically mute in reducing the maternal mortal ratio and improving maternal health of the Millennium Development Goals in Africa, the Church must have a living voice on the issues, that is, the faculty to speak authoritatively on these issues bordering humanity of the 21st century Africa.

The Church cannot cling to speech and passively accept whatever new linguistic clothing assumed by the MDGs. The MGDs must justify itself before the living word of God and lead people to the respect of human dignity, transcendental value of the human person, preservation of human life and to the physiognomy of justice and peace in the world. This naturally raises the question about what the Church is going to say in the campaign on MDGs going on in the world today.

- Blame government for neglecting the mothers and children
- Blame the society/community for neglecting the mothers
- Blame cultural and religious influences for encouraging infant mortality and maternity.

What are the solutions to the problem? Preventive medicine, good as it is, not the whole issue. Preventing an enemy from attacking is not the same as defeating the enemy. Thus, there are three types of essential efforts in a real war against infant mortality rate and maternal care of the women.

- Curative: Treat the wounded children and mothers.
- Preventive: Avoid bullets, bombs and rockets falling on the children and women.
- Eradication: Defeat the enemy of infant mortality and maternal death: Eradication.

(6) *Collaborative Efforts*: All of these are important, but the third is the most urgent and crucial. Health is a fundamental human right and integral part of the Church's mission. The Church is already intensely committed to health-care through the Provision of Hospitals, Clinics and Primary Health Care Programmes, reaching out to individuals, families and communities. As the Church pursue these goals, the government agencies should be made to support the Church's efforts at alleviating the sufferings of our people through the health care and social welfare programmes and projects. The difficulties and bottlenecks often placed on the Church's way, by the government, especially when she seeks duty exemptions and tax rebates for such charity with non-profit making endeavours in service of the poor can be frustrating and demoralizing.

The government may not define and isolate the social activity of the Church in Nigeria. By the same token, the Church in Africa may use spiritual inspiration to reverse these everyday pattern of high mortality rate of mothers that recurs in different ways through the association of healing and nurturing of pregnant mothers, in the sphere of her missionary activities. The Catholic Church in Nigeria has many religious communities or congregations of women actively involved in charitable works in the field of health sector. In the field of health, the religious sisters' efficiency and dedication is visible in both sophisticated nursing homes and simple rural clinics. Much important is given to rural and community health programs, with special attention to the curative, preventive, and social aspects of medicine. The Catholic Hospital Association of

Nigeria (CHAN) has the goals of improving the standards of hospitals and dispensaries in the country; and the task of promoting, realizing, and safeguarding progressively higher ideals in all phases of health welfare programs, and to assist in procuring quality amenities, equipment, and medicines at low cost.

(7) *The Divine Mandate Received By the Church*: In meting the Millennium Development Goals of reducing maternal mortality and improving maternal health, the Catholic Bishops' Conference of Nigeria,¹⁷ following the mandate given to the Church by her Master and Lord Jesus Christ provides health services to all men and women and “ensures training and re-training of her personnel in areas concerned with procreative and family health, and strengthens the health management systems in the country.”¹⁸ Our research study includes six hospitals for the statistically contribution of the Church in Africa in MDGs project. In the context of Nigerian community, the Catholic Church has had a long history of involvement in health services. Holy Rosary Hospital Maternity Clinic, Waterside was opened in Onitsha in 1889. In 1895, the first standard hospital, Sacred Heart Hospital, Abeokuta was established by the Catholic Church and was followed by many other Catholic hospitals, including St. Luke's Hospital Anua, Mater Misericordiae Hospital, Afikpo, Holy Rosary Hospital Emekuku, St. Gerard's Hospital Kaduna to mention a few.

Furthermore, in Nigerian society, the Catholic Church has been concerned always with promoting values and ideals of Christian services which enhance the dignity of the human person by providing holistic and optional health care thus contributing to the physical, psychological, social, emotional and spiritual wellbeing of the community and people served.¹⁹

5 The Church and Contextualization of Maternal Care in Africa

The very act of conception is a valuable culture. Culture is the way of life of a given community, and so we can confidently say that it is the center of their identity. The culture of conception nurtures and nourishes the community. It is this culture that establishes, and brings into birth, the existence of the community.

The Africa cultural values of community-support portrays values of solidarity, compassion, sensitivity, openness, sharing and respect for life. These cultural values have in fact been absorbed and transmitted by the perceptible forces of socialization and contextualization of the word of God in the mission of the Church. The role of women in African community and their status/identity are to be fully contextualized. The Church fosters the cultural values that promote professional participation of women in maternal health care and delivery. In order to make the Millennium Development Goals a success in Africa, the Church in Africa fights the discrimination that is present against women within the law and health policy in the country.

Contextualization has become well-established as essential to successfully implanting the word of God in another culture. But while contextualization is indeed an excellent strategy, is it sufficient strategy to lead to movements to Christ? Missionaries have been applying the principles of contextualization, even radical contextualization, for generations. Yet in most instances, these principles have not led to movements toward Christ. What could be missing?

Contextualization is insufficient on its own to lead to movements, if two other great factors are not taken into account – identity and community. While the word of God may be introduced in a highly contextualized manner, the identity that new believers choose and the way they interact with their community will have a great effect on whether others from their culture will make a similar choice to follow Jesus Christ.

A culturally – contextualized gospel can be presented in a way that leads new believers to adopt a new identity and to associate with other members of the community. This will be true of the African culture, which values conception and up-bringing of children. Conception culture in Africa emphasizes identity, community and continuity. In African community, women play a vital role in reaching existing families and communities, and in recycling great generations.

Women play a vital role in connecting together new communities of faith, the Church. The African woman sees the vision of the Church as a body in the attention given to family and

community. The African culture does not see the nuclear family as an alternative to the traditional family, rather the African culture protects the extended family's positive values, such as the sense of responsibility. What concerns an individual concerns the entire family. In African culture, "there is security and help in counseling members of the family, help in bringing up children, and in sharing of the burdens of others."²⁰ The Church in Africa has the task of developing systems to support, sustain, and encourage the values of the wider family. This model brings in the dimension of community health care in the discussion of the issues of maternal health in Millennium Development Goals.

The community health care model challenges our communities to join hands together in seeking ways of meeting their health needs where the government fails to meet those needs, including keeping their environment clean. The model invites our communities, medical officers and other health workers to offer free or at least affordable services to the poor in these critical times. In the prevailing circumstances, we renew our commitment to work with government as partners to combat disease in our nation and to contribute in other areas of human development.

The community health care model involves community health leaders to step-up community health institutions and primary health care resources for the poor people in rural communities, as the most important step toward achieving the Millennium Development Goals in Africa. These goals are to ascend "above vested interests, and come to the realization that it is their duty to see that health care is made available for all."²¹ Not surprisingly, most politicians have focused attention on the benefits offered by their plans and have been vague about financing those benefits. Those who support health care do so in part because of pseudo-legitimate strategies of survival and human interest, "pseudo-legitimate strategy of survival is an act through which people seek to secure consistently their private interests, at the expense of the common good, or in total or partial regard of the interest of others, in an apparent legitimate manner. We say apparent because in this form of relationship individuals or groups seek to project their personal interests and make this look like the common good."²² The politics and health care organizations in Africa bring in the model of comprehensive community health

care, including a variety of ambulatory and multi-specialty services in the rural communities in Africa.

Today, there are rapid changes all over the world – in political and economic structures, in law, and in the family. The conventional pattern of and symbols of male/female roles are changing, sifting and winnowing away. The present time is unearthing from the Church's theological present and past those signs of hope that can inform and motivate new community for men and women in the society. Women have been called "to live in society, to live, to suffer, to serve and to share the message of God's salvation."²³ For women, the decision to become a servant of Christ has opened certain types of models and roles for them in the society.

In the age of Millennium Development Goals, societal roles are undergoing a metamorphosis. The productive domestic roles held by women in the community are changing gradually. Behind this view of change of role in the community lies the social concrete responsibility of women. The ever-growing need of health care in Africa requires personnel, both men and women. Many women are to be involved in the project of maternal health in Africa, as key leaders in building the African community life. Women are the first fighters to start the campaign of disseminating the goals of maternal health demanded in this millennium.

Conclusion and Recommendations

The Millennium Development Goals were adopted by the United Nations to eradicate extreme poverty, and hunger, achieve universal primary education, promote gender quality and empower women among others. At issue here are the basic forms of reducing by three quarters the maternal mortality ratio and improving the maternal health in Africa. The paper saw this task as the basic challenge of the Millennium Development Goals for Africa. In Africa, the human condition shows that people live under harsh condition: in cramped quarters, under poor sanitation, lack of privacy, overcrowding, undernourishment, unemployment, sickness, high rate of infant and maternal mortality. The harsh condition of our continent has its impact upon those women who are pregnant with children or nursing a child. It is this impact that we choose to probe in this article.

The result of the research study reveals that the Millennium Development Goals in Africa require a major change in the area of health care. The research noted that there is an increasing neglect of the economically vulnerable mothers in rural areas by the federal health care policymakers. The result has been a failure to deal with the growing incidence of maternal mortality in Africa, especially in Nigeria where our analysis of data was focused. Secondly, the research pointed out that public health care measures necessary to address the maternal health care and illness rate among pregnant mothers and to provide the frontline services to the poor and socially troubled mothers are sometimes lacking in many rural communities. Thirdly, the research study noted that there is a lack of support for the Church's hospitals and clinics. This may lead to the failure of Millennium Development Goals of maternal health in Africa.

(1) *Public Enlightenment is to Be Carried Out Everywhere:* Public enlightenment, public education on cultural practices that prevent mothers from using antenatal care facilities should be a thing of the past. The referral system has to be improved and of course emergency obstetric and services should be 24 hours in every health centers, if Nigeria is to meet MDGs by 2015. Frankly speaking, Nigeria may not meet the 2015 targets, unless her government mobilizes all the supports and aggressively ensures that infrastructure are in place, personnel are deployed to the rural areas and emergency obstetric services are 24 hours available to the pregnant mothers.

(2) *Family Life Health Education (FLHE) Has to Be Initiated:* It is targeted at young people in upper, primary, secondary levels to principally provide correct information to the youth because youths are prone to accessing wrong information which impact on their behaviour and life style. It will provide them information on why a young girls differs from a young boy as they grew older. FLHE tells them about abstinence. FLHE will encourage them to be more responsible and be focused to have career ambitions, build skills that will enable them to be assertive, to be able to say NO and choose the right and to be able to cope with challenges of adolescence.

(3) *The Right of the Church in Providing Medical Care For the People Must Be Respected:* There is a need for the Catholic Church

in Nigeria, Africa to be recognized in its right and merit as a Charitable Organization committed to the welfare of our people, and so be granted such benefits as are required to facilitate in Nigeria, Africa the charitable work for which our Church is known world-wide. There is a need for a major change in the fiscal sustainability in health care system in Africa, using Nigeria as a feasible example. The maternal health of the citizens of the country Nigeria is asking for a leader – or even a few people at the top – to attend to all those changes and determine what to do. They can figure out for themselves what the right actions are; they do not need to be told. And they are to take those actions and steps because they have been empowered to do so. For Africa to meet the targets set by the Millennium Development Goals (MDG) on maternal mortality in 2015, an enabling environment should be given to enable primary healthcare facilities thrive.

References

- ¹ Jeffry Sachs, *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals* (London: US-Millennium Project, 2005) 17.
- ² Thomas Fues, *Die Weltkonferenzen der 90er Jahre: Baustellen fuer Global Governance* (Bonn: Putet Verlag, 2003) 24.
- ³ Ulrich Menzel, *Das Erde der Dritten Welt und das Scheitern der grossen Theorie* (Frankfurt am Main: Knecht Verlag, 2002) 20.
- ⁴ NIGERIA CATHOLIC PROCREATIVE AND FAMILY HEALTH POLICY. A Publication of Catholic Secretariat of Nigeria (Lagos: January 2007) 16.
- ⁵ Esayas Menkir, "Content and Context of Christian Communication" in *Communication and Human Rights in Africa*,. Ed. Robert N. Kizito (Nairobi: UZIMA Press, 1992) 114.
- ⁶ Henri de Lubac, *La Foi Chretienne: Essai sur la Structure de Symbole des Apotres* (Paris: 1970) 47.
- ⁷ E. Sullivian, *The Church We Believe In: One, Holy, Catholic and Apostolic* (New York: Paulist Press, 1992) 44.
- ⁸ Otto Weber, *Grundlage der Dogmatik II* (Wien: Herder & Herder, 1967) 62.
- ⁹ Pope Benedict XVI, Encyclical Letter *Deus Caritas Est* (Vatican City: Libreria Editrice Vaticana, 2006) 54..
- ¹⁰ Ola Tjorhom, *Visible Church – Visible Unity* (Collegiville, Minnesota: Liturgical Press, 2004) 86.
- ¹¹ Avery Dulles, *Models of the Church* (New York: Marquette University Press, 2002) 40.
- ¹² Joseph Cardinal Ratizinger, *The Nature and Mission of Theology* (San Francisco: Ignatius Press, 193), 93.
- ¹³ Joseph Cardinal Ratizinger, *The Nature and Mission of Theology* (San Francisco: Ignatius Press, 193), 60.
- ¹⁴ Joseph Cardinal Ratizinger, *The Nature and Mission of Theology* (San Francisco: Ignatius Press, 193), 61.
- ¹⁵ Vatican II, Pastoral Constitution on the Church in the Modern World. *Gaudium et Spes* (National Catholic Welfare Conference, 1965) 25.
- ¹⁶ Pope Paul VI, On the Development of Peoples. *Populorum Progressio* (United States Catholic Conference, 1967) 7.
- ¹⁷ The Catholic Conference of Nigeria (CBCN) is the highest decision making body of the Catholic Church in Nigeria.
- ¹⁸ Nigeria Catholic Procreative And Family Health Policy. A Publication of Catholic Secretariat of Nigeria (Lagos: January 2007) 79.

- 19 Nigeria Catholic Procreative And Family Health Policy. A Publication of Catholic Secretariat of Nigeria (Lagos: January 2007) 6.
- 20 John Webster, *The Church and Women in the Third World* (Philadelphia: The West Minister Press, 1985) 117.
- 21 Brown Lawrence, *Politics and Health Care Organization as Federal Policy* (Washington, DC: Brooking Institution, 1999) 39.
- 22 Innocent Asuzu, *Effective Leadership and the Ambivalence of Human Interest. The Nigerian Paradox in a Complementary Perspective* (Calabar: The University of Calabar Press, 2003) 96.
- 23 Constance Parvey, *The Community of Women and Men in the Church* (Fortress Press, 1983) 67.